

Negotiating behavioural change: Therapists' proposal turns in Cognitive Behavioural Therapy

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Abstract

Cognitive behavioural therapy (CBT) is an internationally recognised method for treating depression. However, many of the techniques involved in CBT are accomplished within the therapy interaction in diverse ways, and with varying consequences for the trajectory of therapy session. This paper uses conversation analysis to examine some standard ways in which therapists propose suggestions for behavioural change to clients attending CBT sessions for depression in Australia. Therapists' proposal turns displayed their subordinate epistemic authority over the matter at hand, and emphasised a high degree of optionality on behalf of the client in accepting their suggestions. This practice was routinely accomplished via three standard proposal turns: (1) hedged recommendations; (2) interrogatives; and (3) information-giving. These proposal turns will be examined in relation to the negotiation of behavioural change, and the implications for CBT interactions between therapist and client will be discussed.

Keywords: conversation analysis; CBT; proposals; epistemics; behavioural activation

1. Introduction

This paper uses Conversation Analysis (CA) to examine some standard ways in which therapists attempt to initiate behavioural change in clients who are attending CBT sessions for depression. The analysis demonstrates that the ways in which therapists design their turns when initiating behavioural change can have important interactional implications for the trajectory of therapy sessions.

Previous research (Ekberg and LeCouteur in press) has shown how therapists can design their turns to co-implicate clients in the process of working towards suggestions for behavioural change. Therapists were observed to co-implicate clients into the process through the use of information-soliciting questions, and other collaborative turn structures, to initiate a negotiated behavioural change for the client. For example, in the fragment below the therapist asks the client an information-soliciting question concerning what she might do to make some time for herself over the next couple of weeks. In the client's subsequent response she provides a suggestion as to what she could do (see Appendix 1 for transcript conventions):

(1) [CBT 019 beach 47:21]

- 1 T: Is there anything that you could do ta (0.3) h↑elp
 2 with that? Do you think? Over the next couple
 3 of wee:ks?
 4 (2.8)
 5 C: >I dunno just< (.) maybe (0.2) wri:ting in my
 6 list a bit of time out time.
 7 T: ↑Okay.

This type of turn structure has important resonances with the theory underlying CBT which places great significance on the building of a 'collaborative' relationship between clients and therapists.

1.1. 'Collaborative Empiricism' in CBT theory

Unlike other therapies, the therapeutic relationship in CBT is guided by a specific working alliance referred to as 'collaborative empiricism' (Wright *et al.* 2006). A relationship of 'collaborative empiricism' involves therapists and clients working together to gather data to disconfirm core depressive beliefs or thoughts (Beck *et al.* 1979). One aspect of CBT in which 'collaborative empiricism' is considered particularly

important is the technique of Behavioural Activation. According to CBT theory, Behavioural Activation involves engaging clients in a process of change that is designed to stimulate a sense of positive thought and hope, or help them solve a problem (Blackburn and Davidson 1990). Therapists aim to help clients choose one or two actions that make a positive difference to how they feel, and then assist them in coming up with a plan to carry out these actions. Therapists are encouraged to engage clients through the use of Socratic questioning and using exercises that draw out clients' own ideas and creativity (Wright *et al.* 2006). CBT theory suggests asking a series of inductive or open questions – in a form that does not provide answers to which the client can respond, but which requires the client's direct input. For example, a therapist might ask: 'What action could you take in the next couple of days that would begin to make a difference?'

1.2. *Therapists' proposals*

The types of turns by therapists that are the focus of the current paper are rather different in nature to the open Socratic questions suggested in CBT theory and seen in Fragment (1). Within the sequences under discussion here, therapists propose a suggestion that clients implement some specific action in their life outside of the therapy session, rather than using an open Socratic question. A proposal can be defined as the act of offering or suggesting something for acceptance. Although proposals thus accomplish a similar action to advice-giving (Heritage and Sefi 1992; Kinnell and Maynard 1996; Silverman 1997; Butler *et al.* 2010), the term 'proposal' emphasises the status of these turns from therapists as *candidate* suggestions to clients, which the clients can either accept or reject. In this way, these types of turns may still initiate a negotiation between therapist and client regarding behavioural change, but they begin such a discussion with a suggestion from the therapist as to what the client should do. In doing so, they open up a rather different next response from the client – acceptance or rejection of the proposal/suggestion.

Within the therapy environment, therapists only ever have secondary access to knowledge about the client's life and situation based on what the client has shared within the therapy session. Clients will always have the ultimate epistemic authority over both how the situation under discussion has played out in their life, and how their behaviour may affect their situation in the future. In offering proposals for behavioural change, therapists are thus in the position of having subordinate rights to knowledge

expertise relative to the client. In line with findings from previous work (Heritage and Raymond 2005; Raymond and Heritage 2006; Heritage and Raymond 2010; Heritage 2010; Raymond 2010), this paper will examine how therapists' subordinate epistemic identity is interactionally realised when making proposals for behavioural change, and the consequences this has for the interaction.

2. Data and Method

Data presented in this paper come from a corpus of 20 CBT sessions involving 9 therapists (1 male and 8 female) and 19 clients (1 male and 18 female, all of whom were over 18 years old) who were being treated for depression. The audio recordings were collected during 2008 in a free, university-affiliated clinic in Australia that specialises in CBT treatment. As well as providing clients with treatment by professional psychologists, the clinic also provides training and supervision for Masters of Clinical Psychology students. Therapists working at the clinic thus have a wide range of experience and expertise. Clients are typically referred to the clinic for treatment by a General Practitioner or another healthcare service provider. Psychologists employed at the clinic were met by the researcher who described the nature of the project. They were also given information sheets and instruction sheets explaining the nature of the study. If willing to participate, therapists were asked to invite their clients to participate in the study. Therapists were instructed about how to approach their clients and were provided with client information sheets and consent forms. All participants provided informed written consent, and the study was approved by the University of Adelaide ethics committee. All names are anonymised in the transcripts. The sessions involved one client and one therapist in each case, and were generally of around one hour's duration (average session time approximately 56 minutes). The total duration of all sessions combined was 1,006 minutes (16 hours, 46 mins). Digital recording devices were provided for the therapists to record their sessions. The researchers had no direct contact with clients. Recordings were transcribed using the Jeffersonian transcription system (Jefferson 2004) (see Appendix 1), and analysed using conversation analysis (CA). CA focuses on, and provides conventions for, the analysis of talk as a vehicle for social action (Drew and Heritage 1992; Hutchby and Wooffitt 2008). It places particular importance on understanding the sequentiality of social action (Peräkylä *et al.* 2008).

CA is concerned with the ways in which utterances are intrinsically related to the utterances that precede and follow them. CA studies of psychotherapeutic interaction seek to understand how therapists and clients can perform sequentially organised social actions by designing their utterances in particular ways (Peräkylä *et al.* 2008). In other words, CA provides a means for examining how therapists and clients do what they do, and how each understands what the other is doing with their talk (Schegloff 2007). More specifically, in the current study, CA allows us to describe how therapists designed their turns within the local interactional environment of negotiating behavioural change for clients. The fragments analysed here were taken from a corpus of 34 extended fragments involving discussion of behavioural change (otherwise known as 'Behavioural Activation' in CBT). Detailed analysis of these fragments demonstrates the real-time complex interactional work entailed in initiating behavioural change within a session, and highlights the various interactional consequences involved.

3. Analysis

Within the corpus, therapists' proposals for behavioural change were structured in a way that overtly displayed their subordinate epistemic authority in relation to clients' matters. Proposals typically included the use of low-modality operators and hedging devices, interrogative forms, vague impersonal references, and were often packaged as more innocuous activities such as information-giving. Three main types of proposal turn were identified in this corpus:

- hedged recommendations
- interrogatives
- information-giving (or what Heritage and Sefi (1992) have termed 'factual generalisations')

Each of these types of proposal will be considered in turn for how therapists' subordinate epistemic rights to the clients' situations were realised interactionally in the design of their turns, and the consequences this had for the negotiation of behavioural change.

3.1. Hedged recommendations

Proposals expressed as hedged recommendations make up the majority of the proposal corpus, and are the type that most reflect the appearance of advice giving (Heritage and Sefi 1992; Silverman 1997). A

recommendation can be defined as a suggestion for an advisable course of action. Although the imperative nature of a recommendation was implied, therapists' recommendations were expressed tentatively with much optionality provided for the client. That is, proposals were delivered in a way that displayed acceptance as being at the discretion of the client. In this corpus, therapists never framed their recommendations as 'I recommend...' or 'the recommendation is...' as has been seen in other advice-giving literature (e.g. Silverman 1997). Rather, recommendations were typically framed in a hedged way, using a multitude of resources that included modal verbs, perturbations and other delaying devices.

Modality was one of the major resources drawn on by therapists to hedge their recommendations. Modality can reflect the projected stance of participants towards claims of fact, authority or reality (He 1993). It can also reflect a participant's epistemic stance in relation to the matter at hand. The use of high modal operators (e.g. will, must, should, need) and adjuncts (e.g. exactly, definitely, certainly) functions to display a stance of certainty, determinedness, and high obligation (He 1993). Low modality operators (e.g. could, may, might) and adjuncts (probably, perhaps, maybe, I don't know), on the other hand, can project a stance of uncertainty, tentativeness and low obligation (He 1993). In using low modal terms, the speaker thus constructs a lower truth value for their utterance, as well as lower epistemic status in relation to their interlocutor. Therapists in the present corpus exclusively use a low modality lexicon to deliver hedged recommendations (marked in bold in the examples below). Indeed, therapists' hedged recommendations often involve the use of multiple low modality operators or adjuncts.

In drawing on these resources to frame their recommendations, therapists display an attempt to manage the potentially problematic delicacies at play in making proposals to clients. The fragments below illustrate some typical instances:

(2) [CBT 002 ombudsman 18:45]

1 T: → **M↑ight** be worth **maybe** (0.2) tracking down
 2 the c- the helpline of the ombudsman
 3 and jus' ringing up and follow[ing up on]
 4 C: [I'm gonna]
 5 ring up the [lady] that wrote the letter=

(3) [CBT 017 walking after work 36:09]

1 T: → .tch (0.3) and **I don't know** if this week you
 2 wanted to actually .hhh have a **tri:↑al** a bit
 3 of an **exper**iment(0.2).hh and **maybe** (0.2) jus'
 4 do a couple of **walks**::?

5 (.)
6 T: after: (0.2) ya finish your day?=after you've
7 wor:ked or (0.9) before [dinna?]
8 C: [I won't] (.) I'm too
9 ti:red.

(4) [CBT 007 OCD 12:34]

1 T: → You could have some sort of way of just (0.8)
2 no:t (0.8) confronting situations I spose there.
3 (1.3)
4 T: → where this is gonna c↑ome up.=For example
5 you could just not have a cup of tea.
6 C: Mm.
7 (0.7)
8 C: I thought [of] that already hehh

(5) [CBT 018 accounting 33:25]

1 T: → But u:m (0.4) .tch (0.4) y'know (2.5)
2 maybe d- ya do need to ask other pee:ple.
3 (1.0)
4 T: → an' maybe that's something that you could
5 work on this week.
6 ((13 lines omitted))
7 C: I'd be- I'd be incredibly embarrassed.
8 (0.5)
9 T: Mm?
10 (0.4)
11 C: Um (2.5) °I don't know who I could talk (.) to
12 in the office (.) about it.°

In each of these examples, the use of minimising terms, delaying devices, in-breaths and low modal terms all display an orientation, by the therapist, to the delicacy at play in offering a proposal.

Therapists' use of low modality terms serves to project a tentative and qualified commitment to the proposals they are delivering. The multiple deployment of these terms within a single turn further emphasises the tentativeness that exists around the activity of proposing. For example, in Fragment (2), the therapist draws upon two low modal terms within the first four words of her turn: 'M↑ight be worth maybe'. This use reflects an orientation to the dilemmas therapists routinely face in offering proposals. Low modal operators help create a sense of high optionality for the client. This, in turn, displays an attempt to avoid 'telling the client what to do' on the part of the therapist. Low modality also displays an orientation to the delicate asymmetries in knowledge and experience within the interaction. In using low modal operators, therapists frame their proposals as both tentative and low obligation, displaying their lower epistemic status in relation to the client.

Essentialising devices are also common in therapists' hedged recommendations, and can be seen to

downgrade their proposals further. The use of 'just', for example, in three of the four examples above ('jus' ringing up' in (1), 'jus' do a couple of walks::?' in (3), and 'you could not just have a cup of t↑ea' in (4)) can be seen to downgrade the potential inconvenience or difficulty of the proposed behavioural change. The use of 'just' in these examples thus suggests an attempt by therapists to make their proposals appear simple and straightforward. Their deployment suggests an orientation by the therapist to the potential trouble that a proposal could cause to the interaction, and an attempt to manage that trouble. In making the proposal sound as simple as possible, acceptance of the proposal is, arguably, made easier. In Fragment (3), the turn-medial use of 'actually' also appears to show an orientation by the therapist to the delicate nature of delivering the proposal. Its use sets up the proposal as possibly contrastive to what the client may be thinking or planning.

Another resource deployed regularly in therapists' proposal turns is the use of delaying devices (Pomerantz 1984; Schegloff 2007). Therapists' turns are laced with intra-turn pauses, in-breaths, out-breaths as well as other hesitations. In Fragment (3), the therapist also deploys a turn initial delaying device 'tch' followed by an intra-turn pause before beginning to speak. Within her actual turn-construction unit (TCU), the proposal involves the client 'going for a couple of walks.' This proposal is, however, left to the very end of the turn which extends over three lines. All of the therapist's talk that comes before acts to delay the delivery of the proposal within the turn. Similarly in Fragment (5), at line 1, after the turn initial 'but', the therapist delays her turn with the hesitation markers 'um (0.4) .tch (0.4) y'know (2.5)' before providing her recommendation. All of these devices are characteristic of a dispreferred action, and can suggest reluctance or discomfort (Schegloff 2007). Thus, again, therapists' use of these devices suggests an orientation to the potentially problematic nature of making proposals about the client's future action. Combined, the use of the low modal operators, minimisers and delaying devices within therapists' 'hedged recommendations' display their attempts to manage the complex and delicate asymmetries that exist within the therapy environment. In making these turns more tentative, with an emphasis on high optionality, therapists display their subordinate epistemic authority over the client's life and experience, thus undercutting any epistemic authority that may have been inferred by their activity of proposing an action to the client.

In each of the above fragments, the client displays localised resistance to the therapist's proposal in the

sense that they do not accept the proposal but instead provide a reason why it would be difficult for them to implement. Within their account for their resistance, clients draw upon aspects of their own experience that the therapist did not previously know. Further, clients orient to their epistemic *authority* over the matters at hand in the design of their turn. In each case it can be seen that clients produce their account in a declarative manner, in contrast to the tentative style in which therapists offer their proposals. Clients' responsive turns show little evidence of hesitation or perturbation. The contrast set up by this declarative manner also works to display an assertion by the clients of their epistemic rights over the situation. The design of therapists' hedged recommendations nicely positions the client to be able to resist in this way – they are designed in a way that (1) sets up acceptance/rejection as the relevant next turn; and (2) highlights that the therapist does not have epistemic authority in regard to the client's life. They thus make the possibility of resistance relevant to the interaction in a way that an open information-soliciting question does not. In each of these cases, following on from the presented fragment, the clients provide an account for their resistance to the proposal and then move into further troubles-telling about their issue. Neither interlocutor re-topicalises the proposal, so the proposal is never taken up by the client within the session.

3.2. Interrogatives

Another way in which therapists routinely frame their proposals is through the use of interrogatives. In his study of HIV counselling sessions, Silverman (1997) noted that questions can be highly implicative of, and heard as, pieces of advice. Butler, Potter, Danby, Emmison and Hepburn (2010) have also shown how interrogatives can be used to suggest or propose a future course of action within a corpus of calls to a children's helpline. The interrogative package used in this interactional environment downgraded the potential prescriptiveness of the course of action that counsellors were proposing, and displayed their lack of knowledge about the contingencies of the child's situation. The analysis presented in this section will build on this prior research by showing how therapists' proposals for behaviour change in this CBT corpus were sometimes designed as interrogatives, and the interactional accomplishments of designing proposals in this way will be discussed.

Interrogative proposals imply a recommendation for a future action whilst suggesting high optionality on behalf of the client in accepting or rejecting the proposal. In other words, the discretionary nature

of the proposal is indexed with the interrogative turn format. However, these interrogatives are very different in nature to those seen in the collaborative sequences in which therapists co-implicated clients in the process of working towards suggestions for behavioural change. Rather than acting as information-soliciting questions that ask clients to provide suggestions for behavioural change, these interrogatives contain a suggestion from the therapist, within the turn, for the client to accept or reject.

Therapists' proposal interrogatives, in this corpus, are usually framed grammatically as yes/no interrogatives. Although they are all framed with an action-type preference for acceptance, some differ in their grammatical polarity. Some interrogative proposals are framed with a positive-polarity preference for a 'yes' response, whereas others are so heavily mitigated that they carry negative polarity (Raymond 2003). Those proposals which carry a grammatical preference for a 'no' response, although still preferring acceptance, have what Schegloff (2007) has termed 'cross-cutting' preferences.

Therapists deliver their interrogative proposals in a way that displays their significantly subordinate epistemic authority over the issue at hand. The proposals are designed in such a way that therapists claim to have no pre-existing access to the issue under question. The interrogatives are also considerably hedged, including low modal terms (e.g. 'maybe'), epistemic markers (e.g. 'do you think'), and mitigating devices (e.g. 'sort of'). All of the therapists' interrogative proposals thus set up a steep epistemic gradient (Heritage and Raymond 2010) between therapist and client over the matter under question. Examples of therapists' interrogative proposals can be seen below.

(6) [CBT 002 accommodation 4:42]

- 1 T: [Alright] so: (1.7) .hh g↑iven that he: hhh can't
2 let you know until Christmas (0.6) an' then even
3 if it's a yes: (0.2) there'll still be a kinda
4 bit've a ga:p (0.2) [bet]ween (0.2) now and when
5 you could possibly
6 C: [Yes]
7 T: buy a courtyard home [an' get] into it.
8 C: [Yes.]
9 C: Yes.
10 (0.2)
11 T: → Is it worth exploring some other al-
12 accommodation options?
13 (0.4)
14 C: [Uh:]
15 T: → [so] that you're not liv↑ing at home?
16 (0.4)
17 C: We:ll not really becuz (0.7) in the six weeks
18 I'm off I don't get paid.

(7) [CBT 002 dinner 26:35]

- 1 T: → Have you thought about talking to your Mum
 2 and s:aying (0.2) y'know "okay Mum obviously
 3 (0.3) this idea of a seafood dinna
 4 (0.3) is not pleasing you."
 5 (1.0)
 6 T: → "wh↑at is it that you'd actually like for your
 7 birthday?"
 8 (0.4)
 9 C: UH NO: [it's] the way they've been br↑ought
 10 T: [no]
 11 C: ↑u::p=their mentality is we've got lots of
 12 food at ho:me.

(8) [CBT 001 walks 52:15]

- 1 T: → Do you think you could talk with Seth about
 2 (0.4) the fact that you are quite worried
 3 about Leah and y'think it's really importan'
 4 for her to have some one on one time with you.
 5 (0.4)
 6 T: → and would he mind twice a week (0.6) just
 7 (0.7) you know (0.5) keeping an ear out in
 8 the house.
 9 (0.2)
 10 C: Yep
 11 T: So that Alison is gonna be (0.8)
 12 C: Yep see if ye- m (0.6) makes me w↑orried
 13 what am I going to say to Alison.
 14 (0.2)
 15 C: you know cos she always feels:: (1.3) that (0.3)
 16 n-the- she's always seen Leah (2.2) with the over
 17 extended (0.5) whatever's to get the attention.
 18 =[So sh]e's always gone (1.1)
 19 T: [Mmhm]
 20 T: Yep.

In Fragment (6), the therapist first delivers an account for her proposal based upon the client's preceding troubles-telling. Pre-proposal accounts set up the delivery of a subsequent proposal by first stating the problem to be solved (Houtkoop-Steenstra 1990; Waring 2007). The therapist's pre-proposal account orients to the delicate nature of delivering the subsequent proposal. The therapist gets acceptance from the client of the candidate stated problem, which provides her with a go-ahead to deliver her proposal. Although the interrogative is grammatically structured for a 'yes' response, in launching it with the phrase 'is it worth' (line 11), the therapist downgrades her epistemic authority over the issue relative to the client.

Similarly, in both Fragments (7) and (8) the therapists' interrogatives contain a preference for a positive polarity 'yes' response, as well as acceptance of the proposal. However, the therapists' use of the low modality phrases 'have you thought about' and

'do you think you could', on commencement of the interrogatives, sets up the proposals as candidate and tentative. In (7), the therapist includes the epistemic modal 'thought' to downgrade the proposal. In (8), the combination of an epistemic modal ('think') and a low modal auxiliary ('could') downgrades the proposal from being not merely an objective possibility, but a *subjective* possibility on behalf of the client. Again, the use of these resources emphasises high optionality for the client in accepting the proposal, and displays an orientation by the therapist to her subordinate epistemic authority over the situation under discussion.

In the final example, below, the therapist's interrogative (arrowed, line 6) is mitigated in such a way that the question carries cross-cutting preferences (Schegloff 2007). Although preferring acceptance, it is designed grammatically to prefer a 'no' response.

(9) [CBT 001 school counsellor 31:52]

- 1 T: Okay so:: um (1.2) from what you've told me
 2 about Leah (1.2) u::m (1.7) it sounds like
 3 (0.9) she might benefit from (0.5) some kind of
 4 (1.2) >opportunity to talk with a counsellor.<
 5 (1.0)
 6 T: → Umm (0.3) is there a school counsellor at all?
 7 (0.5)
 8 C: .hhhh th↑ere ↑i::s but they don't- I- hhh hu:m:
 9 (1.7) ↓I think that's just a little bit too close to
 10 ho:me.
 11 T: Okay.
 12 C: for her.

The therapist initially delivers a proposal in the form of a 'hedged recommendation' in lines 1-4 which suggests that the client take her daughter to see a counsellor. After no response from the client at line 5, she reformulates her proposal as an interrogative which more specifically proposes that the client take her daughter to see a school counsellor. The grammatical design of the turn carries cross-cutting preferences (Schegloff 2007) in that the inclusion of the phrase 'at all' reverses the polarity of the interrogative so that, grammatically, the question favours a 'no' response. However, the proposal is framed to prefer acceptance, as it is that response which furthers the progress of the activity projected by the turn. So, although the action is designed for a 'yes' the grammatical format is designed for a 'no' (Heritage 2010). The format of the question thus displays the therapist's downgraded epistemic status in relation to the proposal and respects the client's right to reject the proposal.

As with hedged recommendations, interrogative-type proposals display a preference for the client

to take up the proposed action. However, they are delivered in a hedged and tentative way and emphasise high optionality on the part of the client, thus displaying an orientation by therapists to their subordinate epistemic authority over the client's life. They are delivered in such a way as to position the therapist as having limited access or rights to knowledge over the situation, thus setting up a steep epistemic gradient between them and the client (Heritage and Raymond 2010). In each case, clients, in their responsive turns, display their understanding of therapists' interrogatives as proposals by responding to both the interrogative form *and* providing a rejection of, or resistance to, the proposed course of action. The clients, in their responsive turns, also orient to concern over epistemic rights. They draw on several different resources in the design of their responses to the interrogatives that assert their epistemic rights (Simmons 2010).

3.3. Information-giving

The final, and perhaps most subtle, way in which therapists package their proposals for behavioural change is information-giving. Hudson (1990) noted that a statement of knowledge, or the presentation of information within a particular environment, can be interpreted as advice; when out of context it might not. In packaging the advice/proposal as the more innocuous activity of information-giving, the imperative nature of the advice/proposal is downplayed. This issue has been picked up by several analyses of institutional advice-giving. Heritage and Sefi (1992) noted that health visitors sometimes framed their advice as a 'factual generalisation', where the advice was packaged as a generalisation of other mothers' practices that amounted to a recommendation of that practice. Along the same lines, it has been reported that HIV counsellors also sometimes packaged advice as information (Kinnell and Maynard 1996). This involved counsellors characterising advice as information that the clinic gave to clients *in general*. Kinnell and Maynard (1996) argued that advice-as-information can heighten the ambiguity between talk as advice specific to the client, or as information that counsellors generally provide, therefore possibly avoiding displayed resistance from the client. This type of advice was sometimes used as a cautious way of initiating an advance toward more personally relevant recommendations. Overall, Kinnell and Maynard (1996) found that there was a very strong tendency for counsellors to relay information to clients rather than to tailor advice to their individual needs and problems.

This practice may be reflective of the institutional mandate of the clinic involved – counsellors were taught the importance of relaying information to the community through their clients. Silverman (1997) also identified an 'advice-as-information' sequence in his corpus of HIV counselling sessions. This type of advice implied a general policy rather than being recipient-designed, personal advice for the client. In giving advice in this way, counsellors could be seen as reporters of general information, rather than as potentially intrusive advice-givers. Clients could then choose whether or not to hear the information as personally relevant.

In a similar way to that described in these previous studies, therapists in the present corpus sometimes deliver proposals by providing a piece of factual information for the client with an implication that the client takes up the action/service being described. Therapists' 'factual generalisations' target their proposed solution to the trouble as being a 'general' solution to that problem. In other words, *any* client who came to them with this trouble might receive this proposal for future action. Again, in designing their proposal turns in this way, therapists display an orientation to the fact that they do not have epistemic authority over the client's life, and cannot know whether the proposal might apply specifically to the client. Examples of therapists' information-giving proposals can be seen below.

(10) [CBT 001 time-out 26:39]

- 1 T: → I gu↑ess one of thee um (.)
 2 C: ((blows nose))
 3 (0.6)
 4 T: → one of the best (0.8) .tch (0.2) ways to: (0.5) u-
 5 deal with a- a problem like that when you've
 6 got a child whose >really in the mind set of
 7 well< (0.5) even ba:d [attention is better than]
 8 C: [is structured]
 9 T: → no att[ention] (0.5) is to: start to put a: >a
 10 C: [Umhm]
 11 T: kind've a< structure into place where (0.5) they
 12 get plenty of positive attention.
 13 (0.3)
 14 T: Lots've (0.3) pats 'n strokes an' playing with
 15 an- an' ti:me with people who they care about
 16 (0.5) and when (0.3) the negative attention
 17 behaviours come out (0.8) they just get ignored.
 18 ((40 lines omitted))
 19 T: U:M (1.0) .h now I guess one of the (0.3) SUH-
 20 so time out can be used as an effective way of
 21 >managing that<. becuz ya just saying yuh know
 22 look (.) n- this behaviour can't go on >in
 23 the< public space of the h↑ouse so: you need to
 24 go: to [your time out ARea]

- 25 C: [jus' thow do not] listen yu' know
 26 they'll hear it n' they'll get punished for it
 27 the moment they're not n- both of th'm no
 28 teevee no computer for a week.
 29 T: Mmhm.
 30 (0.9)
 31 C: BUT THEY'RE STILL (0.7) bickering and
 32 fighting.

(11) [CBT 002 computer 10:26]

- 1 T: → Thez um (0.6) THERE ARE qu'ite a number
 2 o::f (0.3) ahh: computer literacy skills
 3 for: sort've (0.5) people in your age group
 4 .hhhh that are run by: libraries and local
 5 councils and stuff like that.
 6 ((11 lines omitted))
 7 T: and some libraries will run (.) you know (0.3)
 8 how to use a computer for the first time
 9 sessions.
 10 (0.6)
 11 T: where they kind of give pe[ople jus' a basic tu-]
 12 C: [I'm sure not at]
 13 our library coz I went to our library an' .hh
 14 (0.2) they give you fifteen minutes to get o:n.
 15 (0.2)
 16 C: it took me fifteen minutes ta work out how to
 17 turn the bloody thing o::n.

As can be seen in these examples, in this type of proposal, the client's 'trouble' is framed as a generalised trouble that is commonly experienced. In Fragment (10), the therapist frames the trouble as 'a problem like that when you've got a child who...'. The reference to a 'problem like that' generalises the trouble as something that is commonly experienced by parents. The subsequent use of the inclusive 'you' and impersonal 'a child' further normalises the client's trouble with her daughter's behaviour. The proposal is thus set up as one that the therapist would give to any parent who had a child behaving in this way. From the outset of the turn the therapist also emphasises the optionality of her proposal by referring to her proposal as 'one' way to deal with the client's trouble. Similarly in (11), the therapist invokes a relevant category of people as being the target of the proposal, rather than addressing the client directly ('people of your age group' in line 3). She also includes a vague and generalised reference to courses run by 'libraries and local councils' (lines 4-5). The proposal is thus delivered as one that the therapist would give to any client in her age group having trouble with computers. In providing an opportunity for the client to hear the proposal as generally relevant rather than specifically personally relevant, therapists display their subordinate epistemic authority over whether the proposal applies to the life of this particular client.

The design of these proposals allows the client to respond in a way that rejects the proposal on the basis that the information cannot or does not apply to them. And, in fact, in both of the above examples, the clients enter in overlap (Jefferson 1986) with the therapist to provide an account of why the proposal cannot apply to them. Thus, within the clients' responsive turns, they again assert their epistemic authority over the issue at hand. In (10), the client draws upon the characteristics of her children in asserting that *her* children would not listen to a time-out request. In (11), the client draws upon knowledge of *her* library to state that the proposed computer courses are not offered there.

So, in packaging proposals as information-giving, therapists frame the client's trouble as a generalised trouble and the proposed behavioural change as a generalised solution that would be given to anyone in that circumstance. In framing proposals in this way, therapists provide clients with the opportunity to hear the proposal as generally relevant rather than necessarily specifically relevant, thus displaying their subordinate epistemic authority over the clients' specific situation. The clients, in their responsive turns, reject the proposals on the basis that the proposal cannot apply to them specifically. In doing so, they assert their epistemic rights over the matter relative to the therapist.

4. Discussion

The analysis presented here has demonstrated how therapists' subordinate epistemic authority concerning clients' lives is interactionally realised within the design of their turns when proposing behavioural change. Therapists' proposals involved delaying devices, minimisation techniques, low modal operators, interrogative forms, and were sometimes packaged as information-giving in ways that made them appear tentative, and implied a degree of high optionality on behalf of the client in accepting the proposal. These resources were drawn upon within three main types of proposal turns:

- hedged recommendations
- interrogatives
- information-giving

Clients, in response, typically displayed localised resistance to therapists' proposals and asserted their epistemic authority within these resistive responses. Clients' responses to proposals will be examined in more detail in forthcoming research.

This paper makes a contribution to CBT research by analysing in detail how one key practice used within a CBT session, proposing suggestions for behavioural change, can highlight the complex epistemic environment which exists within the interaction between therapist and client. These sequences also show how these proposals can lead to localised client resistance. Although these proposals represent only *candidate* suggestions, and are open to negotiation with the client, they still involve a suggestion from the therapist for the client to accept or reject rather than providing an opportunity for the client to suggest a change. In this way, they represent a more directive approach than CBT theory would suggest with the use of open Socratic questioning. In Fragment (1) we saw an example of how therapists sometimes solicit clients' suggestions for change. These types of turns have been the focus of previous research (Ekberg and LeCouteur, in press) that has demonstrated how a more collaborative approach via open questioning (Socratic questioning, to use the CBT terminology) may not lead to such pervasive pervasive resistance. These findings thus support the CBT theory literature, which encourages the building of therapeutic relationships guided by 'collaborative empiricism' whereby therapists engage clients in a highly collaborative process using exercises that ask for clients' direct input and draw out clients' own ideas (Wright *et al.* 2006).

In describing a different style of participation by therapists in behavioural activation, this analysis has shown how features of clients' and therapists' therapeutic talk-in-interaction can be more or less helpful to the interaction. Although we would not suggest that proposing a change to a client would always lead to resistance, it does appear that proposals for behaviour change can often lead to client resistance. This resistance appears to be related to the issue that therapists' proposals, unlike open questions, set up the next-turn from the client as acceptance/rejection. Together with the design of their proposals as tentative and optional, they are thus more susceptible to localised resistive responses. These findings could have practical implications for CBT practice. Proposal-resistance sequences, as well as collaborative behavioural activation sequences (Ekberg and LeCouteur, in press), could be used to make practical recommendations regarding the ways in which therapists approach the key practice of behavioural activation via interactive workshops with practitioners (Stokoe 2011; Antaki 2011).

The findings here also build on the growing body of CA research into the negotiation of epistemic rights

in interaction. Most of the previous CA work into the negotiation of epistemics has focussed on first and second assessment sequences (e.g. Heritage and Raymond 2005; Raymond and Heritage 2006; Clift 2006) and question-answer sequences (e.g. Heritage and Raymond 2010; Heritage 2010; Raymond 2010). These studies have shown that speakers can do delicate interactional work in a multitude of ways to display their epistemic rights over what they are saying. This paper builds on this work by showing three further ways in which speakers can display subordinate epistemic rights over their talk in relation to their co-interlocutor. These findings provide further support for Heritage and Raymond's (2005) claim that speakers' epistemic rights and responsibilities in relation to their talk are 'directly implicated in organized practices of speaking' (Heritage and Raymond 2005: 16). The findings also highlight that the way that speakers display their epistemic rights can have important interactional implications for the trajectory of the sequence.

Future research will examine the interactional resources drawn upon by clients in CBT to display their epistemic authority over the matter at hand within these types of proposal sequences. Further research on CBT interactions, including CBT conducted in other countries and languages, will also permit the building up of systematic knowledge of organised practices of managing and negotiating behavioural change within this type of psychotherapy.

Appendix 1: Jeffersonian transcription system

This list represents the most widely used transcription symbols for the analysis in this paper. For a more comprehensive list see Jefferson (2004).

(.)	Micro-pause – less than a tenth of a second
(0.2), (2.6)	Examples of timed pauses
↑word	Onset of noticeable pitch rise
↓word	Onset of noticeable pitch fall
A: word [word	Square brackets aligned across adjacent lines denote the start of overlapping talk.
B: [word	
.	Falling vocal pitch
?	Rising vocal pitch
.hhh	In-breath
hhh	Out-breath
wo(h)rd	Within-speech aspirations
wor-	A sharp cut-off
wo:rd	Colons show that the speaker has stretched the preceding sound

(words)	A guess at what might have been said if unclear
()	Unclear talk
A: word=	The equals sign shows that there is no discernible pause
B: =word	between two speakers' turns
<u>word</u>	Vocal emphasis
WORD	Talk pronounced loudly in comparison with surrounding talk
°word°	Talk between 'degree signs' is quieter than surrounding talk
>word word<	Talk between inward arrows is delivered faster than surrounding talk
<word word>	Talk between outward arrows is delivered slower than surrounding talk
→	Analyst's signal of a significant line
((sniff))	Transcriber's effort at representing something difficult, or impossible, to write phonetically

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