Katja Kurri

The Invisible Moral Order

Agency, Accountability and Responsibility in Therapy Talk

ABSTRACT

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This study examines psychotherapy conversations. The methodology employed in this study, discursive psychology, is used to examine the ways in which the participants in therapy conversations manage their moral positions. The study consists of three articles in which single conversations are analysed and one article in which three conversations from a therapeutic process are examined. Analysis of the therapeutic action *in situ* demonstrates that therapeutic interaction has a logic of its own that reflects the inherent and inevitable moral nature of the conversation.

The results of the analysis draw attention to the discursive practices employed in managing moral order in a conversation. The implicit placements of responsibility through agentic discourse, justifications, excuses, blaming, counter-blaming, the use of categorizations, sighs and sights, all play their part in the constant renegotiation of the 'invisible' moral order. What makes the moral order invisible, is the fact that it is embedded in the conventions of oral interaction.

On the basis of a detailed analysis of the moral practices of the therapy conversation it was possible to discuss the ethical foundations on which the therapy practices were based. I claim that awareness of the different practices of managing moral order benefits the development, and ethical evaluation of, therapeutic practices.

This dissertation consists of four original articles and an introduction in which I examine the idea of therapy as a conversation, the concepts of moral order, agency, accountability and responsibility, and the methodology used. The end of the introduction is made up of summaries of the original articles, in which I present the main questions and results of the analysis. In the discussion I approach the overall themes of the dissertation.

Keywords: agency, accountability, conversation, discourse, ethics, moral order, therapy

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LIST OF PUBLICATIONS

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1   INTRODUCTION

1.1   Therapy as a conversation: what to study?

The central action in therapy is easily identified - it is talk. This seems obvious; but nonetheless, therapy is commonly approached from the viewpoint of individual psychology. In this tradition the client's talk is approached in terms of conflicts and deficiencies in the cognitive and affective organisation of the client's personality structure. The therapist's talk again is seen as a vehicle for bringing about change in the client's inner dysfunctions. It is only the last decades that have witnessed a growing body of research that appreciates therapy as a conversation (e.g. Bergmann, 1992; Buttny, 1990; 1996; 2001; Buttny and Cohen, 1991; Buttny, and Jensen, 1995; Edwards, 1995; Gale, 1991; McLeod, 1997; Peräkylä, 1993, 2004; Silverman, 1994; Wahlström, 1992; Vehviläinen, 2003) and offers an alternative point of departure. This change which has variously been termed a postmodern, linguistic or performative turn (Austin, 1962; Kvale, 1992; Rorty, 1979; Pulkkinen, 2000) has in therapy research meant a rejection of the attempt to go beyond talk, into the inner mind and mental qualities of the patient, when studying therapy. The new model of research, to which the present study belongs, is committed to the widely-recognized theoretical premise that at the focal point of treatment in all psychological therapies is the use of words and the transformation of meaning (Power and Brewin, 1997). What the client says is not taken to reflect inner psychic realities, but is considered intelligible as part of the therapeutic conversation. In this dissertation the treatment process is seen as a transformation on the level of the discursively achieved moral order of the conversation.

This dissertation is not intended as a critique of the 'individual oriented psychotherapy literature'. Despite this, and despite the fact that no unitary paradigm of either individual or discourse oriented traditions can be found, it seems important to briefly sketch the main differences that exists between these two orientations. The central distinction between the individual- and discourse oriented research traditions can be considered to arise from differences in their approach to ontology. "Ontology" means the understanding of what a theory assumes there to be, to exist. The tradition that approaches psychological issues

from the viewpoint of individual persons regards talk as a reflection of inner mental processes. In the individual-oriented tradition agency is treated as an inherent property of the human mind, a self-evident quality of being a person. In this tradition language is treated as a mirror of, or as a window into inner psychic realities and experiences, and the core self. The interaction as such is not the central point of interest as it is in discursive psychology, but rather the individual's inner cognitive and emotional life is what really matters.

Discursive psychology treats inner psychic realities, e.g. the motives, intentions, goals and emotions of individuals important only as they are manifested as parts of the conversation. In this tradition agency is seen as being produced in the conversation, it can be obscured, be owned or disclaimed, and all these actions carry their consequences in the ongoing conversation. Discursive psychology does not ask whether inner qualities really exist or not – they are treated as relevant but only when they are made relevant, as part of the conversation being examined. Language is seen as a creation of social reality, and social reality is the reality according to which problems, success, happiness and misfortune are constructed.

The research model adopted by discursive psychology has meant a rejection of a cognitive theory of representation and a move to a theory of meaning as action, a move away from the dualistic notion of *external* behavior as guided by *inner* mental processes (Harré and Gillet, 1994; Potter and Edwards, 1999; Potter, 2000). In this paradigmatic shift there has been a move from internal to external; not to external behavior but to discourse, to the meanings that are assigned and to the stories that are told (McLeod, 1997). Discursive psychology, the research strategy used in this dissertation, has adopted a meta-perspective towards ontological questions. This perspective is captured in Gergen's words (1994, 72): "As I have noted, constructionism is ontologically mute. Whatever is, simply is. There is no foundational description to be made about an "out there" as opposed to an "in here", about experience or material. Once we attempt to articulate "what there is", however, we enter the world of discourse. At that moment the process of construction commences, and this effort is inextricably woven into processes of social interchange and into history and culture." In other words, ontology is socially produced and can also be analysed as such. Discursive psychology approaches the social world as action, as endless webs of encounters, conversations, matrixes of relations and negotiations of meanings.

In the development of discursive psychology (Edwards, 1994, 1996, 1999, 2003; Edwards and Potter, 1992, 2001; Harré and Gillet, 1994; Harré and Stearns, 1995; Harré and Van Lagenhove, 1999; Potter, 2000, 2003a, 2003b; Potter and Edwards, 1999) Wittgenstein's notion of *meaning as the use of a sign* has been taken seriously, and the focus is on the analysis of discursive action. In the tradition of discursive psychology the descriptions of inner experiences are approached as part of the socially-produced world. The postmodern or linguistic turn has meant a revised epistemic standpoint in the human sciences. Rorty (1979, 389) proposes that we see "conversation as an ultimate context within which the knowledge is to be understood". Analysis seen from this theoretical premise is also interested in the relationship between mind and world, but as a discourse topic (Edwards, 2003). In short, discursive psychology does not deny that there are inner experiences and sensations, but holds that they become realized in

discursive forms of different kinds.

When therapy conversation is studied as a conversation it becomes obvious that neither the client's nor the therapist's talk are merely descriptions that either well or poorly succeed in describing the inner world of the client. The various descriptions achieve something in the local discursive order. For example, in a couple-therapy conversation, describing one's own emotional state is a social act that can, for example, convey the meaning that one is defending oneself, blaming the other, awakening empathy etc.

In discursive psychology the claims made by the therapists or therapy researchers, or by clients, are treated as analysable, as parts of the production of (social) reality. Mind is not seen as a passive receiver of images of the world, but rather, the talk generated is seen to construct a variety of versions of the world and persons living it. Descriptions generated in the course of therapy conversations are actions; they place people in different positions in the social and moral order. In the discursive tradition, language is regarded, not as a tool with which to bring about inner change, but rather as the 'place' where the change happens. In discursive psychology the therapy conversation can be seen as web of meanings that are being 'read' and (re)produced in therapy situations by the participants.

Approaching my subject from the viewpoint of discursive psychology, I suggest that a fruitful target of study is the therapy conversation itself. However one may view, for example, emotions, emotions are not solely 'things' that are felt inside the client's head or heart, but when they are verbalised they also begin to play their part in the social and moral organisation of a conversation. It is this aspect of talk, as having a function in conversation, that I focus on in this dissertation. I argue that it is in these dialogical and mutual interactions that it is possible to see 'psychological' and 'therapeutic' change begin to happen.

1.2   The concept of moral order

The concept of moral order does not refer to a fixed and stable set of moral norms. Rather, 'moral order' refers to a continually constructed and renegotiated local understanding of rights and responsibilities, good and bad. By managing their descriptions people build moral order, and this moral work is deeply intertwined within everyday talk (Bergmann, 1998; Drew, 1998). The implicit assignation of responsibility through agentic discourse, justifications, excuses, the attribution of blame and the disclaiming of responsibility, the use of categorizations, sighs and sights, all play their part in the continual renegotiation of the 'invisible' moral order. What makes the moral order invisible, is that it is embedded in the oral interaction. The morality can be so deeply built into the talk that it's core assumptions are never explicitly recognized by the participants; although their implications are attended to (see Silverman, 1994).

The concept of moral order is used in this dissertation to refer to the shifting positions (Davies and Harré, 1990) of the conversation participants, according to which they are assigned different rights, obligations and possibilities concerning speaking and acting. These positions are not fixed, for they are continuously in

motion as the conversation proceeds. Conversationalists manage the moral order within the institutionalized, normative bounds of conversation by employing discursive tools that are used to take, repudiate or assign responsibility for oneself and others.

Although the concept of moral order is used in all four original articles of the dissertation, there is some slight variation from one article to another, in the way it is used. The variation is connected to the way morality is conceived in each article. Firstly, morality relates to the *order*liness of conversation, to the implicit 'rules' of how to act in a conversation. Secondly, the concept of morality is commonly used to refer to moral evaluations as opposed to factual descriptions. Thirdly 'factual' descriptions also have moral functions. In the context of interaction, the implicit and institutionalized rules of talking, the explicit moral evaluations and the 'factual' descriptions are all inevitable parts of the talk, and they all have their own unavoidable effect on the moral order generated in the local course of a conversation. It seems that the endeavour of modern philosophy to separate factual descriptions, (what is), and moral evaluations, (what ought to be), does not work when one is examining the moral order of a conversation. There is no independent logic of moral language in everyday talk; but rather all three dimensions: the intrinsic institutionalized rules of communication, the moral evaluations, and the factual statements made - are part of the building blocks of the local moral order.

In my dissertation I have striven to manage the different dimensions of morality. In the first article, the concept of moral order is used to mean the implicit moral level of talk; for example, the way in which the cautious conversational devices of talk construct certain issues as morally delicate. Delicate talk for its own part creates a moral order for the conversation, and this order assigns meanings to discursive positionings made in the conversation (Davies and Harré, 1990). In this article I abstract the various ways of using different conversational devices in the local context into 'rules' according to which the counselor seems to be acting. In article four, moral order of this kind is called the moral order *of* interaction (see Goffman, 1955; 1983; Heritage and Lindström, 1998). In the first article the concept of morality is used to mean the more explicit moral evaluations of responsibilities, good, bad, right and wrong; whereas in article four this is called the moral order *in* interaction (see Goffman, 1955; 1983; Heritage and Lindström, 1998). In the second article, I use the concept of 'moral order of the relationship'. By this I refer to the shifting positions of the spouses in regard to their responsibilities and their ability to influence experiences, acts and events. Thus the concept of 'the moral order of the relationship', too, refers to the positions that are achieved and lost through discursive action and not to objective and 'fixed' moral rules or roles of the partners. In the third article the concept of moral order operates in the background of the analysis as an assumption of the constructive nature of the issues of good or bad, right or wrong, virtuous or vicious; and as a premise that interaction is organized in an orderly way. In all the articles it is shown how various 'factual' descriptions are used in building moral order.

1.3   Therapy as a negotiation of moral order

When one analyses moral order one finds discursive acts, not objective facts (Harré & Stearns, 1995). A central aspect of the construction of the moral order of therapy interaction, is the discursive positioning of the client and the therapist. When one observes a therapy conversation one can easily notice that the therapist(s) usually asks questions and the client(s) usually delivers the answers. If the participants depart from this path, various complications are likely to result. Thus there seems to be an institutional moral order of rights and obligations that the participants are following, according to an unspoken mutual agreement. Another kind of moral positioning has to do with clients positioning themselves or each other in responsible or non-responsible positions in regard to different issues, be these in situ actions of talk, or actions taking place outside the therapy situation. These positionings commonly come under central renegotiation in a therapy situation.

People cannot manage the moral order and position themselves in whatever way they choose. Talk is a social institution in which conversational sense-making methods are shared and normative. This means that in order to manage moral order a conversationalist must accommodate herself to the shared and normative methods of meaning making (Garfinkel, 1967). A good example of the (moral) normativity of talk are 'adjacency pairs' (Schegloff and Sacks 1973; Sacks, Schegloff and Jefferson, 1974). When the first discursive action of the pair is performed there exists a strong expectation that the second one will follow. This means for example that an answer commonly follows a question or an account follows a blaming sequence. Even though the second person might not, for example, answer the question, the silence would be interpreted in relation to the question (she is angry) or it would need to be explained (she didn't hear). There are ways in which therapists seem to be able to play with these normative methods of interacting by their own interventions; in individual therapy, for example, by footing; creating an externalized agent changes the participation framework, and the client's talk about his actions changes from explanation to reflection. In couple therapy one way to play with the normative interaction order was to intervene in blame and counter-blame sequences taking place between the couple. Both in individual and couple therapy, challenging the non-agentic formulations, and asking hypothetical questions that forced the clients to offer different narratives than their earlier ones were tools that changed the moral orders of the conversation.

As a consequence of close readings of individual and couple therapy data I suggest that one productive way to conceptualize therapeutic action and change is in terms of moral order. Questions concerning agency are also at the core of the problem formulations of clients when entering therapy. What seems to be 'the object of treatment' in therapy, then, are the discourses of agency that produce friction in the social and moral order. I want to point out that in the description and analysis of the various cases the change is portrayed as an exclusively discursive accomplishment. To account for the change in the therapeutic process, no reference to models of inner psychological structures or organization is needed.

Psychological descriptions are seldom seen to do moral work. In the same way, people telling stories or formulating problems seldom see themselves as moral agents (Bergmann, 1998). In this dissertation it is argued that 'psychological' and 'therapeutic' elements cannot be separated from the moral issues that are necessarily present in interaction. A crucial aim of this dissertation is to study therapy as a conversational activity. A central organizing aspect of therapy conversations is, as argued in this study, the production and management of the moral order. I provide an analysis and a description of conversational practices that are relevant in building and renegotiating moral order in the analysed cases. The analysis takes into account the intertwined levels of institutional and local moral order.

A therapeutic conversation can be said to be institutional in two senses; through following the shared therapeutic practices that are described in therapy theories, and through the institutionalized practices of conversation. In the analysis I wish to show how these two institutional aspects work in the lived interactional situation, and how local moral orders are created in the conversation. These aspects are concretely detected by analysing both the rhetoric and the responsive processes of the participants. At the focal point of analysis are the different displays of the discourses of agency where the institutional and local constructions of moral order meet and are established.

1.4 The construction of moral order: agency, accountability and responsibility

As this dissertation is concerned with the production and management of moral order, the central interests of the analysis are related to the uses of the discourse of agency as part of the therapeutic interaction. The discourse of agency as an ability to choose one's actions is at the focal point of the moral order and morality in the conversations. The discourse of agency is central in regard to the production and management of responsibility, and an inescapable part of talk. The possibility of choice can be seen as a presupposition for the attribution of responsibility (Bergman, 1998). Responsibility, and thus agency, are the hot topics in arguments between couples, and between parents and children; they are at the focal point of discourse in the courtrooms; part of religious talk, of essential interest to the educational system and in classrooms; and they are always present in therapy talk.

The complicated and central nature of the management of inter-related discourses of agency and responsibility as parts of the moral order is seen, for example, in cases of couple therapy. In one analysed couple therapy session, a central agency- and- responsibility related dilemma was the following: The spouse was blamed for an action, but at the same time was not ascribed full agency in the action. The use of nominalizations, categorizations and causal scripts related the action to the spouse but mitigated her/his agency. The logic for this could be found in the protection of the partnership. If full agency were to be ascribed to the spouse, the necessary conclusion would be that s/he was

bad when s/he had chosen to continue a action that was hurting the other. And further, to blame the other for such badness would necessarily also place the person doing the harsh blaming in a dubious light. If the other is so bad, why continue to be with him/her? And further, to place such blame on the other might actually be seen as saying something about the one assigning the blame. Although this composition makes sense for the partners, it is at the heart of their problem and certainly sets a challenge for the therapists. This dilemma between agentic displays and moral consequences is managed by the therapists in several ways. The ways the therapists deal with dilemmas of this kind are analysed in all four original articles.

Attribution theory has concentrated on the ways people assign responsibility for events. As Edwards and Potter (1992) have pointed out, the theory of attribution has not, however, addressed the accountability of a current speaker for his/her talk. In this study, the management of accountability and responsibility as issues which permeate clients talk as current speakers, is a major theme. It can be argued that most levels of discursive interaction are bound to the question of agency, accountability and responsibility. They seem inseparable parts of talk.

Accounting, i.e. giving reasons or explaining, plays a part in constructing the moral order of interaction (Goffman 1955, 1983; Heritage and Lindström, 1998). Speakers are obligated to give accounts, to explain their behaviour, especially when it is evaluated as odd or unanticipated (Scott and Lyman 1968, 46; Referred to in Semin and Manstead, 1983). Accounts can be related either to meanings, the ways of talk, or the organisation of the interaction. By giving accounts people manage their moral position, they excuse an action or justify it. Accounting may be a means of disclaiming responsibility and obscuring agency.

Harré's (1995, 123) notion: "Being an agent and displaying oneself as an agent are one and the same", makes an important point about the discursive nature of agency. Being agents and being responsible is something that persons *do* with words (Austin, 1962; Harré, 1995), in the flow of everyday encounters people take or repudiate responsibility or assign it to others. One important aspect of a discourse of agency is the opportunity it offers to display oneself or another as not being the agent of an action. This can be achieved by presenting actions as having followed some particular rule or norm, or as being the effect of an impersonal causal process. In the four articles I show a wide variety of discursive tools which may be used to disclaim one's responsibility by mitigating and obscuring one's agency. I also show how therapists and their clients recreate the stories they tell in ways that reshape the way responsibilities are assigned in the stories told. Most therapy talk that is concerned to challenge displays of agency, aims at reversing the rebuttals of agency that feature in the conversation.

As Harré (1995) says, to discover if one is responsible for certain action is not a matter of empirical research about the mental mechanisms of an individual. Being or not being responsible for something is a discursive phenomenon. I suggest that rather than looking at certain non-agentic constructions as manifestations of inner psychological pathology, we should treat them as discursive actions. This view opens up a different understanding of how change can be achieved in therapeutic conversations.

2   THE METHODOLOGY

2.1   Single case study

This study is based on three articles in which single conversations are analysed and one article in which three conversations from a therapy process are under analysis. The subject under study in these articles is not an individual client or a therapist, but a particular conversation/conversations. When choosing and considering data and its quantity, the central epistemological question is: what is there to be known about therapy conversation? I have approached quite familiar therapeutic phenomena from the unfamiliar perspective of moral order. When doing this, it is more advantageous to choose only one conversation or small sample of conversations and subject it to close examination. By this means it is possible to identify the exchanges made in a conversation, and describe them in fine detail; rather than falling back on categorizations and conceptualizations that miss the actual dialogical moves made in therapy encounters. Another advantage in analysing single conversations is the possibility it offers to study the process nature of conversation. Subtle changes in style, for example, are easier to see and interpret if one follows one conversation quite closely. In this study the phenomena that are considered as central in relation to the research question are shown through sequences of talk; and therefore, although the whole conversation has been analysed only small sequences and their analysis are cited to make a specific point. Thus, I have looked with a 'discourse analytic eye' at far more therapy conversations that are used in this dissertation. The large corpus of therapy and counseling conversations were provided from the psychotherapy clinic of the University of Jyväskylä and the corpus collected from a crisis centre in relation to a research project entitled 'Institutions of helping as everyday practices'[1]. The conversations that were chosen for detailed analysis can be said to be theoretically interesting in regard to the questions with which this study is concerned.

The goal of this study is not to produce knowledge that could be put forward as factual, or be statistically generalized. The aim is to produce analytical tools, and viewpoints from which different therapy conversations can be approached.

I ask how and why different moral dilemmas and tensions are conversationally constructed. The description and analysis of these processes allows one to make analytic generalizations. The knowledge that is gained in this study is context-bound – like the knowledge gained in the therapy conversation – it is not separable from the conversation in and through which it is produced. The knowledge attained in this conversation cannot be information that will always characterize therapy conversation, and characterizes all therapy conversations. However, it is possible to transpose the methods used and dilemmas found in the analysis in this thesis into analyses of other therapy conversations; and as long as morality is connected to the discourse of agency it will be advantageous to be aware of the different action orientations of the different discursive ways of displaying agency. There is no private language (Wittgenstein, 1953); and thus examining the practices of talk always informs us of the possibilities inherent in language use. In this sense the analysis presented in this dissertation provides 'universal' information about a given culture.

2.2 Method

As already noted, the central concern of this study is not an individual or a mind, the usual units of research in psychology, but talk. I approach therapy as a social process that creates and negotiates the social reality and re-establishes the client's place in the moral order. The meanings and designs of the utterances generated in the interactional context of therapy conversation are a central focus of this dissertation. My general aim is to make the processes of meaning transformation transparent as interactional phenomena. In order to achieve the goal of studying therapy as talk I have listened to and read the transcripts of actual therapy conversations. If therapy as interaction were to be studied by, for example, taking field notes or by means of interviews, I think that the richness of the detail, the situational subtleties of the practices of talk would be missed. The participants' concerns in producing an answer to an interviewer's questions, are quite different from what they are in the context of therapy conversations (see Edwards, 1999; Leudar & Antaki, 1996; Potter & Wetherell, 1987). Field notes, however accurate they may be, cannot capture the fine details pauses and hesitations, changes in intonation, that have been shown to have a great importance in the production of meaning and the organisation of interaction. These extralinguistic features can be captured only in recordings of real conversations.

When one conceptualizes therapy as a conversation, questions arise as to the method and methodology to be used. The way in which therapy theories have treated talk as a reflection of the individual mind bears some resemblance to the way traditional linguistics has approached single sentences as normal units of analysis (Schegloff, 1977). Conversation analysis and discursive psychology take as their unit of analysis speech sequences in which the utterances derive their meaning as a mutual accomplishment of the speakers.

The methodology of my research is based on discursive psychology (Edwards, 1996, 1999, 2003; Edwards and Potter, 1992, 2001; Potter, 2003a, 2003b;

Potter and Edwards, 1999). Tools and ideas derived from conversation analysis are also used (Edwards, 2000; Schegloff and Sacks, 1973; Goffman, 2001; Levinson, 1988; Peräkylä, 1993; Drew and Heritage, 1992; Bergmann, 1992; Clayman, 1992; Pomerantz 1980, 1984). Further, my practice of interpreting the results of the detailed analysis in relation to larger cultural and theoretical conversations owes something to the work of Billig (1999); Schegloff (1997, 1999); Wetherell (1998), Edley (2001) and Edley and Wetherell (1997, 1999).

An analysis which combines discursive and conversation analytic ideas is particularly well suited to the study of naturally-occurring, collaborative conversational processes. These approaches have arisen from ethnomethodology (Garfinkel 1967) and a share sensitivity to context and to the social production of meaning. Edwards and Potter (1992) define discursive psychology as "generally concerned with people's practices: communication, interaction, argument; and the organization of those practices in different kinds of settings". Discursive psychology is interested in talk as action rather than cognition, in the production of factuality in talk or text; and in accountability. The idea of talk as action owes a dept to Austin's (1962) notion that there are not merely descriptive utterances but also utterances that are used to perform actions. An example of such a sentence is the priest's utterance: "I pronounce you man and wife". As Potter writes, the notion of utterances as performative was a remarkable step in the philosophical conversation of sense and reference. Since then it has been shown that descriptive sentences too are action oriented (see e.g. Edwards and Potter, 1992; Edwards, 1994; Potter, 1996). In the present study it is shown how factual descriptions can be used to excuse and justify oneself and blame the other, just to name a one possible function of descriptions in therapy talk. In short, in therapy talk there are various things that are done with words: blaming, defending, making accountable, placing responsibility, excusing, justifying, to name just a few.

Discursive psychology takes into account the epistemological orientation of descriptions. People need to manage in their everyday encounters the impression of their stake of interest. When one describes something there is a risk that s/he will be understood as having a stake in the object of the description. Thus there are numerous ways of talking that work to construct what is being said as nothing more than a description of something that has happened. I have used the ideas and tools of conversation analysis, but not carried out the conversation analytic program. In analysing fine-grain detail the ideas of conversation analysis, and the already-established findings are invaluable. Conversation analysis is rooted in an idea of Garfinkel's, that intelligibility, the shared understanding of social action, is based on joint application of shared methods of reasoning (Heritage, 1988). Conversation analysis is interested in the orderly organization of interaction, and studies the sequential turn-by-turn responsiveness of talk (Schegloff and Sacks, 1973). The global idea of conversation analysis is the view that participants orient themselves to the preceding speech, so that this constructs a context for the current talk, meaning that talk is context-shaped (Heritage, 1984). A related idea is that speech is organized in turns that create expectations for the next turn, meaning that talk creates context (Heritage 1984). Thus the current speech interprets the previous turn and further creates possibilities for the next speaker.

In the analysis I take into account both the responsive and rhetorical aspects of talk. I assume, following conversation analysis, that discursive moves

(e.g. assignations of blame, or questions) construct a context for the next turn. Interactants are 'forced' to take into account the previous turn; they must make their response intelligible in the context of the prior turn. The conversationalists are not, however, prisoners of the interaction, since they make their own interpretations of the previous turn, and thus meanings evolve in the interactional flow.

In the analysis of therapy conversation it is important to follow the overall organization of the conversation in relation to the research question. I contend that each utterance, each episode and sequence, and also each session constructs a context for the following ones in the ongoing renegotiation and reconstruction of the problem or issue that is the subject of the conversation. By following the changes in lexical choice and utterance design, not only in relation to turn design and sequence organization, but also in relation to the chronological flow of the therapy conversation it is possible to detect what it is that changes in therapy and how this change comes about.

2.3   Tools of analysing agency and accountability

In the first article, the question of the client's agency became the focal point of the analysis, since it was treated as a "hot potato" in the conversation. The conversation concerned about the violence that the female client had been confronted with by her husband. Her being a victim of partner violence was talked of in a cautious way. There are numerous ways in which a certain topic can be expressed cautiously. Pauses, hesitations, downgrading, nominalizations, mitigations, generalizations, new constructions of identity through time spans, information-eliciting tellings, and perspective-display series constructed the issues related to the client's agency as delicate. Information-eliciting tellings (Bergmann, 1992) is a discursive device in which the interactant is called on to tell her side of the story without being directly asked for it. A perspective-display series (Maynard, 1992) means a stretch of talk in the course of which the speaker offers his/her opinion on a certain issue while at the same time taking the other's view into account.

The second article dealt with agency through an analysis of the negotiation of clienthood. In constructing 'who is the client' the couple employed different ways of obscuring agency by using causal metaphors and the passive mood. The means used in the construction of blame and counter-blame, the management of agency, and stake of interest were issues of central interest in this article. The central tool in constructing blame was to represent the other as the one responsible for an event. Interestingly in Article 2, it is shown that it is possible to do this without constructing the other as a full agent of the event in question.

In the third article, I analyse the placing of responsibility. In this article I examine how the therapists, by using questions of varying kinds, are able to reconstruct the placement of responsibility. Examples of these kinds of question are other-oriented questions and hypothetical questions, both represented in the therapeutic literature. During the conversation the therapists also construct

shared responsibility by placing both spouses as agents in relation to the problems presented.

In the fourth article, I have used Goffman's (1979, 2001) notion "footing" as a device in studying accountability as a current issue in therapy conversations. The notion of footing was developed to meet the objection that the participation framework in conversations is more complex than the notions of speaker and hearer imply. In his original article Goffman made a distinction between the different roles of producing and receiving talk. In the present study I use only the distinction between the addressed and non-addressed recipients of speech. The three roles in productive talk are held to be: *principal*, the one whose position the talk is meant to represent; *author,* the one who does the scripting of the talk; and *animator,* the speaker of the words. Often the same person operates in all three roles, as someone says, "I have a problem controlling my behavior". In this sentence the speaker is the animator, s/he is doing the speaking; author, s/he is 'designing' what is being said; and the principal, her/his position can change because of the utterance. But we can also orient to the contents of our speech differently: "My therapist said that I have a problem with controlling my behavior". In this latter case the therapist, as a presented author, is responsible for the opinion relating to the speaker, who is the principal and the animator of the sentence; but we as recipients would not actually have any means of knowing whether it is the speaker's opinion as well. Quotations and constructions that build a claim in a form of a report of others decrease the speaker's accountability, while footing that presents the speaker as both animator and author of a report increase accountability (Clayman, 1992; Potter, 1996). That means that one is rarely held accountable or responsible for opinions that 'belong' to someone other than oneself. Further, by using footing one can display alignment with or show scepticism towards the descriptions that one is animating (Potter, 1996). Davies's and Harré's (1990) conception of footing as a metaphor is helpful: "We gain or loose our footing in conversations, social groups and so on, much as we gain or loose it on a muddy slope." By analyzing footing it is possible to describe how the speakers manage their distance from what they are speaking. We have a number of ways showing that we 'own' what we are saying, and a number of ways distancing ourselves from what we are saying.

2.4 Methodological tensions

There is a need to briefly introduce the methodological debates of recent years in the discursive field, and clarify the position I have adopted in this dissertation in regard to the various approaches on offer. One of the debates in the field of conversation and discursive analysis has been concerned with the context in which the utterances gain their meaning in a conversation. Is it the conversation itself, with all its details, which provides the context for the participants, as claimed by conversation analysts (CA); or can it be said that the context is made up of elements drawn from wider cultural resources, as argued by critical discourse analysts (CDA)? Or is this dichotomy even a relevant one?

I have based my analysis on close observation of the data, and treated context as a project and product of the participants, as suggested by CA (Korobov, 2001). In this dissertation, participants' actions are understood as local issues of interaction. I agree with Schegloff's (1997) notion of the importance of analysing the conversation first so that the critical or sociopolitical analysis can be constituted out of the interaction itself. Schegloff holds that the context is, can be and should be found in the orientations of the conversationalists. Shegloff seems to disclaim the cultural/conversational split by saying that it is possible and important to detect the functions of the participant's discursive actions and after doing this move to a cultural analysis. I would like to try, at any rate, to embrace both these points of view: the conversation analysis's respect for conversational details, and the interest shown by CDA in the wider discursive area, as suggested by Wetherell (1998). I follow the order suggested by Schegloff (1997), after making my analysis of the conversation I interpret the results from a wider theoretical and cultural framework. This seems essential if the aim is to understand conversational tensions and moral dilemmas at the institutional level of therapy practice.

I maintain, following Wetherell, that when analysing therapy conversation it is important not to be blinded by the endless richness of the conversational details, since the analysis must also reach out towards the discursive plots of the conversation. To make oneself understood in the conversation one must also orient oneself to the shared discourses. Thus to analyse the conversation and the meanings and the sense-making methods of the conversationalists, it is important for the analyst to be aware of the different discursive threads available in the society at large. In this dissertation I have been interested in the management of moral order in a variety of therapy conversations. Although these conversations have varied as to their themes, the clients' methods of managing their moral positions overlap. The advantage of carrying out, in addition, a cultural analysis of these methods used in different conversations is that after showing in detail what is done and how something is done, it is possible to examine how the therapy conversation draws from wider landscapes of moral meaning making and how it in turn reproduces or challenges these discourses.

The focus of the study is not only on the analysis of the local moral order and its production and management, but also on the question of why it is produced and managed in the way it is – what is achieved by doing this? The answer is to be found in the conversation itself, and cannot be deduced from realist assumptions of the motives of the speakers. However, it is not ontological gerrymandering (Woolgar and Pawluch, 1985; Potter, 1996) to compare the meanings and practices produced in the conversation under study to the meanings available in the larger cultural frame of reference. In the course of the analysis I ask what are the local functions of therapists talk and what kinds of moral ideologies they might be drawing from and building up.

I view the act of carrying out an analysis and publishing the text of a conversation as participating in a conversation of another kind. Not only in therapy conversation but also in research, context is both a project and a product of the participants. In other words I understand my analysis as an interpretation, it is a result of active choice, and part of an ongoing cultural conversation. My turn is an interpretation both of the actual conversations under analysis and

of the previous research. Although it is important for me to be a part of the institutional conversation of psychotherapy, it is as important to mind the gap that so often is so wide, between actual therapy conversations on the one hand, and the theoretical interpretations of these on a theory of individual mind, on the other.

Another important debate, besides the questions of context, has been CA's notion of "participants' orientation". Billig (1999) has criticized this notion for its naivity. He has read this notion as an ontological quest for the "true" meanings of the speakers. I have interpreted CA's notion of "participants concern" in a 'friendlier' way. I have read it as a program that underlines the importance of sticking to what is actually said and how it is said before making any further categorizations and interpretations. The idea of reading a therapy conversation from the viewpoint of the participants' concern is illuminating when taking into account the different perspectives of the participants in the therapy conversation. The client is not (usually) acquainted with the theoretical premises of the therapy theory. The therapist's talk is interpretated *in situ* by the client while the therapist, (as at least one might think), is drawing from the various available theoretical resources, although the therapist must orient herself to the conversation by taking into account the client's responses to her/his talk. Through concentrating on the sequential interaction it is possible to identify the therapeutic practices in the context that is mutually build by the client and the therapist.

3 SUMMARIES OF THE ORIGINAL ARTICLES

Article 1

Kurri, K. and Wahlström, J. (2001) Dialogical management of morality in domestic violence counseling. Feminism and Psychology 11(2): 187-208.

This article examines the discursive devices used in counselling when the topic under discussion is the violence offered to a female client by her husband. The crucial question in this article is: how is domestic violence talked about? This global question is looked at especially in relation to institutional conversations about (feminist) counselling practice and its dilemmas, which are shown to relate to different constructions of autonomy. The article also provides a discussion of the question: why is violence talked about in the way it is? The aim of the analysis is to make possible an evaluation of the institutional 'rules' of family violence counselling as they are realized in practice.

The analysis of a single conversation showed a rich and complicated world of dialogical production of morality, brought into a being through the use of a wide variety of discursive means and devices. The analysis shows how the counsellor is cautious when talking about issues related to the client's agency – her staying in the relationship. In the article it is concluded that the 'advices' delivered by the counselor were communicated with such delicacy lest the client's moral constructions should transform them into a markers of her own failure to act appropriately, showing in this respect what was called 'weak agency'.

The analysis of the conversation is looked at the light of two theoretical conceptions of autonomy, the liberal and the ethics of care. If the client was seen as "paradigmatically equal, independent, rational and autonomous", (see Sherwin, 1992, 76) the practice of counseling, which involves providing the client with advice for different kinds of action, can be interpreted as patronizing, or even as the arrogant use of (expert) power. In this liberal frame of reference the client appears as a fully responsible agent, who consequently can be seen as having chosen to remain in her situation. The ethics of care has focused on the importance of emotions and relations between significant others and formulated a different understanding of the concept of autonomy (Gilligan, 1982; Baier, 1987; Benhabib,

1987; 1992; Blum, 1993). In this tradition autonomy is not opposed to self-other relationship (see Rumsey, 1997) but is seen as existing within relationships and in understandings of them. The power of counseling should not be viewed through the metaphor of one force effecting an object, but as constitutive; the counseling conversation is one kind of talk among other conversations through which the client is constituted or constitutes herself (see also Pulkkinen, 2000).

Article 2

Kurri, K. and Wahlström, J. (2003) Negotiating the clienthood and moral order of a relationship in couple therapy. Pp. 62-79. In Hall. C., Juhila, K., Parton, N., Pösö, T. (Eds.) Constructing clienthood in social work and human services. Interaction, identities and practices. London and New York: Jessica Kingsley Publishers.

In this article the practices of negotiating clienthood are the focus of the interest. In its theoretical self-understanding, couple therapy usually constructs as its object of treatment either the inner worlds of the partners, and their mutual interdependencies, or the limitations in communication skills evident in exchanges between the spouses, or the malfunctional interactional patterns of the relationship (Crowe 1996). Seen from a constructionist viewpoint, these formulations appear limited, because they do not take into account the institutionally framed constructive work of the spouses.

The article enquires how the discursive practices of the participants in the couple therapy process establish an arena for problem formulations, membership categorizations, and other means of clienthood constructions, and how this forms a frame for negotiating the social and moral order of the relationship overall. Analysis is done with special reference to the usages of emotion talk.

'Emotions' had a central function in the flow of the conversation (cf. Stearns 1995; Edwards 1999). By scripting emotional experiencing as orderly, it is possible to perform manifold discursive actions in the social and communicative tasks of identity construction, positioning, defending, and accusing, to name a few (Edwards 1995, 1996, 1999). Emotion talk in couple therapy session seems to have been not only a negotiation of emotions as such, but also a negotiation of who should be in the privileged position of setting the rules of the relationship, and thus be able to influence the moral outline of the joint form of life. In the article it is argued that if the therapists had disregarded the metalevel of negotiating clienthood and instead joined in the conversation with their own understandings of the clients' emotions, there would have existed a danger of making one or the other of the spouses the client of the therapy – and not the couple.

The discursive moves of the therapist not only countered the one-sided ascription of clienthood but also focused the "minds" of the clients: obliging them to describe, and thus retell their problem. The negotiation over who was the client was linked to issues concerning the possibilities each spouse had to influence experiences, acts and events, and the obligation each had to take responsibility for them. The ways in which blame, excuses, justifications, and

counter-blame (Austin 1962; Buttny 1990; Edwards 1995) were constructed and handled as constituents of the continuous and tensioned process of establishing the moral order of the conversation, were also analysed. Therapists actively introduced an alternative construction of the relationship itself as 'the client'. It could, in fact, be claimed that when the 'relationship-as-client' ascription is finally achieved, most of the therapeutic work will actually be over. Thus, the negotiation over clienthood can be seen to be one of the central issues to be solved in the therapy. This calls for an orientation of therapist-talk towards the meta-level, not the contents, of controversial issues and disputes. By adopting a new language game of mutual involvement the spouses can enter a new form of life where troubled talk may take the form of negotiations, with less likelihood of drifting to a dead end.

Article 3

Kurri, K. and Wahlström, J. (forthcoming) Placement of responsibility and moral reasoning in couple therapy. Journal of Family Therapy (2005).

In this article it is suggested that analysis of the placement of responsibility should be seen as a central when studying moral reasoning in couple therapy. An analysis of the same data as in Article 2 is offered, with special attention to how, within accounts of events and interactional sequences involving blame, counterblame and justifications, placements of responsibility work to express moral judgements. Special attention is given to the question of how responsibility is placed within the interventive practices of the therapists. This kind of detailed analysis of the discursive tools used by clients and therapists makes it possible to look at moral reasoning in action, as it unfolds within the flow of therapeutic conversation.

The therapists' moral dilemma in this specific case was how to respond in a conflict situation where the wife offers, as the problem presented, the husband's way of (not) expressing his emotions; and the husband, the wife's way of overloading situations with emotions and the very demand that he ought to change. Addressed on a more generic level the moral dilemma can be seen as a conflict between two different discourses of moral justification. These discourses of *autonomy and relationality* have also been widely discussed in philosophical literature (cf. Benhabib, 1987; Gilligan, 1982; Walker, 1998). Moral justification stressing *autonomy* highlights the right of individuals to pursue their own interests, and make their own personal meanings and choices. *Relationality* discourse, on the other hand, stresses the value of emotional support and care; individuals are in this discourse held responsible for responsiveness to others. Should one of these discourses guide the practice of couple therapy?

Recent studies of moral reasoning in couple and family therapy (Newfield, Newfield, Sperry, & Smith, 2000; Wall, Needham, Browning, & James, 1999) approach the issue methodically from a position external to actual therapeutic situations. They either focus on moral conflicts at the level of theory, or else moral reasoning is studied by means of interviews or questionnaires. In the

third article I argue that such decontextualized methods are insufficient in approaching moral reasoning in therapy. Studies which examine the moral principles that inform the ethical deliberations of therapists, valuable as they may be, do not allow us access to the uses of moral judgements *in situ* as they are put to work in therapeutic encounters. Awareness of discursive practices in placing responsibility is a prominent tool for creating more detailed accounts of ethical conduct in therapeutic encounters.

Article 4

Kurri, K. and Wahlström, J. (under review) Agentless talk in therapy conversations: designs, functions and therapist's responses. Research on language and social interaction.

This article examines the ways in which a therapist and a client talk when the initial problem presented by the client follows the discursive display of 'agentless talk' (Harré, 1995). In 'agentless talk', agency is split between the implicit agent, who produces the current talk and a non-agent , who is present when the problematic actions occur. Through agentless descriptions the source of speech, the present self, is differentiated from the source of actions. This latter 'non-agent' is typically left unspecified and obscure in the discursive display. In 'agentless talk' the present self of the speaker does not take responsibility for the actions being accounted for.

This article asks, how the client's agency is produced in these kinds of problem formulations? How do the participants proceed in managing 'agentless talk'? How are claims and disclaimers of responsibility handled within the moral order of the psychotherapy conversations? When the defining discursive feature of 'agentless talk' is to give accounts that tend to obscure agency, it can be asked whether therapy talk joins in this endeavor; is it a search for reasons and does the talk let the client off the hook? It could be expected that the therapist will be confronted by the difficult task of having to decide what to accept as an explanation, and what to reject. If the therapist renounces an account; how is this managed within the therapeutic relationship? In the article it is suggested that looking at 'agentless talk', not as a manifestation of inner psychological pathology, but as a discursive action opens up a different understanding of how change can be achieved in therapeutic conversations.

This article introduces, by analysing three sessions of a therapy process, one possible approach to mounting a challenge to 'agentless talk' by adopting a variety of uses of footing as discursive devices. These were used to obscure the expectations of everyday conversational frameworks. In the description of this case the 'treatment of agentless talk' is portrayed as an exclusively discursive accomplishment. To account for the change in the therapy process no reference to models of inner psychological structures or organization was needed. The treatment process is conceptualized as a transformation on the level of the discursively-achieved social and moral order of the conversation. Within the moral order of the treatment process, the reflective observation of what has actually been done gained the highest moral value.

4   DISCUSSION

4.1   Main findings

The aim of this thesis was to analyse therapy encounter as a conversation. During the process of the analysis, the negotiations of the moral order soon became a subject of special interest. This focus can also said to be a main finding of the research. It is shown that a common feature of all the conversations studied was that the therapists' conversational practices changed the moral orders that were displayed by the clients. It appears that the moral order and moral reasoning of therapy practices cannot be found by de-contextualized methods of research. The analysis of 'talk at work' also provided an opportunity to reflect on current therapy practices, and their 'effect' in relation to certain ethical discourses concerning the practice of psychotherapy.

In the first article I show how the counselor exercises considerable caution when speaking about anything which might relate to the 'weak agency' of the client. This delicacy produces 'strong agency' as preferred; but does so implicitly, and thus minimizes any possible threat to the client's "moral face". In the second article I show how the spouses manage to solve the problem of who is the client by different displays of agency and blame. The therapists challenge these displays by delivering a question to the partner who is blaming the other. In this way the therapists put the one placing the blame into an agentic position in regard to her/his constructions, and build his/her understanding of his/her relationship as the client. In the third article I show how the therapists in the same couple therapy conversation place responsibility through different question 'techniques', like other-oriented questions and hypothetical questions. These questions manage and change the speaker's display of his/her agency or the agency of the other. The fourth article shows how the externalizing of the client's agency works to change his original agentless talk, and how this affects the clients' responsibility regarding the narrated actions.

One observation based on a comparison of the successful transformation processes of agentic talk and the deviant cases – the less successful interventions - was that the success was dependent on saving the client's face. If the client

was too quickly forced into a responsible position in regard to her/his 'problem behavior/situation' s/he found excuses for her/his actions and could not move into a reflective position. In couple therapy it seemed that it was not possible to offer a spouse full agency over behavior s/he was blamed for and which s/he excused, but in these cases a useful intervention was to approach the theme through hypothetical question. Through these questions the spouse was placed a hypothetical scene where s/he had full agency over the 'hot issue'. This solution moved the spouses into more negotiable positions and did not deepen the positions of blame and excuse, as can easily be imagined happening if describing full agency over the debated issue.

On the basis of the analysis carried out in this thesis it is possible to conclude that it is the reshaping of responsibility through agency discourse and accountability that are central for the changes in the moral order of therapeutic encounters. The talk in therapy settings is very often talk about the other institutions of life: marriage, friendship, parenthood, etc. The narratives put forward by the clients are usually reshaped in the conversational process. To 'challenge' or renegotiate the clients' moral orders is a demanding task because it can easily pose a threat to the client's face (Goffman, 1955).

Pinpointing some institutionally-shared practices of challenging the moral orders from the interaction gives also a possibility to evaluate the therapeutic practices from an ethical point of view. One benefit to be derived from the analysis of therapeutic practices in work, is that it gives an opportunity to see how the clients respond to these practices. Through this kind of analysis the therapeutic practices can be evaluated in their true environment.

To account for the change in therapeutic process no reference to motives or psychological explanations was needed. The discursive logic involved in the therapy sessions studied can be understood as relating to the management and reformation of the moral order. The advantage of describing therapeutic practice, and the consequences of such practices by analysing therapy conversation itself is in the apprehension that communication is 'governed' by interactional practices that go beyond therapy theories. These practices, like the practices and consequences of accounting, cannot be altered in therapy; they are the cornerstones of therapeutic practice just as they are the cornerstones of all human encounters aimed at a shared understanding of action. However, as shown in this dissertation, there are many discursive ways to relate the clients' ways of talk in order to delicately 'challenge' the client's moral orders - those practices are at the focal point of doing therapy.

4.2 Conversational realities of the therapy process

I have followed Wittgenstein's (1953) notion that language-games should not be explained but note should be taken of how they are being played. Shotter (1993) has referred to the knowledge people use in interacting as a knowledge of a third kind. This knowledge is not theoretical - it does not explain why, nor is it practical know-how - it is knowledge of how to operate in a relationship. That

knowledge is held in common with others and judged by them in the process of its use. The practices of the knowledge of a third kind can be called dialogically-structured (Shotter, 1993) in the sense that no single producer of that knowledge or of that activity can be identified.

The widely held notion that 'discourses that 'solve problems' need to be different from the ones that are used in creating and presenting them', can be made more concrete with detailed analysis. Discursive psychology is not, and need not be, seen as an alternative to the therapy theories. Rather, as Peräkylä and Vehviläinen (2003) show, the study of interaction can repair suppositions and, expand, make concrete and complement ideas that characterize "interaction ideologies" like therapy theories. Using the methods of discursive psychology and conversation analysis it is possible to see what resources are locally used to build certain moral and social orders and what resources are needed in challenging and changing them in the complex interactional context of therapy sessions. Further through detailed analysis we can see how different descriptive categories, such as "therapeutic alliance", for example, are interactionally accomplished (see, Korobov, 2001; Schegloff, 1999).

Research into therapy as a conversation can contribute to the growing body of research that is interested in understanding the dynamics of therapy interaction. When approaching therapy talk from the perspective of therapy theory one is obliged to look for and identify those phenomena that are familiar in theory, and is under some pressure to expound and justify those practices that have been already established theoretically. Aspects and practices that are alien to the theory are easy to miss. Further as, Silverman (1997) points out if a phenomenon is approached through ready-made conceptualizations it is possible that we lose the phenomenon itself. It is from these viewpoints important to study therapy in its fine detail with the intent of getting close to how therapy is conducted in the shared and dialogical space of talk. In research that is oriented to the interaction *in situ*, it is possible to see how the phenomenon gains its meaning in the course of the interaction.

Recently the importance of relationality and interaction between the therapist and the client has been stressed widely within different therapy traditions (e.g. Mitchell, 2000; Safran & Muran, 2000). It seems that there exists a new kind of situation in which theory-building can take new directions. Different therapeutic theories deliver their suggestions and descriptions as to how relationality and curative conversations can best be facilitated. However, as we have already seen, research undertaken from the premises of therapy theories and individual psychology are not developed to reach for the interactional aspects of talk.

4.3 Ethical evaluation of therapy work

Conversation about the ethics of psychotherapy usually encompasses talk about confidentiality and sexual boundaries. Sometimes more interactional themes like for example, issues of respect, neutrality, client centeredness, empathy, or working alliance may also be mentioned. The ethics of psychotherapy concern,

however, much more complicated and wider issues. A question that is not dealt with in this dissertation is the question of the good life. Psychotherapy has always to do with normative evaluations, and the question naturally arises as to the grounds on which different deeds and choices should be estimated as good? Or more fundamentally – is it the job of the psychotherapist to make this evaluation? The answer to these questions is not even aspired to this dissertation. I have instead shown that the psychotherapist inevitably does moral work through agency and responsibility (re)placements. The therapist's words, or her/his silence is interpreted in moral terms by the client. The dialogue between the therapist and the client works to construct the client's life in terms of what should or shouldn't be done; the therapists make choices in their talk in regard to whether they encourage autonomy or relationality, they assign responsibility, and much more. All these things are discursive actions that are attained to in a complicated environment of the constant renegotiation and mutual interpretation of current discursive actions. To analyse the therapist's actions in the context of an actual therapy situation reveals how complex and context-bound are the issues of respect, neutrality, client-centeredness, empathy, alliance; the big substantial issues regarding the ethical conduct of psychotherapy. I argue then that to evaluate psychotherapy from an ethical point of view, the research needs to take account of the interactional realities of the situations in which the therapy is carried out. If discussion of the ethics of psychotherapy is carried on only on the basis of decontextualized methods like interviews or theoretical considerations, there exists a danger that moral dilemmas and their solutions as they are appreciated when one looks at therapeutic conversations in full detail, will be overlooked. Decontextualized methods of evaluation lead to a partial and detached understanding of the moral reasoning of therapy encounters. An awareness of discursive practices, as these are used in psychotherapy is an important tool for creating more detailed accounts of ethical conduct in therapeutic encounters.

4.4 Reflections of the production of the research

The value of this dissertation is in showing in detail how morally saturated therapy conversations are and how change comes about in the moral order during the conversation(s). In this dissertation I have used the term 'moral order' to mean two things. First the meanings of good and bad, right and wrong, responsibilities and rights created and negotiated in the course of the therapy conversation. Secondly, I have meant by moral order, the understanding of how to speak and when to speak. In the dissertation I have also shown how by management of the interactional order, for example turn-taking, the therapists are able to assign responsibility, and thus take effect on the moral meanings. Both moral meanings and interactional order are essential elements in the construction of the conversations' moral order, as I have already argued. However, to take both these aspects into account proved to be a complicated a matter. The weakness of current research is that in the succession of the articles the concept

of moral order was understood in slightly differing ways. This seems to relate to the tricky business of describing something that is undergoing constant change due to various different discursive actions of the participants. One can then ask whether it is wise to use the concept at all? As can be concluded from the title of the dissertation, I am still convinced of the practical value of the concept. It captures under one name the complex issues the participants are addressing with their different and changing displays of agency, their accounts and questions.

The benefit of doing a research into the therapy as a conversational practice is that it enables one to study the actual interactions as they happen: as opposed to relying on data based, for example, on interviews or questionnaires. By studying actual interactions a researcher can gain information as to the client's orientation to a given intervention at a given context. Thus the therapeutic process is not abstracted into a mechanical set of different techniques, and the contextual information and responsive nature of therapy are not missed.

The analyses of the various ways in challenging and transforming clients' agentic displays provides an opportunity to reflect on the different receptions accorded to the various interventions. Since the 1950's a large number of outcome researchprojects have been carried out. There is no a need to enquire whether psychotherapy is effective. It is a well-established fact that it is. A recent trend has, however, been, once again, to do evidence-based research into psychotherapy. This research does not, however, approach therapy as a conversation, and I feel that for this reason it overlooks relevant information. Part of that information is related to the differing interactional practices shared among different therapists and therapy traditions. In this dissertation I have shown that the common organizing theme in different therapies is the transformation of the moral order during the therapy process.

4.5   Some residual questions

A central aim of the articles in this dissertation is, as mentioned earlier, to study therapy as a conversational activity. If a research project conceptualizes therapy as a world of constructions and not as a world of facts, the interesting point of departure is how the interaction and the narrative are constructed in the therapy encounter and what are the consequences of the different constructions made. It has been argued that a central organising principle in the clients' accounts of their situation is the construction of a moral order. I have shown how moral order is produced in conversations through different displays of agency, and related to this, different attributions of responsibility. In the articles I analyse the production and management of the moral orders and the ways the therapists' responses influence their evolution. The conceptualisation of therapy as the management and production of moral order was successful in the sense that it made possible new understandings of what happens in a therapy session; regardless of what kind of therapy encounter, individual or couple or what kind of therapy orientation was under examination.

Although the new conversational viewpoint has shed new light on many of

the old 'psychological' issues, and maybe also because of it, there remains a lot of questions to be attended to. One important aspect not treated in this dissertation is a comprehensive analysis of the diversity of the functions of the different therapeutic practices focusing on displays of agency in various therapeutic settings and conversational contexts. This theme was touched on in the articles, but its treatment requires larger corpus of data. This kind of analysis would open up the possibility of reaching an understanding of the various practices, and of possibility to evaluating their effectiveness; for example, in relation to the goal set for the therapy process in the first place.

An interesting question related to agency and the institutional moral order is the question of the goal of therapy. The clients often seem to get from therapy something other than what they 'ordered' in the first place. Negotiation over what the therapy should be oriented towards is an interesting question that was shown to be under discussion in many of the conversation studied. The therapist's practices in negotiating the goal, and the ethical and ideological questions that these practices give rise to, are at the core of the ethics of psychotherapy. Through consistent analysis across different therapy settings, a research project could ask how the various therapy practices are perceived from the client's perspective. Although it is true that every human encounter is unique and therefore beyond the repetitions and simple comparisons, it is also true that the practices of language usage are shared and understandable across individuals. This provides an opportunity to see whether there are similarity or variation, in the way certain therapeutic practices are received by different clients. The analysis of talk does not lose the contextual differences, but can take them into account. An analysis of this kind could be treated as a relevant kind of outcome study for psychotherapy practice.

The moral order of therapy conversation is a topic that certainly gives rise, as I have already said, to questions of a normative kind. How should the therapist act in relation to dilemmas of different kind? How should the therapist relate to what the client is looking for - who decides the direction of conversation? In this dissertation it is possible to see that the therapists are agents active on their own behalf, who construct and redirect the therapeutic dialogue. These decisions of problem formulation that are made *in situ* by the therapists are also significant on ethical grounds. Are there ethical principles that should guide therapeutic practice, and how may these be known and described? These are questions that merit further examination.

A wide variety of therapy literature emphasizes that the therapy process strengthens the client's sense of agency. This has been said to be also the key to enabling the clients too to act differently, and make new choices in their lives. The process of achieving 'stronger agency' has, however, been under-examined. In my review of the articles I contribute to this conversation by focusing on the different and changing displays of agency which appear during the different processes of therapy. The aim of this dissertation has been limited to the semantic and interactional level, and the scope of the research has not included the changes the clients may or may not make in their lives outside the therapy situation. Changes at the semantic level (of the displays of agency) are also actions that at least at a given moment of the therapy encounter, affect the client's life. The study did not provide any analysis of whether the displays move with the client

to situations outside therapy, and whether these new displays of agency and new moral orders created in the therapy sessions affect the ways the clients lead their lives. This is of course an interesting and relevant question, but one not within the scope of this study. However, I hold that a sense of agency is essentially bound to discourse of agency, and that one has to have a sense of agency if one is to make changes in one's life. The change in discourse then is an essential part of the change of one's behavior and the way one feels. Talk is not surface; it is a way of being a person, a way of behaving and a way of living one's life.

TIIVISTELMÄ

Tämän tutkimuksen kohteena ovat psykoterapeutin ja asiakkaan väliset keskustelut ja niissä ilmenevä näkymätön moraalinen järjestys. Yksityiskohtaisen empiirisen analyysin avulla tutkimuksessa pureudutaan sekä yksilövastaanottojen että pariterapiaistuntojen vuorovaikutukseen. Tutkimus koostuu neljästä artikkelista. Kolmessa artikkelissa analysoidaan kussakin yhtä terapiakeskustelua ja neljännessä analysoidaan useampaa terapiakeskustelua. Johdanto-osassa tarkastelen ajatusta terapiasta keskusteluna, artikkeleissa käytettyjä moraalisen järjestyksen, toimijuuden, selitysvelvollisuuden ja vastuun käsitteitä sekä käytettyä metodologiaa. Johdannossa esittelen myös artikkelien tiivistelmät ja pohdin väitöskirjan laajempaa tematiikkaa.

Tutkimus kiinnittää huomion diskursiivisiin käytäntöihin, joilla keskusteluun osallistujat hallitsevat moraalisia positioitaan. Näkymätön moraalinen järjestys muotoutuu ja tulee uudelleenneuvotelluksi keskustelun kuluessa. Keskustelijat muotoilevat moraalista järjestystä ja neuvottelevat sen ehdoista mm. ilmaisemalla toimijuutta, kiistämällä toimijuutta, tarjoamalla toimijuutta toiselle, oikeuttamalla, selittämällä, syyttämällä, kategorisoimalla, ja monilla prosodisilla tavoilla kuten äänenpainoilla, huokauksilla ja katseilla. Näkymättömäksi tämän moraalisen neuvottelun tekee se, että neuvottelu on sisäänkirjoitettuna vuorovaikutuksen konventioissa. Moraalisen järjetyksen ydinoletuksia ei huomata, vaikka niiden implikaatioihin suuntaudutaankin keskustelussa.

Tutkimus havainnollistaa sen, miten terapeuttiset kysymykset ovat erottamattomalla tavalla sidoksissa moraaliseen ulottuvuuteen: vastuuseen, selitysvelvollisuuteen, oikeuksiin ja niistä terapiakeskustelussa käytävään neuvotteluun. Terapeutit joutuvat keskustelussa erilaisten moraalisten dilemmojen keskelle. Terapiakeskustelujen analyysit osoittavat, miten terapeutit osallistuvat kysymyksillään ja kommenteillaan tämän monimutkaisen vastuun, syytösten ja selitysvelvollisuuksien verkon uudelleen punomiseen. Kun terapiatilannetta tarkastellaan keskusteluna, yhtenä keskeisenä toimintana näyttäytyy uuden moraalisen position tuottaminen asiakkaalle. Tämä mahdollistaa asiakkaalle hänen oman toimintansa uudenlaisen reflektion; ilman tuomitsevaa moraalista kehikkoa hänen ei tarvitse puolustautua ja selitellä tekojaan.

Yksityiskohtainen terapiakeskustelujen moraalisten käytäntöjen analyysi on mahdollistanut myös käytäntöjen eettisestä perustan pohdinnan. Väitöskirjassa argumentoidaan, että tietoisuus moraalisen järjestyksen rakentumisesta ja hallinnan keinoista voi toimia välineenä terapeuttisten käytäntöjen kehittämiseen ja niiden perusteellisempaan eettiseen arviointiin.

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(Endnotes)

1 All participants have given their written consent for the use of the therapy conversation material for the purposes of research. The names of the participants, cities etc. have been changed.