

## Conversation analysis and the professional stocks of interactional knowledge



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**ABSTRACT.** Some institutional settings, such as therapeutic or counselling settings, involve normative models, theories or quasi-theories concerning professional–client interaction. These models and theories can be found in professional texts, in training manuals and in written and spoken instructions delivered in the context of professional training or supervision. In this article, we would like to call these models and theories ‘stocks of interactional knowledge’ (SIKs). Our aim is to explore the possibility of a dialogue between conversation analysis and such SIKs. Based on research on medical and counselling settings, we discuss the different relationships that CA and such interactional theories may have. We propose that CA findings may (i) *falsify or correct* assumptions that are part of an SIK; it may (ii) *provide a more detailed picture* of practices that are described in an SIK. (iii) CA may also add a *new dimension* to the understanding of practices described by an SIK, or (iv) *provide* the description of practices, not provided by a very abstract or general SIK.

**KEY WORDS:** *Conversation Analysis, counselling, medical consultation, professional knowledge*

Most conversation analytic (CA) studies nowadays deal with different forms of institutional interaction which, usually, involves professionals interacting with their clients (cf. Drew and Heritage, 1992; Drew and Sorjonen, 1996; Heritage, 1997). Many professionals whose conduct we study – e.g. physicians, therapists, counsellors – have their own ‘language’ in which they speak about their work. It often happens that the language of conversation analysis does not quite resonate with the language of the professionals. It is our own experience that the professionals may not always see the relevance of conversation analytical results, and, by contrast, as conversation analysts we have not been particularly interested in the professionals’ own ideas concerning their interactions with their clients.

A great deal of empirical research on institutional practices has sought to show that there is a gap between theory and practice. The point of such critically inclined studies is in showing that the practice is not fully following the model set by the given theory, model or concept, or that the practice is counterproductive in terms of the concept. CA, however, has adopted an ethnomethodological distance (cf. Garfinkel, 1967) towards any descriptions of the practice – lay or theoretical, normative or descriptive – and sought to analyse practitioners' unfolding actions in real situations. Accordingly, CA research on institutional interaction has not actively discussed issues such as 'competent practitioner' or 'good practice' or compared competing approaches within the same practice.

Practices are not accomplished merely by following theories, models or concepts. Theories and models are general idealizations, whereas practices are carried out in situ. Theories and concepts related to practices consist of ideals and visions of the 'best possible situations', whereas institutional practices constantly deal with the range of cases that do not reach such ideals. Furthermore, institutional practices always involve aims that are not articulated as 'goals' or 'ideals', but nevertheless fundamentally organize the actual practice. For example, control or sanctioning against deviance are such constitutive aims.

Therefore, it would be unrealistic to expect that each CA finding would resonate with practitioners' theories of their practice. Nevertheless, practitioners' perspectives and aims are informed by such theories and concepts. Indeed, the practitioners view their practice and their own actions *through and in terms of them*. Moreover, the development and experimenting within professional practices, and the related academic discussion, take place in relation to such theories, often with the intent of diminishing the assumed 'gap' between theory and practice. Therefore, we think it is a relevant challenge for CA to address the theories or concepts that are held by the practitioners as valid and consequential. This does not mean that CA research should be bound or guided by such theories. However, practitioners – as well as academics of related fields – will have more interest in our work, if we can systematically articulate the relationship of our findings towards these theories. In this article we would like to propose a new way of thinking about this relationship.

In recent years, the scope of CA research has widened, to include 'applied' areas where a dialogue between practitioners or professionals and CA researchers can be part of the research design (e.g. Collins, 2002; Halkowski, 2002; Heritage and Maynard, forthcoming). In this article, we would like to specify the relationship between CA findings and professional theories from a particular perspective. We have studied practices of medical care, therapy, counselling and education, and within each of these fields, we have faced the importance of addressing the related professional theories and ideologies.

### *Ethnomethodology and 'members' knowledge'*

The relation between social research and the members' knowledge was a central

theme around which the emerging ethnomethodological movement articulated its own programme. In a widely cited essay, Zimmerman and Pollner (1971) argued that, in standard sociology, common sense practices and common sense knowledge are employed as an unexplicated resource of research. 'Sociological inquiry is addressed to phenomena recognized and described in common-sense ways . . . while at the same time such common-sense recognitions and descriptions are pressed into service as fundamentally unquestioned resources for analysing the phenomena thus made available for study' (Zimmerman and Pollner, 1971: 81). Instead of using common sense knowledge as an unacknowledged resource for research, Zimmerman and Pollner (1971) proposed that the ethnomethodological programme make its uses into the primary *topic* of research. Wieder's (1974) study on the uses of the 'convict code', i.e. an unofficial set of rules regulating the inmate and staff relations at a 'half way house' for ex-convicts, is a successful example of the approach proposed by Zimmerman and Pollner. Through his ethnography, Wieder showed the different uses that explicating and appealing to this code had in the maintenance of the social order at the half-way house.

Although aware of the insights of the ethnomethodological programme, the current study takes a somewhat different approach to 'members' knowledge. We are not trying to explicate the ways in which the practitioners' theories and concepts are actually referred to and made use of in the actual practice of their work. (This would be a topic for another study.) Instead, we want to explicate the similarities, gaps and differences between conversation analytical findings, and the written, codified versions of the practitioners' theories. By doing so, we want to enhance the 'usability' of conversation analytical research, on the one hand, and to increase our understanding of the social significance of the practitioners' theories on the other hand.

### *Professional understanding of interaction*

There is textual evidence for a *new, articulated* awareness of questions pertaining to social interaction in many professions. For example, in medicine and nursing, the professional texts topicalized interaction in a new way towards the end of the 20th century. David Armstrong, medical sociologist working in a Foucauldian framework, talks about the 'invention' of doctor–patient and nurse–patient relations in mid 20th century (Armstrong, 1983, 1984, 1987). Before that, communication, interaction and the participants' subjective experiences were not an issue in medical and nursing texts. A similar type of change can be observed in adult education texts, where the adult educator's role is presented as having changed from the information provider to a co-participant in empowering, reflective interaction (see e.g. Mezirow, 1978, 1981; Mezirow and Associates, 1995).

By now, normative models and theories or quasi-theories about interaction are part of the knowledge base of many professions. These models and theories

can be found in professional texts, in training manuals and in written and spoken instructions delivered in the context of professional training or supervision. We would like to call these models and theories 'stocks of interactional knowledge' (SIKs).

Empirical research into social interaction can adopt different positions vis-a-vis SIKs. First, there is *research that uses SIKs as its point of departure*. This kind of research is produced 'from within' the profession. For it, the SIK provides central theoretical concepts through which empirical data are articulated. A case in point is the study of Gill and Hoffman (1982) on the interactions between psychoanalysts and their patients. In their study based on tape-recordings of authentic psychoanalytic sessions, they seek to show how analysts' ways of recognizing and responding to transference phenomena comply or fail to comply with the adequate psychoanalytic understanding of transference. Psychoanalytic theory of transference serves as a yardstick with which the data are compared.

Second, there is *research that focuses on structures and practices of interaction per se*, and consults SIKs to gain understanding of the motivations and goals of the actors. For us, this seems to be the predominant model in current conversation analytical studies on institutional interaction. The findings of these studies are usually discussed without particular references to interactional theories or models of the practitioners – either such models are not a prominent or a consequential part of the practitioners' knowledge or they are not articulated in a way that would allow connections to practical interactional findings.

In this article, we want to explore the possibility of a third type of position, for empirical interaction research to take vis-a-vis SIKs. In this position, *research focuses on sequential structures of interaction and seeks a dialogue* with SIKs. This type of research builds upon the methodology developed in conversation analysis, as do the studies conforming to the second pattern outlined above. However, what is novel in the type of research that we propose is that it aims at creating a relation between the results of interaction analysis and the SIKs. In this article, we sketch this relation. Before focusing on the relation, however, we need a more detailed concept of professional SIKs.

### *Professional stocks of interactional knowledge*

By professional stocks of interactional knowledge, we mean organized knowledge (theories or conceptual models) concerning interaction, shared by particular professions or practitioners. SIKs have normative and descriptive elements, and they vary in conceptual clarity and sophistication – some SIKs involve full-blown theories, whereas others involve models or concepts of less comprehensive type.

We would like to suggest that SIKs can be classified along the two dimensions:

1. *Degree of detail in terms of interaction*. There are detailed SIKs, such as Family Systems Theory, which offer detailed and extensive descriptions and prescriptions concerning the interaction between professionals and clients. In the case

of Family Systems Theory, these descriptions and prescriptions concern the ways in which the professionals ask questions and deliver other interventions to the clients (e.g. Boscolo et al., 1986; Hoffman, 1981; Penn, 1982; Selvini and Selvini Palazzoli, 1991). However, there are also less detailed SIKs, which offer only patchy descriptions and prescriptions. For example, the concepts of 'learner-centredness' or 'promotion of self-directedness' in educational counselling and careers training (Järvinen et al., 1996; Onnismaa and Taskinen, 1994; see discussion in Vehviläinen, 1999) do not involve detailed descriptions concerning the ways in which the self-directedness can be realized in the actual interactions.

2. *Degree of penetration into praxis.* Some SIKs are constitutive to particular professional practices. In these cases, the professional practice is dependent on the SIK and would not exist without it. Psychoanalytic practice, for example, is thoroughly structured with reference to the theoretical ideas of the respective SIKs – ideas such as 'free association' and 'interpretation'. However, there are also contingent SIKs, which involve maxims and ideals relevant and consequential only occasionally in the actual interactions. The ideas and models of learner- or patient-centredness provide examples. The professional practices of medicine, education or counselling are not fully dependent on these ideas: medical consultations and lessons can also be accomplished and recognized without any reference to the ideas of patient- or learner-centredness.

### *CA results and the SIKs*

In this article, we explore the possibility of a new kind or approach for conversation analytical studies on institutional interaction. In this approach, the research focuses on sequential structures of interaction *and seeks a dialogue* with SIKs. In this dialogue, the results of conversation analysis can have various relations to professional SIKs. Such dialogue has been sought by a number of recent studies of institutional interaction (see Arminen, 1998; Arminen and Leppo, 2000; Peräkylä, 1995; Ruusuvuori, 2000; Vehviläinen, 1999); our particular purpose is to focus on the different types of relations CA findings and SIKs may have. The different types of relations can be outlined on the basis of some of the mentioned studies, and the possible relations include the following:

1. *CA falsifies and corrects* assumptions that are part of an SIK. Below, this possibility will be demonstrated through Ruusuvuori's (2000) study on the openings of medical consultations.
2. *CA provides a more detailed picture* of practices that are described in an SIK. This possibility will be demonstrated through Peräkylä's (1995) study on a specific question format in AIDS counselling.
3. *CA adds a new dimension* to the understanding of practices described by an SIK. This possibility will also be demonstrated through Peräkylä's study.

4. *CA expands* the description of practices provided by an SIK and suggests some of the missing links between the SIK and the interactional practices. This possibility will be demonstrated through Vehviläinen's (1999, 2001a) study on planning sequences and advice in educational counselling.

### *CA falsifies and corrects assumptions of an SIK: the case of patient-centred medicine*

Ideas of patient-centred medicine started to emerge in the 1950s. In Britain and Europe, the writings of Michael Balint (1964) were of particular importance. Balint emphasized the importance of the doctor listening to the patient. For him, listening was an alternative to asking questions: by questions, the doctor controls the patient's actions, whereas by silently listening, he will make it possible for the patient to disclose more of his or her concerns. The terms of 'patient-centred' and 'doctor-centred' medicine were introduced by Byrne and Long in their influential 1976 study. In a doctor-centred approach, the doctor's expert knowledge and skills constitute the frame of reference of the consultation, whereas in patient-centred approach, the frame of reference comes from the patient's knowledge and experience.

A widely quoted recommendation in texts that advocate patient-centred approach involves the use of 'open-ended questions' (Birkegård, 1993; Keinänen-Kiukaanniemi and Mäkelä, 1991; Pasternack, 1994). It is argued that the open-ended questions (i.e. 'WH questions' with minimal presuppositions) leave room for the patient to describe his or her experience in her own terms, whereas the closed questions (especially yes-no questions) narrow down the patient's possibilities to express his or her experience. Therefore, a doctor aiming at a patient-centred approach should use open-ended questions. In particular, it is important to use these questions at the beginning of consultation, when eliciting the patient's reason for the visit, in order to allow the patient to freely describe his or her complaint (Pasternack, 1994).

In her study on openings in Finnish primary healthcare consultations, Johanna Ruusuvuori (2000) analysed doctors' opening questions. She came to the conclusion that the grammatical form of the opening question (whether it is a 'closed' or 'open-ended' question) does not strongly constrain the patient's answer. Ruusuvuori argued that the participants' orientation to the overall structure of the consultation in a way overrides their orientation to the question form. Therefore, in this case, the results of conversation analysis corrected or falsified an element of an SIK.

First of all, Ruusuvuori points out that the use of open-ended or closed questions is closely tied to the nature of the visit. By using a closed opening question, in which he or she suggests a possible reason for the patient's visit, the doctor treats the visit as a follow-up or routine, rather than as an acute visit. However, by using an open-ended question, which does not presuppose a reason that could

be known to the doctor, the doctor treats the visit as an acute one. As Ruusuvuori actually shows, opening a follow-up visit with an open-ended question (like 'what kind of problem do you have') can actually lead to interactional difficulties, as the patient can treat this kind of question as an unexpected one. Thus, it appears that the choice between 'open-ended' and 'closed' question form is not as voluntaristic as the SIK presupposes.

Later, we consider some of Ruusuvuori's examples of closed questions, used in follow-up visits. They represent a practice which is *against* the widely quoted recommendations of 'patient-centredness'. They were found in about 30 percent of the cases examined by Ruusuvuori.

**(1) (Minimal answer to a 'closed' question; Ruusuvuori, 2000)**

- 1 D: ((turned towards the desk, takes papers from a folder, glances at the computer))  
 °#Otetaanpas näitä nyt esiin,#°  
 °#Let's see what it says in here,#°
- 2 (0.3) ((D turns toward P))
- 3 D: → .mthh >Niin te ootte näissä kokeissa käynyt.  
 .mthh >So you've had these tests made n[ow?
- 4 P: → [Juu.  
 [Yeah.
- 5 (.) ((D turns gaze towards the desk))
- 6 P: Juu kävin.  
 Yeah I have.
- 7 (1.5) ((D turns away from the patient to take some papers))
- 8 D: Vii:kko sit°te°.  
 A wee::k a°go°?
- 9 P: Juu.  
 Yeah.
- 10 D: Joo. °.hhhhhh hh° Eli teille tuo:ta,hh huimauksen takia  
 Right. °.hhhhhh hh° So you er:m,hh you were here because of  
 tulit:te sil:loin,  
 dizziness the:n?
- 12 P: Juu:.  
 Yea:h.
- 13 (0.2) ((D reads the papers))

In response to the doctor's closed-ended opening question in l. 3, the patient provides only a minimal answer (l. 4, repeated in l. 6). The question is a request for confirmation which the answer provides. Two more requests for confirmation, followed by minimal responses, ensue in ll. 8–12. Thus, in Extract 1, the interaction unfolds in such a way that is described and advised against in the professional SIK: the patient merely confirms what is proposed by the doctor in her closed questions.

However, Ruusuvuori points out that the patient clearly indicates the completeness of his initial answer. As the doctor does not immediately take a turn, there would have been an opportunity for the patient to expand her answer (see

ll. 5 and 7) which she does not do. But in the majority of Ruusuvuori's cases, the patients' answers to closed opening questions are not minimal. The patients may *expand* the focus of the question, or they may *correct* it.

An example of the patient's answer expanding the focus of the question is provided in Extract 2.

**(2) (Expanding the focus of a closed question; Ruusuvuori, 2000)**

- 1 Dr: °Käykää istumaan°.  
°Sit down please°.
- 2 (2.2)
- 3 N:o niin, katsoin että tässä välillä  
Ri:ght, I noticed that here in between
- 4 on: (0.5) muutama käynti ollu  
you've made (0.5) a couple of visits
- 5 päänsärkyä ja (0.3) huimausta,  
with head-ache and (0.3) dizziness,
- 6 P: On, hh joo ja,=  
Yes, hh I have and,=
- 7 Dr: =°o[oh°  
=°y[eah°  
[
- 8 P: [ja tuota, (0.5) se huimaus alkaa  
[and erm, (0.5) that dizziness starts
- 9 >monta kertaa< sillä tavalla että (1.5) kun mä oon:  
>many times< so that (1.5) when I'm:
- 10 nukkumassa ja nousen ylös, (1.5) nin: (.) ei  
sleeping and I get up, (1.5) so: (.) you
- 11 parane nousta suoraan muuten menee: (.)  
can't get up right away or you'll (.)
- 12 °n'ku°< seinää päin vaan pitää...  
°like°< fall against the wall but you should . . .

The doctor's turn in ll. 3–5 involves a B-event statement in which he points out what he has found from the records: after their last meeting, the patient has visited the health centre a couple of times because of headache and dizziness. The patient confirms this in l. 6, and from l. 8 onwards, moves on to describe in detail one of the symptoms mentioned by the doctor. Thus, the patient was able to expand the answer beyond what was proposed by the doctor in his initial closed question.

Finally, there are cases in which the patient *rejects* the focus proposed by the doctor. Extract 3 provides an example.

**(3) (Correcting the focus of a closed question; Ruusuvuori, 2000)**

- 1 D: → Ja teillä oli kokeita.  
And you've had some tests made.
- 2 P: → Ei: (.) vaanh minulla oli semmonen juttu. Olen ollut  
No: (.) My problem is the following. I have been on



- 3 → sairaslomalla nyt varmaan (0.3) kohta neljä viikkoo.  
sick-leave now maybe (0.3) almost four weeks.
- 4 → Mun on ollut selkäni niin huono. .hhhhh ja tota (.)  
My back has been so awful. .hhhhh and erm (.)
- 5 → Mäki-Penttilä on nyt sitä sillä lailla hoitanu että  
Dr. Mäki-Penttilä has now treated it so that
- 6 nyt mä oon (.) mä oon käyny kaiken maailman  
now I've (.) I've been to all sorts of
- 7 naprapaait?, .hhh ja nyt mul on fysikaalinen hoito  
naprapaths?, .hh and now I'm presently in physio-
- 8 kesken. .hh[h]  
therapy. .hh[h]
- 9 D: [Joo:=  
[Ye:s.=
- 10 P: =Ja (.) mä viime viikolla ku mulla loppu niinku eilen  
=And (.) I last week as I finished my sick leave yesterday<
- 11 loma< mä aattelin jos mää kokeilisin töihin, .hh mutta (.)  
I thought maybe I'll try to go to work, .hh but (.)
- 12 ku mä olin perjantaina siel hoidossa.= mulle sano  
when I was in the therapy on Friday.=this therapist
- 13 kyllä tää hoitaja että .hhh se voi kipeytyäh (.)  
did tell me that .hhh it may start aching (.)
- 14 erilailla. (.) Ja se on ollu niin viikonlopun kipee  
in a different way. (.) And it's been so sore for the weekend
- 15 ni se sano että . . .  
so she said that . . . ((narrative continues))

In his opening question (l. 1), the doctor proposes that the patient has come to hear results of medical tests. The patient first rejects the doctor's proposal by 'No' in l. 2, and then after a micro pause, she goes on to deliver a narrative in which she describes her actual reason for the visit. Ruusuvuori (2000) points out that in this and other similar cases, the structurally dispreferred answer by the patient is proffered without gap or hesitation, with no markers of dispreference.

On the basis of the examination of cases such as those in Extracts 1–3 earlier, Ruusuvuori (2000) concludes that the grammatical form of the question (whether it is open-ended or closed) does not control the patient's action in the way that has been suggested in the SIK known as 'Patient-centered medicine'. The patients do orient to the grammatical form of the doctor's question by designing their answers so that they hearably confirm or disconfirm the doctor's proposal. However, the patients do not restrict their actions to mere confirmations or disconfirmations. It is suggested by Ruusuvuori (2000) that in answering the doctors' opening questions, the patients orient to the *overall structure* of the consultation. Hence, they use the space after the opening question as a slot reserved for their request for service. When more than mere confirmation or disconfirmation is required for the delivery of the request for service, the patients produce more elaborated answers.

In sum, Extracts 1–3 involved a case in which the CA *falsified* and *corrected* an element of the professional SIK. What exactly was falsified by CA was the direct

connection between the grammatical form of the doctor's opening question and the 'patient-centredness' of the consultation. However, the idea of patient-centredness *as such* was not falsified and not even criticized. Moreover, Ruusuvuori's (2000) analysis showed that there are other locations where choices involving patient- or doctor-centredness *are* made; one of them being the ways in which the doctors dealt with the patients' answers (be they to open-ended or closed questions).

*CA provides a more detailed picture of practices that are described in an SIK. The case of Family Systems Theory in AIDS counselling*

Milan School Family Systems Theory (Boscolo et al., 1986; Selvini Palazzoli et al., 1978, 1980) involves a detailed and theoretically sophisticated SIK. Besides ideas concerning the causes and remedies of psychological suffering, the texts of family systems theory proffer concrete instructions for ways of asking questions and delivering assessments in therapeutic sessions. One of the specific interactional techniques used in the Milan School model is called 'live open supervision' (Olson and Pegg, 1979; Smith and Kingston, 1980). Anssi Peräkylä (1995) examined the use of this technique in the context of AIDS counselling.

In live open supervision, the counsellors work in pairs. One of them (the main counsellor) conducts the session, while the other (the co-counsellor) remains silent and observes the interaction between the main counsellor and the client or clients most of the time. Sometimes the co-counsellor intervenes, however. Her interventions are typically formatted as questions, meant for the client to answer. However, these questions are primarily addressed to the main counsellor. Extract 4 provides an example of a co-counsellor's intervention.

**(4) (AIDS counselling; Peräkylä, 1995)**

- 1 P: No well I'll keep walking (0.3) anyway (0.2) (which  
2 will make me a) ( ).  
3 C2: Doctor Kaufman I'd (0.3) like (0.3) to ask (3.0)  
4 what (0.4) at the moment hh (0.2) is Michael's  
5 main concern.  
6 (0.2)  
7 C1: Yes.=Michael what's your main concern today.  
8 (3.5)  
9 P: It depends (on) I suppose what you (0.3) mean by  
10 concern.=I'm not really ((continues))

Here, in ll. 3–5, the co-counsellor asks a question that concerns the patient (Michael). The question is addressed to the main counsellor (Dr Kaufman), who in l. 7 first receipts the question and thereafter re-delivers it to the patient. In the AIDS counselling sessions studied by Peräkylä, the re-delivery of the questions could take place either verbally (like in Extract 5) or non-verbally, through a shift

in the main counsellor's postural orientation and gaze from the co-counsellor to the client.

The Family Systems Theory texts do not include detailed descriptions concerning the interactional management of the 'live open supervision'. They describe this practice in a more abstract level, in pointing out that this format of action allows for the co-counsellor to establish a specific perspective vis-a-vis the interaction taking place in the sessions. The perspective adopted by the co-counsellor has been characterized as a *meta position* (Burnham and Harris, 1985; Cade and Cornwell, 1985): by remaining passive most of the time, the co-counsellor can achieve a clearer view of the processes taking place during the session (Smith and Kingston, 1980). A passive observer sees things differently, and he or she can make use of this in his or her occasional interventions.

In his conversation analytical study, Peräkylä (1995) *detailed* this assumption of the SIK, concerning the functions of live open supervision and the uses of the difference of perspective adopted by the co-counsellor. He identified two specific ways of using the co-counsellor's questions. In both of these, the co-counsellor's different perspective was at stage, but in different ways.

Extract 5 demonstrates one of these uses.

**(5) (AIDS counselling; Peräkylä, 1995)**

- 1 P: (...) if I just think it might be a blee:d. [Now=  
 2 C1: [Mm  
 3 P: =I'll wait (.) and make sure it is, then treat  
 4 it [properly.  
 5 C1: [Mm  
 6 C1: Have you ever missed- have you missed any time  
 7 off work because of blee:ds.  
 8 P: No. None.  
 9 C1: None at all.=  
 10 P: =No. I've just started a new jo(h)b actual[ly  
 11 C1: [Mm:  
 12 P: a few weeks ago but (.) I haven't missed any.  
 13 (0.8)  
 14 C1: You say the .hhh the rest of your health is fi:ne uh:m  
 15 (1.0)  
 16 C1: [(that)-  
 17 C2: → [Sorry could we just know what his new job is.

In Extract 5, the co-counsellor, through her question, *topicalizes* something that had come up in the client's talk, but had been passed by without topicalization by the main counsellor. At the beginning of Extract 5, there is discussion about bleeds (related to haemophilia that the patient suffers from). As a part of that discussion, the main counsellor in ll. 6–7 asks whether the patient has ever missed time off work because of bleeds. As an expansion of his negative answer, the patient in ll. 10 and 12 reports the news that he has recently started a new job. The main counsellor then continues the interview in l. 14 by formulating the

patient's prior talk about his health, hearably heading towards a question about some aspect of it. Before the main counsellor reaches the question component, the co-counsellor intervenes with her question. In it, she returns to the news that the patient told earlier, asking what the new job is.

Thus, in this case, the co-counsellor operated just as the SIK of the Milan School Family Systems Theory would suggest: she observed the interaction between the main counsellor and the client from a perspective different from that of the main counsellor. The difference in perspective was incorporated by her paying attention to the parenthetical news delivered by the patient (unattended by the main counsellor) and topicalizing that. Here, CA showed in *detail* how the general principle suggested by the SIK operates.

Another type of intervention where the co-counsellor uses her meta-position is shown in Extract (6).

**(6) (AIDS counselling; Peräkylä, 1995)**

- 1 P: If I thought my being upset would upset mum and da:d  
 2 C1: Right.  
 3 P: and Ted  
 4 C1: Mm:  
 5 P: I'd bottle it u:p.  
 6 (0.2)  
 7 C1: So if Ted wasn't there: and- (.2) would you st- do the  
 8 sa[me for your parents?  
 9 P: [I'd-  
 10 (0.2)  
 11 P: Yeah. (.) I: I've always: (.) as I say I always won't sh-  
 12 I won't show my feelings [if I think=  
 13 C1: [Mm:  
 14 P: =that it'll upset other [people. (0.2) But I=  
 15 C1: [Mm  
 16 P: =think (.4) in the event of Ted's death (.4) I think (.4)  
 17 my parents (2.6) will take it hard  
 18 C1: M[m:  
 19 P: [And I know my father (1.4) won't be able to  
 20 handle it. I know that- I know [that he [will=  
 21 C1: [What are [you =  
 22 C2: [Mrs =  
 23 P: =[have a really hard of time of if[t.=And I think=  
 24 C1: =[most- [Mm?  
 25 C2: =[Walker  
 26 P: =that that's what'll get me.  
 27 C2: → I would [like to ask a question.=Does Don think  
 28 (?): [( )  
 29 C2: → that (0.4) showing emotion when som[eone dies  
 30 C1: [Mm  
 31 C2: → means you (just) can't handle it.=  
 32 C1: =Ye:s that's (what-)/(it-)  
 33 P: No:. I don't think that at all:. Bu:t at the same ti:me

34 (0.6) I think (0.5) once it- once again if I show: that  
 35 I'm upset (0.3) I know it'll upset (0.9) my parents and  
 36 Jill and everybody else.

This case involves an *interpretation* made by the co-counsellor, concerning the prior discussion between the patient and the main counsellor. In the interpretation, the co-counsellor moves onto a more abstract level, suggesting that the patient's answers index an underlying mental pattern.

At the beginning part of the extract (ll. 1–26), the main counsellor and the client talk about a hypothetical situation: the patient's brother – 'Ted' – dying. The patient tells the counsellor that it would be difficult for him and for his father to deal with such a situation. In her intervention, starting from l. 27, the co-counsellor proposes an underlying mental pattern that could possibly explain the patient's prior talk: she asks whether the patient thinks that showing emotion when someone dies means that one cannot handle that. There is a critical edge in the co-counsellor's question: she implies that what she formulates as the patient's stance would be a wrong kind of attitude. The design of the patient's answer in l. 33 exhibits an orientation to this criticism, as he begins his turn with a strong denial.

In her interpretation, co-counsellor moved to a more abstract level in relation to the preceding talk. In so doing, she adopted a meta-position vis-a-vis the interaction between the main counsellor and the patient. The main counsellor was engaged in a discussion on the details of the patient's thoughts and fears; the co-counsellor focused on what was 'behind' the client's actual thoughts.

To summarize, Extracts 5 and 6 have demonstrated the ways in which CA has provided a *more detailed picture* of the usages (or functions) of a practice – live open supervision – that has been discussed in a professional SIK (Family Systems Theory). CA showed in detail how the abstract principle of the co-counsellor's essentially different perspective is realized in the practice of live open supervision.

### *CA adds a new dimension to the understanding of practices described by an SIK: the case of Family Systems Theory in AIDS counselling continued*

In the case analyses presented above, CA and the Family Systems Theory were 'aligned' as it were: CA proffered a detailed picture of something that was outlined in a sketchy way in the SIK texts. The empirical instances of co-counsellors' interventions (Extracts 5 and 6) operated in ways that were suggested in the Family Systems Theory, and CA could explicate those ways. There was, however, a number of co-counsellor's interventions which seemed *not* to operate in ways that were suggested in the Family Systems Theory. Encountering these cases led Peräkylä (1995) to ask whether these interventions had functions other than those suggested in the Family Systems Theory textbooks.

Many questions that the co-counsellors asked during the AIDS counselling

sessions concerned issues that were somehow threatening to the clients: questions dealing with illness, separation and death. Extract 7 is an example:

**(7) (AIDS counselling; Peräkylä, 1995)**

- 1 C1: I mean (.) clearly already there's a difference between you  
 2 and Harry because Harry got ill when you were feeling well.  
 3 (.)  
 4 P: Mm  
 5 C2: Doctor Kaufman there's one other question that (0.2)  
 6 Michael is (1.2) leading me to. .hh If Michael became ill:  
 7 (0.7) how would he want us to treat him,  
 8 (0.4)  
 9 C2: That- .hhh say he became very ill (0.3) and we  
 10 needed to do things (.) that you as doctors felt would be:  
 11 (0.6) life sustaining.=Keep his life  
 12 [o:n, what's his view about that for himself.  
 13 C1: [Mm  
 14 (1.5)  
 15 P: I think it depends how: (0.3) really (I could-) how ill  
 16 I was I suppose in- (0.2) [in the long run.  
 17 C1: [Well supposing you were too ill  
 18 to make a decision.  
 19 ((questioning continues))

In ll. 5–12, the co-counsellor asks whether the patient would want to have life-sustaining treatment if he became critically ill. She uses the typical live open supervision format: she addresses her question to the main counsellor, not directly to the patient.

Peräkylä (1995) suggested that the live open supervision format is a resource for the management of the delicacy of this kind of questions. To put it briefly, the live open supervision format allows for an *interactional distance* to be established between the questioner and the answerer. This distance neutralizes some problematic aspects of the threatening question.

The co-counsellor who is the questioner addresses the main counsellor and is posturally oriented to her during the initial delivery of the question (ll. 5–12). At the completion of the initial question (ll. 12 and 14), the client remains passive, until the main counsellor has redirected the question to him. In Extract 8, the main counsellor redirects the question by turning towards the patient during the silence in l. 14. Now the main counsellor and the client are in mutual orientation. The main counsellor, however, is not delivering her own question, but a question that someone else, the co-counsellor, actually asked; and in this case she is also re-delivering this question silently, without words.

Thus, Peräkylä (1995) suggested that the 'live open supervision' format allows for a *structural distance* to be established between the question, the questioner, and the recipient of the question. This, he suggested, is a method that can make the delivery of threatening questions less problematic than it would otherwise be. (For a more detailed discussion, see Peräkylä, 1995: 212–30.)

In terms of the relation between the SIK and CA, we want to point out that in this case, CA showed that a practice, recognized by the SIK, had functions *other* than those that were known by, and discussed in the SIK. CA added a new dimension to the understanding of this practice.

### *CA expands the description of practices provided by an SIK: the case of learner-centredness in career guidance counselling*

Educational counselling in Finland is a relatively new semi-professional practice. It has developed out of a labour market training intervention, and grown into a set of adult educational and helping practices between various helping professions. There is no formal training for educational counselling, although other types of counselling have more established professional status. Counselling as an adult education practice is associated with an SIK formed as normative, strongly ideological principles with only scarce references to interactional practices. These normative principles involve ideals such as 'learner-centredness', 'self-directedness' or 'empowering the students'. Sanna Vehviläinen (1999, 2001a, 2001b) used CA in examining the actual interaction between counsellors and their clients in career guidance counselling. Her analysis pointed out relevant interactional phenomena related to this abstract SIK. On the basis of her analysis, Vehviläinen could also point out mismatches between the actual interactional practices and the SIK.

The relationship of these ideals (learner-centredness, self-directedness and empowerment) to concrete interactional practices (asking questions, advising, interpreting) has not been explicitly suggested in the SIK involved with educational counselling. In that respect, it differs from the practices described in the previous sections of this article. Paradoxically, while the SIK of educational counselling particularly claims to focus on the quality of interaction, the degree of detail in terms of interactional phenomena is low. Notions about interaction are seen as central but they remain abstract and multi-faceted. At such a situation, the relationship between interactional patterns and the SIK is built in a complex way. CA research must first describe basic activities by which the interaction is carried out. One must then build the missing link between the SIK and the interaction by suggesting ways in which these basic activities could be shown to be carried out so that the SIK is oriented to. In other words, the CA research can show how the abstract SIK is 'operationalized' in practice. However, some orientations or interactional patterns that are found may not be related to the SIK but to something else. Hence, the more abstract and general the SIK, the more complex can this linking process become.

One of the basic activities in career guidance counselling studied by Vehviläinen is 'planning the student's future activities'. This activity as such was not recognized by the SIK. Therefore, one of the contributions of CA at this point was plainly to show that this was one of the basic activities that the counselling sessions consist of, and to point out that the counsellor's participation in the

planning happened through the counsellor's initiating the planning activity and by giving advice related to the plans.

The planning takes place mainly in two ways. The first consists of the counsellor summarizing the outcome of the prior activity – a 'mapping' of the student's current state (Vehviläinen, 1999), or in some other way topicalizing the student's own view of her or his situation. These perspectives are then used as grounds for a stepwise move towards advice, which topicalizes the future plans. The second consists of the counsellor presenting the student with a problem, eliciting the student's ideas on future activities, and then reacting to these ideas with evaluative advice. Both versions employ a three-position structure, in which the counsellor's advice is in one way or another grounded in the student's own turn of talk within a question–response sequence (cf. Heritage and Sefi, 1992). (See Vehviläinen, 1999, 2001a for analyses of this advice structure in educational counselling.)

In sequences like this, the counsellor's questions are typically polar questions (i.e. ones that seek a yes–no answer), and they typically offer for the student's confirmation a point – usually a personal choice, preference or other such opinion – which has already been established in the earlier talk(s). Thus, the advice builds on this co-established state of affairs. We may say that advice fitted to the views that the student herself has overtly displayed or admitted to is *made to appear to have a personal relevance for the recipient*.

Counsellors in career guidance training very systematically prepare their advice in ways which allow them to be interactionally grounded in choices or opinions described or confirmed by the students themselves. This practice can be linked to the educational idea of learner-centredness, inasmuch as it means making sure that the student's own perspectives and choices are interactionally established as the starting point for the planning activities. Even when it seems obvious that the counsellor has a clear opinion of what the student should do, she/he makes sure this opinion is delivered only after it is warranted by the student's own suitable opinion. This can be seen in the following case:

**(8) (Educational counselling; Vehviläinen, 2001b)**

- |   |     |   |
|---|-----|---|
| 1 | CO: | >mut °semmonne<= =mull on yks kysymys vielä sulle.<br>>but such a<= =I have one more question for you.                |
| 2 |     | (.) et tota (2.0) luuletsä et sä hyötöisit siitä et sull ois<br>(.) that erm (2.0) do you think you would profit from |
| 3 |     | tällast ohjaavaa joss- niinku koulutust lisää.<br>having this kind of orienting in whi-more careers training.         |
| 4 |     | (1.5)   |
| 5 | CO: | et sullois mahollisuus kokeilla.<br>that you would have a chance to try out.  |
| 6 |     | (0.8)   |
| 7 | CO: | (°tutustua°).<br>(°to get some information°).   |
| 8 |     | (1.8)   |



- 9 CO: vai ootsä niinku tän kolmen kuukauden jälkee (-).  
or are you sort of after these three months (-).
- 10 (.) sä oisit valmis niinku- nyt tekeen sen ratkasun j#o#.  
(.) you'd be like ready- now to make the decision already.
- 11 (0.4)
- 12 ST: minkä  
which one
- 13 CO: mikskä sä niinku rupeet  
like what you're going to be
- 14 (0.4)
- 15 ST: (°e°)  
(°nah°)
- 16 (0.4)
- 17 CO: sä et oo valmis  
you aren't ready.
- 18 ST: e::n.  
na::h.
- 19 (0.8)
- 20 ST: °todellakaa°  
°not the least°
- 21 CO: °mmhm:°
- 22 (0.6)
- 23 CO: no sillon mä oon kyl sitä mieltä ett tommonen  
well then I do think that this sort of a
- 24 valmentava kurssi (0.5) tai (tota) työpajajuttu  
orienting course (0.5) or like a youth work shop thing
- 25 vois olla parempi (ratkaku-) ratkasu ku se  
would be a lot better (solun-) solution than
- 26 ett< ett sä taas meet ja hæt, () ja toteat  
the one that- again you go and apply- () and realize
- 27 et >puole vuode< päästä että  
that >after six< months that
- 28 °sä et haluukkaa jatkaa°.  
°you no longer want to go on°.

The counsellor first poses the student a polar question by which she offers the student the idea of obtaining more careers training after the present course. The student remains silent (ll. 4, 6, 8) and the counsellor changes the question into an either-or-question, by which she presents the student with a challenge. She asks if the student is prepared to make a career decision right now. Thus, the counsellor limits the choices the student is making by juxtaposing two options: either he should be ready to make a career decision, or else he will need more careers training.

After a clarification sequence, the student responds 'no' (l. 15). The counsellor formulates his answer, and the student confirms it with an intensified wording (na::h. – not the least, ll. 18, 20). After this the counsellor moves on to advice that is designed as a conclusion (ll. 23–28). She provides grounds for her recommendation by another juxtaposition: a careers training course would be a better

choice than making a definite career choice, choosing a vocational school and then dropping out later. The word 'again' indicates that the counsellor has knowledge of the student's having done so earlier.

It seems the counsellor herself is in favour of the option of 'more careers training'. This can be gathered from the way this alternative is built into the question and offered for confirmation, as well as from the way in which the student is made to demonstrate the opposite choice by being able to make the choice right away. However, she works to obtain the student's own confirmation of this, before she provides the outright recommendation.

In general, it seems crucial for the counsellors to show that both the necessity to make plans and the counsellor's recommendations related to these plans are grounded in the students' own experience. They quite systematically orient to the idea that any recommendation on their part should be interactionally grounded in things that the student has said: opinions, choices, reports of having liked, enjoyed or preferred a job or another experience. This can be viewed as a basic conversational practice in a pedagogy that is based on learner-centredness. The basis of curriculum is not on stocks of prepackaged, authorized knowledge, but rather on individual life situations and career plans. Grounding counsellors' advice in the student's views, obtained in a questioning sequence, is a way to treat the learner's own experience as the relevant frame of reference.

At the same time, it seems obvious that the point of the counsellor in these sequences is *also* to give advice – and thus recommend courses of action that the counsellor considers best. This, however, is against the ideas of the SIK in which advising is not considered a central task, and some views even judge advising as being against the spirit of counselling. In careers training, it is seen as the student's task to find relevant information elsewhere, and thus learn information-gathering skills, while the counsellor's role should be not of an adviser, but of a facilitator of the learning process. Despite this, advising is one of the most important ways in which the counsellors participate in counselling interaction. Therefore, for CA, the question is no longer, how do the counsellors orient to the aims described in the SIK, but rather: to what aim, unmentioned in the SIK, do the counsellors orient?

The answer is that the counsellors orient to *both* the learner-centredness *and* to the more traditional idea of expert who 'knows better'. The counsellors often present their own views to the student as expert views, and they use the above-mentioned advising patterns to balance these two aims. Let us view one more case to discuss this. This case displays the second way of going about the planning activity: the counsellor first asks for the student's ideas concerning the future activities, and only then gives advice as reactions to the student's ideas.

**(9) (Career guidance counselling; Vehviläinen, 1999, Chapter 7 Extract #4)**

- 1 CO:      *nii:n mites nyt, sää mietit ↑kesälo↓maa ja (2.8)*  
               *yes now what, you think about the summer vac and (2.8)*

- 2 °ja syksyllä sitten:#:#°  
°in the autumn then::°
- 3 (1.4)
- 4 CO: °mitäs syksyllä°  
°what about in the autumn then°
- 5 (1.2)
- 6 ST: n:o ↑mä en tiä ↓pitää jöhkii kouluu °yrittää°.  
well I don't know gotta try for some school.
- 7 (3.4)
- 8 ST: jos ei nyt pääse tonne viestin°nän° (.) #pe#rus°linjalle°  
if I don't get into that ((name of a vocational course))
- 9 (1.2)
- 10 CO: °mmm°
- 11 (4.6)
- 12 CO: mt syksyllähä alkaa se valokuvaus ja viestintä: ↑ym-  
mt in the autumn begins a photography and media
- 13 (0.8) alan työvoimakoulutuskurssi,  
erm (0.8) labour market training course,
- 14 (1.6)
- 15 CO: °osko se sitte,°  
°how about that then,°
- 16 (1.4)
- 17 CO: tai #v:::# se on: valokuvaus ja  
or #ph:::# it's photography and
- 18 vide#o↓alan# (0.8) #kou#lu°tus°.  
video (0.8) training.
- 19 (1.8)
- 20 ST: nji:h,  
yes h,

Here the counsellor opens a planning sequence (ll. 1–3), by eliciting the student's plans after the course. The student first responds that he plans to apply for a school (l. 5) and at the counsellor's silence (l. 7), continues with a turn that shows that this plan is a back-up for another plan he has already executed (l. 8). The counsellor waits a while before she provides her suggestion, which is in line with the student's response, detailing it by mentioning a particular course (ll. 12–13). A pause follows (l. 14), after which the counsellor prompts the student to express his opinion about her suggestion. The student remains silent (l. 16), and the counsellor elaborates her suggestion by giving a more accurate name of the course (l. 16). The student's response is delayed and minimal (ll. 18–19). After this, the planning continues for a while, mainly through the counsellor's suggesting different alternatives and the student's resisting them and withholding his own ideas.

In cases where the student is more active than this, the counsellor's advice can use the student's ideas as resource, evaluating and also correcting them (for an analysis of evaluative advice, see Vehviläinen, 2001a). Here the advice confirms the student's initial idea by building upon it, while the counsellor's advice also implies that as such the student's idea is not sufficient.

The planning sequence may be viewed as a way to encourage the student's

own initiative in the active planning of both the course activities and the future after the course. It is a way of treating the student's ideas as the starting point and, thus, a 'learner-centred' way. It is also a way of making the student responsible – and accountable for – producing ideas. In this way, this practice can be linked to the aim of self-directedness – i.e. placing the student in the active role in the pedagogy with the intent of creating active learning skills as well as life-planning skills in order to improve the student's life situation.

However, in both of the above cases, it is the counsellor who maintains the expert position in which he/she provides the actual recommendation of what should be done, and gets the last word in the advice sequence. This interactional position points to a role of someone who, contrary to the ideals of pedagogical counselling, 'knows better' and either provides recommendations that match the students' aspirations, or checks on and corrects the students' knowledge and plans. This role of an 'occasional expert' seemed quite as prominent as the role of facilitating the students' expression of their own perspectives. This was contrary to the ideals presented in the SIK, but instead of simply labelling the data as 'bad practice', the CA study made it possible to give a detailed account of what was accomplished through the counsellors' advice in this setting and what orientations were realized through it. Such knowledge is the only sound basis for any development or change in counselling practices.

Vehviläinen's CA research was the first occasion where these particular planning and advising activities were recognized as part of educational counselling, and it also provided an analysis of them. In cases where the SIK is very general and abstract, we may say that *CA can provide the missing link between the professional SIK and the actual interaction by suggesting ways in which abstract goals might be oriented to in the interaction. CA may also end up showing that participants orient also to other aims than those described in the SIK.* The activity of counselling has dimensions that go beyond the normative glosses of 'learner-centredness' and 'self-directedness'. Thus, in case of educational counselling, the professional SIK described certain central orientations, which were shown to be relevant on certain situations, but failed to address other orientations, which could be shown through CA analysis. Thus, based on CA research, critical re-evaluation of the counselling concept could be carried out (for further discussion, see Vehviläinen, 1999).

### *CA and professional stocks of interactional knowledge*

In this article, we have outlined a new way of understanding and dealing with the relation between conversation analytical research studying professional interaction and the professionals' own ideas and theories concerning those interactions. The novelty of our approach does not concern the actual data analysis – in it, we have used the established methods of (institutional) CA. What we propose is a new way of linking the results of the data analysis back to the professionals' stocks of interactional knowledge.

It can be argued that conversation analytical research and professional SIKs represent different 'forms of life'. The business of CA is to describe regularities in interaction, whereas the business of SIKs is to give norms, to explain, and to legitimize – or to oppose – existing practices. CA cannot take on tasks that belong to professional SIKs. However, we hope to have shown through our case analyses that there is a possibility for a fruitful dialogue between CA and professional SIKs. In relation to professional SIKs, CA has two different tasks, which both have been exemplified in the case analyses presented in this article. CA has a *critical task* in pointing out the simplified or empirically unsustainable assumptions of the SIKs. However, it also has a *complementary task* in providing more detailed or concrete descriptions of known practices and in showing new practices or functions. Accomplishing these tasks does not compromise the strictly empirical stance of CA studies, but it may be vital for the wider social relevance of the CA enterprise. Exactly what kind of position CA is to take in relation to specific SIK depends on the nature of the SIK: its degree of detail and penetration to practice, and, of course, the ways in which it corresponds or fails to correspond with the empirical reality of professional–client interaction. The more detailed the claims of an SIK are, the more detailed response can be given to them by CA research; in this article, this was exemplified by the CA response to the SIK assumptions concerning the use of open-ended and closed questions. And accordingly – the more abstract, general and ideological the SIK, the more complex and multi-levelled is the dialogue between CA findings and the SIK, as shown through the case of educational counselling.

All kinds of SIKs – even the least detailed and the least penetrating in their relation to interactional practice – may have important social and political functions. For example, idealized descriptions of 'good' practice may be used in legitimizing the professional claims to power, resources and prestige (cf. Abbott, 1988; Freidson, 1970). Thus, an SIK may be quite powerful and efficient in relation to these tasks even when it is empirically invalid or insufficient. The ideals of 'learner-centredness' and 'self-directedness' (cited earlier) may have this kind of function for the new profession of educational counselling (see Malinen, 2000). CA research cannot judge these broader functions. The fact that idealized models and concepts are used for socio-political purposes may, however, hamper the reception of CA results by professionals. In some other circumstances, CA research may of course be used for socio-political purposes.

If the CA researchers want to enter into a dialogue with SIKs, two further things need to be considered. First, we need to find the forums and practices for communication among researchers, professional practitioners and educators. The possibly more challenging task, however, will be to familiarize ourselves with the SIKs associated with the institutional sites that we study. This will mean that in our studies, there is a place for text analytical and ethnographic components, along with 'straight' conversation analysis.

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