The dance of the best hopes:

How a solution-focused counsellor
‘leads from one step behind’ in the best hopes discussion

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Abstract

‘What are your best hopes from our talking?’ or a variation of this question, is one of the most common openings in solution-focused brief therapy sessions. The best hopes question is designed to begin a dialogue about the outcome a client seeks from therapy. This qualitative research study explores the conversational practices a solution-focused counsellor employs to facilitate the development of this discussion with clients.

Four clients agreed to have their first therapy session with a counsellor recorded, and to be interviewed about their experience of the best hopes discussion. Using conversation analysis, the transcripts of the four best hopes discussions were closely examined and patterns of talk-in-interaction observed. Participant clients’ recollections of the dialogue provided a triangulating perspective on the findings from the analysis.

The originality of the research rests in the use of conversational analysis to examine, in fine detail, what a best hopes discussion looks like in practice. The findings correlate strongly with the conventional understanding that solution-focused brief therapy is a process of co-construction in which the client provides the content while the counsellor ‘leads from one step behind’ by advancing the conversation and formulating questions using the client’s own words. The rich qualitative data in this study, however, expands the understanding of how ‘leading from one step behind’ is actually achieved in the best hopes discussion. Through gaining turns at talk, managing clients’ storytelling and using pre-expansions to frame questions; the counsellor endeavours to scaffold the clients’ processing to reach an expression of their desired outcome, while at the same time working to ensure that clients feel heard as the conversation is co-constructed.

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And to my incredible wife Adrienne: Thank you. I love you. '*And so it goes, and so it goes…'*

Psalm 119:176

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Glossary

Words in te Reo Māori used in this thesis

Aotearoa…….. the now commonly accepted name in te Reo Māori for the islands of New Zealand

aroha ……. affection / love / empathy / compassion

iwi ……. designation for a tribe or large group usually linked to a common ancestor and often a distinct geographical area

kaupapa Māori …… a philosophical approach or institution, incorporating the knowledge, skills, attitudes and values of Māori society

mana ……. the supernatural force in a person, place or object, giving status, dignity, power and authority

manaakitanga …….. the action of showing hospitality, respect, generosity and care for others (links strongly to the recognition of mana)

Māori …….. the indigenous people of Aotearoa New Zealand

Oranga Tamariki …… a title formed by 'oranga' – welfare, and 'tamariki' – children. The name given to New Zealand's Ministry for Children from October 2017

Pākehā …… a New Zealander of European descent

puawananga kaitiakitanga previously 'cultural supervision', the new name for the New Zealand Association of Counsellors' cultural competency process

rangatira …….. traditionally leader, chief or chieftain/chieftainess of group, but in modern contexts may also refer to an employer, proprietor or boss

taonga ……. property, goods, possession that can include anything treasured or prized, including societal and cultural resources such as language

te Tiriti o Waitangi ……. 'the Treaty of Waitangi' a written agreement between Māori and Pākehā, the founding document of Aotearoa/New Zealand society

Te Whariki Tautoko …… a non-profit organisation which provides expertise to Māori counsellors and practitioners in kaupapa Māori and tikanga

tikanga ……. Māori customs, values and protocols which are deeply embedded in Māori culture and society

https://maoridictionary.co.nz/
https://www.tewharikitautoko.nz/index.php/about-te-whariki-taut/hi
https://www.nzac.org.nz/assets/Uploads/Puawananga-Kaitiaki-.pdf

Other agencies in Aotearoa New Zealand referred to in this thesis which may be unfamiliar to some readers

ACC (Accident Compensation Corporation) – government agency which provides compulsory insurance cover for personal injury caused by an accident in New Zealand, including in some cases counselling services. https://www.newzealandnow.govt.nz/resources/acc-helping-to-meet-the-costs-of-personal-injury

Community Corrections – branch of Ara Poutama Aotearoa / Department of Corrections which deals with people completing court ordered non-custodial community-based sentences https://www.corrections.govt.nz/

EAP (Employee Assistance Programmes) – Many private providers link with employers to offer employees assistance with dealing with personal problems which impact their work or health and wellbeing https://wellplace.nz/ideas-and-advice/alcohol/help-those-who-need-help/

Family Court – a division of the District Court part of the New Zealand justice system, concerned with family relationship issues. Family Court focuses on counselling conciliation and mediation https://www.districtcourts.govt.nz/family-court/family-jurisdiction/

Chapter One – Introduction

Context of the study

Solution-focused brief therapy (SFBT) is a counselling and coaching modality which presumes that the client is the expert in their own lives, rather than the therapist (Beyebach, 2014; Hanton, 2011). In a solution-focused counselling session, the client and counsellor tend to spend the bulk of their time together not talking about the life situations or problems that brought the client to counselling, but describing what it is that the client could notice in their lives that would tell them things are improving (de Shazer, 1988; de Shazer et al., 1986). Time may also be spent talking about the client's strengths and resources which have enabled them to cope thus far, and which might be helpful again in the future (Ratner, George, & Iveson, 2012).

SFBT sits within a social constructionist way of looking at the world, positing that language itself creates reality (Korman, De Jong, & Jordan, 2020). In choosing different language, people think and act differently. SFBT also maintains that change is constant and that there are always exceptions to problems and situations, and that even small changes for the better can lead to larger changes (de Shazer et al., 1986; Lipchik, 2011). SFBT originated out of the practice-based research studies of a small group in Milwaukee in the 1980s, who observed that when they focused on talking with clients about what the clients wanted, rather than what they didn't want, those people seemed to notice their lives started to improve (de Shazer, 1988).

As SFBT spread and evolved, some practitioners began the session not even talking about the issue that had led the client to seek counselling, but to frame the entire discussion from the

outset around what it was that the client wanted. In the 1990s, practitioners at BRIEF in the UK began opening the counselling discussion with the question 'What is your best hope from our conversation?' (George et al., 1999, as cited in Ratner & Yusuf, 2015) Variations on this opening are currently almost the standard introduction to solution-focused therapeutic conversations (Froerer, Walker, Kim, Connie, & Cziffra-Bergs, 2018).

Rationale for research

Learning how to practice in a solution-focused manner as a trainee counsellor was challenging for me. One of the things I quickly discovered was that if I didn't get the start of the session 'right', I struggled to maintain any sense of what a solution-focused discussion was 'supposed' to look like (Hanton, 2011; Ratner & Yusuf, 2015). I also learned that simply asking, 'What are your best hopes from our talking?' was not a silver bullet that would magically enable the client to think beyond their current situation.

'If only I could get the opening discussion right with more consistency, I might be able to do this' was the thought which led to this study. Initially I set out to explore why it seemed I was more readily able to elicit a best hopes response from some clients rather than others. I hoped that through analysing conversations I had with clients I would be able to see co-constructions that seemed to be helpful, and then begin to integrate these more purposefully into my best hopes conversations. I also recognized that I needed to try to hear from the clients themselves, if at all possible, about what they found helpful or useful in these opening conversations. I particularly wanted to know whether they found things that I said or did assisted them to think about what they wanted, or – just as importantly – hindered or interrupted their processing. Thinking about the best hopes conversation as I began this study, it seemed like two people engaging in a dance that I had yet to learn more of than the

basic steps. My very limited knowledge of dancing suggested that continued observation and practice would probably lead to greater familiarity and skill. This was my best hope as I started my research planning.

Working part-time as a counsellor while actively pursuing further training in SFBT practice meant that over the 30 months I work on this project my own skills developed considerably. At a presentation I attended in 2019, Elliott Connie noted that the question about the client's best hopes is only the opening to a discussion which generally moves from information about the client's current life situation and what is troubling them, to what they do not want, to a goal they want instead, and finally towards the outcome that achieving their goal would usher in for them (Connie, 2019). Recognizing these steps occurring in my own best hopes discussions with clients assisted me in becoming a lot more persistent in staying the course until I began to become more successful in co-constructing with clients the outcomes they were seeking from coming to counselling. Over time I also became a lot more confident in managing these conversations with new clients. The questions remained though: what was actually occurring in these interactions? How, other than being more persistent and having more belief in the clients, was I now increasingly able to co-construct conversations with clients around their best hopes which enabled us to begin our work together in positive ways? What was I doing? In addition, what were the experiences of the clients during these conversations?

From the beginning of the study, I wanted to find out what was going on, not what I thought (or hoped!) was occurring. This led me towards conversation analysis, a qualitative methodological approach which focuses on what is actually said and done in social interactions, rather than what people believe, think or report happens (McCabe, 2006, as cited

in Lester & O'Reilly, 2018). Rather than testing a hypothesis, conversation analysis studies are emic and inductive, emphasizing how interactions are constructed (O'Reilly & Lester, 2019). In an attempt to avoid any pre-conceptions, I posed a deliberately broad research question:

What is happening in the best hopes discussions I am having with clients?

I also wanted to know from the clients what they thought was helpful or useful, or not, for them in this discussion, and to juxtapose this information with the findings from the conversation analysis.

While I was hopeful that other trainee solution-focused counsellors grappling with the mechanics of the best hopes conversation might find what emerged from this study helpful, I was not seeking an outcome that could generate theory to be applied to the field: my priority was greater understanding of my own practice with clients in these crucial best hopes discussions, leading to improvement in the way I facilitated these conversations in the future.

Organisation of this thesis

In the following chapter I review relevant academic literature related to this study, beginning with a contextual grounding of community counselling in Aotearoa New Zealand. I then detail the development of SFBT as it relates to focusing on the outcome the client is hoping for from therapy. Social constructionism, solution-focused formulations and the evolution of the best hopes question and discussion are examined; and I also address the issue of the therapeutic alliance between counsellor and client with reference to SFBT.

The third chapter details the evolving epistemological position from which I have undertaken this study, and also the rationale behind the methodological approach selected for this study.

Chapter four details the methods I employed in order to complete the research. This section includes the setting in which the research was conducted, as well as details of the participant recruitment process and clients who became part of the study. I explain the collection and analysis of the data, and also how I sought to address the ethical challenges that inevitably arose with asking clients to consent to have their first counselling session recorded. I conclude the chapter by describing how I went about ensuring that my qualitative study met criteria for academic rigour and trustworthiness.

In Chapter five I lay out the findings from the conversation analysis of the research data and present the key conversational practices that emerged. Using annotated extracts from the transcripts of the recorded sessions I had with the participant clients, I explain how these practices affected the way our discussions unfolded. In this chapter I also present the feedback I received from the participant clients in the interviews I conducted with them about their experience of our best hopes discussions.

The sixth and final chapter discusses the findings of the study with reference to the literature and addresses the implications of the outcomes of the research for my own practice. I note some of the strengths and limitations of this study and offer recommendations for the conducting of further research around the best hopes conversation and how important it is for both clients and counsellors.

An explanatory note: 'best hope' or 'best hopes'?

Both variants, the singular, 'What is your best hope from our talking?' and the plural, 'What are your best hopes from our talking?' are in common usage. I use both forms of the question

interchangeably, however I am beginning to prefer the plural ‘hopes’ as it invites more than one possibility for the client and, I think, removes the potential stress for the client of having to think of one absolute superlative answer. In the text of this thesis, I have tended to use the term ‘best hopes’ plural for the sake of consistency.

Chapter Two – Literature Review

Introduction

This literature review explores the ideas and issues surrounding my research. My research data were collected during my work with clients at a community social service agency in Timaru, a city on the South Island of Aotearoa New Zealand. It is important to acknowledge that my study is contextual and so the first part of this review focuses on community counselling in Aotearoa New Zealand. Issues relating to bicultural practice are also examined as my study takes place in an environment where policies attempt to incorporate the principles of the founding document of this country, te Tiriti o Waitangi.

My research focuses on what is occurring in the conversations held in the first few minutes of the initial sessions I have with clients. I am a solution-focused therapist, and this study is framed by the evolving modality that is solution-focused brief therapy (SFBT) (Lipchik, Derks, Lacourt, & Nunnally, 2012). SFBT is a post-modern social constructionist approach to counselling, so reviewing the tenets of social constructionism as they apply to language in action was important and particularly within the context of SFBT. Although I stumbled into the modality of SFBT fortuitously, as this was the modality taught in depth at the University of Canterbury's Master of Counselling programme; the modality's key principle that the client is the expert in their own lives (Trepper, Dolan, McCollum, & Nelson, 2006) continues to resonate strongly with me, as does the premise that a solution focused therapist adopt a not-knowing position (Iveson & McKergow, 2016).

I review the initial history and then development of SFBT, as the early techniques have not been reified: research in practice is ongoing and practices continue to be modified in light of

results (Shennan & Iveson, 2012). A focus of this research is the development in the model led by the practitioners at BRIEF in the UK, particularly the deliberate move away from needing any description of the client's presenting issue, and also the introduction of the 'best hopes' question (Ratner et al., 2012). In this review I examine not simply the best hopes question per se, recognizing that it is more than a single question and response, but explore *how* the process of establishing what the client might want as an outcome can be achieved. I also examine the necessity of reaching this understanding not only in terms of the client's hopefulness but functionality, in order that a solution-focused discussion may be co-constructed.

In addition to reviewing the literature around the best hopes question, I also look at the key elements of grounding, formulations and presuppositions which characterize the interaction between therapists and client in SFBT, as these are the building blocks of the best hopes discussion. Finally, I explore the concept of the therapeutic alliance and how the opening questions in a solution-focused session affect the establishment of this important element of effective therapy. Although my research does not directly address the formation or otherwise of a therapeutic alliance with my participant clients, many of the issues raised in the literature on this topic are pertinent to the study I conducted and continue to affect the way I view these opening interactions with clients.

Community counselling in Aotearoa New Zealand

History

Counselling in Aotearoa New Zealand historically and up to the present time has been strongly connected to government policy (Miller & Furbish, 2013). Governments have responded to public concerns about societal issues by providing funding for vocational and school guidance counselling, social services, and third-party social welfare providers. At the same time the need for these services has continued to expand largely as the result of the social policies of successive governments (Conradson, 2008). Since the neo-liberal economic reforms of the 1980s and the continued dismantling of the provisions of the welfare state in the 1990s, there have been marked increases in social inequality within Aotearoa New Zealand society, and also in the rates of poverty and deprivation (Conradson, 2008; MartinJenkins, 2019). The 'user pays' mantra along with government funding via the Accident Compensation Corporation (ACC) for specialist counselling services, has substantially increased the number of counsellors working in private practice in Aotearoa New Zealand over the past thirty years (Rodgers, 2012). For many people however, unsubsidized private counselling services are financially an impossibility. Telephone services such as Lifeline, and more recently the government funded 1737 counselling helpline, have been used by many; but for those seeking face-to-face counselling, low cost or minimal fee services have increasingly been provided by non-profit charitable social services agencies (Conradson, 2008). The reality however is that for many low-income clients, particularly outside of the largest cities, there are generally few choices available for affordable counselling (Manthei, 1996). In Aotearoa New Zealand the majority of the larger (i.e. nationwide) and long established agencies providing counselling were originally the social service outreaches of various Christian faith based organizations, including Anglican Care, the Methodist Mission, Presbyterian Support and the Salvation Army. These agencies

employ paid and professionally qualified staff across a variety of social services disciplines (Conradson, 2008).

Current practice in community counselling

In the 1990s new government legislation replaced previous governments' capital subsidy schemes with contracts for service, requiring social service agencies to enter contractual arrangements for the provision of a wider variety of services on a regional basis (Conradson, 2008, Presbyterian Support NZ, 2019). Different providers are now contracted by the Ministries of Justice, Education and Social Development (among others) to provide particular services to regional populations. Oranga Tamariki / Ministry for Children also directly contracts different providers to fund social work, counselling, and family harm prevention programmes to families with children under the age of 18. Invariably the contracted funding for services does not fully cover the level of need within the community, and the different organisations are topped up by fundraising, philanthropic donors (e.g. the Tindall Foundation), and by donations from the organising church bodies behind the providers. Different providers are contracted to deliver specific services, and most opt to subsidise additional services which are not government funded (Conradson, 2008). Generally, it has been the larger and faith-based organisations supported by independent funding streams that have survived over the past 20 years, while many smaller agencies have struggled or folded, which has had consequential effects of further limiting the options for many people to access social services (Conradson, 2008). A report presented in 2019 by the MartinJenkins agency indicated that government is underfunding critical social services nationally by around $630 million per year, which is being made up by philanthropic donations, and that providers are being forced to compete against each other while struggling to make ends meet (MartinJenkins, 2019). There are concerns that service delivery costs have not been

sustained, that providers are held to high levels of accountability and are also having to manage levels of high risk that they are not being adequately resourced for. As a result, some providers have curtailed particular services (MartinJenkins, 2019). ComVoices, an Aotearoa New Zealand network of national community and voluntary sector NGOs, published a survey in 2019 made up of responses from over 130 community organisations. The survey described an 80 percent increase in demand for services in the previous two years, along with increasing levels of complexity in client needs, while at the same time noting providers were often unable to fund extra staffing or service provisions (ComVoices, 2019). Constraints applied through third party funding (for example the Accident Compensation Corporation (ACC), the Employee Assistance Programme (EAP) and Family Court) also continue to impact the ability of social service agencies to pay their professional staff, including social workers and counsellors, at rates reflecting their training and experience (ComVoices, 2019; Miller, 2007) Counsellors working directly for statutory agencies or in private practice are able to generate substantially greater income streams than their colleagues in community agencies which are receiving inadequate third-party funding.

Anecdotal evidence also suggests that the clients accessing these community-based social services providers are coming from a wider cross-section of society: increasingly, the rising cost of living has seen more middle-income earners seeking support from agencies providing low-cost services, and this certainly seems to be the case with regard to counselling at the agency in which I am working. The agency provides counselling services to families with children under the age of 18 under an Oranga Tamariki contract, however the contracted funding presently does not cover half the number of counselling services provided by the agency to these targeted families annually. In addition, the agency provides low-cost subsidised counselling services to individuals and couples in the community who are not

responsible for children under the age of 18; these services are completely unfunded by government contracts and are provided through philanthropic donations and the agency's fundraising. The agency follows the trends noted nationally, that philanthropic donations are required simply to maintain existing underfunded community services, not to try to extend new services (MartinJenkins, 2019). The demographic of people seeking counselling through the agency, and the complexity of the situations that are being brought to the counselling room, continues to expand.

Te Tiriti o Waitangi and community counselling in Aotearoa New Zealand

Te Tiriti o Waitangi, or the Treaty of Waitangi, is generally recognized as this nation's founding document. The treaty was signed in 1840 by approximately 540 Māori rangatira (or chiefs) representing various iwi (tribes), and representatives of the British government. In signing the Treaty the rangatira effectively ceded the islands of this archipelago to the British in return for guarantees that they and their people would be protected; their ownership rights to their lands, fisheries, forests and other taonga or treasures would be respected; and that they would receive the rights of British subjects (Ministry for Culture and Heritage, 2017). In the version of the Treaty written in te Reo Māori, the document signed by the rangatira, the words used indicated that Māori would retain sovereignty over their own affairs, something that is certainly not indicated by the English translation, and this discrepancy of intention has been the source of immense discord (Ministry for Culture and Heritage, 2017). Violations of the Treaty agreement by the British Crown began almost immediately in the years subsequent to 1840, as massive British immigration began. After New Zealand was granted its own parliament in 1853, successive governments continued to ignore the Articles of the Treaty, which resulted in enormous cultural and financial impacts on Māori society during the

subsequent 150 years, including the loss of over 90% of the land owned by various iwi in the years between 1860 and 2000 (Ministry for Culture and Heritage, 2016, 2021).

It has effectively only been in the past 30-40 years and since the establishment of the Waitangi Tribunal that meaningful acknowledgement has begun to be made by the Crown (and Pākehā New Zealand as whole) of the level of Māori grievance resulting from continual violations of te Tiriti o Waitangi since 1840 (Durie, 1998, as cited in Crocket, 2013). To a degree, the concepts of biculturalism, and Treaty principles are now in wide use across the country, especially three proposed by the Royal Commission on Social Policy (1988): partnership, protection, and participation (Crocket, 2013). In the 1990s, recognizing a need to act in a spirit of partnership with Māori, the New Zealand Association of Counsellors (NZAC) established Te Whariki Tautoko, a supervision model developed by Māori, for Māori, to develop education and training appropriate to kaupapa Māori counselling (Elkington, 2010; Miller, 2014; Te Whariki Tautoko Inc, 2021). These principles were incorporated into the NZAC *Code of Ethics* in 2002 with the intention that these be honoured in counselling relationships (Crocket, 2013). The NZAC promotes puawananga kaitiakitanga (formerly 'cultural supervision') in its continuing professional development programme for counsellors, and puawananga kaitiakitanga is an important aspect of completing requirements for full membership of the Association (NZAC, 2020). Increasingly, particularly in the North Island with its greater Māori population, efforts are being made to integrate culturally-centred practice into counsellor education programmes (Crozier & Pizzini, 2020; Lang & Gardiner, 2014); however, many challenges remain, particularly because of the overwhelming European dominance of the country's cultural landscape and perceived cultural history over the past 180 years, as well as the domination of Pākehā practitioners in the therapeutic field. It has been noted that there is a need for the counsellor to be aware of his or her own cultural

identity and to be able to understand the worldview of the client for culturally sensitive therapeutic practice to take place (Fuertes & Gretchen, 2001, as cited in Au Yeung, 2016). NZAC's deliberate efforts with puawananga kaitiakitanga attempt to address this need, however anecdotal evidence suggests that bicultural practice by counsellors within Aotearoa New Zealand is inconsistent. There has also been ongoing failure by successive governments to recognize the expertise of Māori, and non-Māori, practitioners that is based on experience in kaupapa Māori counselling (Miller, 2014), however a report presented to the Ministry of Health in 2019 offered 23 themes of relevance to a kaupapa Māori primary mental health and addictions service model (AwaAssociates, 2019). In April 2021, the New Zealand Government announced plans to create a new Māori Health Authority which will monitor Māori health nationally and have the ability to commission services directly (NZ Government, 2021, April 21); it remains to be seen whether the new authority will be created and what impact this new body will have on recognizing and developing kaupapa Māori counselling approaches.

Even with a greater recognition of kaupapa Māori counselling, practical and structural challenges to bicultural practice will remain. While counsellors may be more willing than some employment sectors to engage in training towards culturally competent practice that reflects the spirit of te Tiriti, often the community agencies in which they work remain limited in what they are able to provide, as their funding streams generally reflect a Pākehā world view which perceives service provisions largely in isolated and discrete categories. As an example, in the agency in which I work there is a recognition that to foster manaakitanga (acknowledging mana through aroha, generosity and hospitality) with our clients, it would be very appropriate to be providing a welcoming space for tea and coffee and kai to be shared prior to moving into the place of counselling (or any of the other services provided by the

agency). The reality is, however, that the building we use is structurally laid out like a European medical facility: separated rather than communal, and with the 'homely' elements such as a kitchen largely obscured from view, and access by the clients. To change this in a meaningful way would involve hundreds of thousands of dollars of reconstruction work, money that just is not available in the present funding climate.

The origins of solution-focused brief therapy – the BFTC

Although its history traces back to the Mental Research Institute (MRI) in California, SFBT as it has developed over the past 40 years attributes its beginnings to the Brief Family Therapy Center (BFTC) in Milwaukee in 1978 (de Shazer, 1985; Iveson & McKergow, 2016; McKergow, 2016). Rather than a focus on assisting clients with perceived problems as the MRI practitioners had done, de Shazer, Berg and their colleagues deliberately began to focus on assisting clients to articulate solutions to these difficulties (de Shazer et al., 1986; McKergow, 2016; Weakland, Fisch, Watzlawick, & Bodin, 1974). De Shazer noted that although the causes of problems may be complex, the solutions often were much less so (Trepper et al., 2006). He described problems as locks which stopped doors being opened to a better future for clients, and that there were skeleton keys that could undo many different kinds of locks (de Shazer, 1985; de Shazer et al., 1986).

Philosophically the practitioners at the BFTC adopted a number of assumptions, firstly that the client was motivated to change: there was no concept of a client being 'resistant' to the therapy, and furthermore that clients were both resilient and already had the capability to address the problems that brought them to the centre (de Shazer et al., 1986; Richmond, Jordan, Bischof, & Sauer, 2014; Trepper et al., 2012). The therapists sought to develop their ways of eliciting information about the elements that kept clients stuck in their complaint,

asking not ‘How much information is needed? but rather ‘What kind of information is needed?’ (de Shazer, 1985, pp. 32-33). Over time de Shazer noted, ‘a shift occurred from our being interested in ‘problems/complaints and how to solve them’ to ‘solutions and how they work’. We looked at what is on the other side of the locked doors and started to figure out how the clients and we got there’ (de Shazer, 1985, pp. 44-45; Korman et al., 2020).

Social constructionism

The premises of social constructionism underpin the practice described as SFBT. Steve de Shazer and Insoo Kim Berg, the most prominent members of the group associated with the development of SFBT, were influenced by Milton Erickson, Buddhism and also the post-modernist philosophy of Wittgenstein (de Shazer, 1985; Iveson, George, & Ratner, 2012; Korman et al., 2020; G. Miller & McKergow, 2012) Wittgenstein argued that words acquire their meaning from the ways in which participants learn them and use them in different social contexts and that these meanings continue to be negotiable and flexible (Wittgenstein, 1958, as cited in Anderson & Goolishian, 1988; De Jong, Bavelas, & Korman, 2013). Social constructionists argue that what is true and real is context – and language – specific, that is, negotiated and arrived at through social interaction (Berger & Luckman, 1966; Garfinkel, 1967; Lyotard, 1984; Wittgenstein, 1958, as cited in De Jong et al., 2013). Anderson and Goolishian go further, postulating that ‘reality is a social construction. We live and take action in a world that we define through our descriptive language in social intercourse with others’ (Anderson & Goolishian, 1988, p. 375). Social constructionism maintains that the meanings of words are not fixed, but that individuals in conversation are continually negotiating and renegotiating the meanings of words and phrases in particular contexts (Bavelas, 2012; De Jong et al., 2013; McGee, Vento, & Bavelas, 2005). Within any given dialogue, meaning is made through shared understanding of language, with the participants

collaborating and deciding from moment to moment what words mean within the presently occurring social interaction (Anderson & Goolishian, 1988; De Jong et al., 2013; Lipchik et al., 2012). Meaning is therefore created and sustained in the process of dialogue between individuals (Anderson & Goolishian, 1988; Bavelas, 2012).

Social constructionism and solution-focused brief therapy

Steve de Shazer embraced social constructionism's notion that language creates reality, contending that through creative and descriptive language, therapists and clients construct new versions of reality and that this is what creates change in the clients' lives (de Shazer et al., 1986; Froerer et al., 2018). In SFBT the therapist deliberately adopts a non-expert and not-knowing position, which puts the client in the position of being the expert in their own lives (Beyebach, 2014; Bishop & Fish, 1999; Cantwell & Holmes, 1994; De Jong & Berg, 2013; Trepper et al., 2006). This process has been described as 'leading from one step behind' in that the counsellor directs and leads the conversation in response to each answer received from the client (Cantwell & Holmes, 1994, p. 20; De Jong & Berg, 2013, p. 57). The therapeutic conversation assists the client to clarify how they would like their lives to be different and invites them to describe in new ways what might be possible and to identify resources that they might use in changing their lives (Miller & McKergow, 2012, as cited in Froerer et al., 2018). As therapists therefore, 'we must not allow ourselves to be seduced by clients to join them in thinking "Why does this problem exist?" but direct our efforts toward "What has to be different in the future?"'(Lipchik, 2011, p. 18) Social constructionist therapists reject the idea that there is a truth hidden beneath the 'surface' of what people say, rather instead deliberately choose to follow the practice urged by de Shazer (1994) of 'staying on the surface' (de Shazer, 1994, as cited in Korman et al., 2020; McKergow & Korman, 2009). Although their position tends to be problem-focused rather than solution-focused,

social constructionism in therapy is perhaps best elucidated by Anderson and Goolishian: 'understanding does not mean that we ever understand another person. On the contrary, we are able to understand through dialogue only what it is that the other person is saying. This understanding is always in context and never holds over time. In this sense, understanding is always a process "on the way" and never fully achieved. We only understand descriptions and explanations. We do not understand events because, in this view, there is never a single event to describe, and no particular understanding exhausts all the potential infinities of meaning' (Anderson & Goolishian, 1988, p. 377).

Developments in solution focused brief therapy - BRIEF

This movement towards leaving the problem out of the solution-focused discussion was continued at BRIEF, set up in London in 1989 as a training, coaching and consulting agency (Ratner et al., 2012). The founders of BRIEF, Chris Iveson, Evan George and Harvey Ratner; applied an 'Ockham's razor' approach to the tenets of SFBT: endeavouring to find out where the approach could be made simpler while retaining the same levels of efficacy observed at the BFTC (Iveson & McKergow, 2016; McKergow, 2016; McKergow & Korman, 2009; Ratner et al., 2012; Shennan & Iveson, 2012). In particular, the BRIEF approach – which has been coined 'SFBT 2.0' by Mark McKergow – has moved away from any inquiry about the nature of the client's complaint at all in the first session (McKergow, 2016; Ratner et al., 2012).

At BRIEF the focus shifted from 'What does the client want instead of the problem?' to 'What does the client want?' Rather than talking of goals, clients were asked, "What needs to happen for this to be useful to you?" (Shennan & Iveson, 2012, p. 287). Iveson noted that the building of rich descriptions by clients at BRIEF 'could not possibly be defined by the narrow

term *goal*. What, in fact, they were describing were entire ways of being, located within a hypothetical future. Seeing these miracle descriptions as preferred ways of living, the team began to refer to them as *preferred futures*' (Iveson (1994) quoted in Shennan & Iveson, 2012).

Responding to criticisms of the SFBT model

As with all therapeutic models, SFBT has been challenged and questioned, however the majority of criticisms appear to be based on misunderstandings or inflexible perceptions of the SFBT model. The first issue is that some critics seem to have not sufficiently understood the model, calling it problem phobic and suggesting that SFBT prioritizes minimalism above all else (Stalker, Levene & Coady, 1999), or that it is politically cynical, projecting 'a notion of caring and therapeutic action in the service of suppression and splitting, rather than a process that is revelatory and integrative' (Neves, 2016, p. 197). Lipchik rebuts this, noting regarding the work of the BFTC: 'Minimalism may have been interpreted to mean that all the therapist needs to do is to ask questions. Of course, that was never intended...We expected people who were going to learn our model to be skilled in establishing and maintaining a therapeutic alliance. Unfortunately, we did not emphasize that in the literature but concentrated on describing the new ideas' (Lipchik, 2011, p. 6). The second unconvincing criticism against SFBT is around brevity: these critiques tend to reflect a preference on the part of the writers for their own favoured modalities of therapy, which are generally problem-focused and lengthy in terms of the number of sessions clients attend (Neves, 2016; Koss & Shiang, 1994, as cited in Stalker et al., 1999). Other writers challenge SFBT's assertion that this modality can be applied with any client presenting problem (Stalker et al, 1999), arguing that 'No single modality or orientation is comprehensive enough to deal well with the variety

of problems patients bring to psychotherapy' (Pinsof, 1983, cited in Pinsof, 1994, p. 103), however little convincing evidence seems to be provided to support this counter assertion.

Simmonds (2019) notes that the nature of SFBT's rich language description means that to employ SFBT effectively is challenging when working with clients whose first language is not English, however SFBT is now practised globally in a wide range of languages. Simmonds' criticism, while valid in the context in which he was working, does not inherently fault the model.

To my mind the most compelling criticisms of SFBT have come from writers who have argued that the epistemological positioning of this modality does not sufficiently account for larger systemic difficulties and injustices that clients may be facing (McConkey, 1992). Luepnitz (1988) (as cited in Dermer, Hemesath, & Russell, 1998) criticizes modalities such as SFBT for being too goal-oriented and neglecting issues around the structure of families. On a wider scale there are societal structures: Bidwell (1999) asks 'How . . . can a person's inherent agency "solve" problems "created" by institutional racism? In what sense does an unemployed, uninsured homeless person have the resources necessary to combat a biochemical imbalance "causing" bipolar disease?' (Bidwell, 1999, p. 11).

I recognize the difficulties raised by these questions but note that all modalities could be challenged in the ways that they choose to address these. If a modality's approach is to challenge or seek to correct an issue, there is the question of whether the therapist actually perceives the situation accurately based on client disclosures; and following on from even supposing that the therapist *does* have an accurate perception of the problem, does the therapist actually have the capability to respond to the situation in better ways that the

client(s) might? In SFBT the counsellor does not presume to understand the situation nor to have greater clarity about what is occurring than the client who is actually living in the situation: instead, a deliberate non-expert position is held. This does not equate to ignoring the systemic structures within families and society at large but recognizing that in every situation the client brings their own expertise and that this is all the therapist has to work with. Solution-focused writers have acknowledged this issue: 'It's obvious and clear for everyone involved in therapy that the options are different for someone who is white upper middle class compared to someone who is an illegal immigrant with similar presenting problems. The possibilities are different and it would be naïve not to be aware of it - which is not at all the same as insisting that the bigger issue must be addressed before working with the individual case. On the contrary, progressing the individual case is one way of tackling the wider context' (McKergow & Korman, 2009, p. 41).

For my own part, recognizing the researched efficacy of SFBT (Gingerich & Eisengart, 2000; Kim, Jordan, Franklin & Froerer, 2019), I am prepared to recognize McKergow & Korman's comments above as one way in which the modality does have the potential to achieve positive effects within wider systems contexts even though it does not directly address these in ways that are practised in some other schools of counselling. In my own practice I continue to reflect on the questions raised by Dermer et al., (1998) and others, and consider how to hold these criticisms in some sort of reflexive tension with my solution-focused position when I am in session with clients. I recognize that there are times when I can and have moved from a solution-focused model in response to an awareness of systemic issues affecting a client: most often this has been around questions of safety. That said, I have still endeavoured to maintain a solution-focused stance in asking questions about the situation: I have asked the client for their considered and expert opinion about what they are

experiencing rather than correcting what I perceive as their lack of understanding. I seek to adhere to Eve Lipchik's admonition that 'therapists are human beings first, therapists second, and SFBT therapists last' (AFTA, 2020; Lipchik, 2011).

Grounding, Formulations and Presuppositions in SF conversations

Three important characteristics of solution-focused conversations are grounding, formulations and pre-suppositions, and as my study involves close analysis of the best hopes conversation, a brief examination of these is necessary.

Grounding

Within the epistemology of social constructionism, grounding is the process by which participants in a conversation continuously co-construct their common understanding – or ground (Bavelas, De Jong, Korman, & Jordan, 2012; Froerer et al., 2018). De Jong, Bavelas and Korman (2013) describe grounding as a three-part sequence:

1. The speaker presents some information.
2. The addressee displays that he or she understood it.
3. The speaker confirms the addressee's display of understanding.

The second part of the grounding sequence may occur concurrently with the first, as a listener gestures or provides linguistic or paralinguistic sounds (e.g. 'mm-hm', 'uh-huh') which enable the speaker to know that they are being followed (Bavelas et al., 2012; De Jong & Berg, 2013).

Formulations

Formulations are patterns of speech in everyday conversation which occur particularly in step two but also in step three of the grounding sequence, as one person responds to and

comments on what another person has said (Korman, Bavelas, & De Jong, 2013). Formulations can include paraphrasing, echoing and summarizing. (De Jong et al., 2013; Korman et al., 2013). 'In a formulation, as it usually emerges in psychotherapy, a speaker suggests the meaning—a candidate understanding—of the other speaker's prior talk. In doing that, formulations are selective (focusing on something, and focusing away from something else, that the interlocutor just said)' (Peräkylä, 2019, p. 262).

Solution-focused therapists' formulations tend to include far more of the client's own words than occurs in most other therapies and include fewer interpretations by the therapist of what the client said (Bavelas, 2012; Korman et al., 2013). Not only does this promote the sense that the client is the expert in their own lives; research has indicated that therapy is more likely to succeed the more the therapist's questions and responses are closely related to the client's last response (Beyebach and Carranza, 1997, as cited in McKeel, 2012). That said, formulations are not neutral and solution-focused therapists continuously listen for and select language that leads towards a description of the outcome the client is hoping for (their 'preferred future'), instead of the current situation they are experiencing (De Jong & Berg, 2013; Froerer & Connie, 2016; Iveson et al., 2012; Korman, 2017; Ratner et al., 2012).

Presuppositions

A further and crucially important feature of formulations in SFBT is continuous positive presuppositional framing of the therapist's questions. Presuppositions are what the questions assume and communicate the perspective of the questioner (Clark & Schober, 1992; Dillon, 1990, as cited in McGee et al., 2005). In SFBT sessions the presuppositions within the therapist's questions demonstrate the therapist's perspective that things can get better, the client is capable and has the resources that they need to move towards the outcome they are

looking for, and that positive changes in the client's life will be recognizable to the client and others (McKergow & Korman, 2009). McGee et al., (2005) note that presuppositions implicit in the therapist's questions introduce new information as well. An example is given where a client states, 'I used to be promiscuous but I'm not anymore.' The therapist responds: 'When did you decide to stop being promiscuous?' At an information seeking level, the therapist did not know when or why the client stopped being promiscuous; the client was the one who had this information and could provide it; but the presupposition introduces the idea that the client made a decision him or herself to stop being promiscuous, thus offering the client the opportunity to take credit for causing the change in his or her own life (McGee et al., 2005).

The 'best hopes' question

In 1998 at BRIEF the invitation, 'What needs to happen for this to be useful to you?' evolved further into the question, 'What would be your best hopes from our talking together?' (Iveson et al., 2012; Shennan & Iveson, 2012). Another similar variation has been proposed by Harry Korman who uses what he calls a 'common-project-question', along the lines of 'What needs to be different today or tomorrow - something small – as a result of you talking with me, for you to feel or think that it was a little bit helpful having talked with me today?' (Korman, 2017, p. 3) In a workshop in 2019, Elliott Connie described the discussion process of getting to a best hope as often involving a journey from the problem, to a goal, to the preferred outcome (Connie, 2019). A client may state that their goal is to control their bad temper, but to find the client's desired outcome involves a further question: 'What difference will it make for you, to be able to control your temper?' (Ratner & Yusuf, 2015, p. 7)

Unlike a goal, which tends towards an 'achieved or not achieved' outcome, a best hopes or common-project-question invites the possibility of noticing anything and everything that may be an indication that that hope is beginning to arrive, or – more likely than not – may already be at least partially present or developing in the client's life (Lipchik, 2011). The best hopes question seeks to elicit from the client the *outcome* they are hoping to achieve from therapy, as opposed to the *process* (Ratner et al., 2012). Framing the initial inquiry in this manner as opposed to asking about the problems the client may be experiencing, removes the expectation that the problems will be the focus of the discussion, and also presupposes that a hopeful outcome is possible (Richmond et al., 2014).

Rationale for opening with the best hopes question

In SFBT the best hopes or common project question for a long time has been seen as critical as, 'Without knowing what the client hopes the outcome of the session will be, an SFBT clinician has no idea what else should happen during the rest of the session' (Froerer et al., 2018, p. 32). Some solution-focused practitioners, in the interests of brevity, have experimented with beginning discussions without seeking to find out what the client's hopes for the taking are; arguing that the client only needs to have in their own mind something that they want to change, and that the therapist does not need to be aware of what this is in order to ask solution-focused questions (Oberbeck, Scott & Ribolj, 2021). My own experience from the beginning of my counselling practice is in agreement with Froerer et al, (2018): without a clear shared understanding of the outcome the client is seeking, the conversation lacks focus and depth, and can easily become saturated in the problem that brought the client to therapy, simply because no other vocabulary has been sufficiently elicited by the therapist. Chris Iveson describes the best hopes question as inviting the client to picture a future time when things are going better, emphasizing that SFBT is about moving towards a desired

outcome rather than away from a currently not wanted situation. Iveson illustrates this by pointing out the futility of getting into a taxi and responding to the driver's inquiry of where you want to go, by saying 'Not here!' (Iveson, 2020; Ratner et al., 2012). It is important to recognize that asking 'What are your best hopes from our meeting together?', is not just a question that anticipates a simple answer. The best hopes question is really just the opening of a discussion which builds towards a description of a preferred outcome (Hanton, 2011; McKergow, 2016). Clients regularly are somewhat surprised by this initial question, and often the first response the counsellor hears is, 'I don't know' or a statement by the client of the problem that led them to seek counselling (Froerer et al., 2018; Ratner et al., 2012; Shennan & Iveson, 2012). De Shazer's response to 'I don't know' at any stage of the discussion was to wait, anticipating that if he didn't respond and indicate acceptance of that answer, the client would offer something more, such as 'Well maybe…' (Korman, in discussion with Czerny & Godat, 2019, 11 December) The SF therapist always assumes however that the answer given is the client's best answer at the time and the right answer for them, so in these common situations the next approach is for the therapist to integrate the client's words into another question – which is a rephrasing of the original (Froerer et al., 2018). Thus, a client who says that they don't know what their best hopes for the session are, might be asked in response, 'If you *did* know what your best hopes were, what do you think they would be?' In this way the client is heard but the conversation is kept moving forward and the original question remains for the client to answer in another form (Connie, 2013; Froerer et al., 2018).

The original impetus for this study came out of my own practice as a trainee counsellor, where I was noticing that when I succeeded in keeping the focus on achieving a co-constructed best hope at the start of the first session, this generally seemed to result in more

positive outcomes overall for those clients, with fewer sessions being required before the clients exited from therapy. This seemed to resonate with the research of Pérez Grande (1991) and Rodriguez Morejón (1994) whose studies indicated that having well-formed goals established in the first sessions was associated with better outcomes at termination, as compared with cases where there were no clear goals agreed upon (Beyebach, 2014; Beyebach, Rodriguez Morejón, Palenzuela, & Rodriguez-Arias, 1996). It seemed appropriate to engage in a study that looked more closely at how this process could be effected successfully with more consistency. An additional stimulus came from my own frustration when I was initially learning how to become a solution-focused counsellor: I struggled to find clear examples of the actual process of a best hopes conversation unfolding that I could use to learn from. My hope in beginning this research was that other future trainees might benefit from some analysed case examples.

The roles of the therapist in the best hopes discussion

In asking the best hopes question, the solution-focused therapist must maintain a belief in the client's ability not only to articulate a best hope, even if their initial response to the question suggests that they do not know or do not possess such an idea. Persistence is required along with a strong element of trust that the client can and will be able to answer the question if the therapist can find a way to ask it in just this right way for the client (Froerer et al., 2018).

As the holder of hope, the therapist's role is crucial. Connie (2018) notes, 'Because this is a questions-based approach, and these questions must be based in the client's hope, clinicians using this approach must ask their questions from a place of hope. If the professional loses hope in the client or the client's capability, the questions they ask will also inherently change. If clinicians lose hope in their clients' abilities and strength, they may stop asking their clients

hopeful questions altogether' (Connie, 2018, p. 7). It is a tenet of SFBT that the client has the necessary agency and will be able to build their own pathways to reach their preferred outcome. The role of the therapist therefore is not to be the problem solver but the co-constructor of hope. 'The expertise of the therapist lies in having access to ways of talking with and thinking about clients that are associated with the client finding ways of resolving the problem that has brought them to therapy. The therapist's job is to build questions from the client's answers, most often incorporating their last words into a new question, which will lead the client to further self-discovery' (Ratner et al., 2012, p. 26).

As a counsellor I have often struggled with being able to maintain this level of belief in the capability of my clients to effect the changes they seek, particularly given their life circumstances. I accept that when I do this however, I am putting my own assumptions and negative presuppositions onto the client, and in fact adopting a position that I know what the client will or will not be able to do. Experience to date suggests strongly to me that I am a better therapist when I put doubts and awareness of the complexities of the problems aside and focus on asking good questions to a person who is far more capable than I and perhaps they themselves realize.

The therapeutic alliance

Numerous research studies have indicated that successful outcomes in therapy are enhanced by the counsellor and therapist establishing a positive, productive working relationship or 'therapeutic alliance'(Franklin, Zhang, Froerer, & Johnson, 2017; Lambert & Barley, 2001; Lambert, Bergin & Garfield, 1994; Teyber & McClure, 2005; Yalom, 2002, as cited in Goh, Skovholt, Yang, & Starkey, 2012; Bachelor & Horvath, 1999; Beyebach, Morejon, Palenzuela, & Rodriguez-Arias, 1996; Hubble, Duncan, & Miller, 1999; all cited in Lipchik,

2011; Streeck, 2008). The same is true in solution-focused therapy, however in SFBT less time seems to be spent endeavouring to establish such an alliance than perhaps occurs in other therapeutic schools. This study explores the opening part of the first session discussion between myself and four separate clients, the key period when a therapeutic alliance may or may not begin to become established. As this potentially affects and is affected by the best hopes conversation, exploring the research around the therapeutic alliance and SFBT is necessary.

One of the criticisms directed at SFBT is that it can come across as being too positive and that the therapeutic alliance may not develop because clients sometimes do not feel as though they have been listened to by the therapist (Lee, 1997; Lipchik, 2011; MacMartin, 2008; McKeel, 2012). As discussed below, I contend that these criticisms arise not from SFBT as a modality, but from therapists' – and particularly therapists new to the approach – misunderstanding of the positioning of SFBT and how to talk with clients using this method. My own position echoes that of Berg and Shafer who noted that, 'By asking about the client's desires and hopes for the meeting, the clinician immediately frames the meeting as potentially 'useful' to the client, not something that just needs to be tolerated' (Berg & Shafer, 2004, p. 12). This action, in itself, is possibly as effective at building a therapeutic alliance with the client as many other approaches to opening a session: a client who is able to grasp that the therapist means business towards helping them in the direction of what they want, would seem likely to be positively disposed to working with this person (Bavelas, 2012). The best hopes question is in itself a therapeutic intervention, engaging the client's problem-solving abilities and inviting their creativity towards co-constructing a preferred outcome (Bishop & Fish, 1999). It has also been demonstrated that hope and therapeutic alliance are strongly correlated (Magyar-Moe, Edwards & Lopez, 2001, as cited in Snyder, 2002). Froerer and

Connie contend that 'If SFBT clinicians stay true to the solution-building conversation an "alliance" will naturally develop as the client hears his/her words being used accurately by the clinician and thus will feel heard and understood by the clinician' (Froerer & Connie, 2016, p. 27). In addition, my own investigations appear to demonstrate that provided therapists utilize the formulation approaches previously discussed, clients both feel heard and are able to construct an understanding of their preferred outcome even if they initially were uncertain of what this might be.

Solution-focused therapists use what Maturana (1988) called *orthogonal interaction*: assuming that meaning is created within an interaction, if the therapist conducts the discussion in a way that creates opportunity for the client to respond in ways that are unfamiliar – or at the very least, taking the standard responses 'off the table' – then the interaction can perturb the client sufficiently to enable new ideas and possibilities to come forward, which can generate change in and of themselves (Maturana, 1988, as cited in Efran, 1994; Lipchik, 2011). My own experience in using SFBT with clients supports the premise of de Shazer et al, that even small perturbations can lead to clients being able to notice and effect significant changes in their lives (de Shazer et al., 1986; Lipchik, 2011).

It has been argued that such structured presuppositional questions 'force' clients to affirm the embedded premises, because 'the more deeply embedded presumption of client achievement conveyed by the question "What skills helped you be able to do X?" can be challenged only by responding in a manner that refuses to answer the question agenda' (MacMartin, 2008, pp 82-83). It is suggested that clients can and do therefore 'disaffiliate' with therapists by responding in ways that do not address the question (Cunanan & McCollum, 2006; MacMartin, 2008). The counter argument is that, as previously noted, because therapists are

always formulating and choosing which words they include and omit, no 'neutral' questions are actually possible (De Jong et al., 2013; Korman et al., 2013). My own position is towards a more constructive approach, as postulated by McGee et al. (2005): 'If the question asks about the client's abilities and solutions, then the client can provide evidence of these from his or her life. If the question asks about problems and pathologies, then the client is likely to join in and provide evidence that co-constructs a different view of his or her life' (McGee et al., 2005, p. 371).

MacMartin's (2008) study observed five different 'non-affiliative misaligned responses' by clients to therapist's constructive presuppositional questions, arguing that the clients 'resisted' the embedded assumptions within the formulations. Examining the transcriptions in the study however it seems to me that the clients are not 'resisting' but responding in ways that are appropriate in the situation as they contemplate the therapist's perspective and 'contemplate a new vista' (McGee et al., 2005, p. 378). The clients in MacMartin's study respond in ways that clearly demonstrate the journey from problem talk to solution talk as noted by Shennan and Iveson (2012), Ratner et al. (2012) and others; the process of which is the thrust of the present study.

What is particularly interesting about MacMartin's (2008) work that links to my own research is that she began her study in response to the difficulties trainee therapists had with clients not answering their 'optimistic questions'. Like myself, MacMartin opted for a conversation analysis study in the hope of assisting the training of future students. My own experience as a trainee counsellor echoed many of the situations described by MacMartin and also by Cunanan and McCollum (2006): I was asking solution-focused questions, but somehow I often struggled to receive the responsive answers I was seeking to these.

MacMartin sought ‘to explore the design of such questions and the misalignment of clients’ responses with their optimistic pre-suppositions’ (p. 81). My own understanding of the client disaffiliation through my training and growing experience is that it has not been the presuppositional questions themselves that are at fault, but the belief with which the therapist asks these, as has also been noted by Wampold, (2001) (as cited in Cunanan & McCollum, 2006). Trainee therapists can rattle off the words of the SF techniques they have been taught without necessarily having the confidence in the clients’ capability or their own capacity to assist the client to make change. Clients hear questions asked in such a manner as scripted responses rather than replies from a place of understanding and a co-constructed spiral of doubt can begin. In this space the client hears the trainee’s lack of confidence reflecting their own feelings about overcoming their problems, while concurrently the trainee desperately tries to keep the conversation optimistic because they do not sufficiently trust the method or the process.

Nylund & Corsiglia (1994) (as cited in Cunanan & McCollum, 2006) suggest that as understanding and integration of the philosophy behind SFBT grows, trainees’ perceived need to hold onto the techniques and questions like life-rafts diminishes, as does the risk of becoming ‘solution-forced’. The importance of the therapist’s belief in the efficacy of their approach is a small but significant factor in the effectiveness of therapy (Asay & Lambert, 1999; Lambert & Bergin, 1992). When the therapist *really* believes in the client, answers that MacMartin (2005) would term ‘disaffiliating’ are simply held as place-keepers until the client answers the question the therapist asked, as was demonstrated by Steve de Shazer to Harry Korman (Czerny & Godat, 2019, 11 December).

Holding the imperatives of absolute belief in the client and the importance of gaining a preferred outcome at the start of the solution focused process; my objective for undertaking the present study was to use conversation analysis to explore what is transpiring in the conversations I have with clients when they arrive for their first session of counselling with me. While in my own practice I have been aware of the importance of the best hopes question and the necessity of being persistent in seeking an understanding of the client's preferred future; I wanted to know how I was actually conducting these conversations with clients and whether the clients' responses to my formulations suggested that they did in fact feel heard, even as I endeavoured to be selective and solution-focused in choosing which words from their responses to build my successive presuppositional questions.

Chapter Three – Epistemology and Methodology

Epistemological and ontological position

'Qualitative researchers are typically expected to specify their philosophical and epistemological premises because these assumptions guide all aspects of the research project, including the choice of methodology, data collection procedures and analysis' (Gale, 1993; LeCompte & Preissle, 1993, as cited in Gehart, Ratliff, & Lyle, 2001, p. 262; Tseliou, 2013). Endeavouring to meet the above challenge requires acknowledging that my ontological and epistemological positions have been challenged and changed over the past four years by my journey into the world of counselling, and particularly by the worlds my clients inhabit. Encountering the concept of social constructionism was mind-bending. I struggled with aspects of the approach. I cannot comfortably accept the argument that there is no objective reality as put forward by 'radical constructionists' (Pistrang & Barker, 2010, p. 69), not least because maintaining that everyone creates and sustains their own reality and there is nothing other, would be somewhat at odds with continuing to hold a Christian worldview which posits an Almighty creating God. I agree with Rorty in valuing open-mindedness and respect for other meanings, but also not abandoning the exploration of universal narratives about our humanity, as, 'If we accept the radical social constructionist position and consider all views equal, then we yield to total relativity of values and do away with any place for teaching or therapy' (Rorty, 1990, as cited in Cantwell & Holmes, 1994, p.18) At the same time, I recognize that I am no longer able to maintain a philosophical position that sits with the concept of naïve realism: I accept that social constructionism *is* how people develop, change and grow their understanding of, and connections with, the world they inhabit and the people they share this with. I have come to understand that people view reality differently and that these realities are social constructed. I also accept that, 'co-construction is not a theoretical

option that a therapist can either adopt or reject as an epistemological preference. Rather it is the natural way that humans have learned to do dialogue.' (Bavelas, 2012, p. 154).

My current epistemological position sits largely with that proposed by Mays and Pope (2000), who argued that while all research involves subjective perception and that different methods produce different perspectives, there is an underlying reality that can be studied. Mays and Pope suggest that philosophy of researchers 'should be one of "subtle realism" - an attempt to represent that reality rather than to attain "the truth."'(Mays & Pope, 2000, p. 51) In terms of this project, the underlying reality being studied is how I facilitate the co-construction of discussions with clients around their best hopes and what their preferred outcome from their counselling experience might be.

Given what I have learned about how people create shared realities between them, an interpretivist paradigm is for me the only acceptable way of gaining useful understanding of what happens in a counselling setting. While exploring ideas of possible research topics, I was already aware that I would be looking at my own practice, and therefore I would be unable to separate my research from myself and my own presuppositions (even as these continue to change) (Tolich & Davidson, 2018). As I would be both the researcher and a participant in whatever study evolved, acknowledging my own preconceptions, biases, and assumptions at all stages of the process, as far as it was possible to do so, would be crucial to the credibility of the study (Bager-Charleson, 2014; Tracy, 2010). As an example, unlike many current practitioners of SFBT, I did not come to this modality from another method of approaching counselling, for example cognitive-behavioural therapy: SFBT is the modality in which I completed my counselling training. In consequence I have not had to wrestle with unlearning previous ways of working, but nor do I have another modality to compare my

current practice with. This probably means that I do not see the potential weaknesses of SFBT in ways that someone else might or perhaps see the commonalities in learning and adopting *any* modality. The other side of that coin, as I noted in my research journal, is that my own belief in the efficacy of SFBT could potentially blind me to what was happening between myself and the client or cause me to 'twist' the findings (hopefully only subconsciously) to fit a particular approach. Part of my rationale for choosing the research methods I employed in this study was to try to minimize this possible confirmation bias.

In approaching this research, recognizing the extent of my own privileged position as a Pākehā middle class male living in Aotearoa New Zealand has been and remains an uncomfortable ongoing journey. I am realizing more and more the scale of the systemic barriers which maintain a significant percentage of this country's population in spaces where they do *not* have the same options that I take for granted. It has been unnerving to begin to appreciate just how much the culture around me has created certain structures within my thoughts and core beliefs that until comparatively recently have gone both largely unnoticed and unchallenged. In acknowledging the structural biases that exist, I also accept, as mentioned above, I have blind spots, prejudices and preconceptions that I am largely unaware of, and that these undoubtedly have affected my choice of methodology. My own epistemology reflects my Western culture, my counselling modality was laid out by Americans and further developed by British and Europeans, and in using conversation analysis in this study (as will be discussed in the next subsection), I am adopting a process founded on studies conducted in English (Lester & O'Reilly, 2018). I am seeking to understand my practice better through atomized close analysis, reflecting a cultural understanding of learning; about the practice of a counselling modality that is inherently Western in its focus on the role of the individual in their own lives. Other epistemological

approaches would no doubt have drawn out and emphasized different elements from the data set.

In deciding to investigate the very first part of the initial conversation between myself and my clients, it seemed that a qualitative study was the obvious way to approach the topic. I did not have a theory or hypothesis to test, nor was I seeking a generalized finding that could be applied across multiple settings. I was much more interested in understanding – in depth – my own practice by examining my work with a small number of clients (Pistrang & Barker, 2010). One of my early questions was about what the upshot of the research might be. Pistrang and Barker (2010) noted that inductive qualitative research can be potentially valuable for generating theory. In beginning this research, I considered it only a possibility that my research would generate any significant theory that others might find useful, but I could see that an inductive study which enabled me to understand better aspects of my own practice, and what appeared helpful in my work with clients, would certainly qualify as a worthwhile exercise to undertake (Mays & Pope, 2000; Tracy, 2010).

Methodology

I opted to employ the tried and tested qualitative research approach of recording sessions with clients and transcribing those recordings. In terms of the data analysis, I chose to conduct conversation analysis of the sessions, principally because I wanted to find out what *was* happening in the conversations I was having with my clients, rather than what I thought was happening, or what the client and I might be able to recall occurring. By employing conversation analysis, I hoped to try to avoid confirmation bias or 'setting up' the participants towards particular responses, and also to minimize the impact of my own potentially unnoticed presuppositions or assumptions. The premises of conversation analysis are social constructionist, as 'the fundamental assumption of conversation analysis is that social action

and interaction are methodically produced by and for one another' (Garfinkel, 1967; Sacks, 1992; Schegloff, 2007, as cited in Heritage & Robinson, 2011, p. 15).

Any approach to data has its limitations: although the process of transcribing recordings in order to undertake conversation analysis is methodical and iterative, even with the best efforts and intentions, the resulting transcripts are not objective but rather a representation of the actual interaction that occurred (Ayaß, 2015). The researcher's assumptions on the object of the analysis become part of the analysis and in working with an audio recording alone, logocentrism is insurmountable (Ayaß, 2015). All I can do as the researcher is recognize that these unconscious interpretive biases exist as conversation analysis privileges linguistic communication over non-verbal communication and expression. In choosing conversation analysis to address the data generated in this study, I accepted these limitations because as a therapist still learning the craft, I was particularly interested in the verbal communication between myself and the clients. Like SFBT, conversation analysis is only concerned with what is said in a conversation: there is no speculation about the interlocutors' inner states or motivation. Generally, we cannot know what these internal states are and arguably they do not matter (Antaki, 2002; McKergow & Korman, 2009; Miller & McKergow, 2012).

The methodological perspective of conversational analysis is to assume that participants in a conversation never 'just talk', they are always engaging in purposeful social activities (Drew, 2015, as cited in Lester & O'Reilly, 2018; Madill, Widdicombe, & Barkham, 2001). These social activities are described as 'talk-in-interaction', as they are what the talk is *doing* rather than simply what the talk is *about* (Schegloff, 1999, as cited in Lester & O'Reilly, 2018). Conversation analysts note that in talk-in-interaction there are recognizable rules and conventions for interactional phenomena, and that these can be discovered, described and

analysed (Antaki, 2014; O'Reilly & Lester, 2019; Psathas, 1995). Beginning with Sacks, Schegloff and Jefferson's seminal 1974 study, conversational analysts have demonstrated conventions for turn taking in conversation and how speakers are able to gain and retain turns at talk (Hayashi, 2013; Lester & O'Reilly, 2018; Sacks, Schegloff, & Jefferson, 1974). Employing highly detailed transcriptions of recorded spoken interactions, conversation analysis has also explored how sequences of talk are formed, maintained, and redirected, including in therapeutic situations (Gale & Newfield, 1992; Lester & O'Reilly, 2018; Madill, Widdicombe, & Barkham, 2001; Stivers, 2013). Both turn taking and how sequences of talk are negotiated within the best hopes discussion were key focus areas for this study.

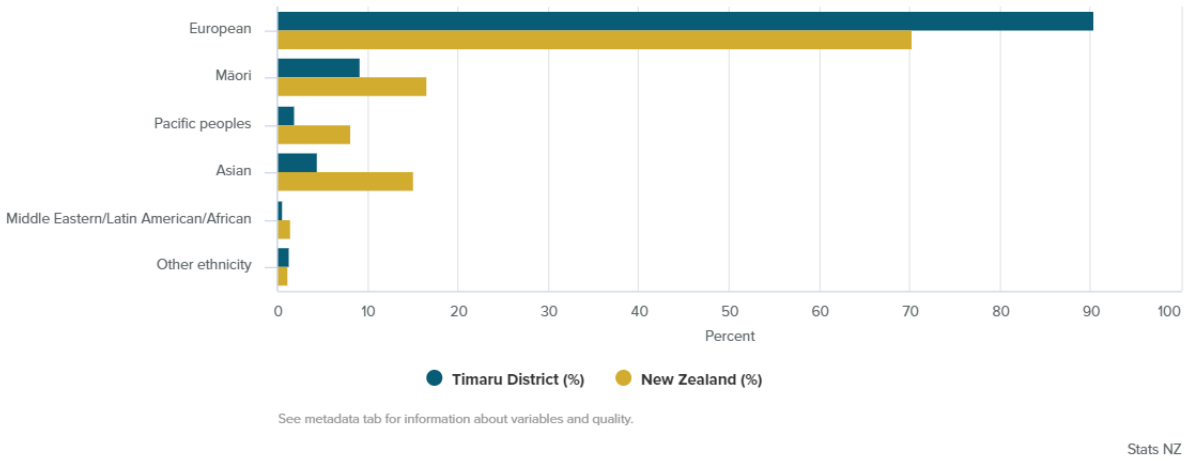
Conversation analysis of a counselling session does not focus on the efficacy of the therapy, or whether or not the client perceives the work as being useful; rather the question is always about 'how' the interactions are occurring, and the interactive production of what is happening between the client and the therapist. By analysing how conversations unfolded with four different clients about their best hopes from counselling, it was my hope that I might become more aware of the talk-in-interaction practices I employ and how a co-constructed best hopes dialogue between myself and the clients is effected.

Chapter Four – Method

Setting

I conducted my research in a social service agency where I have been working since completing a student placement in the second year of my counselling training. The agency is in Timaru, the city that is the hub of the South Canterbury region and in particular the surrounding Timaru District. According to the Statistics New Zealand data from the 2018 census, the population of Timaru District at that time was 46 296; 90 percent of whom identified as European, 20 percent higher than the Aotearoa New Zealand national average of about 70 percent. Timaru is also distinctive in having only nine percent identifying as Māori, significantly less than the national average of 17 percent (Statistics New Zealand). While in percentage still less than half of the national average, the city has a small but growing Asian population. The Pasifika population in the district is barely a quarter of the national average of around eight percent. Compared to the rest of country, the Timaru District also has a significantly higher proportion of people over the age of 40 (Statistics New Zealand).

Table One:
Ethnic groups for people in Timaru District and Aotearoa New Zealand, 2018 Census



https://www.stats.govt.nz/tools/2018-census-place-summaries/timaru-district

I do not live in Timaru, so I commute into the city to work at the agency. My own observations of the district over the past four years, and from discussion with clients and colleagues in this time, is that it is a socially conservative city. The predominance of a dominant aging New Zealand European population contributes to this: the city is very white, and a number of people have said to me that it tends to be 'insular'. It appears difficult for many people to connect into the community if they did not grow up in the city or nearby.

The agency in which I am working provides a variety of social services to the people of the city and surrounding region. Caregiver education programmes, social work, support to young families and counselling are among the services offered by the agency, and the overwhelming majority of these programmes are provided free of charge. The agency also operates a community food bank that clients of any of the services and other community agencies are able to access. Counselling is provided free of charge to people under the age or 18 (and in practice to those still at school) and also to people living in family situations with children or who have children under the age of 18. Services for individuals and couples in the community who do not have children living with them are provided at rates less than half of going rates for private counsellors, and on request these part charges can be further subsidized (often completely) because of financial hardship. As discussed more fully in the literature review section, the agency is run by a charitable organisation, and while receiving contracted funding from the Ministries of Social Development and Justice, among others, a substantial amount of the agency's ongoing costs and ability to subsidize so many clients is only possible through the financial support of the umbrella organisation (Angland, 2018).

Participant recruitment

In planning all aspects of the research that linked to contact with clients, I referred to the New Zealand Association of Counsellors *Code of Ethics*. In order to gain approval from both the University of Canterbury Human Ethics Committee and my employer to conduct the research study, a process was put in place to try to ensure that individuals contacting the centre seeking counselling would not feel pressured to participate in the study (NZAC, 2020, (11.2 (a)(b))). It was agreed that I would only be inviting participants who were aged 18 or over, who were seeking individual as opposed to couple counselling, and who were self-referring clients as opposed to being mandated to attend counselling by another agency such as Oranga Tamariki or Community Corrections. As I was only seeking four people for the study, it was agreed the participant clients would be self-selected, for the reasons discussed below.

After consultation with my university supervisors, I decided that four participants would suffice for the depth of study I was seeking to undertake. This number was a compromise: more participants would have given me additional data, but time constraints and workload issues meant that I might not have been able to give the depth of detailed analysis to the data generated that I wanted to be able to bring to this study. With four participants it seemed likely that I would be able to see emerging practices across the transcripts while also providing sufficient variation to throw up deviant cases. Given I was only going to have four participants, any attempt to find a 'balanced group' e.g. a variety of ages / ethnicities / presenting issues, was going to be somewhat meaningless, to say nothing of challenging. Equally, endeavouring to select participants who were outwardly similar, perhaps in age, gender and /or presenting issue, in the hope of being able to make some comparisons, was seen as undesirable: in a qualitative research study, a phenomenon is being explored rather than specific variables being examined. In this study I was not focusing on particular

presenting issues, but on the process by which I co-constructed conversations around the clients' best hopes. Furthermore, to attempt to select participants in such a manner would have extended the time required to complete the data gathering process greatly; I would have had to wait on clients who fit the criteria presenting for counselling and then hope that they would be willing to participate in the study. Another consideration was that possibly selecting certain presenting issues or perhaps a client age bracket I felt comfortable with, could result in missing useful information that might arise from different or possibly more challenging cases. In the end I opted to have the clients self-select due to pragmatism?: the first four people who agreed to be part of the study would be my participant clients.

People contacting the agency seeking counselling are generally placed on a waitlist after their details have been recorded by intake workers. As part of the agency's regular process with clients, a follow up call is made during which the person is given information about how long it might be before their referral is passed to a counsellor. Using a prepared script, one of my counselling colleagues making these calls also informed clients that one of the counsellors was undertaking a research project as part of a university qualification, and that if the person was interested in finding out more about the study, they would pass the client's contact details to me (a copy of the telephone script is provided in Appendix B). At this first contact, and indeed through the entire process, it was made clear to every person spoken to about the project that only a small number of participants was being sought; that there was no compulsion on their part to participate, and that the service they would receive at the agency would not be negatively impacted if they chose to decline.

I then contacted by phone the clients whose names were passed to me and provided them with a brief outline of the project and its aims. At this point no inquiry was made about

whether the person might want to participate in the study, but if the person was comfortable, for me to do so, I emailed them further information and agreed to contact them again a week later. This emailed information (copies of which are provided in Appendices C and D) also gave the person phone and email details for the practice leader at the agency, whom they could contact if they did not wish to participate in the study and did not want to have to explain this to me. The following week I contacted the clients again, and during this phone call asked them if they wanted to participate in the study. Again, it was emphasized that the commitment was not a binding one, and that participants would be able to withdraw from the study at any point up until my research analysis began, a minimum of two weeks beyond their recorded first session with me.

Over a three-month period, approximately 15 clients were spoken to by my colleague regarding participation in the project, and the names of seven individuals who had expressed an interest were passed to me. After speaking with me and being sent the written information via email, three of these people declined to participate in the study. The other four all readily agreed to take part when I spoke to them on the phone a week after my initial contact, and these individuals became the study participants.

As the study focused on the first counselling session, each participant client and I met briefly prior to the session beginning to ensure the client had the opportunity to ask further questions and to withdraw if they chose to do so. A written consent form was discussed, filled out and signed by the client and by myself (see Appendix E). I also reiterated that my role was to be their counsellor first and that their counselling would always be prioritized over the research objectives (NZAC, 2020, (11.4)). At this time, I also gave the participant clients a further information sheet about the ongoing processes of the study and went through this with them

to ensure they understood (Appendix F). Once the audio recording devices were switched on, the first session largely followed the normal counselling process that I would undertake with any new client. At the end of the counselling session, I explained that if the client was still happy to do so, we would spend a few minutes in a semi-structured recorded interview talking about what the client had noticed at the beginning of the session. The two key questions I asked the participants in these interviews were:

- 'At the start of the session what can you remember that helped you describe what you wanted from coming to counselling?'
- 'What - if anything - that I said or did was useful/helpful to you, or unhelpful, in this process?'

Prior to our second meeting I reviewed the same questions again with the client in case something else had occurred to them about the first counselling session in the intervening time. This second brief interview was also recorded.

The participants

All the participant clients were informed that any identifying details about them or their families would be removed or replaced with pseudonyms in the final report (*NZAC*, 2020, (11.3)). I had little knowledge and very few preconceived ideas about the clients who had agreed to take part in the study as each walked into the counselling room with me. The following short summaries effectively cover the same information I had about the participants in the study when we met for our first sessions:

"Jacquelyn"

A student in her last year at secondary school, Jacquelyn's referral noted anxiety issues.

"Kellie"

In her late 40s, Kellie is bringing up her ten-year-old daughter. Kellie's referral mentioned anxiety, carrying burdens, and feeling isolated with worries and stress.

"Tony"

Married with three children, 39-year-old Tony referred wanting to have better communication with his second son, "Kaydin".

"Rochelle"

In her mid-20s, Rochelle referred herself for counselling around severe anxiety which was interfering with her ability to parent her infant son "Tyler" in the ways she would like.

Data collection

Given the nature of the study required the recording of the very first session between myself as the counsellor and the participant clients, great consideration was taken regarding the collection of data. After much thought and consultation with both my supervisors and practice leader at the agency, I opted to use audio recording only rather than video-taping the sessions. Given that SFBT focuses on the spoken interaction and co-constructions between the client and therapist, it seemed that audio taping would be sufficient for the aims of the study, as well as being less intrusive for the client in a first session. The inductive nature of conversation analysis also meant that the two questions I prepared for the interviews which took place after the counselling sessions were broad in scope: as I did not know what the analysis would bring to light, I could only be general in the focus of my questions.

In addition to the audio recordings of the counselling session and the subsequent interviews, the only other data collected were my own clinical notes for the sessions, and my on-going reflexive and reflective research journal entries and notes. I expressed to the participants that they were welcome at any stage, before, during and after any of our talk that was recorded, to ask questions or make comment to me about any aspects of the research process and that I would note the content of these conversations to add to the data.

Analysis

After the second interview with each participant, I undertook the process of transcribing the recorded best hopes discussions from each counselling session using the Jeffersonian transcription system (Jefferson, 2004). I also transcribed the content of the two interviews I had with each participant. For the purpose of the study, I put the boundary of the best hopes discussion from the point near the start of the counselling session where I asked each client a variation of the question, 'What would be your best hopes from this conversation?'; to the point where, using key words from the discussion that described the client's preferred outcome from the counselling, I asked a question along the lines of 'If we were to have a conversation about [this preferred future as I've understood it] would that be useful?' In a solution-focused counselling session, once there is clear affirmative answer to that question, which BRIEF calls the 'contracting' question (Ratner et al., 2012) and Korman (2017) describes as gaining a 'common project'; the best hopes discussion is concluded, and the second part of the solution-focused session begins to unfold. The best hopes discussion was the part of each counselling session with my four participant clients that I transcribed and analysed.

Conversation analysis is a data-driven approach: it does not start with a hypothesis to be tested or a theory to examine, but with an open interest or question about the topic (Wooffitt,

2005). As such while the work generally has a focus, conversation analysis researchers seldom finalize their research questions until after the data collection and analysis takes place (Lester & O'Reilly, 2018), and this was certainly the case in my own work. Having completed the initial transcriptions, (although 'completed' is a loose term – every time I listened to the recordings, I found myself polishing small details in the transcriptions) I began the conversation analysis process described as 'unmotivated looking' (Hutchby & Wooffitt, 2008; Sacks, 1992; as cited in Lester & O'Reilly, 2018; Psathas, 1995). Unmotivated looking involves repeated listening to the recordings in combination with the transcriptions, and this iterative process promotes the noticing and following of a variety of interactional phenomena within the discussions (Psathas, 1995). I not only annotated every line of data, delineating the social actions being performed by the turns at talk, but also identified repeated practices appearing in the conversations.

It is in the nature of conversation analysis that the identification of practices within particular settings and contexts stimulates more questions. In the course of my analysis, I now have many more questions than when I started, which is also characteristic of the cumulative nature of conversation analysis (Potter, 1996; Psathas, 1995). In light of the practices my analysis revealed, there are other questions that I would have liked to have been able to ask my participant clients. The reality however is that these questions and possible answers would have to form part of a completely different study, very likely requiring a different method, as will be considered in the Discussion section of this thesis.

Ethical considerations

As noted above, I sought approval from the University of Canterbury's Human Ethics Committee prior to beginning the research. Among the core values and ethical principles of counselling outlined in the New Zealand Association of Counsellors *Code of Ethics* (NZAC, 2020), several ethical positions needed to be taken into account in relation to the study process I was proposing. The *Code of Ethics* states clearly that 'counsellors shall avoid doing harm in all their professional work' (*NZAC*, 2020, (4.2)) and that 'counsellors should promote and facilitate evaluation and research in order to inform and develop counselling practice' while 'counsellors should limit the demands of any research exercise to what can be justified in terms of benefit to individuals or the community.' (*NZAC*, 2020, (11.1 (a)(b))). While I considered my proposed study to be a worthy exercise in terms of informing and developing my own counselling practice, and potentially to be able to offer suggestions to other beginning counsellors in the future, it was difficult to demonstrate (prior to undertaking the research) how undertaking this work would directly benefit the participant clients; rather I felt I was asking a great deal of potential clients who had come to the agency in the vulnerable position of seeking counselling. After extensive consideration and discussion with colleagues and supervisors, I concluded that the potential benefits to future clients were sufficient justification to pursue the research, provided that as I was recruiting for the participants I explained clearly to these individuals my rationale for undertaking the study, and the reality that while they were unlikely to benefit directly from participating, if they chose to become part of the project, their involvement would potentially help my clients in the future (Richter, 2015). All four participants agreed to be part of the study with this explained, and two of the four said that potentially being able to help others in the future was a significant factor in their willingness to become involved.

The process to ensure that there was no coercion on clients who were asked about participating in the study was discussed in previous sections. The consent form clearly stated the process of the research and emphasized the individual's options for withdrawing from the study if they felt the need to do so, including prior to agreeing to participate, after agreeing to participate and once the recordings had taken place. I endeavoured to promote an understanding with the participants that their consent was an ongoing process rather than a single agreement, and that in their ongoing participation they were being invited to a sense of partnership and ownership of the research (Edwards, 2005; Guillemin & Gillam, 2004).

Another key ethical consideration was prioritizing my dual role in the study as both participant and researcher, which is addressed in the *Code of Ethics* in section 11.4. As discussed in the 'Participant Recruitment' section above, I emphasized to the participants that my first priority in our shared work was as their counsellor, with anything regarding the research subordinate to this. During the recorded sessions with the participants, I was acutely aware of my need to be a counsellor first and a researcher second; focusing on the core counsellor values of caring responsibly for the people I was working with and demonstrating at all times a respect for their personal integrity (*NZAC*, 2020, (3.4, 3.5)). No one other than me listened to the recordings, although participants were offered copies of their own sessions if they wished to have these (none took up the offer). In the transcripts of the recordings all identifying information about the clients was replaced with pseudonyms, and details of the agency in which I work have deliberately been kept vague beyond identifying its location as being in Timaru. In the appendices all the names, phone numbers and email addresses of people linked to the study at the agency have also been redacted.

As I was designing the project, I felt that it was a significant concession on the part of the participant clients to have their initial counselling session with me recorded and used for a study. I did not want to ask for more from these clients than their permission for the recording of the counselling session and the two short subsequent interviews, one at the end of the first session and the other preceding the second counselling session. The primary reason for this was that often the first session for counselling clients is significant in terms of beginning a change process (Lipchik, 2011): I did not want to risk interrupting the client's processing of their session with me any more than was absolutely necessary. I wanted them to leave the counselling session focusing on whatever it was – if anything – that they had found helpful / interesting / useful / thought-provoking from our counselling discussion. Even to conduct these two additional interviews to try to obtain some element of the client's voice in the study felt somewhat intrusive, however the cost of not seeking the participants' feedback was potentially too high: effectively any feedback the participants were able to offer me would be the only available external triangulation of the study's findings, as is discussed in the next sub-section, 'Ensuring trustworthy research'.

One of the other ethical questions in approaching writing up this research was the acknowledged difficulty of the participant clients' possible responses to reading about their work with me in a published document. While the anonymization of the clients' information was discussed extensively with each participant, clearly with only four participants, any of the participants could opt to read the finished thesis and easily recognize sections of their own discussions with me. In this case there is always the possibility that participants may feel exposed (even if no one but themselves is aware of the exposure) or unhappy with my editorial selections or analysis surrounding the talk (Furlong, 2006). In selecting the artefacts for inclusion in the finding and discussion section, I have endeavoured as far as possible to

choose material that demonstrates conversational intent of talk-in-action while minimizing potential discomfort for the participants involved should they read the completed text. These concerns are somewhat mitigated by the nature of my analysis: I am focusing on the process of how I co-construct conversations around the clients' best hopes and am not in any way making assessments about the clients or their mental health. At the same time, I sought feedback from my university supervisors around the artefacts selected and the discussion of these, with the aim that fresh eyes might see potential possibilities for inadvertent harm that I may have missed.

Part of the project design process also included ethical considerations in relation to cultural safety, as it was possible that one or more of the eventual participants in the study might have been Māori, or from an ethnic group other than Pākehā. In addition to my continuing efforts to become more culturally sensitive in my counselling practice, I considered how aspects of my research process could be carried out in a manner that respected and acknowledged the ethnic and cultural identities of the participants. Although it turned out that all four participants self-identified as Pākehā or New Zealand European, this did not mean that cultural safety was no longer a consideration: as my own counselling experience has grown, I am now recognizing that the cultural differences between myself and my clients may be more profound but less obvious than simple ethnicity. The NZAC *Code of Ethics* statement 5.2(d) that 'Counsellors shall avoid discriminating against clients on the basis of their race, colour, disability, ethnic group, culture, gender, sexual orientation, social class, age, religious or political beliefs or on any other basis', also applied to my research work. On several occasions I sought external supervision relating specifically to clients who were part of the study, but noted each time that the issues I was bringing to my supervisor were around my

own normal professional practice and were not causally related to the client's participation in my research project.

Within the space of working through the ethical considerations for the client participants in the study, I did have to keep in mind that I was the central participant in the research process as well as the researcher. In addition to my normal ongoing professional supervision, I remained in regular contact with my university research supervisors, and also had internal supervision through the agency.

Ensuring trustworthy research

While there is a lack of consensus about what exactly qualitative research is (Mays & Pope, 2000) there is an agreed need for researchers to be able to demonstrate that their work is of a quality standard and sufficiently robust to be considered worthwhile (Lester & O'Reilly, 2018). Gehart et al., (2001) state that the question when considering the validity and reliability of qualitative research is: 'for whom is it valid and reliable and for what purpose?' (Gehart et al., 2001, p. 266). In the case of my research, by following the criteria discussed below, my research will be valid and reliable firstly for myself in understanding better my own interactions with clients during the best hopes discussion; for the purpose of enabling me to review, reflect and improve on my own practice through greater awareness. My research will also be valid for anyone seeking a closely analysed, reflective case study of solution-focused work in practice, around the process of setting out 'goals' with a client for their counselling, and what has been observed by a practitioner to have been helpful in completing this action.

I have endeavoured to be both systematic and rigorous in my approach and to be clear in describing the procedures I have followed (Pistrang & Barker, 2010). Some of the criteria held up as useful for assessing validity in qualitative research are challenging with a conversation analysis study such as mine. Mays & Pope (2000) and Tracy (2010) recommend triangulation of the results via two or more methods of data gathering, and also 'member checking': seeking the participants' accounts of the research to see if these match that of the investigator. In terms of triangulation and member response, in addition to my recorded transcripts, I did interview each participant twice about their experience in their counselling session with me. Further methods of triangulation such as multiple data sources or triangulation with other researchers was beyond the scope of this research project as a requirement for a master's thesis. Mays & Pope (2000) also call for qualitative researchers to be clear in their exposition of their methods of data collection and analysis, which I have endeavoured to do. I have also sought to incorporate my own reflexive processes around all parts of my research, from the initial design of the study, through to the analysis and reflection on the data. Providing this level of reflexive sincerity is also important to establishing integrity in qualitative research (Mays & Pope, 2000; Tracy, 2010).

An obvious consideration is that I deliberately hold the solution-focused assumption that all clients who come to counselling have a best hope, even if articulating this may be difficult for them initially. I therefore ask my questions with that presupposition, and this undoubtedly affects the conversations that evolve between myself and the clients. As this study examines my own practice, I acknowledge this actuality, but determining its possible impact is largely beyond the scope of the present research. As an example, holding the assumption that the client does have a best hope to articulate likely enabled me to maintain persistence with one of the participant clients in the study when I was struggling to ask questions that enabled her

to express her hopes in our initial discussion. Perhaps another therapist might have given up, moved on or attempted another way of working with that client. It is possible on a different day I might have done the same. In terms of the present research however, all I am able to work with is what occurred in the recorded sessions.

There are other biases which I might have been less consciously aware of, but which also almost certainly affected the discussions I had with the participant clients in this study. Two clients who became participants in the research presented with issues linked to feelings of anxiety. In the weeks immediately prior to the recorded first sessions with these clients taking place, I had had two other clients who were not participants in the study, present with similar difficulties around anxiety. Both these clients had responded very positively to engaging in solution-focused discussions with me. I am sure that this made me more confident about my practice with the two participant clients in the study when they explained that anxiety was a problem for them. One of the things I also sought to be aware of was possible affiliation or disaffiliation with particular participants in the study. As the focus for the study was the very first minutes of the first session with each participant, it would have been unusual for me to have noticed a strongly positive or negative response to a client at that stage. Had this occurred however I was prepared to consider this when I came to analyse the data and may have spoken with my university supervisors about the possibility of bracketing that participant and bringing in a fifth client into the study. As it turned out, while I intellectually experienced varying levels of professional challenge conducting the four best hopes discussions with the participants, I did not find myself emotionally responding significantly more positively or negatively towards any of the four in that initial session.

Although as previously discussed conversation analysis is unavoidably logocentric, the approach is in itself a rigorous method of analysis because any conclusions have to be based in the details of what was actually said in the studied conversation (Dew, Dowell, Macdonald, & Stubbe, 2018; Madill et al., 2001). Potter (1996) identified four criteria for judging the quality of conversation analytic research, although he noted that not all would be evident in any one analysis. These are readers' evaluation, participants' understanding, deviant case analysis, and coherence (Potter, 1996).

Readers' evaluation: I have ensured that readers have access to multiple examples of extracts from the transcripts, and my own analysis of these, so that anyone reading this research can see from where I am drawing my conclusions (Madill et al., 2001; Potter, 1996). Providing this 'thick description' is an effort to enable readers to be able to reach their own understandings and conclusions about what was happening in the sessions (Tracy, 2010).

Participants' understanding: Through breaking down the turns at talk I demonstrate how the client participants, as well I myself as the counsellor, were making sense of the matter at hand as the conversation sequences and paired actions unfolded (Madill et al., 2001). A key aspect of this in conversation analysis is the 'next turn proof procedure', whereby an interlocutor's understanding and interpretation of a previous turn at talk is demonstrated by their next turn response (Psathas, 1995; Sacks et al., 1974). As an example, a question such as: 'Have you got the scissors?' can only be demonstrated to have been understood as being either a request or an accusation, by how the recipient of the question responds ("No I haven't" as opposed to, "Don't blame me because you can't find the scissors!") (Stivers, 2013).

Deviant case analysis: I have demonstrated instances where the conversation did not follow the patterns noted elsewhere. These are important in conversation analysis as they provide proof that the general pattern of practice observed elsewhere is 'normal', particularly as interlocutors react to repair / manage / justify the situation, which is indicative that this deviant case is not the regular pattern (Lester & O'Reilly, 2018; Maynard & Clayman, 2003).

Coherence: 'Coherence refers to the ability of an analysis to inform practice, build on past research, and contribute to the development of new research' (Madill et al., 2001, p. 430). My study continues to inform my own work as I continue to develop my practice as a counsellor and appears to align with the work done by other researchers including Froerer & Connie's (2016) Delphi study on solution building. This has been an inductive study: I began knowing only at a fairly superficial level of my own competencies and practices in session with clients. This study potentially offers a number of future avenues for exploration, which are detailed in the Discussion section.

I have endeavoured throughout the study to ensure the validity and rigour of my work by cross-referencing the work of other researchers and the criteria they have proposed for conducting defensible qualitative research. In seeking to meet as many of these criteria as I can, I have tried to improve the trustworthiness and validity of my study. In doing this I have also found the coherence of my work has been enriched.

Chapter Five – Findings

Introduction

The premise of conversation analysis is that social actions are achieved through talk-in-interaction, and that this process has conventions which can be studied and practices which can be described (Antaki, 2014; O'Reilly & Lester, 2019; Psathas, 1995). Beginning this study, a key consideration was around what was happening in my own work with clients at the beginning of the first counselling session: I wanted to know whether and how was I facilitating effective talk-in-interaction, and what if any turn taking sequences seemed to be effective in moving the conversation forward.

As noted in the previous section, transcribing the recordings of the best hopes discussion using the Jeffersonian transcription method was a time-consuming task, but at the same time this aided my familiarisation with the data set (Antaki, 2002; Lester & O'Reilly, 2018). I followed the detail of accepted conversation analysis transcriptions, including noting the intonation and pitch of the recorded talk, gaps and pauses in speakers' talk, and also paralinguistic features such as breath sounds and laughter (Hammersley, 2010, as cited in Lester & O'Reilly, 2018). I also used a transcribing system with software that enabled me to be precise in capturing the length of gaps in speech, and where overlapping talk and 'latching' (the absence of a normal 'gap' between turns) occurred. All of these features are important to understanding how speakers orientate and co-ordinate their talk and understand each other's meaning (Hepburn & Bolden, 2013). Psathas and Anderson also warn however that the transcripts, despite the best efforts of transcribers, are only ever a 'representation' of the actual interaction (Psathas and Anderson, 1990, as cited in Ayaß, 2015). Not everything is captured, and with an audio recording, all the visual aspects of interactions are largely lost

(Mondada, 2008). In looking at my data therefore I cannot say definitively 'this is how it was', but I am able to make general statements about my findings based on my repeated reviews of the tapes and continued revisions of the transcriptions.

Through the process of conversation analysis three key practices emerged which illustrate my intentional efforts to regulate the best hopes conversations with the four participant clients: my deliberate actions in the process of turn taking, my management of clients' storytelling sequences, and my use of pre-expansions in framing solution focused questions. I have organised the writing of these findings around these three practices, before discussing the feedback I received from the clients in the post session interviews regarding their experience of the best hopes conversation.

I have rendered the nine extracts in this Findings chapter in the Jeffersonian transcription notation which is explained with examples in Appendix H. In the analysis sections which follow each extract I have generally not used Jeffersonian notations but have provided reference line numbers and also italicized the words which were spoken by the participant clients.

How I gained and retained turns at talk in the beginning of the session

With reference to three extracts, in this subsection I demonstrate how in the best hopes discussions with my participant clients, I used different linguistic and paralinguistic practices in order to be able to gain and retain turns at talk. When I began transcribing the sessions, I was surprised to discover many patterns of speech and turn constructions that I was not fully cognizant of employing until I began to look at them. One of these is my use of the appositional 'So' and a connected pronounced inhalation or exhalation of breath, leading into

a pause. Observing multiple instances of this practice it is clear that these 'pre-beginning elements' (Hayashi, 2013, p. 174) were signalling to the clients that I was about to ask them a question intended to move the discussion forward (as opposed to merely seeking additional detail.) I employed this practice when I was seeking more development from the clients in their answers, and/or to refocus the client's discussion towards their preferred outcome.

Extract 1 - Jacquelyn

This first extract below occurred at the beginning of the session with Jacquelyn as I asked the best hopes question and in response to the client's responses, asked a second question.

1	Counsellor		So↑ hhhh (1.8) ((tut)) Jacquelyn I guess ↓my very first question=
2	Jacquelyn		=mm-hm
3			(.3)
4	Counsellor		↑i:s (1.6) what's your <be:st↓ hope> (.) from coming to see me today (.)
5			°>from our conversation<°=
6	Jacquelyn		=Umm↑ (1.2) Probly: (.7) jst tï get (.) sim (1.1) u:m (.) advi:ce on .hh (.5) sortiv
7		⊤	hh jst howta(.)feel betta=
8	Counsellor	|	=↑mhm↓= ((affirmative noise))
9	Jacquelyn	|	=°wiv°=
10	Counsellor	(1.0)	=°mm° ((affirmative noise))
11		|	(.)
12	Jacquelyn	⊥	>know(.) y'know< genral well-being ïn↑=
13	Counsellor		=Ri:ght .hhh (.4) °okay°. .hhh So
14			(2.0)
15	Counsellor		.h L-let's just say I was able to give you this-this advice=

16 Jacquelyn =[mm-hm]

17 Counsellor [t h a t]was ji<u>s</u>t going to be ji<u>s</u>t right. .hh

18 (.9)

19 Counsellor W hhhh (.) What would be: >y hope to come out of that advice? Wha-wo-

20 wo (.) wha-w-wb'=how would dju<n<u>o</u>tice iddid been (.) helpful?=

Analysis of extract 1 – Jacquelyn

In this extract, line 1 marks the beginning of the therapeutic discussion after initial small talk. I had just asked Jacquelyn if she was happy to make a start and she'd replied affirmatively. There was then a brief exchange as she worked out where to put the folder with the paperwork she had just filled out. Once we were both settled, my 'So' and exhalation in the first line of the extract indicated my taking of the turn; I was deliberately emphasizing the question structure that I was about to employ with the 1.8 second pause. In line 4, 'Is' is the completion of preface to the question begun in line 1, and the following 1.6 second pause acted as an emphasizing colon to the question which followed. With these pre-beginning elements I was seeking to have Jacquelyn really listening to what was coming next, which was an inquiry about a positive forward looking (solution-focused) outcome, as opposed to what she might have anticipated: a 'What brings you here today?' question. 'Best' is an unusual word to put at the start of a counselling session when the client is coming to talk about something that isn't going well for them. In the question I slowed my speech, lowered my pitch and placed emphasis on the words 'best hope', and particularly on 'best'. In this question I was forming the first part of an adjacency pair. I also presupposed, as is standard in SFBT, that Jacquelyn had a best hope that she was going to be able to articulate, even if not immediately. The insert expansion qualifier: 'from coming to see me today – from our conversation' indicates that my question wasn't about the client's best hope per se, but the

best hope that she might have been able to anticipate emerging as a result of our conversation.

The client's adjacent pair answer response developed between lines 6 and 12. The hope she expressed in line 6 was that she would get some advice on how to feel better, and in line 12 something about '*general well-being*'. My responses in lines 8 and 10 were affirmative paralinguistic noises, however in line 13 my elongated 'Right' latched to the end of Jacquelyn's response in line 12. By latching to Jacquelyn's response with the elongated 'Right', I immediately closed off any reasonable opportunity Jacquelyn might have had to continue her thoughts in line 12. The word 'Right' followed by the intake of breath, pause and 'okay', indicated to the client that I had heard sufficient information from her, from what she had said, such that I was able to respond. I retained the turn much as I did in line 1, and then with a further intake of breath I indicated another question was coming with the appositional joining word 'So'.

The 'So' linked what had previously been said to the question I was about to give Jacquelyn. While there was a two second pause at line 14, my stressed 'So' at the end of line 13 indicated that I was retaining the turn, and hence the control of the direction of the conversation. It would have been difficult for Jacquelyn to have spoken into this pause without breaking the conventional rules of conversation. She could have done this but would probably have felt obliged to explain her reason for interrupting and taking the turn from me at that point. The pause, as noted, seemed to be something that I employed regularly in conversations as a preface to offering a new question to clients. From the recordings and the transcripts, it was sometimes difficult to draw a definitive explanation of the intent of different pauses. At various times a pause seemed to be a space in which I collected my

thoughts in order to formulate the best question I could, however at other times the recording suggests I used a pause to slow down the pace of the conversation and to ensure that I had the client's attention on me as I prepared to ask the next question, which occurred here in lines 15, 17 and 19-20. While the immediate intent of each usage differed, my deliberate pauses – observed in all four of the recorded sessions – invariably sought to ensure that I retained both the turn and hence control of the direction of the conversation.

Extract 2 – Jacquelyn

This second extract comes from about midway through the best hopes conversation with Jacquelyn. Earlier in the discussion I'd asked her, 'So what would be the things you wanted help with, long term if this [conversation] was useful?' Jacquelyn had responded '*Um . . . probably just tips on how to keep my mental health in check – you know?*' We had laughed about this description and explored what she had meant by 'keeping her mental health in check', and our shared construction of what Jacquelyn meant by this became a shorthand we were able to use in later parts of the discussion, as occurred below as I used a common SFBT question construction to find out 'What else?' Jacquelyn wanted or would notice, with the aim of enriching the description.

1	Counsellor	=Right. Okay yeh .hh what ↑El<u></u>se would you be hoping would-er (.)
2		h<u></u>appen wn your m<u></u>ental is-<u>is</u> in check °as it were°=
3	Jacquelyn	=.hh U:mm (1.4) jst (.3) <u>y</u>'know (.7) feeling more confident (.) °i[t's°]
4	Counsellor	[<u>m</u>m] hm
5		(.)
6	Counsellor	yep.
7	Jacquelyn	c-U:m (.3) not so str<u></u>essed

8		(.)
9	Counsellor	.hhh r[i: g h]t
10	Jacquelyn	[°m-°]
11	Counsellor	So if you were <con<u>fident</u>> what would you be noticing instead of feeling
12		stressed?
13	Jacquelyn	U:m (1.3) I t<u>hi</u>nk jst like (3.9) sortiv: °oh h what's the word° U:m (1.2)
14		like (h)um(h) .hh being able t'(1.1) jst (.7) not really <u>wo</u>rry about what
15		other people (.8) think an-um jst .hhh
16	Counsellor	°mm-hm, m[m-↑hm]°
17	Jacquelyn	[j s t] carry on an-
18	Counsellor	yea↑h
19	Jacquelyn	.h ye↓ah.

Analysis of extract 2 - Jacquelyn

The opening of line 1 'Right. Okay yeh' connected to the previous part of the discussion as Jacquelyn had just confirmed my paraphrased understanding of her previous comment, and I was confirming her confirmation with her. Lines 1 and 2 form the part of a question / answer pairing as I asked Jacquelyn what else she was hoping would happen as an outcome of this space we were discussing at a time where her mental health 'would be in check'. I emphasized the word 'else' with a stressed rising inflection as an indication that I was seeking an answer from Jacquelyn that was different from or at least in addition to what she had previously shared with me. My quiet post-expansion 'as it were' was an acknowledgement of my use of her words and our tacit understanding that this was her shorthand code, rather than me imposing the idea that somehow Jacquelyn did need to get her mental health controlled in some way. Jacquelyn's immediate response (line 3) with an

intake of breath and appositional '*Umm*' took and then retained the turn while she held her thinking space, indicative that she had understood the question as I had posed it, and that she did not require further elaboration from me. After a brief pause, she then used the pre-start construction that she often favoured, '*just ... y'know*', before supplying the answer to my question: that when this happened, she would be feeling more confident.

Jacquelyn left a gap after the word '*confident*' forming a transition relevance place (TRP) (a 'place in a turn at talk where the conversational floor can legitimately be passed from one speaker to another' (Lester & O'Reilly, 2018, p. 31)) and I spoke into it, acknowledging her response. My response (line 4) was a 'mm-hm', which across my transcriptions was a response I invariably used to indicate hearing and understanding, but also an invitation for the client to continue. In this instance however a turn initial overlap occurred as Jacquelyn began a continuation. A gap followed in line 5 as Jacquelyn aborted her turn at talk due to the overlap. In line 6 my 'yep.' was an indication of passing the turn back to her. In line 7 Jacquelyn then provided a post-expansion of her answer, noting that when 'her mental health was in check', she would not be so stressed. The gap in line 8 was a TRP and in line 9, as in the previous extract, my long intake of breath and elongated 'right' were indicating that I had heard enough to begin to form another question. Jacquelyn's overlapping quiet '*m-*' in line 10 was almost a full stop to her expansion in line 7. This sound suggested Jacquelyn was not intending to take the turn here, rather this paralinguistic interjection seemed to have been an indication that she was happy for me to take the turn and ask her another question.

In line 11 I again employed the appositional 'So' and posed to Jacquelyn what is almost the standard SFBT question when a client says something that they don't want: what do they want to have instead of this. I constructed this question around the presupposition that if

Jacquelyn was to find herself feeling confident, then she would notice different things instead of the feelings of being stressed. Jacquelyn thought aloud as she worked her way towards providing an answer to the question over the next three lines. Her point that she would not really worry about what other people thought was still a construction framed in the absence of something rather than a mathematically positive outcome (Connie, 2019). My 'mm-hm's in line 16 were encouragers, acknowledging what I'd heard, but seeking more from Jacquelyn. The overlap with line 17 indicated that Jacquelyn understood that I was acknowledging what she'd said, and that I wanted her to continue with the turn. In line 17 Jacquelyn expanded her answer with '*just carry on and*', but she misinterpreted my 'yea↑h' in line 18. The implied question from the rising inflection in my tone suggested that I was encouraging her to develop the answer further, but in line 19 Jacquelyn's falling '*ye↓ah*' indicated that she had likely heard my 'yeah' as a show of understanding, and therefore ended her expansion. Whether consciously or unconsciously aware of the process, throughout our discussion Jacquelyn generally affiliated with my managing of the turns at talk through using 'mm-hm' encouragers, and elongated 'Right's to flag when I was about to ask another question. My focus was generally about keeping the conversation moving forward. With other participants however, my management of the turn taking was more about trying to keep the conversation moving towards a best hope, and while my turn taking management practices were evident in these discussions, the clients did not affiliate with these in every instance.

Extract 3 – Kellie

In conversation analysis the proof of a practice is often provided by non-standard or 'deviant' examples where what is normally expected of a practice does not happen. The extract below occurred six minutes into the conversation which had begun with me asking Kellie the best

hopes question. In our discussion prior to this extract I had employed appositional ‘So’s on four previous occasions as prefaces to offering Kellie a new question, and on each occasion she had ceded me the conversational floor. In response to Kellie’s non-affiliation with my turn taking management strategies that occurred in this sequence, I modified the way that I constructed my questions for the rest of our discussion.

1	Kellie	=It hurts a lot=
2	Counsellor	=m
3		(.4)
4	Kellie	It hurts
5		(2.0)
6	Counsellor	S[S-]
7	Kellie	[↓°h]eapss°=sorry I just feel re[all]y=
8	Counsellor	[no] [°(’sawrigh)°]
9	Kellie	=.hh [° l i k e °] it hurts so ↑bad .hhh I
10		had (.5) two months ago (.) j-the end of (.6) July: (.4) till probly two
11		weeks ago: .h I had a massive fucken mental breakdown=
12	Counsellor	=°hm° .hh S[o-]
13	Kellie	[o]n ma o::wn
14	Counsellor	Hh
15	Kellie	=becoz of (.3) the way I was .hh Not tree:ded .hh I’m (.) gotta be
16		responsible for half of meeting him there=>I mean<(.8) this is not all
17		himm
18	Counsellor	°↑m↓m°
19	Kellie	U:m

20 Counsellor ↑So(.4) e- (.6)< How didju pull yourself out? What (.)=>y'know<you've

21 had these two months (1.1) ho:w wassit that you were able to (.) pull

22 yourself out? A[nd what-h]ow can I help?

23 Kellie [. h h h h] Because I've seen what my (.)

24 ancestors have been through

Analysis of extract 3 - Kellie

In lines 1 and 4 Kellie was reiterating the depth of residual mental distress she was still experiencing after extricating herself from a relationship with a man who had caused her a great deal of emotional harm. The two second pause at line 5 was a clear TRP and I attempted to begin my next question at line 6 with an appositional 'So'. Kellie then overlapped with an expansion of her statement from line 4, resuming the turn in doing so (Hayashi, 2013). I had aborted my pre-starting 'So' and Kellie's awareness that she had deliberately spoken over me when I had begun speaking was evidenced by her latched apology: '*sorry I just feel really*'. This was an indication that she had become aware of how I preface my questions, but unlike previous occasions in this instance she had acted to prevent me from taking the turn even though the TRP had created a space where I could do so. An apology, like a question, is ostensibly the first part of an adjacent pair, but Kellie's apology in line 7 appeared to be a conversationally perfunctory repair intended to give her a licence to continue to hold the turn. This is evidenced as while in line 8 I provided the expected second part of the pair, 'It's all right', Kellie did not even pause for breath before beginning a storytelling sequence which was continued in lines 9-11.

At line 12 I attempted for a second time to take the turn with the opportunity provided by the TRP at the end of line 11. I used the pre-beginning elements of an intake and 'So', but in line

13 again Kellie overlapped my speech and took the turn. My exhalation in line 14 sounded clearly like an expression of resignation. Kellie resumed her storytelling through lines 15 and 16. My acknowledgement in line 18 of what she had just said was quiet and not suggestive of any encouragement for her to continue. When Kellie said '*Um*' in line 19, I mentally called that a TRP and with a rising appositional 'So', took the turn (line 20) and asked Kellie a question hoping to find out about the resources she had used to pull herself out of the mental breakdown space that she said she had been in for the past two months. In the transcript there is no intake of breath and while there is a pre-start aborted 'e-' in the brief gap after the 'So'; I clearly had no intention of allowing Kellie to usurp the turn from me at this point. Looking at the remainder of the entire discussion with Kellie after this exchange I can see that I made deliberate efforts not to 'preflag' questions, and to avoid leaving gaps, let alone pauses, near the start of my questions that she might claim as TRPs.

The other interesting aspect of lines 20-22 in this extract is that I asked Kellie two questions in one turn at talk. This was the only time in any of the transcripts that I did this. In lines 20 and 21 I asked her how she had pulled herself out from where she was, and in line 22 – somewhat plaintively – I enquired about my role; changing my question mid-sentence from 'what [can I do to help]?' to 'how can I help?' (which is definitely not a standard solution-focused question!)

This third extract appears to illustrate that Kellie had provided a 'non-standard' response: from her earlier responses and the experiences I had had with other clients, I evidently expected her to continue to cede me the turn in response to my pre-beginning indicators. When Kellie stopped affiliating with my conventional turn-acquiring practices, it seems that I – largely unconsciously – started trying other things to try to regain the turn and a sense of

direction to the conversation, in this extract aborting my pre-beginning flags and finally asking two questions in the one turn.

The three preceding transcripts illustrate some of general practices by which I acquired turns-at-talk in my sessions with the participant clients through the use of language and paralinguistic techniques. When clients did not affiliate to these practices I opted for other approaches. Unfortunately because the clients in this study usually affiliated strongly to the ways I acquired turns at talk, the transcripts did not have sufficient instances of me dealing with non-affiliative responses to be able to identify 'regular' compensatory practices in response to client non-affiliation.

To facilitate the conversations continuing to move forward however, I also had to manage extended turns at talk by the clients, called 'storytelling'.

How I proactively managed clients' storytelling sequences

'Storytelling' in conversation analysis is a term that denotes not merely the relating of narrative: any extended discourse such as reporting, offering an opinion, providing information and the like, may be considered 'storytelling' in this context (Maynard & Clayman, 2003). Compared with adjacent pair formulations in conversation (e.g. 'question and answer', or 'apology and acceptance') storytelling has different conversational rules. Turn taking norms are suspended once the person has gained the floor and has the expectation that they will be allowed to bring their telling to completion (Mandelbaum, 2013, as cited in Stivers, 2013). In my analysis of the four best hopes discussions I recorded, it became clear that I only sometimes followed the conventions associated with being the recipient of a storytelling sequence. My focus was on co-constructing a discussion that

enabled the clients to describe the outcome they were seeking from their conversation with me, and with this focus I had supported clients to develop particular stories while other accounts I had curtailed. What seemed to be a key factor was whether the stories contained elements that resonated with a solution-focused stance or not. Stories that demonstrated the client's strengths, capabilities or resources I generally encouraged clients to continue as their discussion tended to bring them closer to being able to articulate their best hopes. Stories that focused on negative situations, people other than the client, or histories linking to a problem; I tended to redirect, often by employing a disrupting question about what the client would prefer to be seeing (the SFBT 'instead' question). At times I also did not provide the expected affiliative non-verbal responses to particular narratives, which also tended to lead the client to end the account or change the direction of their discussion. As each of the conversations developed I adapted my responses to clients and their stories: Rochelle's stories tended to be developing narrative responses to my questions, and I generally encouraged her to continue; whereas I quickly learned that Kellie's stories were almost invariably tangential to the conversation, and as the discussion progressed I became much more assertive in closing some of these accounts down and redirecting her to the question I'd asked. Although I can recall making certain deliberate choices within the session, particularly with regard to my efforts to manage the tangents of Kellie's conversation, the majority of the adaptive responses I employed I only became fully aware of during the process of analysing the transcripts. Reflecting on the sessions with the transcripts, I was able to remember that I had let Rochelle's stories develop, but had I been interrupted in the session itself and been asked my rationale for doing this, I think I might have struggled to articulate a good answer. Quite often it seems that I was 'going with my gut', or 'following a hunch', in the decisions I made about whether or not to intervene during a storytelling sequence.

Extract 4 – Rochelle

In response to my initial best hopes question Rochelle said that she wanted to make progress with herself, and immediately began a two-and-a-half-minute narrative explanation of what had led her to seek counselling. My contributions throughout were predominantly paralinguistic encouragers like 'mm-hm'. During her narrative Rochelle moved from second person descriptions of herself: '*It's like when you go through a relationship, and you don't realize how toxic it is until you come out the other end*'; to first person ownership of her story: '*I've come out of the other end of the relationship, and I've come to realize that he was very controlling*'. I simply continued to make encouraging noises until Rochelle talked herself to a description of a possible preferred future. The extract below is the last part of Rochelle's initial storytelling sequence.

1	Rochelle	[. h h h] A::ndthh thee confidence I used to have with myself a::ndt even
2		doing things u:m hïs ↓gone. .hh
3	Counsellor	mm-[hm]
4	Rochelle	[I::] find it hard tï (.6) hh wll not hard but .h makes me (.) hh >I do<I
5		don't know what the c'rrect word would be, but .h jst >Getting it in the car-
6		putting my son in the car an' going to the supermarket< .h
7	Counsellor	°mm-hm°=
8	Rochelle	=I find ↓that (1.2) a↓lo:hne (.) I have to motiv-motivate myself t'do .h
9	Counsellor	Mm
10	Rochelle	Andt (.) I >don't wanna be like that I wanna be jst< (.) I think I need
11		go-the supermarket oh okay I'll just >put my son in-th' car an' go< .h
12	Counsellor	°(oka[y)°]

13 Rochelle ['f I] want tï (.8) get things done, come intï town even parallel

14 parking, the thought of it ↑terrifies me coz ((laughing)) I can't do it! .hhh

15 Counsellor Yeah, ah, you're not alone on that count, I cïn assure you on that last one,

16 [yeah]

17 Rochelle [.hhh] it's jst my confidence is ↓go:ne [I]

18 Counsellor [ok]ay .h[h So ((clears throat))]

19 Rochelle [even °°yehhh-ah°°] .hh

20 Counsellor You're ↓living with this level of anxi:ety, an' you've (.5) yeah >sortiv said

21 there-(yeh) thït< you wanna be able t'jss sortiv .hh (.2) y-say 'Right, >we

22 need t'go shopping< (1.1) in car, let's go' >sorta thing<

23 Rochelle °yep°

24 Counsellor You:r son's name is?

25 Rochelle Tyler.

26 Counsellor Tyler [°that's r]ight° okay .hh So=

27 Rochelle [y e s] My [boy]

28 Counsellor =>[T y]ler in the car yep let's-it's-let's

29 go we're gunna go an' go shopping< .hh What ↓else are you hoping will

30 be better, because of talking °with me°

Analysis of extract 4 - Rochelle

Having described how controlling her ex-partner was and the exponential effect this had on her anxiety, in lines 1-2 Rochelle detailed the negative impact all of this had on her self-confidence. Rochelle's narrative to this point had been filled with examples of her resourcefulness, self-awareness, self-reflection and ownership of the choices she had made, good and bad. My 'mm-hm' in line 3 was automatic: without my having had to say anything,

to this point each time Rochelle had offered a negative, she had followed it up with an indication of how she had been able to deal with this. In less than two minutes she had summarized her past history of mental health, relationships and her strengths. In lines 4-6 and 8 Rochelle offered a specific and concrete example of the sort of difficulty she had been having. The word '*alone*' in line 8 was heavy with emotion. My 'Mm' in line 9 is different from the encouraging 'mm-hm's that had been my input at each of the previous five TRPs (including before this extract began). Having been given such a clear example of the difficulty Rochelle was encountering, my recollection after the session was that at line 9 I had been thinking about asking Rochelle an 'instead' question. In lines 10-14 however, the client demonstrated that she was already clear on what she wanted instead of her current situation and was able to inject some self-deprecating humour about parallel parking as well. My response in line 15 was unusually strongly affiliative as compared to most of my other utterances across my four transcripts. My journal notes from after the session when I listened to the recording suggest that Rochelle's ability to laugh at her frailties influenced my response, and that perhaps both of us were normalizing her experience of anxiety. I was happy to let Rochelle continue to develop this picture of how she'd like to be, but in line 17 her comment suggested that rather than hold the image of what she wanted, she was returning to the earlier space of having no confidence. At this point I considered that the storytelling track was no longer helpful and so I intervened in line 18, and then through 20-30, to 'collect' the preferred future Rochelle had outlined and following this to ask her what else she was hoping might be better from talking with me.

Of additional interest in this extract was Rochelle's comment in line 27 '*My boy*'. When I listened to the transcript, I realized I had been fixated on asking my next question and had missed the opportunity Rochelle's comment had afforded me to talk about how Tyler was a

source of strength and pride for her, and also how I might have integrated the roles he plays in his mother's life into my next sequence of questions. Some of the issues around selection of details in the best hopes discussion raised for me by this and another similar moment in my dialogue with Rochelle recorded in Extract 8, are explored further in the Discussion section of this thesis.

Extract 5 - Tony

Working with Tony there were times when he affiliated with my signals about when I wanted him to curtail his storytelling so that I could ask another question, but there were also occasions when we ended up competing for the turn, as is demonstrated in this extract.

1	Counsellor	o↓kay
2	Tony	°↓a:h°
3	Counsellor	S'po:se (1.3) hh ↓<suppose tht w-you're able to do some ↓learning>
4	Tony	mm
5	Counsellor	and (.9) >w'could< fi:nd a way that acshe: says, 'Okay thisis the trigger
6		and thisis what's hapning an'
7	Tony	°hm°
8	Counsellor	>you cn recnize an pick an evrything else an all that's righ< .hh (1.1)
9		°What's gonna ↓cha:nge, what's gonna be ↓better?°
10	Tony	.hhh (1.6) I would be (.) ↑'A' ↓more in tune with myself
11	Counsellor	mm-hm=
12	Tony	=realize whaddin (3.1) stoppit Earlier. (1.4) becoz I ↓Don' wanna be-
13		it↑snot (.6) y'know ther-there's that ↓end point obviously.
14	Counsellor	Yep.

15 Tony that's-is-That is (.6) >not great ↑butit's the stuff that builds up to that

16 that's undesir[ab]le as well<=

17 Counsellor [m-]

18 Tony =And (2.3) ↓ye:ah, stopping it beFo:re (1.3)

19 [yeah y['know >thr-thr-thrs< there's:s]

20 Counsellor [.hh (.) [o ↓k a y ↑L e t' s S A:y le:ts] le:ts ↓sa:y you were >able to stop (it)

21 before< let's say we-we=

22 Tony =yep=

23 Counsellor =<FI:nd a way of doing that °a -a-and°

24 Tony So: it'sa it's a Be[dda:]

25 Counsellor [a-an]d inStead of-instead of having this issue-where you

26 were [worried about blowing up]

27 Tony [a bedda relationship with]↓my:

28 (.)

29 Counsellor So you're go:ing to have a [↓be]tter relationship?

30 Tony [(st)] Yeah

31 Counsellor Yep

32 Tony ↓°Yeah°

33 Counsellor Talk to me about the relationship you wanna have, ↓with Kaydin.

34 (1.6)

35 Tony ï-a rela:tionship where we ↓ta:lk.

36 Counsellor mm-hm

Analysis of extract 5 - Tony

In line 1, my stressed lowered inflection 'o↓k<u>a</u>y' emphasized that I was curtailing what had been a lengthy storytelling sequence. The sequence had started on what Tony had wanted from the discussion but had devolved into Tony describing in depth the issues of managing teenagers who were completely addicted to their computers and other devices, and how this was different from Tony's own experience growing up even as a self-confessed computer gameplayer of 34 years. Tony's '*ah*' in line 2 seemed to indicate that Tony recognized that I was intent on moving the conversation forward; certainly, he ceded me the floor. Lines 3, 5, 6 and 8 are pre-expansions to the question I asked in line 9. As will be discussed later in this section, a feature of many of my questions to clients were pre-expansions such as this one which incorporated many of the client's words expressed in their preceding turns. In these lines I picked up on Tony's earlier stated desire (prior to the storytelling sequence occurring) to learn about himself and what triggers his outbursts of anger towards his son. Presupposing that all these things might be possible from our conversation, I also asked Tony in line 9 what was going to change and be better because of this learning. In stressing the words 'change' and 'better' I was emphasizing that I was looking for an outcome response to my question.

After an intake of breath and a thoughtful pause, Tony's initial response in line 10 did start to answer the question. He began a list of how he would be: '*'A': more in tune with myself*'. In line 11 I acknowledged this with 'mm-hm'. Tony expanded on his initial answer; his response in line 12 suggested that if he was (or more likely had been) more 'in tune with himself' he would have realized why he didn't [hadn't] – then he paused, searching for the words – stopped the problems that had developed with his son earlier (i.e. before it had got to the stage where he had sought counselling.) After the 1.4 second pause in line 12 however, Tony began a parenthetical expansion about the process of recognizing that stopping the end

point (where he and his son would fall out) was only part of the problem. This expansion continued from line 13 into lines 15, 16 and 18. My 'Yep.' in line 14 was intended as a curtailing response, not an encouraging response. My 'm' in line 17 is even less affiliative, simply because I could see that Tony was moving further and further away from answering the question I'd asked in lines 8 and 9, and also because the lengthy discussion that had preceded this extract hadn't really addressed the original best hopes question either.

When Tony paused for the second time at the end of line 18, I decided to intervene and attempt to ask the question again. My intake of breath and summarizing 'o ↓k a y' in line 20 directly overlapped with Tony's pre-start to his ongoing expansion in line 19. It is one of the unfortunate aspects of the layout of the Jeffersonian transcription system that when two speakers' talk overlaps, within the square brackets indicating where the overlap occurs, spaces have to be employed where the written words of one interlocutor's overlapping speech are shorter in print than another's, even though they occupy the same time frame. The resulting layout in lines 19 and 20 looks as though I am almost shouting Tony down, whereas the recording demonstrates I was only fractionally louder in speech than he was. That said, I had decided what I was going to say, and he was still formulating his phrase which clearly put me at an advantage in the brief competition that occurred. My pitch and stressed syllables were noticeable and indicative that I had no intention of relinquishing the turn, even though according to conventions of conversation because I had started to speak a fraction behind Tony's '*yeah*', it would normally have been me who aborted my attempt to gain the talking space. I continued to talk and repaired the overlap with repetition as though Tony had interrupted me, posing the hypothetical conditional sub-ordinate clause 'Let's say' as a pre-expansion to an instead question. By beginning the pre-expansion with 'Let's say', I was following a deliberate practice of seeking to close off options which might enable the client

to respond in a negative way, or for them to put up any familiar 'roadblock' reasons why a particular course of action wouldn't work for them (Maturana, 1988, as cited in Efran, 1994). 'Let's say' is able to be countered with, 'It wouldn't happen like that', but this riposte can equally be answered with 'Well, let's suppose it did…', enabling me to keep the conversation moving towards what the client wants rather than what might stop this happening.

In line 23 I stressed my opening syllable to send a very clear message to Tony that I was intent on retaining the turn, and that any pauses were not TRPs for him to take it back. In line 24 however, Tony began speaking anyway, having picked that the end of line 23 actually was a TRP (even though I hadn't intended this) and demonstrated anticipatory completion of my turn: he attempted to finish my sentence in the direction he thought I was heading (Hayashi, 2013; Sacks et al., 1974). Tony opened a paraphrase description with an appositional 'So' connecting my previous turn to what was likely to have been the start of a best hope description (which was what I'd been seeking from him.) In line 25 though there is a post onset turn initial overlap as I wrested the turn back from Tony, stressing the word 'instead' and repeating the words 'instead of' to repair the overlap and continue the pre-expansion that I had begun in line 20. In line 27 however, Tony overlapped my turn in the same way I had just done to him and continued his answer to the question he had determined I was asking – an 'instead' question. The gap at line 28 is the point where I realized Tony had given me what I had been seeking: an indication of the preferred future he was looking for. In the retrospective analysis this is somewhat amusing as the client and I had fought over control of the turn but from this emerged the words that both of us needed in order to move the discussion forward. At the time however, during the session itself, it was not until reaching the gap at line 28 that I checked myself as I realized what Tony had said. Timing the recording there was barely ten seconds between line 19 and line 28. In line 29 I sought

confirmation of my understanding that Tony wanted a better relationship with his son. With his double confirmation in lines 30 and 32, I was then able to invite him to tell me a different story, about his preferred future with his son Kaydin, and the conversation continued.

My intervention to curtail Tony's storytelling resulted in an unusual struggle which happily led to resetting the conversation towards a discussion around his preferred outcome. I had intervened to create the reset when his storytelling had seemed off topic, but my effort was largely redundant as Tony got to where he needed to be before I could construct a question that might have assisted him. My attempts to reset the conversation were not generally so effective with Kellie.

Extract 6 – Kellie

In example 3 I discussed how I had managed to intervene to try to get the conversation back on the topic of what Kellie was hoping for as a result of coming to counselling. Kellie's speech was characterized by anacolutha, particularly when she was storytelling. My best hopes conversation with Kellie was over 15 minutes in length, three times that of my conversations with Jacquelyn and Rochelle and a good six minutes longer than my conversation with Tony. As noted previously, Tony, Rochelle and Kellie brought a lot of storytelling into their discussions with me, but while I only asked Rochelle five questions before we confirmed the direction of our conversation, and Tony eight, Kellie's tangential trains of thought meant that I asked her at least 23 separate questions before I had some sort of workable picture of an outcome she wanted from counselling. The extract below includes the latter part of the storytelling sequence Kellie had begun at the end of the extract used in Example 3.

1	Kellie	=.h I am the perfect catch for him .hh I could make him extre:mely happy
2		.hh he knows=
3	Counsellor	°°mm[-hm°°]
4	Kellie	[=what] I could do <for hi:m> (.4) >No doubt about ↑it<
5	Counsellor	°mm-hm°
6	Kellie	I'm so confident .hhh (.) but: (2.2) °but° hh (3.8) °he doesn't do that for
7		m↑hhe↓::°
8	Counsellor	mmm
9	Kellie	He (h) doesn't do that for me< .hhh So this is my own (.) private .hh
10		>personal journey .hh we all walk<↓y'know, this is our own personal
11		journey in life .h and it hurts b-I feel .h I um it's the loss of (.) missing (.)
12		this pers↑on (.8) .hh not just him .h I've had to leave (.) few people behind.
13		(.4)
14	Counsellor	hm .hh So (.2) in this personal journey that you're on,
15	Kellie	yea:h
16		(1.3)
17	Counsellor	if this conversation proves useful, .h=
18	Kellie	=m[m]
19	Counsellor	[wh]at diffrence would you hope t'notice °be↓cause of it?°
20	Kellie	What difference would I hope t'notice because of it?=
21	Counsellor	=Yeah (.) If this conversation proves ↑use↓ful?
22		(1.2)
23	Kellie	T'↓know that I am (.) a valuable, loved per↓son=
24	Counsellor	[°°hm°°]
25	Kellie	=[t h a t] d'serves happiness with the ri:ght person that

26	Counsellor	°mm-hm°
27	Kellie	.hh it's not (.) my main ↓goal in life=is to just be: with somebody (.)
28		.hh u:m (.5) but one da:y .hh (1.4) what's happened to me has opened me up
29		.h (.2) to (.) make me re:alize that ((clears throat)) .hh I can love ag↑ain=>I
30		mean<=
31	Counsellor	=>°mm-hm. mm-hm°<
32	Kellie	I can move o↑n (.) [from ↑it]
33	Counsellor	[. h h h h] So to ↓no:tice as that sort of ↓person, who is-
34		is capable of loving and be:ing loved in the way that's just right fr you=

Analysis of extract 6 - Kellie

This storytelling sequence began when I asked Kellie about how she had pulled herself out of her mental breakdown, and also how I might be of help to her. In her talk in this extract up until the start of line 9, Kellie was talking about her relationship with the man who had caused her such emotional trauma. I was listening to the conversation but my paralinguistic 'mm-hm's were coming from a place of bafflement, and in the hope that if I kept saying 'mm-hm' eventually Kellie might say something that I could understand which I could use to build a question with. In lines 9-12 Kellie moved to talking about a '*personal journey*' she was on, something that she had first mentioned immediately after her comment about her ancestors at the end of extract three. Given that she had returned to the idea and repeated the words twice in these lines, I intervened when there was a gap (and obvious TRP – line 13) and utilized her words 'personal journey' in a pre-expansion for a new question. My pause at line 16 was deliberate: Kellie's lengthened '*yeaah*' in line 15 suggested to me that she was listening – possibly because I had picked up on her words – and I wanted to slow the rapid

train of her thoughts down and try to find some small steps forward. Speaking slowly and softly, I offered the hypothetical proposition that if the conversation turned out to be useful, what difference would Kellie hope to notice because of it (Korman, 2017). In line 20 Kellie repeated the question with a rising inflection, seeking confirmation that she had heard it correctly, which I confirmed in line 21 ('yeah') and reiterated the pre-expansion of line 17. There was a pause at line 22 as Kellie thought about this, and then she offered her answer in lines 23 and 25.

23 Kellie T'↓know that I am (.) a valuable, loved per↓son=

24 Counsellor [°°hm°°]

25 Kellie =[t h a t] d'serves happiness with the ri:ght person that

In lines 27-29 Kellie offered what I now consider to be a parenthetical explanation of her answer in line 25, but at the time and certainly in my earlier repeated listenings to the recording of the session, I believed she was beginning a new storytelling sequence. In lines 29, 30 and 32 Kellie closed this parenthesis and said that what had happened to her had made her aware that she was able to love again and move on. As noted however, during the session I thought Kellie was about to unfold another story and as I did not know where such a tangent might end, I intervened to try to ask another question. In lines 33 and 34 I incorporated some of the words and ideas from Kellie's previous utterances into a pre-expansion for another question about the difference Kellie would be looking for as she noticed this part of herself coming forward.

These three extracts illustrate further how I continued to try to propel the conversation towards a point where I elicited a description of the clients' preferred outcome from coming to counselling. I closed down storytelling sequences when I felt that they were no longer leading towards that objective, or because I had sufficient material for a new question which I

hoped would continue to move the discussion more effectively than if the client continued their monologue. It is apparent from the transcripts that I had clear ideas about the structure of the conversations I was trying to build, and that I felt my role as the counsellor was to walk the clients through that structure because I believed it was necessary so that I could move into the next part of the solution focused counselling process (Froerer, 2020).

How I used pre-expansions in my 'confirmation of direction' questions

Another key thing I noticed in my transcripts was that in order to try to keep the conversation progressing towards a description of the client's preferred outcome from our talking together, I tended to incorporate ever more detailed pre-expansions into my questions. These pre-expansions were usually in the form of subordinate clauses which defined the context (sometimes hypothetical and/or presumptive) for the question, and as I gained more vocabulary to employ from the client the longer the discussion continued, the more complex the pre-expansions became. In addition, as was noted in the analysis of extract five, my pre-expansions were also framed to remove the option of a 'road-block answer', and instead to invite an response from the client that allowed for the possibility of things getting better. This tendency was most pronounced as I set up preconditions for asking what I've termed the 'confirmation of direction question', which others have called the 'contracting' or 'common project' question (Korman, 2017; McKergow, 2016; Ratner et al., 2012; Shennan & Iveson, 2012). When the client confirms a positive answer to this question for the direction of our conversation, the best hopes discussion is assumed to end. The session then moves into a process of describing the client's preferred outcome and their resources which will enable this to be realized. For this reason, I generally tried to integrate as many key words and ideas the client had previous expressed as I was able to recall, as I framed the confirmation of direction question.

In the extracts which follow I have used *italic* type face to show the words in my pre-expansions that the client had used in the preceding discussion. Any stresses on these words, or changes in pitch or volume, are shown by the standard Jeffersonian markers.

Extract 7 – Tony

Sometimes asking the confirmation of direction question is a process rather than a simple pre-expansion and attached question. A crisis in his relationship with his middle son, Kaydin, had brought Tony to counselling, and through the best hopes discussion it seemed clear that improving things with his son was the outcome Tony was seeking from counselling. In this extract I began 'preloading' for a confirmation of direction question, but the talk moved in a different direction. Tony understood the pre-expansion to be a question in itself, which he then endeavoured to address. I then had to begin my pre-expansion to the confirmation of direction question again, adapting it to include keywords from Tony's most recent comments. My aim in the pre-expansion was to try to include the characteristics Tony had expressed that he wanted to have in his relationship with Kaydin, and also the things that we had talked about that he and his son had in common.

1	Counsellor	so ↓Ha:ving that (.) that that ↓*o:pen* and *honest* relationship
2	Tony	yep
3	Counsellor	.h (.) um (4.6) °I imagine that will have-have=some knock-on effects into
4		other parts of the family as well (.) >thatif<° you an Kaydin are getting on
5		in a way that's-it's more *open* and more *honest* and [this]=
6	Tony	[ye:a]h o'course
7	Counsellor	=this greater *trust*, that=

8	Tony	=↑Ye:↓ah there'd be, there'd be happier (.6) it would be happier.
9	Counsellor	mm-hm
10	Tony	↓ah::m (.6) it's certainly gotten better
11	Counsellor	↑Mm
12	Tony	Abso↓lutely. (.6) Ah:m But there-like hh (1.5) goes back to Maslow's right?
13		Hhhh heh heh We've reached 'Safety'
14	Counsellor	↑mm-↓hm
15	Tony	>>prob'ry<< need tï (1.6) Build on that.
16	Counsellor	okay .hh So if we were (.) tï have a conversation that led to us .h t'yo:u
17		↓>and Kaydin< getting pa:st '*safety*' and acshe: *build*ing *on* it and=
18	Tony	°m°
19	Counsellor	=and de<veloping> (1.1) a r'la:tionship that reflected (.8) bo:th your
20		*interests* an th'things that (.9) >y'know< you were both *interested in*
21	Tony	mm
22	Counsellor	a:nd >tht there ws< *ho::nesty* and *o:penness* a-and that *trust* came in there
23		.h and that you *felt better* about ↓*let*ting him (.) develop *his life* in the way
24		that was right for him,
25	Tony	hm
26	Counsellor	would that be a u:seful conversation for us to ↓have?
27		(1.3)
28	Tony	for (1.3) u-Us to have? ((indicated the two of us in the room))
29	Counsellor	↑ye↓ah
30	Tony	Yeah.
31		(.6)
32	Tony	[°ye: ah°]

33 Counsellor [°that wo]uld°<

34 (.4)

35 Counsellor So if [we were t']=

36 Tony [absolutely.]

37 Counsellor =have a conversation that led to more of that happning=that would be

38 help↓ful?

39 Tony Defnitly.

Analysis of extract 7 - Tony

Line 1 marks the beginning of my pre-expansion, but in line 3 I had to take a long pause of almost five seconds as I tried to work out how I wanted to construct the question. What emerged was more of a reflection than a question: in lines 3-5 I was attempting to broaden the picture of the preferred future in Tony's mind to include other members of the family whom he had spoken of and who had been affected by what had happened between him and Kaydin. Unfortunately, I think it got too wordy and rather than hearing it as part of a pre-expansion, Tony heard me making a statement; he responded in line 6 (overlapping me) saying '*yeah of course*' and then in line 8 answered as though I'd asked, 'What would you notice being different for the family as a whole?' I aborted my pre-expansion in response to Tony's '*it would be happier*' at the end of line 8: as Tony had moved to this future tense description, it was likely that he would be able to expand on the picture, so in line 9 I opted for 'mm-hm'. Tony's reflection in line 10 was present continuous: things already had gotten better within the family, and my '↑Mm' was an expression of surprise and curiosity: I wanted to know what he'd already noticed. In lines 12 and 13 Tony alluded to Maslow's 'Hierarchy of Needs' which we'd mentioned in passing near the beginning of the session. His self-deprecating chuckle seemed to confirm a sense that we'd achieved a noticeable degree of comfort with each other at this early stage of the session. Tony's wry comment in line 15:

'*probably need to—build on that*' seemed the obvious springboard for me to re-start my pre-expansion for the confirmation of direction question.

In line 16 I emphasized the word '<u>we</u>' to try to focus Tony's attention on the current action of discussion and the hypothetical conditional subclause with which I was pre-starting the question. Between line 16 and 24 I built the pre-expansion, incorporating the ideas we'd discussed. Tony intervened with paralinguistic noises indicating that he was following at several TRPs, but the subordinate clause I'd opened was meant to ensure that he would follow me through to the question I was introducing. While in my practice in general I try to use the client's words as much as possible in my pre-expansions, in these lines there were some unintentional paraphrases. I used the word 'dev<u>e</u>lop' in line 23, but when I reviewed the recording, I found Tony's actual words earlier in the discussion had been about feeling able '*to let Kaydin grow and achieve*', and that Tony wanted to '*feel better about . . . where Kaydin's going with his life*'.

In line 26, the pre-expansion completed, I asked the question itself. There was a 1.3 second pause. Looking at that pause and Tony's response, which included another pause, I have pondered whether the pre-expansion of the question became too long and overly complex. I have noticed in my practice with all my clients that more often than not, after asking the confirmation of direction question, I generally follow up by asking a question which seeks re-confirmation of the client's position. I asked Tony for confirmation initially in line 33 and then more fully in lines 35, 37 and 38. In lines 36 and 39 I received from Tony all the confirmation that I needed to move on from the best hopes discussion. Some of the questions I am sitting with around the confirmation of direction question, and the follow up re-confirmation inquiry, are addressed in the Discussion section of this thesis.

Extract 8 – Rochelle

With the other three clients I slowed down my confirmation of direction pre-expansion, breaking it into a series of separate clauses. Since completing the transcriptions for this study, I have become aware that this tends to be my usual practice with clients. This is firstly because clients tend to interject paralinguistic confirmation sounds, or verbally affirm what I am saying, and secondly because I want to give the clients time to integrate the ideas I'm feeding back to them. This extract from my discussion with Rochelle provides a deviant example: when I asked my confirmation of direction question, Rochelle didn't interrupt, and I went all the way through to the question. (In this extract, the asterisk * marks note when Rochelle clicked a biro that she held throughout the discussion)

1	Counsellor	.h [So d<]
2	Rochelle	[I'm n]ot su:re,it-it all-I feel like it all stems from .h (.) my an↓xi:edy:-
3		and confidence-if that was to change, then I'd be able to change a lot of
4		things.
5	Counsellor	M:↑↓m. okay, yeah °yeah°
6	Rochelle	An' it's jst like I-I say these are th' things I want tï change, but I: can'tt:
		(.)
7		say en↓ough how much my (.) lack of confidence there is and how much
8		my anxi:edy: affects it-it's .hh (.) it's a hard d*aily fight=
9	Counsellor	[Mmh]
10	Rochelle	=[somet]*imes** (.) It's jst hard tï (.6) push myself>t'get out of bed I
11		mean<the thing that keeps me go(h)ing is my son
12	Counsellor	yep .hh So ((clears throat)) .hh (1.8) if our conversation was tï lea:d you to

13		feeling .h more *confident*, more capable of *jst-jst do*:ing the things you want
14		to do .h and, possibly looking towards *doing sïm study* or, being able to
15		think Yeah, I can *go* and do this, or I cïn .h (.h) g-*get* the *job I wanna* get,
16		or whatever else .h and (.) doing that without that level of *anxiety*; would
17		that be a helpful conversation for us to have
18	Rochelle	I think if I could *change *that *com*ing from talking and conversations I
19		think that would (.) massively affect my life an'=
20	Counsellor	=okay
21	Rochelle	ye:ah be a good thing I'd .hhh (.) my anxi:edy: does rule a lot of my life=
22	Counsellor	=[hm]
23	Rochelle	=[hhh] and my (.) massive now L(h)ack of confidence
24	Counsellor	right
25	Rochelle	.hh thanks tï (.) °him°.
26	Counsellor	↑Mm.* ↓Mm. So*.h changing that would be (.) um *
27		(1.1)
28	Rochelle	°Yeah that would definitely be* one the best (.)*biggest things I could do.
29	Counsellor	°okay° °°m°°

Analysis of extract 8 - Rochelle

The opening lines from Rochelle are a continuation of a storytelling sequence from Rochelle in which she had been explaining how much her anxiety made life a '*hard daily fight*'. In line 1 I attempted, unsuccessfully, to take the turn and ask a question, but aborted the attempt as Rochelle resumed speaking. Line 5 is another unfortunate looking Jeffersonian transcription which makes me look a little callous: 'Okay yeah yeah.' In the recording however my 'M:↑↓m.' is a generous sounding recognition of Rochelle's insight in lines 3 and

4: that if her confidence was to change, then lots of things would change. The 'okay' and 'yeah's were meant to support that, and the second 'yeah' was very softly spoken. I was however determined to try to integrate what Rochelle had just said into my next question, and I was confident that this would likely be a confirmation of direction question because Rochelle had given me such a strong starting point.

Lines 10-17 have been difficult for me to reflect on. With Tony in the previous extract 7, when he supplied new information, I willingly aborted my pre-expansion to the confirmation of direction question. By contrast I did not do this when Rochelle provided me with further information in lines 10 and 11. Unfortunately, because in my head I was starting to formulate my question, at the time I barely registered Rochelle's continuation of her story, and in particular her emotional admission that sometimes '*the thing that keeps me going is my son*.' This caused me considerable angst when I transcribed the session: my 'yep' at the start of line 12 clearly indicated that I had not heard her sufficiently, saying nothing of the missed opportunity to bring her son Tyler more actively into the picture, for example asking something like, 'How does Tyler keep you going?' Some of the issues around omission and also the power of the counsellor in terms of what elements are given value in the conversation are looked at further in the Discussion section.

In lines 12-16 I constructed my pre-expansion for the confirmation of direction question which was delivered in lines 16-17. My now familiar appositional 'So' intake of breath and lengthy pause were intended to give the impression of drawing a line under the conversation to that point. I'm aware with hindsight that this really was a power position I had taken, and I hadn't effectively acknowledged let alone addressed Rochelle's expressed distress in lines 10 and 11. I have found the analysis of this extract personally and professionally uncomfortable.

With the conditional, 'if our conversation was to lead you to feeling', I was inviting Rochelle to consider the possibility that perhaps our talking might result in her encountering the list of things she'd described in our conversation, and – if that were to be the outcome – whether she would consider the conversation to have been 'helpful' (line 16). I bookended the pre-expansion with more confidence and with less anxiety, two of the ideas that Rochelle had returned to throughout our discussion. Rochelle had sat and listened to my full question without any response at all, which surprised me at the time: she was the last of the four participant clients to have a first session with me, and the only one who did not interject at all during the pre-expansion of my confirmation of direction question. Without her input I realized I had no idea whether or how well I had captured her hope from meeting with me.

Rochelle's response in lines 18, 19 and 21 was prefaced with '*I think if*' and I was not sure hearing this whether she was saying this along the lines of, 'Well hypothetically that would be very nice, but…' or if she might have been agreeing that if we could talk in this way it might be helpful for her. I had to wait as Rochelle processed her thoughts further in lines 23 and 25. Her reference to her ex-partner, '*him.*' at the end of line 25 was a clear fullstop TRP, so in line 26 I tentatively offered a first pair part of a request for confirmation that this was what Rochelle wanted. At line 28 I was given that confirmation and the next part of the session began.

Extract 9 – Kellie

While after many sessions working together I learned to adapt my practices better to the ways Kellie spoke in conversation, in this initial discussion it had become clear that some of my usual ways of managing the best hopes dialogue had not seemed particularly helpful for her. I

felt that I really needed to try to get a clear picture of the outcome Kellie was seeking in order to be able to hold some sort of course in the conversation to come. During our discussion I had tried to remember as many things as I could that Kellie had said she wanted, so I could try to incorporate these into the pre-expansion of my confirmation of direction question, but I was concerned that I might not be able to build the question in a way that she would find useful.

1	Counsellor	So [if we-]
2	Kellie	[ca:n't] do it becoz I've
3		(1.5)
4	Counsellor	Jst ↓wondring so .h if we were t'have a conver↓sation (.5) that le:d to you
5		feeling
6	Kellie	.hh ((I paused 1.6 seconds and the sniff came in the pause))
7	Counsellor	*unb↓locked* (.6) a:nd (.6) *prïtected* and *trusting* of yours↑*elf*
8	Kellie	Ye:ah=
9	Counsellor	=>anbein able t'<be the *person* .h(.2) who is (.) *loving* and has (.5)
10		>th'*pïtentsh*' t'be *love*d, bt<a:lso-=
11	Kellie	=I do tru[ss my↓se:lf]
12	Counsellor	[I s <*a W*]*A::RE* of this> .h (.2) ↓go:ing forward and all this
13		*potential*=
14	Kellie	=↑Ye:a↓:h=
15	Counsellor	=an'its there for you
16	Kellie	Ye:ah<
17	Counsellor	>an'we wr t'have< a conversation that led t'you h-feeling mo:re of thatt
18	Kellie	Ye:uh

19	Counsellor	would that be a useful convïsation for us to ↓have?=
20	Kellie	=It would and eventually I probly would say whad dI:m gonna do becoz
21		.hh we're in a (.2) confidenchill (.3) inviromnt
22	Counsellor	>m↑M↓m!<=
23	Kellie	=for me t'be able t'talk about these things and these pl↑ans
24	Counsellor	[>m↑M↓m!<]
25	Kellie	[. h h h]>I don' wan< talk t'my friens aboudit becoz they're ↓my:
26		ide↑as:
27	Counsellor	mm-hm
28	Kellie	.hh an people (.2) have sto:l↓en frïm me bï-for:↓wa:
29	Counsellor	[right]
30	Kellie	[. h h] becoz (.3) I'm single mum=I don't have m-a lot of money
31	Counsellor	mm[-hm]
32	Kellie	[t' d]o: this. .hh These people do: [.hh]=

Analysis of extract 9 - Kellie

What I had thought was a TRP immediately prior to line 1, clearly wasn't for Kellie: she overlapped my attempt to begin a pre-expansion with a post expansion of her previous comment. Kellie also aborted her turn at talk having noticed the overlap. A 1.5 second TRP pause followed at line 3, and – having picked up because of her abort that Kellie was ceding me the turn – I began my pre-expansion in lines 4 and 5. I suspect that my non-standard pre-start 'Just wondering' was a deliberate tactic: I think words that draw the hearer in are more powerful in terms of retaining a turn than an intake of breath is. In the same way pausing to collect my thoughts at 'feeling' was also very likely an intentional signal to Kellie that the sentence was unfinished, and this was not a TRP.

The pre-expansion begun in lines 4 and 5 is continued through to line 17. Looking at my construction it is clear that I was trying to make every word count, but that above this I was seeking to minimize any opportunity Kellie might have had to break in. I used as many of Kellie's earlier words as I could put in. In line 11 Kellie overlapped me to correct the possibility of the assumption she'd heard in line 7 that she didn't trust herself. My annotations on the transcript recognize that her interjection was to some degree fair: right near the start of the conversation Kellie had stated that she wanted to be able to trust herself *more*. It would possibly have been helpful for her had I remembered to put that modifier into line 7.

Listening to the recordings of all four pre-expansions to my confirmation of direction question to each client, it is evident that Kellie's is noticeably different in its tone. With each of the others – even with Rochelle who didn't make any comment at all – there was a tone in my voice that suggested I was confident that I had caught what the client had said, and that the best hopes discussion was reaching a conclusion. That tone is absent in my pre-expansion with Kellie. I remember from this point in the session that after so many attempts, my sole focus was on retaining the turn so I could ask the question and get some sort of an answer. By way of contrast, in line 22 of my pre-expansion with Tony (extract 7), I deliberately slowed for emphasis on these key words. This sense of languid construction that is present with the other clients is absent in this extract. In lines 9, 10 and 17 of my pre-expansion with Kellie there are connecting phrases in which I deliberately sped up the pace of my speech to ensure that she could not attempt to take the turn. The only time in this pre-expansion when my speech slowed was in line 12, when I also increased my volume, in order to compete for and retain the turn when Kellie started overlapping me at line 11.

Finally in line 19 I completed the question. Kellie's answer in line 20 '*It would and…*' sounded to me at the time like the least impactful response to a confirmation of direction question that I had ever received. I kept hoping that I would get to ask a re-confirmation question, that her comments in lines 20, 21 and 23 were just her seeking assurance that this was all confidential before she gave me a more considered and definitive 'yes' to my question; which is why my '>m↑M↓m!<'s in lines 22 and 24 were so affirming. From line 25 however, Kellie opened another storytelling narrative which proceeded for more than another three minutes before I was able to gain a turn at talk sufficient to ask a meaningful question. I did not revisit the best hopes question with her again in the session but endeavoured to keep the conversation focused on the elements in my pre-expansion, based on Kellie's response '*It would*'. Some of the issues raised by this exchange with Kellie I attempt to sort through in the Discussion section of this thesis.

Although initially when transcribing the recordings, I questioned the length of some of my pre-expansions, particularly around the confirmation of direction question, it seems that the clients in these sessions were amenable to how I was doing this. In addition, the building of these pre-expansions ensured that the confirmation of direction questions provided me with sufficient details to begin co-constructing a description of the clients' preferred futures in the next part of the solution-focused discussions.

Hearing the voices of the participant clients: the post session interviews

Conversation analysis seeks to demonstrate what social actions are being attempted through turns at talk during a discussion. It does not make any claims about what interlocutors might be thinking as the conversation unfolds, although at times these might be guessed at by the

responses seen in conversation transcripts. In setting up this study I anticipated being able to see what was occurring in my best hopes discussions with clients, and while I could reflect on my experience of the conversations, I wanted to know what impressions the clients had had of this process. What did they find useful or helpful in this exercise where we talked at the start of our first session about what they wanted from counselling? What did I say or do that helped or equally made it more difficult? Did what I think happened (and what I think I might be seeing in the transcripts) reflect what the client experienced?

After talking with the participants, what was surprising to me was how little all the clients recalled of the best hopes discussion. As previously explained, I spoke with each client in two short interviews, one immediately after the recorded counselling session, and the other immediately preceding our second counselling session, (which was a fortnight or three weeks later). I asked the same two questions in each interview, using these as discussion starters:

- 'At the start of the session what can you remember that helped you describe what you wanted from coming to counselling?'
- 'What - if anything - that I said or did was useful/helpful to you, or unhelpful, in this process?'

I have not used a Jeffersonian transcript in this sub-section as the level of detail was not required for these short, informal conversations. I have again opted to italicize direct quotes from the clients.

Jacquelyn

In her answer to the first question, Jacquelyn initially recalled, '*I wanted tools on how to, you know, get more confident and just an overall wellbeing*'. In both interviews however, none of the other things Jacquelyn remembered from our talking had actually been discussed during

the best hopes conversation: all of the general impressions and specific examples she was able to recall came from later in the session as we'd been building up a description of her preferred future.

Kellie

In our first interview, in answer to a question about what – if anything – that I said or did was useful or helpful for her in terms of describing what she wanted, Kellie stated: '*Well…you asked me questions and you actually made me think about things that kind of put it all in order and text*[sic] *in my thoughts.*' With these words Kellie explained what had been useful for her in the discussion, even if she was not able at that point to provide particular examples of questions I had asked which she had found beneficial. Reflecting in our second interview a fortnight later, Kellie noted that my role as someone separate to her life was useful to her being able to express herself: '*I suppose it helps too coz I know that you're a counsellor and I don't know you…it helps me.*' Later in the discussion she said, '*probably what's useful and helpful in* [a] *counselling session is being able to talk about why I think the way I do sometimes… I felt like I was normal I wasn't like – going crazy*'. These comments seem to echo some of what Kellie said in the end of extract 9: that the confidentiality, unfamiliarity and neutrality of the counsellor and the counselling environment were important to her as she sorted through her thoughts.

I felt both during and after that first counselling session that Kellie had barely registered the best hopes conversation, but I was wrong. Many months after the recordings had been transcribed and I was well into the process of writing up this thesis, Kellie and I closed our work together. At the end of our final counselling session Kellie suddenly said – completely out of the blue – '*Do you know what's been really helpful for me in this whole process? That*

question you asked me the very first day – you asked me what I wanted. No counsellor has ever asked me that before and it was great.' Kellie went on to describe how that is the question that has stayed with her and that she's now hearing it in her own head: '*What do I want?*' She said the question makes her stop and think about what she's doing and what she wants, and whether what she's doing is the way she wants to be acting to get what she wants; and that this sometimes changes her behaviour. Kellie also noted that she was '*living a lot more in the present now*', instead of in the past with depression or the future with anxiety. And she said that she was liking this.

Rochelle

In reply to: 'At the start of the session, what can you remember that helped you describe what you wanted from coming to counselling?' Rochelle responded, '*Well it would have been when you asked, what did I want to come out of it . . . what did I want the outcome to be (and) . . . I don't know, we sort of discussed at length what it is that my problem is, and the difference with it*'. Rochelle's recollection of the best hopes discussion in this way I think suggests that she thought it had been helpful. She had clearly processed the content of the discussion into her own understanding. When Rochelle had said these words in the interview, I recall my somewhat prideful thought at the time was: 'Well <u>you</u> were the one talking about your 'problem'. There was no 'we': <u>I</u> wasn't talking about your problem.' Ruminating later however, I realized Rochelle's response accurately reflected the nature of co-constructed conversation: she and I had had a discussion which included talk about what she saw as her 'problem' and also included what she had wanted to be different.

Pressed for specifics on what I did that was useful or helpful (or unhelpful) in those few minutes of the best hopes discussion, Rochelle said '*I don't know I . . . definitely nothing bad*

and I dunno I guess the humour has definitely helped with how to come up with answers and just the way you ask the questions and explained the question itself to me.' It seemed overall though that Rochelle had found the best hopes conversation useful, as in the rest of her first counselling session we had talked about what her life would be like as the different preferred outcome we'd co-constructed started to happen; moving away from the things she had said she didn't want in her life and towards the things that she did.

In our second interview when we were talking about the opening conversation in our first session, Rochelle admitted, '*I can't remember any specific questions.*' Later in the same discussion, she mused '*Mmmmmm hhh I <u>should</u> remember something but—*' and then dissolved into giggles at her own lack of memory. This discussion with Rochelle demonstrates some limitations of these kinds of feedback conversations and with a practice-based research project such as this. I was asking her to recall details from the front end of an hour-long conversation that had occurred three weeks previously, and her life and moved on a great deal in that time: it was not surprising that she struggled to remember details. This and other limitations of this study are outlined in the Discussion section.

Tony

Tony was by far the most loquacious of the participants in the interview discussions. In response to the first question at the start of the interview he erupted into laughter saying, '*You kind of just let me go !... You said one word I think! . . . you asked me the question, 'what do I wanna learn? What do I wanna-sorry whadda I wanna achieve.*' In the conversation that followed, Tony described how he hadn't really prepared himself mentally for our discussion: '*I didn't come in with anything pre-planned*' but that the things that had helped him at the start of the session were not what he – or I – might have anticipated. He described how as a

salesperson he'd observed me prior to us even entering the counselling room: '*So talking from a helpful point of view – because this is what I do (daily) – so: non-business-related opening; little bit of humour – a laugh down the corridor that sort of thing. It's like, I can appreciate that and I'm sure that some other people will not notice it. But I notice it.*' Later discussing the process around the study itself, Tony made further comments that surprised me: '*You've been upfront about everything. I know that the paperwork … there are steps you can't skip and you haven't tried to skip them or paint over them or anything or so that's—you know, you pretty much rattled off verbatim the checklist, so it's like, for me, there was nothing, I wasn't scared at all… from the interview side of things.*'

In both interviews Tony related that the process of filling out the paperwork at the start of the session (and there was a fair bit: the agency's consent form, the university ethics committee project participation consent form, the agency's check in sheet, and the Outcome Response Scale sheet (S. D. Miller, Duncan, Brown, Sparks, & Claud, 2003) that I use in my practice) was actually useful in itself. Tony described the form filling out process as '*disarming*' and that '*it just made it much more friendly.*' We had an interesting dialogue about perceptions that surround the process of filling in forms. In agreeing that this process of form filling in before the start of the session had been helpful for himself, Tony laughed and said, '*but I understand that that might not be a general consensus* [for most people].'

In terms of the best hopes conversation however, Tony's comments in both interviews were generalized rather than specific. In answer to my first question about what helped him describe what he wanted from coming to counselling, he simply responded '*I don't remember that*.' He continued. '*That's good though, because for me that means there was a 'passiveness', like if it was less friendly, I would remember it . . . like it's just a casualness of*

conversation that means that I <u>don't</u> remember it.' I put it to Tony that this might tend to mean that I didn't get in his way. '*Yeah. Exactly. There was no obstruction, I didn't <u>think</u> about anything, what I was saying was probably genuine, coz I didn't have to think about it, which means I didn't remember it.*'

Tony said that he remembered the themes of the discussion as a whole because I asked similar questions on different subjects. Then he said, '*But no, in terms of the first half hour, no it's a blur. . . And— you kind of want it to be that, coz it's not important. Like, it's important for how the <u>rest</u> of things go, and where you <u>head</u>, and things that you pull back to, and, like, the tide. And things like that, so things that you call back, but it's not important … like I thought that what I was saying was important but it really wasn't. Until … the end*.' In these words, Tony vocalized ideas that this study has made me think long and hard about: it seems that none of the client participants found the best hopes discussion was what they expected at the start of their first session. If in fact for Tony it was '*a blur*' yet also '*not important … and important*' at the same time, I am wondering in what ways is the best hopes conversation useful for the client and for the counsellor, both as individuals and also together as two people co-constructing a conversation. My evolving thinking around this question is outlined in the Recommendations subsection of the following Discussion chapter.

Chapter Six – Discussion

Introduction

This study set out to explore what was happening in the best hopes conversations I had with four different clients at the beginning of their first solution-focused counselling sessions. I hoped that through conversation analysis I would be able to identify the talk-in-interaction practices I employed which seemed to help co-construct useful discussions with the clients around their preferred outcomes from counselling. I also sought to triangulate the findings by interviewing the participant clients about how they experienced the opening discussions they had had with me, and what – if anything – had seemed helpful for them in articulating their preferred outcome from the counselling process.

My research question was: '**What is happening in the best hopes discussions I am having with clients?**' Using conversation analysis, I have been able to demonstrate the subtle nuances of what happens in the context of an initial best hopes discussion. The research findings seemed to support many of the agreed tenets of social constructionism and SFBT. In this Discussion section I offer a summary interpretation of my findings and implications for my own practice and for the practice of SFBT in general. I consider the limitations of the research I have conducted and make recommendations for future study.

Interpretation of my findings compared with relevant literature

The best hopes discussion is the process by which as a counsellor I am aiming to help the client clarify how they want their lives to be different (Miller & McKergow, 2012, as cited in Froerer et al., 2018). Echoing much of the literature relating to solution-focused brief therapy, in the four co-constructed conversations analysed in this study, the clients provided the content while, as the counsellor, I sought to progress the structure of the talk towards a

description of their preferred outcomes (Cantwell & Holmes, 1994; De Jong & Berg, 2013; Froerer & Connie, 2016; Iveson & McKergow, 2016; Trepper et al., 2012).

Although Oberbeck, Scott & Ribolj (2021) are now questioning whether the counsellor needs to hear the client's best hope at all, I maintain that the best hopes discussion is very important. As an introductory discussion it allows the client and counsellor to begin co-construction of meaning, and to start getting an understanding of the person sitting across from them. It introduces the client to the solution-focused approach: that the conversation will focus around a mathematically positive outcome and that the therapist will be talking towards something wanted by the client, rather than away from something that is not wanted (Connie, 2019; Hanton, 2011). The best hopes discussion also plants seeds of 'something different' that the client might want to be experiencing instead of the issues that brought them to see the counsellor (De Jong & Berg, 2013; Lipchik, 2011).

Researchers have described the best hopes conversation as establishing 'a destination rather than setting a goal' (Connie, 2013, p. 18), or 'a place to stand when the work begins' (McKergow, 2016, p. 8). While different writers have discussed the importance of persistence by the therapist during the best hopes discussion (Connie, 2013; Ratner et al., 2012; Shennan & Iveson, 2012), and also the use of question formulations which presuppose particular types of answers (Maturana, 1988, as cited in Efran, 1994; McGee et al., 2005); most textual illustrations of these processes are comparatively limited (Richter, 2015): in general the examples of 'being persistent' rarely require more than 8-10 turns at talk within a conversation. To be fair, examples such as these are usually provided in SFBT manuals to illustrate the principles rather than attempting to demonstrate the unfolding discussion process in detail, however to trainee therapists in particular such accounts can be

demoralizing (Hanover-O'Connor, 2019). It is difficult to correlate the therapeutic discussion described in print with their own experiences. In the instructional text a client who responds to the initial question: 'What are your best hopes from from our conversation?' with 'I don't know'; after just two further questions miraculously states something like, 'Well, I think I'd have a sense of purpose again. I'd feel capable and I'd probably start going out more and seeing people and stuff like that.' All solution-focused counsellors, not just trainees, know the best hopes discussion is rarely if ever that simple.

In this study of my own practice, I provide evidence, in fine detail, of the levels of persistence required in conducting the best hopes conversation. While the outcome of this discussion is important, my personal belief, sharpened through this research process, is that it is inaccurate to weight the shared understanding achieved in the first minutes of the session as a 'contract' or some sort of agreement that the client accedes to and will follow with the therapist for the remainder of the discussion. It is for this reason that I have chosen to call the culminating question of the best hopes discussion the 'confirmation of direction' question, as opposed to a 'contract' (Ratner et al., 2012) or 'common project' (Korman, 2017). The client's expressed preferred outcome provides a valuable compass heading *for the therapist*, offering a general direction for the discussion, even though the client's process of describing this outcome may plot a somewhat meandering course. After answering the 'confirmation of direction' question, the client is under no compulsion to hold it as an agreed project and is free to bring into the discussion anything they wish to talk about. This initially expressed preferred outcome will likely evolve and may even change completely during the discussion, however its expression in this earliest part of the session provides the counsellor with a opening direction and also vocabulary with which to ask questions. It also provides the counsellor with a heading to refer the discussion back to with the client later in the session, along the

lines of: ‘My understanding from what we were saying earlier was that your best hopes from this conversation were around [whatever had been agreed through the confirmation of direction question]. I’m now wondering if that is still where you would like this conversation to focus, because I’m noticing [a pronounced variation away from this in the content of the client’s discussion].’ Such a question enables the counsellor to seek a reconfirmation of the direction within the discussion, and whether the client wants to return to the originally agreed focus, or to modify or expand the description of the preferred outcome they are co-constructing.

Three key conversational management practices which emerged from the analysis of my data were:

I trained the clients so they would allow me to talk when I wanted the turn, using linguistic and paralinguistic pre-beginning markers (Bavelas et al., 2012; De Jong et al., 2013; Hayashi, 2013);

I proactively managed clients’ storytelling, (Stivers, 2013) promoting or curtailing their monologues as I saw fit, with regard to whether I saw these as helpful or unhelpful to the co-construction of an understanding of the client’s preferred future; and,

I selected from the clients’ vocabulary to build question pre-expansions to my ‘confirmation of direction’ questions, building presuppositional formulations which demonstrated my belief in their capabilities, using their own words to construct questions which were designed to develop the discussions towards a shared understanding of their preferred outcomes (De Jong et al., 2013; McGee et al., 2005; Ratner et al., 2012).

The phrases I have used above, such as 'take control of the conversation' and 'when to let the client talk', rightly invite questions about the role and power of the therapist. I discuss the issue of becoming too directive later in this chapter, however I would assert that Lipchik's concern that 'future-focused opening questions set the stage for therapy by depriving the client of choice' (Lipchik, 2011, p. 78) is not borne out by the evidence in this study. Far from being prevented from telling their story by my questions, the transcripts indicate that the clients did feel free to talk about their stories. Furthermore, this was backed up by the participant clients' responses in the interviews I conducted with each of them after their counselling sessions. In her interview Rochelle said that '*we sort of discussed at length what it is that my problem is*', while Kellie affirmed '*being able to talk about why I think the way I do sometimes… I felt like I was normal I wasn't like – going crazy*'.

One of the few studies I encountered which linked to the best hopes question and used conversation analysis was MacMartin's (2008) paper, 'Resisting optimistic questions in narrative and solution-focused therapies'. My reservations about this work as previously discussed in the literature review have only been heightened by the transcriptions from my own study. Using MacMartin's descriptions of clients giving 'mis-aligned responses' to therapist's questions, Rochelle's comment in extract 4 about her fear of parallel parking would have been labelled an 'optimism downgrader', while Kellie's assertion '*I've seen what my ancestors have been through*' (extract 3, lines 23-24) would be termed a 'refocusing response' (MacMartin, 2008, pp. 86-87). MacMartin argues that clients often disaffliliate with SFBT therapist's questions because of their inherent presuppositional optimism.

In the four transcripts in this study my client participants responded in many different ways to my presuppositional questions, and those responses reflected where they were in their

thinking at that moment in time. From the outcome of their best hopes discussions, and their interview feedback, I contend the clients in my study were not 'disaffiliating' when their answers were not what I anticipated but were processing within a co-constructive discussion. As evidenced in the analysis of extract 3, leading from one step behind means 'it's my job to come up with another question based on the response the client gives me, and not to judge whether or they answered my question or not. Because every answer's an adequate answer as long as they're still sitting in front of me, giving me the ability to ask another question' (Connie, 2019 April 6). This aligns with the assertion of Froerer et al. (2018), 'the answer the client gives to … every question is exactly the right answer for them. This means that the SFBT clinician does not expect a certain answer, accepts the answer that is given, and uses the client's language to rephrase the best-hopes question in a way that might be more answerable for the client' (Froerer et al., 2018, p. 33). Ratner et al, (2012) also note, 'Whatever the client is doing is the best that the client can do in the present, and therefore it is the job of the therapist to collaborate with the client's best ways of working' (Ratner et al., 2012, p. 20) The same authors quote Steve de Shazer as saying, 'when talking about clients one should only describe what one has seen and heard, avoiding all interpretation' (Ratner et al., 2012, p. 30).

The transcripts in this study strongly suggest that in my practice my approach aligns with Froerer et al, who assert that 'clients are free to talk about their trauma (and often come expecting to do so) … SFBT clinicians do not ignore those details or encourage the clients to stop talking about these experiences. Rather, by utilizing lexical choice well, SFBT clinicians simply select the words and language clients use that are in line with the preferred future clients would like to see' (Froerer et al., 2018, p. 26).

Practice-based research, however, almost invariably also shows areas where improvement can take place, and this is certainly the case with this study. Although all four recorded best hopes discussions reached conclusions which enabled the next stage of the counselling process to begin, within the transcripts there were obvious instances when I did not sufficiently hear what a client was saying as I began my next turn at talk. While De Jong and Berg (2013) note that a practitioner cannot preserve everything that the client says, in order to do a good job of selecting and building a conversation, the therapist needs first to be focused on listening (De Jong & Berg, 2013; Froerer & Connie, 2016). Elements in these transcripts demonstrate that sometimes I became focused on *my* preferred outcome – reaching an understanding of the clients' best hopes – rather than on listening carefully to everything that the client was saying.

Implications for solution-focused practice

Although the discussion that follows focuses on my own learning and ruminations, and in the first instance applies to my own practice, I am hopeful other solution-focused practitioners will find material that is useful for their own work. Reflecting on this learning, I am seeking to embrace the statement of Shennan and Iveson who noted: 'As the purpose of research is to change and modify practice in the light of results, being constantly alive to one's effectiveness is conducive to a developmental approach to practice. And being prepared to make changes is important, if only because, to quote Thom Gunn, "one is always nearer by not keeping still" (Shennan & Iveson, 2012, p.282).

Looking at the data generated in this study through this lens of my developing practice, I am recognizing that the concept of 'leading from one step behind' has two parts that are interconnected. When I was first learning the art of SFBT, the mantra of 'leading from one

step behind' was somewhat lost in the tenet that 'the client is the expert in their own life' (Trepper et al., 2012). As a result, I often was stumped when the client struggled with one of my questions. I had not fully grasped the implications of the first words 'leading from', and that my job in the session was to manage the conversation. With growing experience came the previously noted increase in trust in the client and rising belief in my ability to stay focused on building the next question (De Jong & Berg, 2013). These transcripts invited me to consider a caution however: perhaps the pendulum might have swung too far the other way, and that in seeking to lead well, at times I have inadvertently neglected the 'one step behind'.

This awareness came about through the process of repeatedly listening to the recordings as I worked on the transcriptions of the sessions. While reflexively I had earnestly tried to be aware of my dual role of researcher and counsellor in this work, and to keep my 'counsellor hat' on during the sessions; as I listened to the recordings, I heard a sense of urgency in aspects of my talk which might not have been there in my 'normal' best hopes discussions with new clients. Whether through performance anxiety or an overemphasis on the 'leading' part of 'leading from one step behind', it seems that during the conversations analysed for this study periodically I confused 'efficient' with 'expedient'. Although this was never my intent, at times in the recorded sessions it appears I inadvertently forgot that the word 'brief' in solution-focused brief therapy has never referred to speed, but to the idea that therapy takes 'as long as it takes and not one session more' (Steve de Shazer, 1990, as cited in Ratner et al., 2012, p. 29).

Through the experience of this learning, I am recognizing anew the importance of balance in SFBT. Effective leading in the best hopes conversation – as in all solution-focused

discussions – requires remaining one step behind to select carefully from the client's words. In my current practice with clients, I am now consciously trying to hold in balanced tension my task to press towards the preferred outcome description and the need to try to hear deeply all that the client is saying (De Jong & Berg, 2001). If the 'leading' becomes the focus, then the risk of moving from solution-focused to 'solution-*forced*' becomes very real (Nylund & Corsiglia, 1994).

There is also the need to be aware of the power inherent with leading the conversation: as Korman et al., note 'what therapists selectively choose to preserve, omit, alter, and add in their formulation – whether deliberately or inadvertently – contributes to the version of the client's life and circumstances that emerges in the therapy session' (Korman et al., 2013, p. 34). Furthermore, Gale and Newfield observe the ethical implications of this reality: 'the therapeutic context sets up an unequal, hierarchical relationship between participants. The person with the greatest linguistic ability (and the most perceived authority) is likely to have the greatest influence on the structure and sequence of talk' (Gale & Newfield, 1992, p. 163). As the person with the 'counsellor' designation, comfortable in *my* office, talking with someone who only met me a few minutes ago, I must be aware and careful (and from this study, I think *more* careful) of my power over what gets included in my pre-expansions and questions, and hence perceived as 'valued' in the conversation; and by the same token what I opt to omit, which may give the client the impression that these things are somehow 'less valued'. While this was not my intention, through my inattentive selection, Rochelle might possibly have been left thinking that her comments about her son (noted in extract 8) were not considered important enough by me to be included in the questions that followed.

Having acknowledged this, the concept of balance is also required in terms of my self-critique: although there were exchanges in the transcripts which I would prefer had been different, there was also evidence that demonstrated I was 'leading from one step behind' and that there was genuine collaboration between myself and the client to build the discussion. The four transcribed sessions demonstrated I was both consciously and unconsciously seeking to lead the best hopes conversation by utilizing the clients' words and making critical judgments about when I would intervene to ask the clients the next question. In addition, the verbal feedback I received from the four participant clients in their interviews was positive (although there are considerations with this, as will be discussed in the Limitations section); the understanding I reached with each client about their preferred outcome proved useful for the conversations that developed through the rest of their first sessions with me; and all four described noticing positive changes in their lives during the times I was working with each of them.

While I appreciate that most experienced solution-focused counsellors will likely have found their own way of conducting the best hopes conversation, this study arose from my own experience as a trainee counsellor: I desperately wanted more understanding about conducting this conversation. I regularly lived out Paul Hanton's observation about the opening questions: 'if we get them wrong we are forever struggling to regain the focus' (Hanton, 2011, pp. 40-41). Adding to the understanding about what happens in the best hopes discussion and what might and might not be needed within it, is something that all solution-focused counsellors but particularly trainees might benefit from.

Limitations

However much the findings from my study can be correlated with the literature around building solution-focused discussions in counselling settings, 'definitive conclusions' are not the objective of small-sample qualitative practice-based research such as this. The four first sessions recorded and transcribed for this project were 'snapshots' of my practice on those days in those discussions. Not only would another counsellor find different practices in their own work if they replicated this study; I would undoubtedly notice differences if I were to record another four opening sessions with new clients. The clients would bring their own best hopes to the discussions, and of course my own practice as a counsellor has continued to evolve in the period almost a year on from when the first session was recorded with Jacquelyn. There are also limitations associated with how I went about seeking a client voice in this study, some of these relating to the ethics of asking individuals to participate in a research study as part of their first counselling session.

This study involved a very small sample size. It could be argued that it is a limitation to have only four client discussions within the study. I needed to keep the project at a manageable size and even had I included twice the number of participants, making generalizations from the findings would still have been difficult; but to be able to make generalizations or draw conclusions was not the point of the study. The four transcripts I was able to analyse from the recordings provided a wealth of rich data, only a portion of which has been included in this thesis. As has been discussed I have been able to draw out learning for my own practice and offered a case study for others to consider.

There were challenges in using short interviews to obtain a client voice. The interviews I had with the participant clients were deliberately general in scope: they were semi-structured

in that I had only two questions for them to answer, mainly to minimize the additional imposition on the participant clients after their first session with me. I did not want to prompt the participant clients towards any particular area of focus as I was not trying to test a hypothesis or to centre on any given aspects of my practice. The first interviews were conducted at the end of intense opening counselling sessions and asked the clients to recall elements from a discussion that had happened about 40-50 minutes previously, while the second interview took place two or three weeks later. It was taxing for most of the participants to remember details from the initial discussion in the first instance, and the timing of the follow up interview possibly should have been at the client's discretion: for Rochelle three weeks later was too late, and for Kellie it was evidently too early for a considered reflection. I was hoping for responses about specifics, along the lines of: 'It was really helpful when you asked me…. because……'. In this I was to be disappointed, but the clients did indicate that they felt that the best hopes discussion had been helpful, even if they tended towards generalisations in their responses. Even this needs some qualification however, as is discussed in the immediate following subsection.

The participants may have affiliated towards me in their sessions and in their interviews

All four participants were aware that I was conducting the research as part of my university Master of Counselling degree. It is entirely possible that some or all of these four clients were more willing than perhaps they might otherwise have been to affiliate with my questions and previously noted management of the conversation in the session, because they were aware of the recording taking place (it is not only counsellors who have performance anxiety in these spaces!) (Frank & Frank, 1993). There was also an unaddressed power imbalance: while I was the researcher, I was also their counsellor who would continue to work with them in subsequent sessions. It therefore would have seemed in the participants' best interest to

offer largely positive feedback to me in this discussion: they wanted to believe that their therapist was competent, that they had had a worthwhile session, and that I would be happy to see them come back again to the next session because they had said nice things to me (Frank & Frank, 1993). To have proposed an interviewer other than myself would have seemed, at best, potentially invasive of the client's privacy. Furthermore, the clients would have known that eventually I would still read or listen to their responses to the neutral interviewer and the potential threat of my dual role would therefore remain.

In acknowledging the limitations of the both the timing of the interviews and the potential for the participant clients' answers to have been biased in my favour, it is important to recognize that in the spirit of social constructionist thinking, I can only work with the responses I received. Speculation about what could have been effected differently or what might have influenced the clients' responses should not negate the feedback I did receive from the clients in the interviews. Not only did three of the four offer succinct summaries of what they had found useful about the discussion, but I also received rich feedback about topics I had never considered, which would not likely have happened had I presented them with a questionnaire or asked another person to conduct the interviews. As has been noted, 'if anything matters then everything matters' (Young, 2007, p. 237): while Rochelle's comments about humour in the session I might have guessed at, and I could understand the importance of confidentiality to Kellie; I would never have imagined, as Tony described, that a client might find filling out intake forms to be helpful preparation for counselling. In this way the interviews again made me aware of the importance of never assuming what might or might not be significant for a client.

I was both a participant and the researcher. This dual position potentially biased the findings: firstly it was obviously easier for me to notice things about my own talk-in-interaction than the clients', particularly as I provided nearly 50% of the turns at talk over the four transcripts, while the other participants each had only 12-15% of these. It is entirely possible that another researcher would have noticed more about the clients' responses, or different practices from the ones which have stood out to me in this study. Furthermore, I was also the only person who listened to the recordings and completed the transcriptions as part of the agreement I made with the clients to ensure their privacy. As previously noted, my own performance anxiety during the sessions with the participant clients was evident to me when I listened to the recordings. I have to assume that similar levels of wanting to do a good job (and to be seen to do a good job) will have been present and affected the transcription process itself. It has been noted that 'the transcriber is a meaning-generating agent, selecting portions from the flow of the recording and turning them into meaningful units. What they do can thus be described as 'doing data' – a methodical generation of a social reality; more precisely, an artifact, which then determines the reality of the research process' (Ayaß, 2015, p. 511) Bearing this in mind, despite my best efforts to be as faithful as I could be to the recordings as I honed the transcriptions, I have undoubtedly created artefacts which to a degree reflect my own interests and preconceptions, to say nothing of the errors which undoubtedly will also have crept in. In addition, as I completed the analysis independently to fulfil the requirements of a Master's thesis, biases and blind spots such as those discussed in the Methodology chapter will have gone unnoticed and unchallenged in ways that might not have happened had I been working with someone else. In acknowledging these limitations, this study was primarily looking at my own practice with clients in these initial discussions, and in that sense looking at the findings of the study, I

have been able to bring a richness of reflective thinking about the artefacts that another researcher examining the same transcripts simply would not possess.

Recommendations for further study

As has been previously noted, this is a small study, but it does invite further research.

It would be useful for more investigation to be instigated around the client's experience of the best hopes discussion and their thoughts on how important it was to their counselling experience as a whole, particularly as compared with the importance placed on this opening discussion by solution-focused counsellors. As has been indicated in the earlier discussion of the 'confirmation of direction' question, I think the question of how the conversation is understood by clients and counsellors is a significant one. My inclination is that perhaps a thematic qualitative investigation might be appropriate to explore this question. It might be possible for a researcher to meet with the client participants at the end of the best hopes discussion to review what had happened, and perhaps again at the end of the first session and at least one further time, possibly after the counsellor and client close their work together. The counsellor(s) conducting the session would also need to answer similar questions. The findings of such a study may suggest how much time counsellors should consider spending on trying to complete the best hopes conversation. In light of my discussion with the participant clients in the present project, I now hold the suspicion that it is possible to aim too high, towards a *best* best hope, which may be more than is required. Perhaps the proposed study of the clients' experience of the best hopes discussion might indicate rather than worrying about 'getting enough' from the client in the best hopes discussion, a counsellor's objective might only need to be co-constructing enough of a preferred outcome understanding that they themselves feel confident will suffice to enable them to provide an initial heading for the session and construct their first question(s).

As a more immediate 'next step' project, I think a similar study to mine conducted by different counsellors with different clients but employing microanalysis of the best hopes discussion would likely yield an enormous wealth of data. I think that incorporating the non-verbal language aspects of talk-in-interaction in a study of the best hopes conversation would be illuminating, particularly as the counsellor and client are at the same time becoming used to interacting with each other in these opening minutes of their first session (Bavelas & Chovil, 2000). Such a study would need to be carried out by at least two researchers to enable discussion around the verbal and non-verbal language in the video recordings. With my data I was continually aware that I was missing things, and that there were interesting possibilities I could have followed, but I had to make choices about what I had the capacity to focus on. For the micro-analysis study I am proposing, not only would another researcher, or perhaps a small team, enable a more rigorous examination of the data, but a shared project would bring greater balance to the investigation.

In view of the way my own practice is developing I would very much like to see further research conducted around the best hopes conversation in the arena of couple counselling. As textbook examples of the best hopes discussion with individuals are often limited and oversimplified, my experience is that this is even more the case with examples of similar discussions with couples. The process of gaining a shared preferred future that both parties will subscribe to is extremely challenging, especially as initially even agreement about the problem (let alone possible solutions) is all but unheard of (Connie, 2013). A conversation analysis or microanalysis exploration of the process of gaining a best hope with couples would be very valuable for counsellors seeking to work in relationship counselling in a solution-focused way.

In exploring the best hopes discussion with couples however, the difficulty is that larger issues are also potentially in play, which open questions about the pure solution-focused approach. Although Connie (2013, 2017) has spoken and written about the importance of gaining a unified best hope that both members of the couple are happy with, writers such as Dermer et al. (1998) and McConkey (1992) have offered a feminist perspective that argues that SFBT's focus on a unified goal does not adequately consider larger system influences. While de Shazer said that everyone must be able to live with the 'miracle', this proviso 'does not question whether relationships are worth protecting' (Dermer et al., 1998, p. 243). As the best hopes discussion unfolds with a couple, achieving a shared desired outcome may unintentionally be a contract between unequals: 'In the name of giving clients what they "want," therapists sometimes unwittingly help women become better "second class citizens"' (Ault-Riché, 1986; cited in Dermer et al., 1998, p. 247). It has also been pointed out that SFBT's behavioural orientation can privilege a predominantly 'male' way of doing things (Dermer et al., 1998), which I inadvertently discovered in my own practice with Rochelle as I missed the clear openings to bring the client's nurturing story with her son Tyler into her developing preferred future description. It would be worthwhile for a research to explore how solution-focused counsellors working in couples counselling address these and other related concerns.

Conclusion

This study has made me aware of more of the minutiae of the best hopes conversation, and cognisant that there is much more left for me to uncover in future practice-based research studies. The benefit of research as a reflective tool for improvement/development of counselling practice has been very evident from this study into my own work in sessions:

throughout the study many different aspects of the research process heightened my in moment reflexive practice with clients, and this is a process that has continued. I am now increasingly aware of how much I pro-actively manage the discussions I co-construct with my clients, and also of the responsibility that comes with this to make sure that I endeavour to lead from one step behind with integrity and humility.

As mentioned in the opening introduction chapter to this thesis, when I began this research, I called it 'the dance of the best hope.' In ballroom dancing (about which I still confess to know very little) my understanding is the person who 'leads' is generally trying to make it as easy as possible for their dancing partner to follow and co-construct the dance together. The lead also makes the partner look good, while at the same time making their partner feel confident to perform their steps. As an analogy for the best hopes conversation, I think it resonates.

Trepper and Franklin spoke of '…the importance and possibilities of practitioners doing empirical research on their own work, using the results of that research to improve their services and also to provide important information that can be added to the empirical archive for use by other researchers' (Trepper & Franklin, 2012, p. 408). I can state that from completing this research my practice with clients has changed and has – I trust – been enhanced. Conversation analysis is a cumulative approach, and each new study adds to knowledge within the field. Most of all my best hope is that another person developing their skills in solution-focused counselling may come across this work and find something in it that is useful for their own practice.

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Appendix A – ethics approval statement, University of Canterbury Human Ethics Committee

UNIVERSITY OF CANTERBURY
Te Whare Wānanga o Waitaha
CHRISTCHURCH NEW ZEALAND

HUMAN ETHICS COMMITTEE

Secretary, Rebecca Robinson
Telephone: +64 03 369 4588, Extn 94588
Email: human-ethics@canterbury.ac.nz

Ref: HEC 2020/15

14 May 2020

Alan Grant
School of Health Sciences
UNIVERSITY OF CANTERBURY

Dear Alan

The Human Ethics Committee advises that your research proposal "The Dance: How Do a Solution Focused Counsellor's Formulations Assist the Co-constuction of a Client's Best Hope?" has been considered and approved.

Please note that this approval is subject to the incorporation of the amendments you have provided in your email of 14th May 2020.

Best wishes for your project.

Yours sincerely

Dr Dean Sutherland
Chair
University of Canterbury Human Ethics Committee

Appendix B – telephone script for introductory calls to potential participants

Scripted information for counselling team members relating to inviting clients to become potential participants in Alan Grant's research study.

Hello, my name is _____

I'm calling from [name of agency] in Timaru. I'm just confirming that you have spoken with someone here about getting counselling services?

(Assuming that the person confirms that this is the case)

That's good, we have you here in our records and as soon as a counsellor becomes available they will contact you to make an appointment.

The other main reason for this call is that one of our counsellors is doing a research study in conjunction with completing a Master's thesis, and which you may have the opportunity to take part in.

Would you be interested in knowing a little about this?

If the client says that they are not interested, continue with the script in the box below

> That's perfectly fine – the counsellor is only looking for a small number of participants, so this is not a problem at all. Your referral is with the counselling team, and someone will be in contact with you as soon one of the team is able to meet with you.

If the client is potentially interested in finding out more, please use the script below

The counsellor's name is Alan and he is completing a Master's thesis in Counselling through the University of Canterbury. He's wanting to find out what people notice is helpful when they first come to counselling.

It's very much a small study. He wants to talk with people who are about to start counselling to try to make it easier for people in the future. The people who participate in the study receive exactly the same counselling service as everyone else, so there is no pressure on you at all to be involved.

It would not commit you in any way to being part of the study, but would you be willing to let me to pass your contact details on to Alan so that he could get in touch to talk to you a bit more about the study?

If the client has immediate further queries about the study, please refer to the FAQ list. If the client's question is not covered by the list, explain that you will pass their question on to Alan (note it down) and that he will have an answer for them when he calls them back.

If the client is willing to be contacted about the study, please pass the information on to Alan.

Please paperclip a note to the client's file indicating when you called them (date and time), your name and whether they were or were not willing to have Alan contact them further

Appendix C – introductory letter emailed to prospective participants

Alan Grant
University of Canterbury School of Health Sciences
Telephone: +64 27 686 2011
Email: alangrantcounselling@gmail.com

[prospective participant name]
[prospective participant postal address]
[date]

Dear [prospective participant name]

Thank you for your interest in my research study. I am attaching some more information about the project, as well as a copy of the Consent Form that every participant in the study will need to sign prior to taking part in the research.

While I am hopeful that you will decide to be part of this research process, again I need to let you know that if you decide that you do not want to be involved, then this will make no difference at all to the counselling service you will receive at [name of agency]. If you feel uncomfortable, or decide that you do not want to participate and would prefer that I did not call you again about the study; please contact [name of my administrative supervisor], the practice leader at [name of agency]. She will ensure that your name is removed from the list of people who may be interested in being part of this project. [My administrative supervisor]'s direct cell number is [withheld], her email is [withheld email address], and you can also reach her via the [name of agency] landline phone on [agency phone number].

Unless I hear otherwise, I will contact you again by phone about a week after you receive this letter. At that time I will need to know whether or not you are willing to be involved and have your first counselling session with me recorded. Once that decision is made (one way or the other) we will look to get your counselling underway as soon as we can. If you decide not to be part of the study, you can, if you wish, request a different counsellor than me if that would make you feel more comfortable.

Please do not hesitate to contact me if you have any questions.

Thank you again for considering being part of this research study.

Yours sincerely

Alan Grant

Appendix D – information sheet emailed to prospective participants

Department: School of Health Sciences
Telephone: +64 27 686 2011
Email: alangrantcounselling@gmail.com
[Date]
HEC Ref: 2020/15

UNIVERSITY OF CANTERBURY
Te Whare Wānanga o Waitaha
CHRISTCHURCH NEW ZEALAND

The Dance of the Best Hope
– what is helpful in opening a solution-focused conversation?
Information Sheet about the research project

My name is Alan Grant and I am working as a counsellor while completing my Master of Counselling thesis through the University of Canterbury.

For my university thesis, I am doing a study to try to find what is helpful for people when they have their first session with me. I want to know if there are things I say or do that people find useful when we're talking about what they are hoping will be better from coming to counselling.

With their permission I will audio-record the first counselling session I have with each of the study participants. (I will use two different dictation recorders just in case one develops a fault.) I will conduct a close analysis of the conversation captured by the recordings to explore what it was in the discussion that seemed to be useful for the participants as we were speaking. At the end of the session I will also ask each person two questions about what they found helpful while we were talking (this short discussion will also be recorded so that the participants' ideas form part of the analysis). All up this will take about 90 minutes.

When these people come back for their next counselling session, we will spend a few minutes discussing the first session again, just in case they've thought about anything else since we spoke. I will record that little interview, but then the recorders will be switched off, and the second session of counselling will carry on as normal. The total time for this will be about 75 minutes. There will be no other recording done in any other session, although if participants wish to talk informally about any other aspects of their counselling experience with me in relation to the research I am conducting they may do so, and although not recorded verbatim, any ideas from such dialogues may form part of my write up.

The people who agree to be part of the study will be able to change their mind and the recording will stop and all the recording that has occurred up until then will be deleted. If people opt out they can continue counselling with me, and this will be unaffected. If they then decide that they would rather work with a different counsellor, this will be arranged. The participants will also be given the name and number of a person at [name of agency] who they can contact by phone or in person to talk about any part of the process.

I will closely study the recordings to find out what people seem to find helpful in their first counselling sessions. I will confirm with each participant that they are happy to remain part

of the project before I begin writing up the research, as once this process begins it will no longer be possible for people to withdraw from the study.

The names and information about everyone who is involved with the study will be kept confidential throughout the process. When I write up the results of the project, all the names and details will be changed, and no participant will be identified in the presentation of the findings of this research. While I am happy to provide copies to participants of their own recordings if they wish to have these, my own original recordings will be destroyed at the end of the project.

A Masters thesis is a public document and when I am finished my thesis will be put in the University of Canterbury Library. People who have been participants in the study – if they want – will also be given a summary of the study's results.

If you are interested in being part of this project, I will be happy to answer any questions you may have. If you decide you do want to be part of the project, I will need you to sign a consent form before we begin. You will be encouraged to ask any questions that may arise for you at any point of the process.

The project is being carried out as a requirement for a Master of Counselling degree by Alan Grant under the supervision of Dr Judi Miller and Dr Mairin Taylor, who can be contacted at judi.miller@canterbury.ac.nz or mairin.taylor@canterbury.ac.nz. They will be pleased to discuss any concerns you may have about participation in the project.

This project has been reviewed and approved by the University of Canterbury Human Ethics Committee, and participants should address any complaints to The Chair, Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

Appendix E – consent form signed by all participants

Department: School of Health Sciences
Telephone: +64 27 686 2011
Email: alangrantcounselling@gmail.com

UNIVERSITY OF CANTERBURY
Te Whare Wānanga o Waitaha
CHRISTCHURCH NEW ZEALAND

The Dance of the Best Hope
– what is helpful in opening a solution-focused conversation?
Consent Form for participants

- ☐ I have had this project explained to me, and have been able to ask questions. I have also been given an information sheet about the project and contact details for the researcher's university supervisors.
- ☐ I understand that if I agree to take part in the research my first counselling session and a short interview will be audio-recorded. I will also be asked to take part in a short interview which will also be recorded before the start of my next counselling session. I understand that no other recording will take place. I understand that I may request copies of my own recordings.
- ☐ I understand that at my own initiation I am welcome to discuss any aspect of the study with the counsellor if I wish to make a further contribution to his research process. Although not recorded, the counsellor's recollection of and reflection relating to any such discussion may form part of the write up of the study.
- ☐ I understand that I do not have to be part of the project and I can decide to withdraw at any time without penalty. I have been given the name and details of a contact person with whom I can discuss concerns or pass on my withdrawal from the study.
- ☐ I understand that if I decide to withdraw from the study I may choose to continue working with the counsellor, or to ask to be re-assigned to a different counsellor.
- ☐ I understand that if I withdraw from the study all the information about me, including any recordings, will be deleted.
- ☐ I understand that once the researcher begins the analysis and write up of the study data it will no longer be possible for me to withdraw from the study, but that I will be asked for my continuing consent before this happens.
- ☐ I understand that any information or opinions I provide will be kept confidential to the researcher and, with identifying information removed, the researcher's supervisors. I understand that all the information that could identify me or anyone else in the study will be removed as the report is completed.
- ☐ I understand that a thesis is a public document and will be available through the University of Canterbury Library.
- ☐ I understand that all the recordings collected for the study will be kept in locked and secure facilities and will be destroyed when the project is completed. Transcripts of the recordings will be held by the University of Canterbury for five years then securely destroyed.
- ☐ I understand that a copy of this form will be held with my referral notes by [name of agency], but that this will be the only information relating to the study that the agency will retain linked to myself.
- ☐ By signing below, I agree to participate in this research project.

Name:_____ Signed:_____ Date:_____

Email address *(for report of findings, if applicable)*:_____

When you have completed this form, please pass it to the researcher prior to the beginning of your first counselling session.

Appendix F – information sheet provided to participants when consent form signed

Department: School of Health Sciences
Telephone: +64 27 686 2011
Email: alangrantcounselling@gmail.com
[Date]
HEC Ref: 2020/15

UNIVERSITY OF CANTERBURY
Te Whare Wānanga o Waitaha
CHRISTCHURCH NEW ZEALAND

The Dance of the Best Hope
– what is helpful in opening a solution-focused conversation?

Information Sheet for research project participants

Thank you for agreeing to volunteer to be part of this study! I hope that you will find the process interesting and also helpful for you (not just for me) as we talk together. You already have a full information sheet about the project, this sheet just has some additional details that it's important you know and understand.

- Most important – your counselling comes first. That is the priority for you and me right the way through. Everything related to the research comes a distant second to your needs as the client.

- While we are talking in session, it is always okay for you to ask any questions you like related to the project: this in no way affects the data. We don't have to pretend that it's not being recorded or anything like that. It's also fine for you to ask any questions when we're not recording as well.

- Before we start the session we will talk about and agree on a signal you can give me at any stage if you want me to switch the recording devices off. It is okay at any stage while we're recording for you use this signal or to say 'I would feel better if we stopped recording' and I will immediately turn the recording off. We can then talk about where you feel you're at and together work out what would be for the best. Obviously if you want the recording deleted, that is easy and takes about five seconds.

- Unless you ask me to do so, I will not stop the recorder myself during the session because I will not want to presume anything, nor interrupt your flow.

- As noted in the letter you received, the practice leader at [name of agency] is [practice leader's full name]. She is also the counselling team leader. [Practice leader's first name] is the contact person other than myself for all of the participants in the study. If you have questions or concerns that you don't feel comfortable to talk with me about, or you decide you want to pull out and/or have a different counsellor, then you can contact [Practice leader's first name] and she will ensure that you are looked after. [Practice leader's first name]'s direct cell number is [phone number] her email is [email address], and you can also reach her via the [name of agency] landline phone on [phone number]

- Now is always a great time to ask questions.

Appendix G – frequently asked questions prepared for clients and agency staff

FAQ – in case anyone asks directly

1. Who is the research being undertaken by?
2. Who is supervising the research process?
3. What is the objective of the research?
4. Is [the agency] connected to the research?
5. Why am I being invited to consider participating?
6. What does the research involve for me as a potential participant?
7. How will I be kept informed by the researcher/counsellor?
8. How will the research be undertaken?
9. Who will benefit from this research?
10. How many participants will be involved?
11. That's not a big sample: how does this work?
12. Who will have access to the recordings of my session and my questions?
13. What will happen to the recordings once the analysis has been completed?
14. Will this research be published?
15. When will the project be completed?
16. Will I be given feedback on the outcomes of the research?
17. What sort of counselling is this?
18. The counsellor doesn't know what I'm going to want to talk about – does that matter?
19. What if I decide to change my mind?
20. How much time is this going to involve for me?
21. Will I get paid?
22. Are there incentives for me to participate?
23. What happens if the counsellor doesn't get enough participants?
24. Can I get a copy of the recording of my session?
25. Might my recording be used for other things?
26. Why is the study called 'the dance of the best hope'?

1. Who is the research being undertaken by?
    - *Alan Grant, a counsellor at* [name of agency], *who in 2020 is completing a thesis for a Master of Counselling degree through the University of Canterbury*

2. Who is supervising the research process?
    - *Alan has two supervisors at the University of Canterbury, Dr Judi Miller and Dr Mairin Taylor, whose contact details are provided in the information sheet for study participants. Alan also is in close contact with both the practice leader* [name of agency], [name]*; and the centre manager,* [name of manager]*, with regard to all aspects of his research involving* [name of agency] *clients*

3. What is the objective of the research?
    - *Alan hopes to find out what clients find helpful when talking in the first session about what they hope to be different in their lives from coming to counselling*

4. Is [the agency] connected to the research?
    - [name of agency] *is supporting Alan as he completes his thesis research, and endorses his intention to improve his own skills and provide new information for colleagues through the process of completing his research. While Alan is employed by* [name of agency]*, the agency is not directly connected to the research he is undertaking: Alan's research is under the supervision of the University of Canterbury*

5. Why am I being invited to consider participating?
    - *We are asking the majority of potential clients who approach* [name of agency] *at present if they would be interested in being part of the study.*

6. What would the research involve for me as a potential participant?
    - *If you decided to participate in the study, the research process would not change the counselling service you would receive from Alan; other than that the first session you have with him would be audio-recorded. Alan will also ask you some questions at the end of that session and immediately prior to your second session with him, about what you found useful or helpful in your discussion with him. Your first session will be about 90 minutes rather than one hour long to allow for this, and your second session probably about 75 minutes.*

7. How would I be kept informed by the researcher/counsellor?
    - *If you decided to participate in the study, Alan will be your counsellor and he will make the bookings with you at a time that works for you both. Any questions you have about the counselling or the research you can talk with him about.*

8. How will the research be undertaken?
    - *If you decided to participate in the study, the research process would not change the counselling service you would receive from Alan; other than that the first session you have with him would be recorded. Alan will also ask you some questions at the end of that session and immediately prior to your second session with him, about what you found useful or helpful in your discussion with him. Your first session will be about*

90 minutes rather than one hour long to allow for this, and your second session probably about 75 minutes. These details are in the participant information sheet.

- *Alan will go over the recordings looking for things that people seem to find helpful in the sessions. He will also use the answers people give in the discussions to help him understand what was happening during the session.*
- *Alan hopes that some patterns will emerge that seem to suggest particular questions or topics are helpful for his clients in opening sessions.*

9. Who will benefit from this research?
    - *Mainly the clients Alan will see in the future. In the wider field Alan's completed thesis will be a public document, and he will share his findings with other counsellors both in New Zealand and abroad.*

10. How many participants will be involved?
    - *The intention is that four people will be involved, however if a participant opts to pull out or has to be withdrawn from the study for any reason, another person will be invited to take part.*

11. That's not a big sample: how does this work?
    - *This study is a qualitative study – it's looking at a small number of samples in great depth, rather aiming to draw statistical conclusions. Alan wants to know what his clients are finding helpful in his work with them.*

12. Who will have access to the recordings of my session and my questions?
    - *Alan will have access to the recordings. He will conduct all the analysis, supported by his supervisors. You will not be identified to his supervisors, and your recordings will not be made available to anyone else, including staff at* [name of agency]. *Once Alan's thesis has been completed and accepted by the University, your recordings will be destroyed, although information which doesn't identify you will be held for a certain time by the University under its research policies.*
    - *You may, if you wish, arrange a time with Alan if you wanted to review your recording with him, and he can arrange for you to receive a copy of your recording*

13. What will happen to the recordings once the analysis has been completed?
    - *The recordings will be destroyed (though if you ask for your own copy, obviously you may keep this)*

14. Will this research be published?
    - *Alan plans to submit his thesis by the end of 2020. The published thesis should be available through the University of Canterbury library in 2021. If you wish to have a summary of Alan's research findings when the study is completed, Alan will be happy to arrange that with you.*

15. When will the project be completed?
    - *Alan plans to submit his thesis by the end of 2020. The published thesis should be available through the University of Canterbury library in 2021. If you wish to have a*

summary of Alan's research findings when the study is completed, Alan will be happy to arrange that with you.

16. Will I be given feedback on the outcomes of the research?
    - *If you agree to participate in the study, you and Alan will discuss how much you would like to be kept informed of his progress, analysis and outcomes, as his research continues. Alan plans to submit his thesis by the end of 2020. The published thesis should be available through the University of Canterbury library in 2021. If you wish to have a copy of the completed thesis, Alan will be happy to arrange that with you.*

17. What sort of counselling is this?
    - *The type of counselling that Alan specialises in is called Solution-Focused Brief Therapy. Working with clients in this way tends to focus the session in depth on the outcome the client wants from coming to counselling and the resources the client has which will aid them in bringing this preferred future about.*

18. The counsellor doesn't know what I'm going to want to talk about – does that matter?
    - *Not at all – counsellors often do not know what their clients want to talk about when they first arrive for counselling. Ensuring that clients are able to get to talk about what is really important to them, as easily as possible, is one of the key goals of this research.*

19. What if I decide to change my mind about participating after I've said 'yes'?
    - *Alan will talk to you prior to your first session anyway and will emphasize to you that the important thing is your counselling, not the research project. You can change your mind at any stage before, during or after the session and the recording will be stopped or erased, and your counselling will continue. This is also on the participant information sheet.*

20. How much time is this going to involve for me?
    - *In addition to your counselling sessions, less than one hour overall. Most counselling sessions run for about an hour. If you decide to participate in the study, in order to complete the session and the follow up questions, you will be asked to book a 90 minute appointment rather than one hour. As Alan will ask you a few more questions immediately before your second session, you will probably need about 75 minutes for that session. These details are in the participant information sheet.*

21. Will I get paid?
    - *I'm afraid not. At* [name of agency] *the first session of counselling is free for all clients, and this will not change whether you participate in the study or not.*

22. Are there incentives for me to participate?
    - *Alan is hopeful that the participants in the study will feel some sense of being very much involved in the research and sharing in the knowledge that is being generated, and also knowing that hopefully people in the future will benefit from your involvement.*

23. What happens if the counsellor doesn't get enough participants?
    - *Alan will need to petition the university to extend his deadlines until he has sufficient numbers of clients who have agreed to be involved*

24. Can I get a copy of the recording of my session?
    - *Yes. Alan will only be making audio not video recordings of the session and interviews. If you would like to have a copy of the recording of your session, Alan will be able arrange that for you.*

25. Might my recording be used for other things?
    - *No. There are occasions when counsellors and clients record sessions that may later be used for teaching or training purposes, or for the counsellor's professional development with his or her supervisor; and this is agreed beforehand between the counsellor and the client. In the case of all the recordings Alan makes for <u>this</u> study however, the university ethics requirements mean that these are only permitted to be used in the course of Alan's Masters research thesis.*

26. Why is the study called 'the dance of the best hope'?
    - *The title refers to the process of the two participants in a counselling discussion moving towards talking about what it is that the client hopes will come from counselling. Sometimes it is a little bit like a sort of old-time dance where one action or spoken thought by one partner leads to a response from the other partner, and this in turn leads to a new response and so on.*

Appendix H – explanation of Jeffersonian notation symbols

symbol	explanation	example
	Speech and paralinguistic features are written to try to get the actual sounds heard	A: tsa nice office B: Is thït chair okay? S'apillow if y'want
.,?	Punctuation shows 'usual' intonation and inflection	A: no I'm righ. I'll jst put that there B: you're sure?
[ ]	Speakers' talk overlaps, brackets show beginning and end	A: I'm all good th[ank you] B: [you're g]ood
=	Latching: there is no break or gap between speech or lines	A: Before we start= B: =mm-hm=
(.)	A gap in speech, apparent, but too small to measure	A: =I've not (.) bin to see a counslla befoah
(.4)	A pause in speech measured in tenths of a second	B: Well (.4) hopefully thisis useful f'you
⌈ (1.5) ⌊	Numbers show elapsed time between the sound at the end of the first bracketed line and start of the sound in the last bracketed line	A: ⌈ Yeh I hope so too B: ⌊ so= A: (1.5) =I mean= B: ⌈ =mm A: ⌊ =comin here thatit'll help
<u>word</u>	<u>Underlining</u> shows stress or emphasis on the sound	B: Okay, so if this <u>is</u> going tï be helpful for you, how will you know?
WORD	CAPITALS show louder sounds compared to surrounding talk (pronoun 'I' is unaffected)	A: oh I don't kNOw. That's why I've come. I REally don't know what tï do. There's so much I've got goin on
:	Colons indicate lengthening of sound (more colons = longer)	B: O::[kay] A: [Tht]s why I've <u>co:</u>me (.3) tï counslling
.h	Shows intake of breath (more h's = longer inhalation)	B: .hhh So <u>if</u> our meeting today is <u>u</u>seful, whadda you hope will come from it
h	Shows exhalation (more h's = longer exhalation)	A: hh I guess I wanna git sum advi::ce
↑ ↓	Arrows show noticeable pitch up or down in speech/sound	B: Ri↓::ght.
°word°	Words bracketed °are softer° than surrounding talk	A: coz things have bin hard (.2) °fï me°
< >	Words bracketed <are slower> than surrounding talk	B: so if this time was <↓<u>use</u>ful> for you and you were to get some useful advice=
> <	Words bracketed >are faster< than surrounding talk	A: =well >thattid be good becoz thn I cn move forward< (.) and get my li:fe back
(h)	shows plosiveness (e.g. laughter, sob, sharp inbreath)	coz it's bin rea(h)lly to↑ugh (.6) t'keep go:↑ing
-	Indicates cut off speech	B: mm-hm (.8) wha-w-how wd dju know-=
worhhd	'h's indicate breathiness sounds	A: =I wouldn feel so a↓<u>lo:</u>hhne. I feel like my
(st)	words/sounds in parentheses unclear in recording	life is (gt) hhh (h) I jst don k↓<u>no</u>hhw=>dju know whaddI<mean?
(( ))	Double parentheses contain transcriber's descriptions	B: °mhm° (.6) ((clears throat)) so if coming here today helped gt yr life back on track,

Adapted from Jefferson (2004) *and* Madill, Widdicombe & Barkham (2001)