CHAPTER 10: REPORTED SPEECH

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Social work conversations are usually rich with talk about past events and encounters. In professional–client discussions clients might describe incidents with their family members or visits to a health care centre. Additionally, in meetings among professionals, participants can inform each other about situations or the behaviour of clients that they have recently met. This kind of talk about the past is commonly done by reporting what other people or the narrator said in a described situation. In other words, past voices are brought into conversations. This can be seen in professional–client conversations: 'my husband said to me that I have looked very tired over the last few weeks', 'the doctor assumed that I might suffer from depression'. It can also be seen in meetings among professionals: 'Maria (the client) said she cannot afford to pay her rent', 'Erik (the client) was very angry yesterday and swore at me, saying you are a bloody idiot'. These kinds of past voices used in conversations are called as reported speech and in this chapter we shall look at its use in social work interaction.

As the previous brief examples demonstrate, reported speech is an integral element of social work talk. Reported speech is naturally not only typical of social work but is common in all

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kinds of talk where people meet each other and talk about their or other people's news or experiences, or about events and incidents they have been involved in. As Bakhtin (1981: 337) states: 'The transmission and assessment of the speech of others, the discourse of another, is one of the most widespread and fundamental topics of human speech'. In spite of this commonality, we seldom pay special attention to this feature of talk or call it as reported speech.

Since social work conversations are professional, institutional forms of talk with certain tasks and purposes and because social work so often focuses on people's problems and situations that have 'a past history', prior talk by different stakeholders is often brought into conversations. To return to our examples above, past voices can, for instance, have a significant part to play when deciding whether problems exist, how serious they are and what kinds of treatment and interventions are needed; whether the tiredness of the mother is regarded as a real mental health problem to be taken into account when planning child protection plans, whether clients are assessed as needing financial help or whether clients are defined as 'badly behaving problem cases' due certain disciplinary consequences. This chapter examines the richness and consequential nature of reported speech in social work interaction and provides tools to analyse it.

THE FUNCTIONS OF REPORTED SPEECH IN SOCIAL WORK INTERACTION

In what follows, we first deepen the definition of reported speech and its origin in research. Then we deal with four relevant functions of reported speech in social work interaction and the ways to analyse them: producing evidence, constructing categorisations, assessing and accounting, and making narratives. The functions are often interwoven in interaction. The grouping of four functions is based on the review of such previous reported speech studies that have concentrated on analysing reported speech embedded in conversations. Although there is not much literature focusing especially on reported speech in social work interaction, we draw upon such writings that are relevant from the point of view of social work. After presenting the functions of reported speech, we proceed to analyse data examples from Finnish mental health and family violence work to illustrate the functions.

Reported speech and context

Studies focusing on reported speech in conversations often trace back the concept of reported speech to Bakhtin's (1981), Volosinov's (1971) and also to Goffman's (1981) work. The uses and functions of it have been studied across several disciplines including linguistics, narrative and literary theory, sociology and philosophy (Holt 1996: 221; Stokoe and Edwards 2007: 335). Reported speech as an interactional accomplishment has been examined in ethnomethodology, conversation analysis, narrative approaches and discursive psychology. In this chapter we primarily make use of ethnomethodologically-oriented studies on reported speech in face-to-face interaction, especially in institutional interaction (e.g. Baynham and Slembrouck 1999; Buttny 2004; Holt and Clift 2007; Tannen 2007).

Above we wrote that reported speech means past voices that are brought into conversations. To put this preliminary description more precisely, we define – following Buttny's (1998: 48) work – reported speech as *prior talk that is 'used and put into context in a present conversation'*. Reported speech can be *direct or indirect*, although they are often difficult to differentiate (Coulmas 1986; Holt 2000: 427–432). Direct reported speech means talk where the speaker seems to reproduce the actual/real words of the original speaker (for example: 'Erik was very angry yesterday and swore at me, saying you are a bloody idiot'). Indirect reported speech takes the form of a summary of former utterances and sometimes also of ideas and thoughts composed by the teller without repeating the actual words (for example: 'the doctor assumed that I might suffer from depression') (Coulmas 1986: 2–3; Holt 1996: 220–221; Buttny 1998: 48; Buttny 2004: 97).

In Buttny's definition of reported speech the concept of context is essential. Since reported speech is used in present talk, *the reporting context* is a crucial element in analysing the meanings and functions of it. It is not possible to divorce the context of reported speech and reporting from one another (Volosinov 1971: 153; Holt 1996: 222). Reported speech is always recontextualised: past voices are altered when reporting speakers use them for the purposes of the present context (Buttny 1998: 48–49). Volosinov (1971: 151) writes: 'There are, of course, essential differences between an active reception of another's speech and its transmission in a bound context'. So, although quoting original speakers creates the impression of authenticity, reported speech is not a disinterested report of events but is used to fulfil some tasks in the current interaction (Holt 1996: 221). This is important to recognize when studying reported speech in different social work contexts with various institutional

agendas. For instance, the purposes of using clients' prior talk can be very different in a child abuse inquiry than in therapeutically oriented alcohol treatment. In the first case it can be used as a proof of abusive behaviour ('the father said to me that pulling children's hair is not violence but that it is sometimes necessary part of responsible parenthood'). In the second case it might be in the service of a healing process ('do you remember the phase when you constantly told me that you didn't have problems with alcohol?').

Producing evidence

Much research has characterized reported speech as an economical and effective way of producing evidence (Wooffitt 1992; Holt 1996: 225–226; Stokoe and Edwards 2007: 335). Evidence production can be said to be the core interactional task of using reported speech, since almost all reported speech has this function (Myers 1999: 386). Using prior voices of others or oneself serves the task of presenting the described issues, state of affairs or events accurate and factual.

The use of reported speech makes the reporting speaker's talk sound accurate and reliable because it distances the speaker from the message. By reporting the words and sentences that other people have said speakers are able to describe how certain occasions have unfolded or what some states of affairs are like without making any interpretations of their own or regardless of their own points of view. For instance Wooffitt (1992: 161–164) has analysed how speakers produce evidence of the objectivity of unexpected paranormal phenomena they have experienced not just by describing the prior phenomenon in the case, but also by

reporting the words of others who witnessed the same phenomenon (for example: 'my husband said my God what is it?'). This way of factual accounting or reporting is common in many social work occasions. When describing encounters with clients in their case notes, social workers can report direct or indirect quotations of clients or themselves and simultaneously produce evidence, for instance about co-operative or uncooperative clients, without explicitly using these evaluative categorizations. Clients can describe their previous behaviour, possibly assessed as non-desirable, to social workers by reporting the words of others: 'the passer-by said that he saw the other guy, not me, starting the fight'. In this last example a speaker presents a quotation to provide evidence for a potentially controversial issue; reported speech argues against the anticipated interpretation that the client might have been the origin of the fight. Likewise social workers might use reported speech to convey the factuality of some state of affairs concerning clients with whom they themselves have been involved: in a meeting with colleagues a social worker might say that 'the doctor mentioned that he has also recognized how tired the mother was' when discussing the situation of a child welfare client and her need for supportive measures.

Reporting the words of an authority is often regarded as a very effective way to provide evidence and construct facts (Potter 1996: 114). For instance, in the previous example the social worker quotes the doctor, who is an expert in diagnosing people's physical well-being, and thus his/her direct words construct the mother's tiredness as a fact. The prior talk of those who have personal experiences related to the discussed issues or events can also be considered words of authority. 'The nurse who had met the client at several home visits said that his drinking problem has become worse'. 'The woman living in the old people's home

called and reported that the shortage of the nursing staff has reduced the quality of the services there'.

As we mentioned at the beginning of this section, reported speech and evidence production are almost always connected to each other. When and how reported speech provides evidence is to be read only from the interactional dynamics of reporting contexts, where prior talk is always recontextualised. For instance, whose words are taken as the words of authority depends on the reporting context; sometimes reporting the woman's call from the old people's home can serve as evidence of clients complaining 'without proper reasons' rather than as evidence of bad service practices. So, in reporting contexts, the task of producing evidence is often linked to other functions of reported speech, like categorization and assessment. We now turn to discuss these functions.

Constructing categorisations

Previous research has shown that one function of reported speech is to create portraits or produce the characters of others (Hall et al. 1999; Buttny 2004). Using the words of others can thus be said to construct identity categorisations (see the chapter 3 on categorization) by characterizing the quoted persons in a certain light based on their prior talk. In the following extract the mother answers the social worker's question about how she and her son are feeling at the moment at the beginning of the home visit (the example is from Hall et al. 2006: 77–79):

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1    M:     Nathan was a bit upset when he came back the other day erm
2    SW:    from contact (.) is that with (father)
3    M:     erm yeah he said erm that he was upset because his dad
4           wouldn't listen to him (.) he's told him that he'd buy him
5           complete school uniform
6    SW:    Hmm
7    M:     and he got upset because he insisted on buying him a (laugh)
8           pair of school trousers
9    SW:    hmm
10   M:     and he must've carried on saying that he didn't want it and he
11          got upset because his dad wouldn't listen to him and he said
12          you've got to have proper school trousers erm (.) and the
13          Other
14   SW:    was that on Saturday Danielle
15   M:     yeah that was on Saturday
16   SW:    Right
17   M:     and the other little thing was when he cooked him a dinner he
18          said that he wanted (laugh) mushrooms and his dad said you
19          don't like mushrooms and Nathan said yes I do but apart
20          from that it was ok
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There is a lot of interactional business going on in this talk that we comment on later in this chapter. But looking at the portrait that the mother produces in collaboration with the social worker of two absent people – the son, Nathan, and his father – it is noticeable how their prior speech plays a significant role in this production. Hall et al. (2006: 78–79) write: '… we see a differentiation between the children and the father as elements of the family, the first sensitive and dependent and the second insensitive and excluded'. The father is constructed as a 'not listening' and deficient parent, while the mother presents herself as a sensitive and competent parent. The mother makes these categorizations 'true' (cf. produces evidence with reported speech) by reporting the tense, and thus concerning, conversations

between the son and the father as it was told to her by Nathan. Noteworthy in this example is that creating portraits of others using reported speech is often simultaneously in the service of creating a person's self-categorization. Commenting on others' prior speech displays discursive positioning of both others and oneself (Davies and Harré 1990; Buttny 2004: 98). Alternatively, as Holt (2000: 438) puts it: 'speech can convey both the attitude of the reported speaker and, more implicitly, the attitude of the current speaker'.

Portraits of others created by using reported speech can be employed to produce stereotyping categorizations. Buttny (1997; 2004; Buttny and Williams 2000) has examined in a series of studies how (prejudicial) race categorization is done with reported speech among American students on informal campus talk. In one of Buttny's extracts (2004: 118) a white male says:

> (…) a Black girl said to me last year that uhm she hangs out only with Black people because she chooses to she gets along with Black people better than White people and in general she doesn't like White people and I've heard a lot of White people say the same thing about Black people

Buttny (2004: 118) states that when the reporting speaker quotes here what 'a Black girl said', he uses and treats it as evidence of blacks' and whites' intergroup differences, an interpretation which he confirms with a summarizing quote of a white person's prior talk. This kind of stereotyping – using culturally easily recognized categorizations – is familiar in many social work contexts and it is thus worth paying attention to how they might be reproduced by employing reported speech.

Using the words of others can create negative portraits of the quoted persons and possibly also of the category group they are combined with (negative stereotypes). Reported speech

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can make quoted persons sound stupid, ridiculous, unmoral, unreliable, incapable, etc. (Buttny 2004: 105–106; Stokoe and Edwards 2007). Accordingly, as an action reported speech can be mocking, insulting, judging, discrediting, etc. On the other hand, creating positive categorizations of others by using reported speech is equally possible. Both kinds of categorisations are highly relevant when studying social work interaction (Hall et al. 1999), and as Buttny (2004: 114) remarks, reported speech can also be a resource allowing the reporting speaker to resist, criticize and challenge negative portraits and stereotypes (see the chapter 8 on resistance).

Creating negative and positive portraits, as well as resistance toward certain categorizations through quoting prior talk, are uses that link closely to the third function of reported speech, namely assessing and accounting.

Assessing and accounting

Reported speech has been shown to be connected to assessment in many ways (Holt 2000; Buttny 2004: 96; Couper-Kuhlen 2007). Furthermore, in instances where reporting speakers 'just' seem to repeat accurately what other speakers or they themselves have said on the described occasion, they can implicitly comment on reported utterances and thus simultaneously convey their assessment of reported talk (Holt 2000). As Buttny (2004: 146) writes, the studies have demonstrated how reporting speakers can frame the prior talk through negative or positive evaluation, present it in unfavourable or favourable light. Producing negative and positive assessment is usually linked to the creation of negative and positive

portraits (categorizations) of reported people. It also associates closely to the production of factual evidence, since reported speech serves as evidence to support the assessment.

To return to the extract of the mother–social worker conversation, we can identify strong sense of assessment in it. With the support of the social worker, the mother presents the father's behaviour as unfavourable by quoting his son's prior talk and the son's quotes of the father's prior talk in a certain negative framework. The reported speech can be said to do the complaining in the extract. Using reported speech in this way is widely recognized in the previous studies (e.g. Günthner 1997; Drew 1998; Holt 2000; Haakana 2007; Stokoe and Edwards 2007). Haakana (2007: 154), who has studied reported thought in complaint stories, notes that complaints are typically about a quoted third party, who is not present in the reporting context. The talk of this absent party is thus quoted to people who were not present in the original quoted situation. For instance, Stokoe and Edwards (2007) show how the callers to the UK neighbourhood mediation centres use reported speech, especially quoted racial insults, as one means of constructing complaints about their neighbours. So, in these calls the callers (or clients) quote absent neighbours' prior talk and present it to the mediators, who were not present in the reported situations. This kind of complaining talk about third parties is common in different social work settings. Both clients and social workers are continually quoting absent people in this kind of negative assessment framework.

Negative evaluation with the help of reported speech can also serve functions other than just complaining, for instance, presenting the quoted persons and/or their behaviour as ridiculous and not to be taken seriously. When researching social work interaction the positive

evaluations made with reported speech should not be forgotten either. As an example, social workers can discuss absent clients in a favourable light by using clients' prior talk as evidence of their positive assessments. Also clients can quote advice they got from social workers which respect and show strong agreement with their content. Another interesting aspect of reported speech related to assessment not to be overlooked is self-quoting and quoting the prior talk of people present in the reporting context. When encountering each other, clients and social workers easily report their former talk in the series of past encounters and make assessments, for instance, of clients' progress or regression, through such speech.

When reported speech displays assessment it often entangles with accounting, implicating discussions related to responsibilities, blame, excuses and justifications (Scott and Lyman 1969; see the chapter 4 on accountability). Reported speech can be used as a means of producing, denying and accepting responsibility. Clients' calls to neighbourhood mediation centres, analysed by Stokoe and Edwards (2007), contain plenty of responsibility talk linked to reported talk. For instance, the neighbours' quoted racial insults are presented as one type of trouble with the neighbours, and simultaneously the neighbours are constructed as partly responsible for the disputes. The denial of the reporting speakers' own responsibility (and excusing or justifying one's own conduct in the reported context) by allocating blame to others might thus be one function of reported speech. However, the function can also be the opposite, for instance when clients quote their own prior talk in a negative light (self-blaming). When researching social work interaction attention should also be paid to how social workers use reported speech when accounting for their own or clients' former behaviour on various occasions.

As Holt (2000: 451) reminds us, assessments are done jointly in a reporting context: ' … rather than making their assessment of the event explicit, reported speech (within a sequence containing implicit assessment) can be used to give the recipient the access to the utterance in question, thus allowing him or her to react to it and the teller to then collaborate in that reaction'. This is an important reminder when analysing social work interaction. Responses to quoted talk are play an important is part in assessment making. For instance, without the agreeing responses of the social worker in the extract presented above, the mother's complaining narrative based on the son's reported talk about the conduct of the father would not have been successful or become shared by the parties. As is the case in this example, assessing and accounting, as well as the evidence producing and categorization related to them, are often presented in a narrative format. Making a narrative is the function of reported talk we look at more closely next.

Making narratives

Reported speech commonly occurs in a story form or embedded in narratives (Buttny 1998: 48–49) where events are narrated in chronological order and participants in these events are presented as story-world portraits (Couper-Kuhlen 2007: 81; see the chapter 6 on narrative). As Couper-Kuhlen (2007) notes, most previous research has concentrated on prior talk used in a story framework or in larger narrative contexts, although reported speech can also be produced in non-narrative frames. Reported speech is a resource people draw on in narratives,

but simultaneously also a means to make narratives. Buttny (1998: 49) states that reported speech often seems to capture the most crucial parts of a narrative.

Turning to the mother's description of her son's (Nathan) and his father's relationship, Hall et al. (2006: 78) demonstrate how the first part of it is presented in a storytelling framework: 'It is a complete story (Labov and Waletzky 1967) with an abstract (he was upset because his father wouldn't listen to him), orientation (dad promised a school uniform), complication (only bought him trousers and Nathan didn't want these trousers), resolution (father insisted on these trousers), and evaluation (father wouldn't listen to him).' This chronological story of how Nathan got upset draws heavily on the prior talk by the story figures (the father and Nathan) that forms the most crucial resource in narrative making. Quotes make the story vivid and convincing.

A common way to make narratives is to report the sequences of turns of the prior interaction (Holt 1996). To put it in other words: to make narratives by constructing conversations between the characters in reported contexts (Tannen 2007). The mother's story described above is mainly based on the reported conversations between the father and Nathan. But it also includes another reported conversation, namely the one between the mother and Nathan: Nathan reported the conversations with his father to her mother, who now reports both of these conversations to the social worker. It is very usual that the reporting speakers describe their own prior conversations to third parties who are not present in the 'original' reported context. In our example the third party is the social worker in the context of an institutional home visit, to whom the mother describes the past conversations that occurred in non-

institutional, family-life contexts. These kinds of reported conversations are typical in social worker-client interaction, but reported conversations are present in social work talk in many other ways as well, for instance when social workers report to each other their prior conversations with clients in a story form (Juhila et al. 2011).

Making narratives though reported speech in social work interaction is highly consequential. As with reported speech in general, it is used for providing evidence about past events, but more importantly it can be used as reporting the stances of the speakers as displayed in their talk (Holt 2000: 232). The presented stances give the grounds for making assessments of the speakers' attitudes, wrong-doings and right-doings in the reported context. Assessments and categorizations are often bound together, for example an uncaring father, an indifferent social worker or a motivated and well progressed client. However, what should be remembered when analysing narratives containing reported talk and conversations is that the reporting context and its in situ conversation are always essential. Reporting speakers and the recipients of or listeners to reports create the story and produce its consequences in collaboration.

REPORTED SPEECH IN SOCIAL WORK INTERACTION: DATA EXAMPLES AND ANALYSES

Next we will move on to analyse the accomplishment of four functions of reported speech in naturally occurring social work interaction. Our data are located in two different Finnish institutions and in two different conversational situations (reporting contexts). In the first example two professionals discuss the situation and condition of the client. The client is not

physically present in the interaction, but the professionals still use her voice a lot. This conversation between the professionals takes place in a mental health NGO (non-governmental organization). In the second example, a professional and a client discuss the client's personal change process – her successful breakaway from a violent relationship. In this discussion, which takes place in a shelter targeted for people suffering from domestic violence, the client's own prior talk and the past conversations (reported conversations) between the professional and the client are used as resources in producing a progressive narrative.

Professional-professional conversation in a mental health NGO

Here, we consider the reported speech that takes place in the conversation between two professionals of a project established by a Finnish mental health NGO. The project carries out intensive rehabilitation courses for young people with severe mental health problems. The aim of the three-month long courses is to intensify community based rehabilitation by promoting clients' individual rehabilitation in various ways, e.g. by supporting and assessing their cognitive and social abilities, and their daily skills. The conversation between the two professionals, presented in the following extract, takes place in a team meeting among the course's professionals. In these weekly meetings the professionals discuss the condition, behavior and situation of the clients, and inform each other about the last week's events and incidents in the course.

The following conversation concerns a client called Julia. Previously, professionals have been talking about Julia's injured leg and how it might affect her participation in various rehabilitation activities. They now turn to discussion of Julia's mental health. P1, as Julia's keyworker, opens this topic (arrows in the extract indicate reported speech):

Extract 1

1	P1:	we have checked once a week how to follow her warning signs ((of
2		mental illness)) and [their seriousness
3	P2:	[yeah and something has emerged from it
4	P1:	yes and then I noticed she has not recorded at least in these ((follow-
5 →		up documents made by the client)) that when she once said in
6 →		her individual assessment conversation that she <u>has</u> every now and
7 →		then such feelings of anxiety that she feels [aggressive
8	P2:	[oh really
9 →	P1:	and something starts to irritate her so she gets such an aggressive
10 →		feeling [then that that
11	P2:	[erm
12 →	P1:	there are erm (.) voices [and and anxiety that might come
13	P2:	[erm
14	P1:	however she has not documented them in any way (.) here (.) but
15 →		I feel that it was also somehow such a delicate [topic for her that
16	P2:	[erm
17 →	P1:	even though she was able to <u>say</u> it [she didn't want to say anything
18	P2:	[yeah
19 →	P1:	after that [to process or discuss it any more
20	P2:	[<u>yes yes yes yes</u> but it is rather good that she has <u>said it out</u>
21		loud [that kind of thing
22	P1:	[yeah
23	P2:	anyway probably she doesn't open up so easily
24 →	P1:	and there was talk about whether she feels that they are those daily
25 →		[issues that do those voices appear daily and so on
26	P2:	[erm

27 →	P1:	[she replied that they don't appear daily
28	P2:	[erm
29 →	P1:	[but every now and then [now some weeks ago there had for
30	P2:	[erm [erm
31 →	P1:	instance been such a situation in a supermarket that she had act in
32 →		she suddenly got an unreal feeling and then she couldn't do the
33 →		shopping that she had planned beforehand [I said that how did you
34	P2:	[yeah yeah
35 →	P1:	that situation[that did you go away from the store [did you interrupt
36	P2:	[erm [mm
37 →	P1:	everything that you were doing so she said that she just thought
38 →		that she can make some purchases and then goes away but [then
39	P2:	[erm
40 →	P1:	she couldn't however do those things that she had thought about
41 →		beforehand [(1) but these things don't happen often she says but
42	P2:	[yeah yeah
43	P1:	she isn't like that at least now according to this monitoring [so
44	P2:	[yeah
45	P1:	so she hasn't withdrawn anything ((referring to withdrawing money
46		from an account))
47	P2:	yes yes (3)
48	P?:	°yeah° (2)
49	P1:	and she really doesn't have that many coping skills [that
50	P2:	[erm
51 →	P1:	she said that she is not able to in a way to calm down to read or
52 →		anything that then when [she gets in to that kind of state of anxiety
53	P2:	[yeah
54 →	P1:	she can't think of anything other than taking medicine then [(.)and
55	P2:	[yeah
56	P1:	she has also taken it here
57	P2:	yeah (2) erm (3)
58	P1:	but she is probably also such the type who doesn't talk so honestly [talk
59	P2:	[erm
60	P1:	about her own feelings looks good on the surface but then
61 →	P2:	yes you can somehow see it that when you look at her she said for instance
62 →		today at the morning meeting that she is ok but somehow

63	P1:	Erm
64 →	P2:	and it is exactly same with Jake he also might say that he is doing
65 →		pretty ok
66	P1:	Erm
67	P2:	but somehow you notice from their appearance or how they say it
68	P1:	Yeah
69	P2:	so you notice that they are not ok but something (else)

The above dialogue is rich in reported speech. Both professionals (P1 and P2) act as reporting speakers. P1 is the main reporting speaker, whereas P2 only quotes the previous talk of the client at the end of the extract (lines 61–62). The quoted speakers are the client, Julia, and P1, the professional who is also the main reporting speaker and who thus quotes herself. Also, in the last turn of P2, another client, Jake, is quoted. The example includes direct reported speech (e.g. lines 33–37), indirect reported speech including reported thought (e.g. lines 5–7, 15, 17), and reported conversations (e.g. 24–41).

Reported speech is used strongly for producing evidence that the client is not in a very good state when it comes to her mental health. The factuality of this state of affairs is made above all by quoting the client herself (cf. Smith 1978). In the beginning, P1 reports the speech of the client by saying that in their private conversations, Julia said that at times she suffers from states of anxiety, she feels aggressive and gets irritated, and that voices may emerge (lines 4–12). P1 confirms this further by describing a conversation in which she and Julia talked about how Julia failed to do everyday errands (to complete the shopping) due to 'unreal feeling' (lines 29–40). The client's prior words, reporting internal experiences about her mental health, serve here as words of authority. Moreover, P1's own role in past

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conversations also presents words of authority. As the client's keyworker she has been close to her and thus owns reliable information about her condition: P1 reports the content of individual conversations between herself and the client and her own 'fact seeking' questions posed for the client to answer (lines 5–12, 24–41).

By using reported speech the professionals create a certain portrait or an identity categorization for an absent third party, for Julia. As we already demonstrated above, she is portrayed as a client with some mental health problems (having feelings of anxiety, aggressiveness and irritation, hearing voices), which is not a surprise when taking account of the reporting context. However, by quoting the client's past talk and thoughts P1 adds a further dimension to this categorisation (lines 14–19). Julia is the kind of person who does not open up easily about her mental state: 'she didn't want to say anything after that to process or discuss it any more' (lines 17, 19). Later, P1 continues this 'not opening up easily' categorization by identifying Julia as one of those types who 'doesn't talk so honestly' (line 58). P2 recognizes this stereotype of clients immediately and confirms the idea that Julia belongs to this group of clients by reporting Julia's prior talk (she said that 'she is ok') and its discrepancy with her appearance (lines 60–62). She also provides further evidence that this type of client group really exists by quoting Jake and then commenting on a general level about the discrepancy between the 'ok talk' of these clients and their appearances (lines 64–69). It is noteworthy that not only the clients but also the professionals themselves are categorized through reported speech in the example. When quoting their own prior talk from conversations with the clients, P1 and P2 portray themselves as mental health professionals, who have discussions with the clients and who observe and assess them in various settings.

Assessment and reported speech are firmly connected to each other in this conversation between two professionals. As we already pointed out, the client's prior talk is framed with a negative evaluation (with a 'complaining' tone) in the sense that she is categorized as a person who is not willing to talk further about her problems. However, P2 mitigates this categorization when she comments on the reported conversation presented by P1: 'but it is rather good that she has said it out loud anyway probably she doesn't open up so easily' (lines 20–23). This positive evaluation based on the client's reported speech produces the prospect that Julia's recovery process is possibly off to a good start. Though really, at a good start only, there is still a lot to do. This kind of an assessment is made evident, again with the help of the client's own previous talk: 'she said that she is not able in a way to calm down to read or anything that when she gets in to that kind of state on anxiety she can't think of anything other than taking medicine then' (lines 51–54). By reporting this speech, Julia is assessed as not fully coping with her illness since the only coping skill she has is to resort to medicine.

In spite of the assessment that Julia has not progressed very far in her recovery, the tone of the conversation is not a blaming one. Julia's voice is quoted in an understanding manner and treated partly as accounts excusing her behavior. For instance, her story about the incident in the store includes an excuse: because of her 'unreal feeling' she was not able to finish her shopping as planned, but she did what she was able to in a difficult situation (lines 29–42). All in all, Julia's own prior talk is mainly presented as authoritative talk in itself; like her 'diagnosis' of this store incident, of her feelings (lines 5–12), of her difficulties in processing her feelings further (lines14–19) or of her limited coping skills (lines 51–54).

However, there are also elements of anticipated blame and responsibility present in a sense that in the next step of the recovery process the client should be more active in disclosing honestly her inner feelings to the professionals (lines 58–60).

As is usual, reported speech occurs in this example in narratives. The example includes several short narratives that are in the service of producing evidence, categorization and assessment. The short narratives in particular are made by reporting the sequences of turns of the prior interactions in which the professionals and the absent client had participated. These reported conversations include the individual assessment conversation (lines 5–19), the discussion related to the store incident embedded in the assessment conversation (lines 24–41) and the very short encounter during the morning meeting (lines 61–65).

A social worker-client conversation in a shelter targeted for people suffering from domestic violence

The following conversation takes place at a Finnish shelter for individuals or families who have experienced or been threatened with domestic violence. The participants are a social worker and a young female client, Lisa, who has stayed at shelter with her two small children for about a month. During her time there, she has come to the conclusion that she will not return to her husband and she is moving into a new home with her children the following day. The conversation thus deals with the ending of her clienthood.

Before the following data extract, the social worker and the client have reviewed the client's life, which had been full of violence, and talked about how her life has gradually taken a turn for the better during her stay at the shelter. Lisa has been very open about her feelings concerning the violent situations she has experienced, and she has said that she is looking forward to moving into a flat of her own. In the extract, the social worker makes an evaluative summary of the process the client has gone through, using Lisa's reported speech. Thus, the example describes the use of prior talk by a person that is present in a situation where the reporting speaker (the social worker) and the reported speaker (the client) are engaged in a conversation (arrows in the extract indicate reported speech).

Extract 2

1 →	SW:	what I think is really impo̱rtant to see is what you <u>said</u> just a moment
2 →		ago (.) oh better check if the tape's about to run out
3	C:	((laugher))
4 →	SW:	what you <u>said</u> just now I mean you said (3) ((sounds of dealing with tape
5		recorder))
6	C:	now it is r<u>un</u>[ning ok
7	SW:	[good ((sounds of dealing with tape recorder, laughter))
8		the <u>thing</u> you .hhhh (.) that <u>when</u> (.) when you were in ((mentions name
9		of home town)) (.) and you (.) saw him (.) L<u>a</u>sse there (.) when you
10 →		turned to l<u>oo</u>k (.) and you thought I'm going to (.)
11	C:	ye[es (I'm)
12 →	SW:	[I'm <u>going</u> to die he[re
13	C:	[ye-[es
14 →	SW:	[like this is the last moment of my l<u>i</u>fe .hhhhh
15		so that's where you <u>started</u> that was <u>sort</u> of the <u>worst</u> poi[nt
16	C:	[that was the
17		wor[st that was [maybe what it's (.) .h[hh
18	SW:	[<u>yes</u> [yes [(it's been) a long road

19		before you've come th<u>is</u> far (.) there's been (.) one stay
20		at the <u>shelter</u> there's been <u>two</u> (.) little kids in between
21		.hhh there's a <u>six</u> year stretch (.)
22	C:	[yes
23	SW:	[yes (.) with L<u>a</u>sse, (.) different degrees of (.) mental and physical
24 →		violence (.) and (.) <u>now</u> you're (.) in a <u>situation</u> where (.) [you
25	C:	[yes
26 →	SW:	sort of <u>think</u> about and look (.) <u>forward</u> to (.)
27	C:	mm- [m
28 →	SW:	[that .hhhh I can get <u>anything</u> I like at the <u>shop</u> and live
29 →		[(a completely) or[dinary <u>everyday</u>
30	C:	[think- [yes it's <u>exactly</u> these sort of like [ye-e
31 →	SW:	[life (.) in peace and
32 →		quiet .hh[h and er
33	C:	[and it's <u>now</u> that I really realise ho[<u>w</u> <u>important</u> that is
34	SW:	[yes
35	C:	you <u>don't</u> [need anything fancy to [<u>make</u> me hap[py
36	SW:	[yes [ye-es [yep (.)
37		.hhh and st<u>ill</u> it's only taken, (.) <u>about</u> six weeks I'm [saying that
38	C:	[yes
39	SW:	<u>because</u> it's a fairly <u>short</u> time
40	C:	it [is (.) it is when you <u>think</u> about [:
41	SW:	[.hhhhh [mm-y (.)
42	C:	what a jour[ney it's <u>been</u> so [like that was <u>enough</u> of that

At the beginning of the extract, the social worker begins to make her own assessment of the process that the client has gone through, by referring to the client's previous talk: 'what you said … ' (lines 1–4). The social worker returns to the situation previously described Lisa, where Lisa's spouse (Lasse) had gained access to the shelter in another town where Lisa had stayed before coming to this shelter. In her talk, the social worker takes the client back to the original scene of events with a very detailed description of the situation (lines 8–10),

combining it with the reported speech of the client: 'you thought I'm <u>going</u> to (.) going to die here like this is the last moment of my <u>life</u>' (lines 10, 12 and 14). The social worker quotes the client's voice directly ('I'm going to die … ', line 12) when describing the horror experienced by the client at that moment. In her next turn, the social worker defines that moment as the worst point in the journey taken by the client (line 15). The social worker's talk begins to take on the structure of a narrative in which the client has travelled a long road before getting to the worst point of the story. The road has included many kinds of violence, the births of the children and a stay at a shelter. The client is not a passive recipient of the narrative but participates actively in the discussion by giving feedback that reinforces the social worker's narrative and assessment (lines 11, 13, 16–17 and 22).

However, making an assessment of what was the worst point in the client's life is not the main objective of the social worker's talk; rather, this construction acts in her talk as a yardstick against which the social worker next measures Lisa's current situation. When describing the current situation, which is shown in a positive framework, the social worker again uses the direct reported speech of the client: 'I can get anything I like at the <u>shop</u> and live (a completely) ordinary everyday life (.) in peace and quiet' (lines 28–29 and 31–32). The client participates by confirming the social worker's description (lines 25, 27 and 30), until she takes the floor and confirms and completes the description in her own words: 'and it's <u>now</u> that I really realize <u>how important</u> that is' (line 33) and continues: 'you <u>don't</u> need anything fancy to <u>make</u> me happy' (35). The social worker, in turn, assumes the position of a listener, providing positive feedback (line 36).

As is demonstrated above, instead of merely reporting the original speech, reported speech fulfils many tasks in the current interaction. The original speech is recontextualised and the speaker uses it in a new context to fulfil certain functions. This example shows all four functions of reported speech. Authenticity and evidence are produced by a detailed description linked to the original situation. In addition, assessment takes place and, among other things, a positive evaluation of the client's situation changing for the better is made. The process of assessment is constructed as a narrative, in which the social worker uses the direct reported speech and thoughts of the client at several points. In the narrative the social worker positions the client again at the worst point in her life, describes the client's fearful thoughts at that moment using the client's voice, after which she positions the client in the current moment, again with a direct description of the client's current (hopeful) thoughts about her future. The social worker constructs different agencies and identity categories for the client. At the worst point, the identity of a passive agent or even of a potential victim is constructed for the client, whose counterpart is a strong active agent (the husband). The current, altered identity is constructed in considerably different ways: now the client herself is an active agent who can plan an ordinary life, enjoying everyday things in peace and quiet. The client also clearly assumes these definitions as her own, not only by providing agreeing responses at several points, but also by summarising the narrative constructed by the social worker: 'what a journey it's been so like that was enough of that' (line 42) and thus further strengthening her own active agency.

From the viewpoint of social work, reported speech is used in this extract strongly as a tool for change work. It serves as a tool of identity construction in creating a stronger agency for

the client, which enables her to detach herself from the violent intimate relationship and to construct a new life. In terms of the interaction this actually succeeds: the conversation is conducted with good, mutual understanding and it becomes shared by the two parties.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

In this chapter we have described various functions of reported speech – producing evidence, categorization, assessment and narrative making – and have demonstrated the use of them in social work interaction. Nearly all social work talk and conversations contain reported speech although we seldom pay special attention to it. The ways in which reported speech is accomplished in interaction are often firmly connected to the institutional tasks and goals of conversations, as in our two cases where there were the tasks of helping and supporting people suffering from mental health problems or domestic violence. Evidence production and assessment via reported speech can give justifications for professional intervention to suffering, such as the continuation of giving strong mental health support to Julia. Or, when having the functions of categorization and narrative making, reported speech can be in service of estimating whether the (candidate) clients' needs and problems are such that the social work institution in question can start or continue working with them. For example, by reporting Lisa's own previous talk and ideas, the social worker simultaneously created an identity and narrative for her that the shelter specialized on serious domestic violence perhaps no longer has much to offer for her.

To conclude, reported speech is not 'just talk', but quoting professionals', clients' and other stakeholders' prior talk influences social work processes and interventions and has consequences for clients' lives – as our two examples clearly showed. In Julia's case the professionals' way of using her prior voice and reported conversations between Julia and themselves, portrayed Julia as being at a certain phase of her mental health recovery process. She was assessed as having made some progress but was still seen as needing professional support and control. Lisa's situation was different, however. She was defined as being at the end of both change and client processes and ready to continue her life without the problem of violence. This interpretation of successfully being at the end of clienthood was created strongly by using the client's own reported speech and thoughts from the different phases of the change process.

Producing evidence, categorization, assessment and narrative making are in many ways at the core of professional social work practices and are also much discussed themes in social work literature. Although these four themes cannot, of course, be reduced to reported speech only, examining closely the interactional usages of reported speech offers relevant viewpoints on them.

Social workers make interventions in people's lives. What they intervene in is linked to the institutional contexts and tasks they are involved with. They are expected to make justified and legitimate interventions and decisions. What has been especially demanded during the last decades is that they need to base their work on proper empirical evidence. This includes making reliable assessments and diagnoses of problems (categorizations) in order to create

successful change processes (narratives). In this so-called evidence-based approach, facts are understood as something that can be collected, counted and reported. Hence, they are not seen as being tied to interactional processes. This kind of an approach easily ignores everyday fact producing, assessment and categorization processes, where reported speech can play a crucial role. The prior talk of clients or other authoritative stakeholders is often presented as empirical evidence when legitimating certain interventions or decisions. But since reported speech is never the same in a reporting context as it was in the original context, it should not be treated as 'a pure fact'. For instance, social workers can use doctors' authoritative voices in case conferences to legitimise stronger (or weaker) interventions into the lives of clients, or in accounting for those interventions afterwards. This is neither good nor bad practice but simply unavoidable in social work case talk and thus needs to be made visible and reflected upon.

Who is reporting, whose speech is reported and for what purposes are also issues of power. Professionals need to be explicitly aware that they tend to quote clients' talk in various institutional settings and that this quoting is never 'just' quoting. Hall et al. (1999: 565) write that 'one of the tacit assumptions underlying social work is that workers not only act in the best interests of the client but also hear the client'. Reporting clients' speech can be interpreted as evidence of this hearing and can thus be regarded as a sign of ethical practice and client-centeredness. It can well be like this, meaning for instance that clients' reported speech is treated as authoritative and with respect in different social work conversations. But clients' prior speech can also be used to blame clients or their voices can be proved wrong by quoting more authoritative voices. Also, an interesting question is how social workers

hear and respond to the reported speech presented by clients in professional–client conversations.

Without reported speech social work could not be realised as a change-oriented or process-oriented profession. Remembering and explaining past events at the beginning of clienthood, reasoning and understanding regressions and progresses during clienthood, and orientation to the future necessitate the prior talk of clients and significant others (professionals, relatives, friends, etc.) as resources. How these resources are talked into being, both by clients and professionals in social work interaction, and what the consequences are is a matter of importance. Remembering prior talk can disturb the professional-client relationship; if the memories of the previous talk and discussions are used in a negative framework or if the past talk makes people feel stuck in certain, unchangeable identities ('you have used that same excuse many times before in our meetings and I don't believe you'll ever change'). Alternatively, it can help to create a good relationship with a shared past and task ('do you remember when we first met and you said that I will never recover from this, and look where we are now').

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