“JOLLY GOOD NUTTER”: A DISCURSIVE PSYCHOLOGICAL EXAMINATION OF BIPOLAR DISORDER IN PSYCHOTHERAPEUTIC INTERACTIONS

Don Bysouth
BSc (With Distinction), BSc (Honours)

This thesis is presented for the degree of
Doctor of Philosophy
Murdoch University
2007
I declare that this thesis is my own account of my research and contains as its main content work which has not previously been submitted for a degree at any tertiary education institution.

______________________________

Don Bysouth
ABSTRACT

This dissertation examines how bipolar disorder, a common and disabling psychiatric condition, is made relevant as a participants’ concern in a site of massively consequential psychological business – the psychotherapy session. As its central thesis is the claim that the practices by which bipolar disorder gets done as bipolar disorder are invariably absent in most formal accounts of the disorder. In this regard, the dissertation provides an empirically grounded description of a range of discursive practices associated with the doing of bipolar disorder in psychotherapy. This is undertaken from a discursive psychological orientation that draws extensively from ethnomethodology, conversation analysis, and Wittgensteinian philosophy.

Following a review of bipolar disorder as a diagnostic psychiatric category, consideration is given to alternate conceptualisations which suggest the category is constructed in-and-through complex socio-historical practices which are often occluded and considered irrelevant to the category’s situated deployment. This notion is used to provide a more sustained examination of how one might ‘get at’ such practices in situ by way of conducting ethnomethodological and conversation analytically informed investigations. In consideration of how one might approach psychological categorisation practices in talk-in-interaction, a discursive psychological orientation is developed which stresses the social, public nature of psychological categories in use.

The empirical materials examined in the dissertation are drawn from a corpus of audio recordings of seven ‘naturally occurring’ psychotherapy sessions involving a clinical psychologist and five clients for whom the category ‘bipolar disorder’ has demonstrable relevance. Practices examined include those relating to the production and recognition of what might count as a bipolar disorder ‘symptom’, the manner in which ‘moods’ operate as account production devices, and the methods by which psychological terms (such as ‘thought’ and ‘feel’) operate in-and-as situated practices involved in psychotherapeutic business.
<table>
<thead>
<tr>
<th>TABLE OF CONTENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT .......................................................... iii</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS ................................................... viii</td>
</tr>
<tr>
<td>EXERGUE .............................................................. xi</td>
</tr>
<tr>
<td>INTRODUCTION ......................................................... 1</td>
</tr>
<tr>
<td>CHAPTER 1 Bipolar Disorder .......................................... 9</td>
</tr>
<tr>
<td>Historical Conceptualisations ..................................... 10</td>
</tr>
<tr>
<td>Contemporary Conceptualisations of Bipolar Disorder .......... 13</td>
</tr>
<tr>
<td>The Development of an ‘Official’ Classification ................ 15</td>
</tr>
<tr>
<td>The Contemporary DSM Account .................................... 19</td>
</tr>
<tr>
<td>Rose and Practices of the Self ..................................... 27</td>
</tr>
<tr>
<td>Coulter and Practices of Insanity Ascription ................... 37</td>
</tr>
<tr>
<td>Rose, Coulter, and Practices ....................................... 46</td>
</tr>
<tr>
<td>Conclusion ...................................................................... 49</td>
</tr>
<tr>
<td>CHAPTER 2 Describing Description in the Social Sciences ....... 52</td>
</tr>
<tr>
<td>Ethnomethodology ...................................................... 55</td>
</tr>
<tr>
<td>Ordinary Language and Zero-Degree Accounts ................... 62</td>
</tr>
<tr>
<td>Conversation Analysis ................................................ 66</td>
</tr>
<tr>
<td>Institutional and Non-Institutional Concerns ..................... 72</td>
</tr>
<tr>
<td>Psychological Categories ............................................ 80</td>
</tr>
<tr>
<td>Membership Categorisation .......................................... 84</td>
</tr>
<tr>
<td>Some Contemporary Critique ......................................... 93</td>
</tr>
<tr>
<td>Some Connexions on the Surface .................................... 100</td>
</tr>
<tr>
<td>Conclusion ..................................................................... 104</td>
</tr>
<tr>
<td>CHAPTER 3 Discursive Psychology and Conceptual Confusions .. 107</td>
</tr>
<tr>
<td>Discursive Psychology ................................................ 108</td>
</tr>
<tr>
<td>Discourse as Resource and Topic ................................... 110</td>
</tr>
<tr>
<td>Action-orientation ...................................................... 111</td>
</tr>
<tr>
<td>Situated ........................................................................ 115</td>
</tr>
<tr>
<td>Constructed .................................................................... 117</td>
</tr>
<tr>
<td>Discursive Psychology’s Themes of Interest ..................... 119</td>
</tr>
<tr>
<td>Counter-Cognitivist Approach to Cognitive Topics ............. 121</td>
</tr>
<tr>
<td>Private Language ......................................................... 123</td>
</tr>
<tr>
<td>Rules ............................................................................ 126</td>
</tr>
<tr>
<td>Ordinary Language as Defining Psychological Phenomena ....... 128</td>
</tr>
<tr>
<td>Discursive Psychology: Conceptually Confused or Just Misunderstood? ............................................. 133</td>
</tr>
<tr>
<td>Discursive Psychology’s Raison d’être ................................ 144</td>
</tr>
<tr>
<td>‘Trains of Thought’ ....................................................... 150</td>
</tr>
<tr>
<td>Extract 3.1 .................................................................... 153</td>
</tr>
<tr>
<td>Extract 3.2 .................................................................... 155</td>
</tr>
<tr>
<td>Extract 3.3 .................................................................... 159</td>
</tr>
<tr>
<td>Conclusion ..................................................................... 160</td>
</tr>
<tr>
<td>CHAPTER 4 A Massively Consequential Site for the Doing of Psychological Business .................. 163</td>
</tr>
<tr>
<td>The Development of the Empirical Investigation ............... 164</td>
</tr>
<tr>
<td>Massively Consequential Settings ................................... 166</td>
</tr>
<tr>
<td>The Massively Consequential Site ................................... 169</td>
</tr>
<tr>
<td>Production of the Data Corpus ....................................... 171</td>
</tr>
</tbody>
</table>
Extract 7.20 ........................................................................................................318
Extract 7.21 ........................................................................................................319
Extract 7.22 ........................................................................................................320
Displays of ‘Thoughts’ and ‘Feelings’ ..................................................................324
Extract 7.23 ........................................................................................................325
Extract 7.24 ........................................................................................................326
Extract 7.25 ........................................................................................................327
Extract 7.26 ........................................................................................................328
Extract 7.27 ........................................................................................................329
Extract 7.28 ........................................................................................................330
Extract 7.29 ........................................................................................................332
Misalignments ......................................................................................................334
“And what do you need?” ....................................................................................334
Extract 7.30A ......................................................................................................334
Extract 7.30B ......................................................................................................337
Extract 7.30C ......................................................................................................339
Extract 7.30D ......................................................................................................342
Extract 7.30E ......................................................................................................344
“That’s just my internal thought” .........................................................................345
Extract 7.31A ......................................................................................................346
Extract 7.31B ......................................................................................................347
Extract 7.31C ......................................................................................................348
Extract 7.31D ......................................................................................................349
Extract 7.31E ......................................................................................................350
Extract 7.31F ......................................................................................................351
Extract 7.32A ......................................................................................................353
Extract 7.32B ......................................................................................................355
Conclusion ........................................................................................................357

CONCLUSION ......................................................................................................360

Appendix A
Table A1
DSM-IV-TR Diagnostic Criteria for a Manic Episode ........................................375
Table A2
DSM-TR-IV Diagnostic Criteria for a Major Depressive Episode .......................376
Table A3
DSM-IV-TR Diagnostic Criteria for a Hypomanic Episode ...............................377
Table A4
DSM-IV-TR Diagnostic Criteria for a Mixed Episode .......................................378

Appendix B
Glossary of Transcription Symbols....................................................................379

REFERENCES ......................................................................................................381
ACKNOWLEDGEMENTS

My supervisors, Ngaire Donaghue and Alec McHoul.

Ngaire, I cannot overstate how important your words of encouragement were, nor your capacity to accept (or at the least, reserve comment on) the often crazy schemes and plans that I would present on a regular basis. Your support for the direction my work eventually took was more than any candidate could hope for, particularly when my thinking appeared to come more from a ‘banana’ than say a ‘truck’.

Alec, I must say I’m not sure if thanks or recriminations are in order for (what appeared at the time to be trivial, throw-away remarks) your suggestions that I should go check out Garfinkel (“Who is that? Half of a folk duo?”), Sacks (“Eh? Something you put spuds in?”), and Wittgenstein (“Oh yeah, pfft, I’ve read him …”). Now, those particular Pandora’s boxes have been opened, only to reveal more boxes and bottles containing flies and beetles. I now have to live with their incessant buzzing and clacking until I can figure out a way to shew them out! Perhaps this dissertation can be the first few rungs of a ladder that I might climb to escape them? A step ladder. Anyways, that’s just one account (of infinitely many).

Susan Hansen for her generous friendship, mentorship, and devious priming activities. What Alec left unsaid, Susan sneakily suggested. I owe you a few of those fly bottles.

Anita Williams for her steadfast friendship, and moreover for tolerating my angst, made exquisite by her suggestions that Heidegger might have a solution for dealing with such a menagerie.

The anonymous participants. In the words of one: “Well I hope it’s useful for some people”. I hope so, too.

Murdoch’s Discourse Analysis Group, for tolerating my rants (in particular Farida Tilbury), and Murdoch’s Social Psychology Reading Group, for tolerating a heaping helping more of my rants.
Speaking of rants, a special belated thank you to my parents Joan and Don, for tolerating a lifetime of them.

Gerry Tehan and Mark Rapley for vouching for my capacity to undertake this work, which subsequently received financial support under a Murdoch University Research Studentship.

I’d also like to thank a number of academics who (knowingly or not) provided help and encouragement in a variety of forms (including, but not limited to, such activities as sending me offprints, picking up my dinner tab, or indeed tolerating with good grace the arrival of unsolicited manuscripts). In no particular order, my thanks to Derek Edwards, Jonathan Potter, Charles Antaki, Michael Lynch, Douglas Maynard, Anne Rawls, Virginia Teas Gill, Don Zimmerman, Reece Plunkett, members of Loughborough University’s Discourse and Rhetoric Group (for allowing me to ‘sit in’), and staff of Nottingham Trent University’s Division of Psychology (in particular Antonio Castro) for inviting me as a guest speaker to present materials from this dissertation.

Murdoch University Research and Higher Degrees Division, and Murdoch University Division of Health Sciences, School of Psychology, for financial assistance which (in addition to the provision of a Murdoch University Research Studentship) enabled me to present materials at conferences in Australia, Canada, and the United Kingdom – in addition to attending workshops and seminars.

And, while this dissertation might not provide for anything by way of a remedy, I dedicate it to those who have long suffered its putative topics.

紅珊

‘Wovon man nicht sprechen kann, darüber muss man schweigen’

For Dakota, Indigo, Akita.
During its preparation, portions of the dissertation were presented at a number of conferences and invited presentations (with my thanks to anonymous reviewers) as:


Portions of the dissertation submitted to journals:


x
I have a bunch of stuff and I want to see whether an order for it exists. Not that I want to try to order it, but I want to see whether there’s some order to it.

Harvey Sacks (1992) *Lectures on Conversation*, vol. 1, p. 646
INTRODUCTION

Subsequent to the identification of ‘manic-depressive insanity’ by Emil Kraepelin in the early twentieth century (Kraepelin, 1921), contemporary mainstream scientific conceptualisations of what is now called ‘bipolar disorder’ (e.g., Goodwin & Jamison, 1990) are that it is a serious brain disorder that produces intraindividual cognitive and emotional dysfunction with subsequent difficulties in social integration (e.g., American Psychiatric Association [APA], 2000; World Health Organization [WHO], 1992), that it is related to genetic factors that possibly give rise to gross neuropathology and systemic dysfunction in the regulation of brain neurochemistry (e.g., Belmaker, 2004; Blair et al., 2006; Kaufman, 2003), and that while it is incurable with current medical technologies, first line symptom amelioration is primarily composed of administering psychopharmacological agents to diagnosed individuals (e.g., APA, 2002; National Institute of Mental Health, 2002; Royal Australian and New Zealand College of Psychiatry Clinical Practice Guidelines Team for Bipolar Disorder [RANZCP-CPGT], 2004; Yatham et al., 2005). Soon, the genetic basis for the disorder will be revealed (e.g., Blair et al., 2006), and new and novel drugs will enable individuals afflicted with the disorder to lead relatively normal lives (e.g., Leonard, 2001; Malhi & Yatham, 2004).

Within this formulation, the identification and treatment of bipolar disorder could be seen as one of the success stories of biological psychiatry, and while criticism has been directed towards contemporary accounts of mental illness in general (e.g., Horwitz, 2002), specific illnesses such as schizophrenia (e.g., Boyle, 2002), and systems of mental health care delivery (e.g., Laurance, 2003; Newnes, Holmes, & Dunn, 1999), there appears to be a lack of critical commentary within the scientific literature specifically focused on mainstream conceptualisations of bipolar disorder.
In fact, it would appear that there is little controversy to be found at all, notwithstanding consideration of more practical concerns, such as the best way to achieve efficient healthcare delivery services that ensure appropriate diagnosis, the prescribing of the most efficacious medications, assisting patients to adhere to medication regimes and treatment, and ensuring adequate assessments of patient satisfaction (e.g., Dell'Osso et al., 2002; Frye, Gitlin, & Altshuler, 2004; Greil & Kleindienst, 2003; Johnson, Lundström, Åberg-Wistedt, & Mathé, 2003; Lingham & Scott, 2002; Sajatovic, Davies, & Hrouda, 2004).

Such complacency may well be unwarranted. The increase in the number of evidentiary claims of risk associated with generally available psychopharmacological therapies (e.g., Antonuccio, Burns, & Danton, 2002; Breggin, 2004; Fava, 2003; Ghaemi, Hsu, Soldani, & Goodwin, 2003; Goldberg & Truman, 2003; Kirsch, Moore, Scoboria, & Nicholls, 2002; Kirsch, Scoboria, & Moore, 2002); criticism directed at the methodologies of widely reported genetic inheritance accounts of psychopathology (e.g., Joseph, 2003; Leo & Joseph, 2002); the lack of identification of any unambiguous genetic susceptibility loci (e.g., DePaulo Jr, 2004; Dick et al., 2003; Friddle et al., 2000; Segurado et al., 2003; Stoltenberg & Burmeister, 2000); continuing issues regarding the problematic nature of diagnostic reliability and validity (e.g., Duffy, Gillig, Tureen, & Ybarra, 2002; Kirk & Kutchins, 1992); growing recognition of the heterogeneity of the bipolar disorder concept and the clinical, social, and economic problems associated with imprecise diagnostic categories (e.g., Alda, 2004; Angst & Gamma, 2002; Dunner, 2003; Harpaz-Rotem & Rosenheck, 2004; Himmelhoch, 2003; Parker, 2003; Schweitzer, Maguire, & Ng, 2005; Smith, Muir, & Blackwood, 2004); and the highly contested nature of claims regarding findings of any neurophysiological or neurobiological differences in individuals with bipolar disorder (e.g., Bearden, Hoffman, & Cannon, 2001; Berns & Nemerooff, 2003; Hoge, Friedman, & Shulz, 1999;
Ross & Pam, 1995; Strakowski, DelBello, Adler, Cecil, & Sax, 2000; Vawter, Freed, & Kleinman, 2000), would appear to provide a warrant for undertaking more critical examinations of current conceptualisations concerning bipolar disorder.

In the introduction to a paper published in the *Berkeley Journal of Sociology* in 1963, Harvey Sacks, in commenting on methodological problems related to the practice of providing sociological descriptions, made an unusual and somewhat provocative remark:

> Here my concern is to make current sociology strange. The stance it adopts towards its subject matter seems so peculiar to me and so natural to most of its practitioners that an attempt to reconstitute the relation between sociological apparatus and sociological subject matter seems necessary. (Sacks, 1963, p. 1)

Paraphrasing Sacks, here it is my concern to make current psychology and psychiatry strange, specifically in regard to the formulation, investigation, and dissemination of knowledge concerning ‘bipolar disorder’.¹ In regard to why they might need to be ‘made strange’, consider that bipolar disorder is characterised as a relatively common and disabling psychiatric disorder that is described principally as a disorder of mood (e.g., APA, 2000). Now, such a characterisation belies a rather curious state of affairs when one consults the vast clinical literature on so-called ‘mood’ disorders, namely, that what exactly a ‘mood’ is remains relatively unexplicated, or at the very least highly contested and subject to considerable descriptive variation. Nevertheless, this appears not to pose a problem for those contributing to an ever increasing literature on the topic, in which ‘moods’ are routinely measured, quantified, assayed, modified, compared, and determined to be disordered or functioning appropriately. Moreover, this

---

¹ While there may well be a considerable literature on ‘making things strange’ with regard to psychiatric disorders and problematic psychological functioning, the particular ‘strangeness’ that I wish to borrow from Sacks is directed more towards methodological concerns as opposed to critical evaluations of particular claims concerning bipolar disorder. In other words, ‘making things strange’ stands in some contradistinction to showing how ‘things are wrong’.
appears to be of little concern to ‘lay’ persons as they go about their everyday affairs, and to whom having and recognising others’ ‘moods’ (be they related to persons, animals, or indeed inanimate objects) apparently presents no special problems requiring some form of social scientific remedy.

In other words, from the perspective of the professional practitioner, it would appear that there might well be a gulf between scientific, technical descriptions of ‘moods’, and those that might be employed by ‘lay’ persons as they engage in a variety of non-technical concerns. As Sacks makes clear, this is not of concern for the ‘lay’ person, as employing a ‘common-sense’ description needs to be just ‘good enough’ (1963, p. 9). However, the same cannot be said for the professional scientist, and as Sacks suggests “to employ an undescribed category is to write descriptions such as appear in children’s books” (1963, p. 8). This raises the invidious question, of how is it that people can be routinely diagnosed as having a disorder of ‘mood’, when ‘mood’ appears to be a vernacular, highly ramified, and conceptually fuzzy term?

In this regard, rather than advocating a focus on the correct or incorrect use of a particular term in order to mount a critique dismissive of accounts of bipolar disorder as being inherently conceptually flawed and misguided in the first instance, I suggest that bipolar disorder, rather than being investigated as something that comprises an essentially individual, psychobiological problem, can also be productively examined as comprised as-and-from multiform practices that are discursively constructed. Now, while it has become something of a commonplace now in the social sciences to refer to things as being socially constructed (e.g., Gergen, 1985; Raskin, 2002), the particular form of construction on offer here is not to be regarded as merely comprising yet another variant of the corpus of literature on ‘the social construction of X’. Rather, the concern here is how one might provide analytic descriptions of, and not explanations
for, the multiform discursive practices by which one can (for example) recognise bipolar disorder as bipolar disorder.

Utilising such a formulation, investigations that take bipolar disorder as their substantiative topic might undertake examinations of such things as: the practices by which persons diagnosed with bipolar disorder might come to exhibit pathological social identities (cf. Rapley, 2004, on ‘intellectual disability’); the practices by which ascriptions of psychiatric labels entails negotiated and contested membership categories (cf. Wise, 2004, on the categories ‘sane’ and ‘not sane’); the practices by which particular descriptions of conduct may come to denote ‘symptoms’ of bipolar disorder (cf. Palmer, 2000, on ‘delusions’); in short, the practices by which persons do ‘being bipolar’. Such practices, involving mental health professionals and consumers of mental health services in the current inquiry, may be undertaken (and examined) regardless of the validity of scientific knowledge claims of biological psychiatry, clinical psychology, or indeed any particular discipline that has some stake with regard to providing explanations, theoretical conceptualisations, or treatments of ‘bipolar disorder’.

By way of providing an initial brief summary of the particular approach to topics of psychological interest, the following dissertation has been undertaken from a particular methodological and theoretical perspective that can be characterised as representing a form of empirically oriented discourse analysis, specifically a discursive psychological approach has been adopted (e.g., Edwards, 2005; Edwards & Potter, 1992, 2001, 2005; Hepburn & Potter, 2003; Potter, 2003a, 2005b; Rapley, 2004). Such an approach might enable an examination of how individuals construct particular realities, minds, cultures, and identities using language in the performance of practical activities (Edwards & Potter, 2001). The primacy of discourse as a medium for action is stressed, with talk and texts approached as components of social practices (e.g., Potter, 2003a, 2003c, 2004b). This approach can be characterised as incorporating a philosophy
of ordinary language perspective (e.g., Coulter, 1979; Ryle, 1949; Winch, 1958; Wittgenstein, 1967a), and in the present form is undertaken with a strongly ‘Wittgensteinian’ orientation.

In addition, the methodological and conceptual ‘attitude’ of the particular form of discursive psychology developed here, draws extensively on ethnomethodology (Garfinkel, 1967), conversation analysis (Sacks, 1992a; Sacks, Schegloff, & Jefferson, 1974), and is broadly informed by studies in the sociology of scientific knowledge (e.g., Gilbert & Mulkay, 1984; Knorr Cetina, 1999; Lynch, 1993). While the present dissertation is influenced by the work of ‘discourse’ scholars such as Michel Foucault (e.g., Foucault, 1967), it is more specifically informed by (or perhaps, more correctly described as troubled by) the critical historical work of Nikolas Rose (e.g., Rose, 1985, 1996a, 1999) concerning the practices of the so-called ‘psy disciplines’, and the critical ethnomethodological and effective semiotics work of Alec McHoul (e.g., McHoul, 1982, 1996).

In sum, one might best characterise the dissertation’s principle analytic stance as one of a strongly Wittgensteinian, ethnomethodological, discursive psychology, and its central thesis as the claim that the practices by which bipolar disorder gets done as bipolar disorder are invariably absent in most formal accounts of the disorder. In this regard, the dissertation is undertaken in order to provide an empirically grounded description of a range of discursive practices associated with the doing of bipolar disorder in psychotherapy. The dissertation comprises seven substantive chapters, the first three chapters attending to conceptual and methodological concerns, with the following four chapters comprising an empirically grounded analysis of ‘naturally occurring’ data obtained from recordings of psychotherapy sessions involving a clinical psychologist and clients to whom the category ‘bipolar disorder’ has demonstrable relevance.
In Chapter 1 will provide a brief overview of ‘bipolar disorder’, with an eye towards establishing if ‘official’ descriptions might provide some utility in conducting examinations of the practices by which bipolar disorder might feature, not just as a medical disease entity, but in a range of ordinary and everyday practices. I will also undertake an examination of two disparate sociological positions towards matters pertinent to the practices of psychology and questions pertaining to mental illness, the aforementioned critical Foucaultian historical scholarship of Nikolas Rose (e.g., Rose, 1996a, 1999) and the strongly ethnomethodologically informed Wittgensteinian scholarship of Jeff Coulter (e.g., Coulter, 1973, 1979).

In then moving to a consideration of such practices, in Chapter 2 I will undertake a review of ethnomethodologically informed approaches to doing social science, including conversation analysis and membership categorisation analysis, by which one might secure a methodological grounding for undertaking examinations of the practices by which (for example) ‘bipolar disorder’ is produced, recognised, and otherwise assembled as an ‘objective’ and ‘real’ social fact. My focus here will be on consideration of discursive, psychological practices, and I will further develop this in Chapter 3 with a review of the ethnomethodologically informed discursive psychology of Edwards and Potter (Edwards & Potter, 1992). In this chapter I will also consider in more detail the difficulties in establishing when logical-grammatical investigations, such as those informed by Wittgenstein (1967a), Ryle (1949), and more recently Coulter (1983b), and empirical investigations of various psychological practices can be profitably undertaken.

In moving towards an empirical analysis of materials, in Chapter 4 I will introduce the ‘setting’ that was examined, one that could be described as a site of doing psychological business, which for those identified as having bipolar disorder may be massively consequential - the ‘psychotherapy session’. I will also provide some initial
analysis of the empirical materials, comprising a corpus of audio recordings of seven, two-party psychotherapy sessions recorded by a clinical psychologist and involving five client participants.

In undertaking a more detailed examination of these materials, in Chapter 5 I will examine how bipolar disorder ‘symptoms’ get produced in talk-in-interaction, and provide analysis of the practices by which symptoms are made to be obvious by-and-for participants in talk-in-interaction. In Chapter 6, I will explore the distinction between a ‘symptom’ of a mood disorder and a ‘mood’ itself, and present some analysis in which ‘moods’ might be approached, not as intraindividual affective ‘states’, but as reflexive ‘account production devices’. In the final analytic chapter, I will examine the manner in which mental predicates and psychological terms such as ‘thoughts’ and ‘feelings’ are used in psychotherapeutic interactions, given that bipolar disorder, ostensibly a disorder of ‘mood’, presumably involves problematic ‘thoughts’ and ‘feelings’.

To return to the question of the ‘strangeness’ of contemporary social scientific accounts of bipolar disorder, such a question might be better recast in light of the aforementioned discussion as: how might one undertake the provision of descriptions of some of the multiform practices that are associated with how bipolar disorder is produced, recognised, and otherwise done as bipolar disorder in settings that are massively consequential? This dissertation makes a tentative first step towards providing such descriptions.
CHAPTER 1
Bipolar Disorder

And it can work for us too, in an age that has no use for anxiety, in which we lie etherised like Prufrock, sedated, becalmed, and tranquil, neither high nor low. No suffering, no soul, no art. Yes, if Vincent [van Gogh] had been on valproate he might still have painted. If he were alive today and on valproate Vincent would be driving around in a white transit van, painting houses battleship grey. (Thomas & Bracken, 2001, p. 1434)

How should one undertake the provision of a contemporary description of bipolar disorder? The question of how this particular form of madness has been described, categorised, or constructed since antiquity is one that has fascinated and bedevilled scholars, perhaps in part due to the idea that any formulation of aberrant or abnormal behaviour is exquisitely entangled within particular historical and social contexts. Now, while there are numerous accounts of the history of madness (e.g., Bynum, Porter, & Shepherd, 1985; Foucault, 1967; Jackson, 1986; Peterson, 1982) it is not particularly useful to recount those here. However, it might be prudent to briefly provide an historical account, or one that sounds vaguely historical, of how ‘bipolar disorder’ has come to be intelligible as (for example) a kind of categorical ascription delineating particular kinds of conduct.

In this sense, I will begin by suggesting that modern conceptualisations of bipolar disorder required the development of a psychiatric nosology, which enabled for the processes of psychiatric diagnosis, with such diagnosis serving as the foundation for any discourse on bipolar disorder. An examination of the development and deployment of such a nosology might reveal how bipolar disorder is constructed, how knowledge concerning bipolar disorder is utilised, and how certain professions might legitimise claims to authority over bipolar disorder.
Within this formulation, I will consider two disparate positions with regards to psychological, psychiatric, and sociological conceptualisations of insanity; the critical Foucaultian historical scholarship of Nikolas Rose (e.g., Rose, 1985, 1996a, 1999) and the strongly ethnomethodologically informed Wittgensteinian scholarship of Jeff Coulter (e.g., Coulter, 1973, 1979, 1983b). In providing this account, I will attempt to hint at the utility of undertaking a respecification of questions such as ‘what is bipolar disorder’, ‘how do we identify bipolar disorder’, and ‘how do we diagnose bipolar disorder’ into something like ‘what are the practices by which bipolar disorder gets [witnessed], [recognised], [displayed], [recorded], or otherwise [done] as ‘bipolar disorder’? Or, to put it another way, how does bipolar disorder get made relevant as a members’ concern?

**Historical Conceptualisations**

From the perspective of a western intellectual tradition it is the ancient Greek historical record that serves as a foundation for most contemporary conceptualisations of madness, and the contemporary ‘bipolar disorder’ (Porter, 1989). However, undertakings to uncover the origins of particular forms of madness are seemingly limited to reviewing forms of recurrent historical accounts (Canguilhem, 1968) that render their subject matter as ahistorical and asocial. For example, with regard to the presumed origins of bipolar disorder, Georgotas (1988) describes how the word *mania* is to be found at the opening of Homer’s epic *The Iliad* (the word appears in the Greek as *wrath*), and further provides evidence of the existence of bipolar disorder in ancient Greek times by casting Homer’s accounts in the language of modern medicine. For example “… Ajax’s rapid switch from an overexcited, probably manic state, to a state of uncontrolled despair, which ended in suicide, perhaps the first recorded case of rapid cycling manic-depressive behavioral state in history” (Georgotas, 1988, p. 3). What is not accounted for however, is that for the heroes of Homer, from the perspective of the
modern practitioner, suffering could only be manifest through exogenous afflictions; endogenous disturbances are not found among the historical record, and were either unrecognised or simply did not exist (Peeters, 1996). It was not until after the seventeenth century that conceptualisations of self permitted understandings of mental afflictions as being the product of principally intra-individual forces.

This type of account is ubiquitous in the scientific literature. For example, a widely used undergraduate textbook in abnormal psychology provides an account of Hippocratic humoral theory as “… the first example of associating psychological disorders with chemical imbalance, an approach that is widespread today” (Barlow & Durand, 2001, p. 11). One is left to wonder, from this account, whether the authors are unintentionally making the point that Hippocratic humoral theory and contemporary chemical imbalance attributions are equivalent, that is to say, both are highly contested claims. In Goodwin and Jamison’s Manic-Depressive Illness (1990) – essentially regarded as ‘the bible’ for researchers and clinicians working in the area of bipolar disorder – there appear numerous examples of this type of interpretation. For example, they write that “medical writers of ancient Greece conceived of mental disorders in terms that sound remarkably modern. They believed that melancholia was a psychological manifestation of an underlying biological disturbance, specifically, a perturbation in brain function” (1990, p. 56). From this extract, the authors are doing more than suggesting the ancient Greek writings bear some similarity to modern accounts of mental disorders, they provide what is essentially a modern account with the terms ‘psychological manifestation’, ‘biological disturbance’, and ‘brain function’ representative of modern discourse on mental illness.

It is difficult to peruse any of the recent scientific literature on bipolar disorder without noting that the Roman physician Aretæus of Capadocia, following from the Hippocratic traditions, is apparently the first bona-fide observer to identify bipolar
disorder, with his supposed descriptions of mania and melancholia occurring in individuals over time (this is widely cited to Adams, 1856). While Hippocratic discourse concerning bodily organs, blood and humours, excess spirit, and the like might be suggestive of historical connections between such concepts as melancholia being caused by an excess of black bile and modern conceptualisations invoking neurophysiological descriptions relating neurotransmitters to behaviour, such accounts are derived from, and rooted within, the discursive practices of contemporary scholars. As illustrated by Foucault, conceptualisations of madness at a given point in history are necessarily reflective of normality (Foucault, 1967), and thus it is problematic to ascribe accounts of madness to particular historical periods given our current historical and cultural perspectives on what counts as-and-for sanity.

While accounts of madness, and in particular modern justifications that bipolar disorder is something that has been with humankind for millennia, are prone to assuming smooth historical continuity and misplaced acceptance of the notion of the inevitability of scientific progress, it would appear that prior to the nineteenth century the concept of a mental disease that fused the two states of mania and melancholia simply would have been unintelligible (Berrios, 1988, 2004; Del Porto, 2004; Healy, 2006b). The construction of bipolar disorder required relatively stable conceptualisations of both mania and melancholia, and these appear to have been in a state of constant flux. While mania had been used to describe uncontrollable rage, excitement, and seemingly incomprehensible behaviour that might be characterised as a kind of ‘utter madness’ up until the eighteen century (Berrios, 2004), melancholia underwent significant changes, as reflected in qualitatively differing historical accounts (Berrios, 2004; Peeters, 1996). For example, consider the variation of accounts pertaining to a kind of spiritual desolation of the medieval monk, the gulf between humanistic ideals and broader social conditions that manifest in the seventeenth century,
the divorce between words and the things they referred to during the Renaissance, and the alienation of the self expressed during the nineteenth century (Peeters, 1996).

More generally, during the Renaissance madness appears to have been something that could become manifest at anytime, to any individual, however in the eighteenth century madness appears to have undergone a transformation from something that was essentially part of the human experience, to a condition that signified exile from it due to loss of reason; the mad became increasingly divorced from the society of the sane (Foucault, 1967).

**Contemporary Conceptualisations of Bipolar Disorder**

It was not until the nineteenth century that French and German psychiatrists provided accounts of what appeared to be specific disorders that bear some resemblance to modern conceptualisations of bipolar disorder, with descriptions of an alternating mania and melancholia such as those proposed by Esquirol in 1854 (Shorter, 1997), the insanity of double-form by Baillarger (1854), the pairing of mania and melancholia described as ‘la folie circulaire’ (‘circular insanity’; the presence of depressive and excited states) by Jean Pierre Falret (1854), accounts of mania and melancholia as properties of a single disorder by Griesinger (1867), and the concept of circular or cyclothymic disorders by Kahlbaum (Baethge, Salvatore, & Baldessarini, 2003). Importantly, Esquirol suggested that melancholia should be reserved for usage by moralists and poets, and this has been suggested as reflective of a desire to furnish psychiatry with a rigorous approach to nomenclature, methodology, observation, and explanation (Peeters, 1996). With the increase in the number of asylums, in other words with the growing ‘institutionalisation’ of madness (Foucault, 1967), discourse concerning melancholia appears to have became subject to a process of ‘psychologisation’, with melancholia eventually dispensed with as a term to describe illness in favour of the term ‘depression’ during the nineteenth century (Peeters, 1996).
In conventional usage, melancholia had acquired a *moral* connotation (Berrios, 1988), and this was clearly incompatible with a scientific and technical discourse that strove to be predominantly physiological, as espoused by those with a vested interest in claiming a stake to the management and treatment of the mad.

The *Dictionary of Psychology and Philosophy* (Baldwin, 1901) represents an example of one of the final resting places for melancholia’s prominence as a clinical and conceptual term, with extensive descriptions of mania and melancholia provided. *Mania* is described as a “mental disease involving irresistible and uncontrollable or uncontrolled habit, desire, or craving, with unreasonable or inadequate motives” (1901, n.p.). It specifies two forms of usage, with mania as symptomatic, and as a name for real diseases or psychoses. *Melancholia* is defined as being applicable to “all abnormal mental conditions dominated by depression” (1901, n.p.) and comprises numerous varieties including ‘simple melancholia’, ‘stuporous’, ‘delusional’, ‘homicidal’, and ‘suicidal’ (1901, n.p.). In contrast to the entries for mania and melancholia, which provide for detailed descriptions of ‘symptom-complexes’, *depression* is described with relative economy as a *symptom* that “occurs in weakened conditions of the nervous system” (1901, n.p.) that is “especially characteristic of melancholia” (1901, n.p., emphasis added). Dejection and depression are characterised as almost synonymous, with depression constituting “lowered vitality of physical and mental life” (1901, n.p.) and dejection constituting “despondency of mental mood” (1901, n.p.).

The definitions of mania, melancholia, and depression appearing in the *Dictionary of Psychology and Philosophy* contained elements of the work of Kraepelin (1921), who advocated a symptomological approach to the classification and description of mental disorders as discrete entities, which has come to underpin modern nosologies. Kraepelin was the first to formulate depression as a discrete disease entity *and* to distinguish manic-depressive insanity as separate from other psychotic disorders (e.g.,
Georgotas & Cancro, 1988). Kraepelin proposed that manic-depressive insanity included a manifestation of the disease that displayed recurrent and severe depressive episodes, and a rarer form that alternated between depression and mania.

Kraepelin set out to devise a system of psychiatric diagnosis that would form an organizing framework for research. This system was predicated upon the assumption that patients suffering from the same disorder should have the same symptoms. This, in turn, indicated common brain abnormalities that were caused by common aetiological processes. Thus, if patients with similar symptoms were grouped, once could construct a system of classification and diagnosis that could serve as a methodology to assist in the discovery of the biological origins of mental illness.

While Kraepelin’s work could be seen as the principal component for the development of a modern psychiatric nosology, struggles to develop a systematic nomenclature were perhaps less motivated by a desire to develop scientific understandings of human behaviour and more by administrative and governmental needs (Grob, 1991; Kirk & Kutchins, 1992). It is important to consider that the mad themselves most likely did not seek to avow membership to any particular diagnostic categories, it was those who sought to enumerate, manage, and essentially control (and possibly treat) them that held this as a desirable activity (e.g., Foucault, 1967). A major initial impetus for developing a psychiatric nosology, at least in the United States, was born from the desire to obtain and collate statistical information on the general population (e.g., Grob, 1991; Houts, 2000; Kirk & Kutchins, 1992).

The Development of an ‘Official’ Classification

Prior to the nineteenth century madness was apparently to be found in a relatively modest number of forms, if one considers the results of the 1840 United States census which recorded the population frequency of only one category, that of ‘idiocy’. By the census of 1880 there were seven ‘official’ categories of mental illness
distinguished: mania, melancholia, monomania, paresis, dementia, dipsomania, and epilepsy (Grob, 1991).

During the Second World War military psychiatrists were confronted with individuals who had been exposed to severe personal stress as the result of combat experiences, who were otherwise mentally sound (Houts, 2000). This precipitated a change in clinical focus, from that of the treatment of psychopathology in severely disordered persons to that of normal individuals who had suffered extreme trauma. Practitioners switched from a primarily medical, biological orientation to a chiefly psychoanalytic approach. Importantly, it was with the sampling and statistical analysis of large populations of servicemen, and the identification of stress as a precipitating factor in the manifestation of mental illness, that served as the developmental framework for the United States Army (and later the Veterans Administration) to construct psychiatric nomenclature (Houts, 2000).

Concomitantly, the WHO published the sixth edition of the *International Classification of Diseases (ICD)* (WHO, 1949), significantly influenced by nomenclature as developed by the Veterans Administration, and this was the first edition that incorporated a section for mental disorders. Of additional importance was a dramatic rise in the number of psychoanalytically trained professionals fleeing Europe during this period, which resulted in further expansion of a kind of ‘psychopathology of everyday life’ market, with psychiatrists becoming much more interested in applying mental health practices to non-institutional populations as a result of growing social activism and prevailing post-war ideas of social betterment (Kirk & Kutchins, 1992).

The APA Committee on Nomenclature and Statistics developed a variant of the *ICD-6* that represented the first incarnation of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* (APA, 1952). Within the *DSM* mental illness was divided into three categories including organic brain syndromes, functional disorders, and mental
deficiency. The general tenor of the manual was one that emphasised psychodynamic and psychoanalytic perspectives, as a result of the significant changes that had occurred in clinical practice as a result of the Second World War. For example, disorders are presented in the *DSM* as comprised of various psychiatric ‘reactions’ (Gruenberg, Goldstein, & Pincus, 2005). While the manual was oriented to obtain statistical information, it was also advocated as resource for professionals to utilise in making clinical psychiatric diagnosis. Manic-depressive reactions were listed amongst the psychotic disorders.

With the publication of *DSM-II* (APA, 1968) there was an expansion in the number of broad categories of disorder from three to ten, with an increase in the total number of disorders from 108 to 162. The psychodynamic and psychoanalytic perspectives remained prominent, however the ‘reactive’ conditions were dropped (Gruenberg et al., 2005). Manic-depressive illness in the *DSM-II* is categorised as a form of affective psychosis.

The next revision *DSM-III* (APA, 1980), published ostensibly to fulfil international treaty obligations the United States had to ensure comparability with the WHO’s *ICD* development, represented a monumental change in psychiatric nosology (see Kirk & Kutchins, 1992, for detailed review). The previously dominant psychodynamic approaches embodied by the earlier versions of the *DSM*, that placed significant clinical importance towards biological, psychodynamic-psychological, and social factors, were essentially usurped by an atheoretical, research oriented medical model. Criticism of the diagnostic system was intense from clinicians and researchers, in addition to social activist groups, pharmaceutical companies, and third party reimbursement organisations. Again, the number of diagnoses increased, from 182 to 265.
The publication of the *DSM-III* represented a significant development in both the conceptual formulation and psychiatric nomenclature pertaining to manic-depressive illness, with the term manic-depression dropped in favour of a new term, *bipolar disorder* (cf. to the dispensation of the term ‘melancholia’ in favour of ‘depression’ in the early part of the century). Further, a primary distinction was made between major depressive disorders and bipolar disorders (Gruenberg et al., 2005). In this regard, the new nomenclature embodied a polarity hypothesis, that had became increasingly popular throughout Europe and later the United States during the 1970s (Goodwin & Jamison, 1990), which posited the existence of differences between bipolar (with mania) and unipolar (recurrent severe depression or melancholia) forms of major affective disorders, the distinguishing feature presentation of episodes of mania (Perris, 1966). This hypothesis received considerable support following the rediscovery of the utility of lithium salts as a means for the treatment of agitated patients (Cade, 1949).

A revision, the *DSM-III-R* (APA, 1987) incorporated significant changes. The number of disorders increased from 265 to 292. The first major expansion of the bipolar disorder concept was the distinction between two discrete forms of the disorder: a type I bipolar syndrome that was characterised by the presence of both mania and depression; and a type II bipolar syndrome that features recurrent major depressive episodes with hypomania, a milder form of mania (Dunner, Gershon, & Goodwin, 1976).

The concept of mania was further broadened by the suggestion that mania could result from medical and toxicological conditions, and was not necessarily solely due to psychopathology (Krauthammer & Klerman, 1978). Further, it was suggested that additional to bipolar type I and bipolar type II disorders there were an additional five subtypes (Klerman, 1981). These subtypes included those characterised by drug induced mania (bipolar type III), a form that represented a cyclothymic personality (type IV), another that was represented by depressed individuals with a family history of bipolar...
disorder (type V), a mania without depression (type VI), and secondary mania (Klerman, 1981).

There was also considered to be substantial overlap between bipolar and unipolar forms of major affective disorder. This overlap was essentially the result of difficulties in clinically diagnosing hypomania, and the notion of ‘pseudounipolar’ or *bipolar like* forms of depression was formulated. Therefore, the idea of a spectrum of affective disorders was developed in which a hierarchy of different patterns of illness is described, and thus the bipolar spectrum may include cyclothymia, dysthymia, and a variety of personality disorders including borderline personality disorder and narcissistic personality disorder (Akiskal, 1983). This was further developed with models of mental illness that, harkening back to the stress-diathesis theories that underpinned the original *DSM*, emphasised the role of stress-vulnerability in the development of psychopathology (e.g., a ‘threshold hypothesis’) that suggested mania constituted a more severe form of affective disorder, in which predisposed individuals would require exposure to lower levels of stress to precipitate a manic decompensation (Tsuang, Farrone, & Fleming, 1985).

**The Contemporary DSM Account**

With the publication of *DSM-IV* (APA, 1994) the diagnostic categories of bipolar II disorder, cyclothymia, and a rapid cycling variant were included. More broadly, the number of disorders was again increased, to 365. The *DSM-IV-TR* (APA, 2000) represented a minor revision, with no new disorders or changes to the bipolar disorders. In this, the most current incarnation of the ‘official’ *DSM* nosology, the bipolar disorders are comprised of four criteria sets: bipolar I disorder, bipolar II disorder, cyclothymic disorder, and bipolar disorder not otherwise specified. These categories are comprised of a number of ‘mood episodes’ that serve as the building blocks for the disorder diagnoses; these comprise ‘major depressive episode’, ‘manic
episode’, ‘mixed episode’, and ‘hypomanic episode’ (see Appendix A, Tables A1-A4). The criteria for one or more of these ‘mood episodes’ must be met in order to warrant a specific diagnosis (i.e., bipolar I, II, cyclothymia, or bipolar disorder ‘not otherwise specified’).

Individuals with bipolar I disorder must have experienced at least one episode of mania (see Table A1), with the possibility of having experienced previous depressive episodes (see Table A2), and most individuals will continue to experience subsequent episodes that are either manic or depressive. Additionally, hypomanic (see Table A3) and mixed (see Table A4) episodes can occur, as well as significant mood lability between episodes that is considered to be not of sufficient severity to warrant the diagnosis of either a manic or depressive episode.

By contrast, individuals meeting the DSM-IV-TR criteria for bipolar II disorder have a history of one or more major depressive episodes and (at least one) hypomanic episode. In addition, individuals may exhibit significant evidence of mood lability, hypomania, and depressive symptoms that are considered significant in terms of clinical presentation, but do not meet the duration criteria for bipolar II disorder. In these cases a diagnosis of bipolar disorder not otherwise specified is warranted. In the absence of a manic, mixed, or major depressive episode, cyclothymic disorder is considered if there have been numerous periods of consistent (greater than 2 months) depressive and hypomanic symptoms for at least 2 years (1 year in children). The DSM-IV-TR also includes specifiers describing the course of recurrent episodes. These include seasonal pattern, longitudinal course, and rapid cycling. Now, rather than providing a detailed exposition concerning all of the elements of the contemporary DSM-IV-TR account pertaining to bipolar disorder, I will briefly examine the diagnostic criteria relating to bipolar I, and draw some contrast with the requirements for a diagnosis of bipolar II.
The identification of bipolar I disorder is predicated on the essential observation that an individual has demonstrably experienced a manic episode. This manic episode is characterised by the presence of a “distinct period of abnormal and elevated, expansive, or irritable mood lasting at least a week (or any duration if hospitalization is necessary)” (Table A1). Further, a combination of several symptoms is required (see criteria B, Table A1). In consideration of these symptoms, and in a decidedly provocative tone, to avoid being prescribed a diagnosis of bipolar I disorder a potential candidate for normality needs to studiously avoid engaging in behaviours that would appear to be entirely unremarkable, such as working conscientiously (e.g., criteria B6), falling in love (e.g., criteria B7), or perhaps taking up the vocation of stage-acting (e.g., criteria B1). Alternatively, one might avoid coming under the gaze of a clinician who has never been overcome with passionate yearnings for a distant lover, consorted with thespians, or burnt the midnight oil to make a deadline for an important project.

Now, while these behaviours alone may be insufficient for making a diagnosis of bipolar disorder, they may nevertheless become potential symptoms once the issue of bipolar disorder has been raised. Consider that criteria D requires that the ‘mood disturbance’ must be “sufficiently severe to cause marked impairment in occupational functioning, usual social activities, or relationships with others” (Table A1). This leaves unanswered the question, how does one determine exactly when a mood disturbance is of sufficient magnitude that it causes difficulties in living? One suggestion is that mania is something that, like many other disorders presented in the *DSM-IV-TR*, appears to be mainly problematic for people other than the afflicted person. In other words, the evidence required by the diagnostic criteria of impairments in occupational functioning, social activities, or personal relationships might only be provided by accounts given by individuals other than a prospective patient.
Now, while one might consider that people may be diagnosed based on their own accounts of their effects on others, consider that Belmaker advises that “acute mania is a medical emergency. If a manic patient is not treated rapidly, he or she is liable to engage in activities that may endanger the patient’s marriage or job and possibly the patient’s life” (2004, p. 478). Belmaker elaborates by describing a situation wherein a person can have a rational conversation with a family physician, which may disguise the fact that they may be a candidate for involuntary hospitalisation, and it is critical to obtain information from family, friends, and co-workers that would assist in a determination of competency.

In short, mania is something that requires the exercise of immediate and total control over an afflicted patient, and is something that is essentially identified by the consensus of others (e.g., APA, 2002; RANZCP-CPGT, 2004; Yatham et al., 2005). The diagnosis of mania is one that is ascribed on the basis of moral conduct. It is predicated on judgements that a person is at risk of harm to self or others due to loss of self-control, and invariably such a person has no insight or awareness of such risk (Dell'Osso et al., 2002), even when judgements of risk may require knowledge of exogenous social factors influencing the person that are controlled by those very individuals in the position to give such judgments.

Belmaker (2004) further offers the example that a person suffering mania may decide to buy 500 television sets if they believe the price of televisions may increase. But, isn’t this exactly what one would expect of a canny trader making attempts to corner a market? Unfortunately for biopsychiatry there are only such ‘symptoms’, in this case ‘buying 500 television sets’ (as curious a ‘medical’ symptom as one might be likely to encounter), that allow for the inference of a pathological disease entity (cf. Boyle, 2002). How, in a positivist, scientific enterprise is one to determine that the buying of television sets constitutes a marker for a disease process? Obviously, such a
prescription is essentially predicated on a clinical judgement that is itself informed by, and constrained within, normative cultural practices. What if the (presumably hypothetical) individual Belmaker describes engineers a tidy profit on the sale of the televisions? Belmaker elaborates on this theme and suggests that manic behaviour is distinct from a person’s usual, normal, everyday behaviour. The inference is that what constitutes normal behaviour is something that is predictable, historically continuous, and subject to voluntary intra-individual control. It is changes in behaviour that are characteristic of a disease process – this, then, is the essential characteristic of bipolar disorder, and posits a normative view of human behaviour as being static, uniform, and non-adaptive.

The problematic application of diagnostic criteria towards individuals in an apparently asocial and ahistorical fashion is illustrated in the telling commentary by Floersch and colleagues (Floersch, Longhofer, & Latta, 1997) that critically reviews the infamous research purported to have identified bipolar disorder (and subsequently a genetic link with chromosome 11) amongst members of an Old Order Amish community (Egeland & Hostetter, 1983). The researchers involved in the Amish study, while declaring the attractiveness of the Amish as a research population (due in large part to the apparently uncomplicated diagnosis of mental disorders in the Amish community due to their straightforward and simple lifestyle) were nonetheless compelled to alter diagnostic criteria to account for cultural factors that they felt were problematic (Egeland, Hostetter, & Eshleman, 1983); specifically, self esteem and grandiosity (analogous to criteria B1 in Table 1A) and excess involvement in potentially ‘painful’ activities (analogous to criteria B7 in Table 1A).

This occurred despite the valid presumption that if Amish culture was as transparent and homogenous as the researchers had been at pains to suggest, it might be presumed that the presence of an individual with bipolar disorder within the community
could be easily ascertained. In short, the researchers were required to construct a version of Amish behaviour that was invariant, non-contingent, and homogeneous to allow for the making of a diagnosis predicated upon interpretations of abnormal behaviour based on such activities as driving a buggy too fast, the excessive use of public telephones, or engaging in a smoking binge (Floersch et al., 1997).

In contrast to the requirement of criteria D for bipolar I, which requires the establishment of marked impairment in social functioning that is most likely to be established from (or as previously argued, predicated upon) the reports of others, the analogous criteria for bipolar II (criteria C), allows for the possibility that an individual subjectively experiences “clinically significant distress” (Table A2). This criterion can be satisfied, in other words, by an individual directly reporting that they are terribly depressed, unhappy, sick-of-it-all, miserable, or such, without a requirement that their behaviour has (prior to some clinical examination) to have been judged pathological by others. This distinction is crucial, for it establishes a diagnostic framework that assumes that depression can and will be reported as being distressing, while mania will not. In short, mania is cast as an experiential, pathological disease state that might require verification by consideration of third-person ascriptions and accounts in the absence of first-person avowals, whereas depression is cast as an experiential state that can often be verified by consideration of only first-person avowals.

If one turns to a consideration of hypomania, some have suggested that it should not be considered as a disease as such, as hypomaniac episodes, presumably representing the behavioural manifestations of the hypomaniac disease entity itself, could be regarded as being generally good things to experience (Cooper, 2004). Indeed, hypomania is distinguished from mania in that episodes of the former are recognisable as having little or no impairment in social or occupational functioning (Table A3) and are often reported as desirable. Moreover, persons may “seldom recognize hypomania as a
problem” (Yatham et al., 2005, p. 8). Nonetheless, behaviour that could be characterised as hypomanic may become clinically relevant if it occurs in people who also experience depression, as it distinguishes a particular type of bipolar disorder. In this regard, theorising has lead to suggestions that the distinguishing feature of bipolar disorder is mania and not mood swings, and that the disorder should be primarily approached as a manic disorder with a range of co-morbid conditions such as depression (e.g., Joffe, Young, & MacQueen, 1999; Schweitzer et al., 2005).

Contemporary research has focused on presumed comorbidity of a range of conditions such as substance abuse and anxiety disorders that are identified as being present amongst populations of those diagnosed with bipolar disorder (e.g., Alda, 2004), and suggestions of unrecognised bipolar ‘mixed’ states from findings that persons suffering depression may also experience hypomanic symptoms (Akiskal, Benazzi, Perugi, & Rihmer, 2005). Additionally, some have suggested that there should be consideration given to a diagnostic category of ‘mixed hypomania’ (Suppes et al., 2005) where persons display significant depressive symptoms while meeting criteria for a hypomanic episode. Such research is indicative of a growing interest in the further development of a bipolar spectrum concept that subsumes other disorders, such as borderline personality disorder (e.g., Angst & Gamma, 2002; Himmelhoch, 2003; Smith et al., 2004), and provides a means by which the claimed potential for early-onset of bipolar disorders in children and adolescents can be supported (e.g., Papulos & Papulos, 1999).

The development of a bipolar spectrum disorder, which places mania at one extreme and highly recurrent unipolar depression at the other, is a stark example of how fragmented modern psychiatric nosology has become. The dramatic increase in the number of theoretical and diagnostic conceptualisations of bipolar disorder has led many commentators to call for some degree of restraint, fearing a dilution and
trivialisation of not only the concept of bipolar disorder, but perhaps the entire undertaking that posits mental illnesses as biological diseases.¹ For example, in an editorial appearing in the flagship scientific journal for bipolar disorder, *Bipolar Disorders*, Baldessarini makes this point explicitly when he writes “reasons for urging restraint include the strong impression that classic bipolar disorders – and abundance of phenocopies, notwithstanding – are about as close to a ‘disease’ as we have in modern psychiatry” (Baldessarini, 2000, p. 5).

Now, while the previous discussion has been focused on what at first glance appear to be obvious shortcomings with *DSM* descriptions of bipolar disorder, and how contemporary conceptual and empirical projects seek to attend to the problematic nature of such classificatory systems, I would suggest that consideration of such issues alone provides little purchase on how it is that, despite such shortcomings, clinicians and patients routinely engage in a variety of consequential practices that accommodate the diagnosis and treatment of something.

Moreover, the *DSM* is utilised not simply as a system of classification for determining the presence or absence of bipolar disorder psychopathology within individuals, but serves as a guideline for such things as the research and development of new psychoactive pharmaceuticals and psychotherapeutic interventions, provides a classificatory system for determinations concerning access to insurance and government benefits, and provides demarcation for determinations of legal responsibility. Importantly, the concepts and descriptions of bipolar disorder contained within the nosology are accommodated within broader social domains and serve as a primary reference for depictions of the mad in contemporary film, popular literary fiction, art, and critically language (Kirk & Kutchins, 1992). In this regard, one might consider that

---

¹ For example, Healy suggests that “Kraepelin’s likely response to recent proposals that we recognize and distinguish between bipolar 1, 2, 2.5, 3, 3.5, 4, 5, and 6 and bipolar spectrum disorders would probably not be printable” (Healy, 2006a, p. e320).
the *DSM* is the pre-eminent, official document pertaining to how one can undertake categorisations of conduct that might be understood as *officially* reflective and denotive of bipolar disorder. By this, I mean that one should consider the difference between the document as an official description of what counts *as* bipolar disorder for a multitude of practical, administrative, and institutional activities, and as a document that accurately describes what individual persons *do* as they go about their everyday affairs.

*Rose and Practices of the Self*

If one considers a Foucaultian perspective, it is of importance to consider the way in which psychological language and ideas may have come to provide a relevant context for discourse pertaining to bipolar disorder, and how deployment and utilisation of such psychologically oriented discursive resources may systematically constitute individual experience (Foucault, 1967). As Nikolas Rose (e.g., Rose, 1996a, 1999) suggests, the recurrent theme in post-modernist scholarship from the human sciences is that the idealised ‘human being’, comprised of a ‘self’ that is somehow inscribed with unique and individual experiences that represents an individual entity enclosed within the boundaries of a body, is not the principle generative locus of human history and human culture (e.g., Danziger, 1990; Gergen, 1985; Hansen, McHoul, & Rapley, 2003; McHoul & Rapley, 2001; Rabinow & Rose, 2003).

As Rose suggests, modern western societies are unusual in such a conceptualisation of the self as being *self-evidently* the locus of temporally and contextually invariant ‘beliefs’, ‘desires’, and so forth, and draws particular attention to the unusual manner in which the development of legal and political apparatuses has occurred that operate to regulate conduct upon such a conception of the self (Rose, 1996b). From this perspective, Rose offers a compelling Foucaultian influenced account of how psychology, psychiatry, psychotherapy, and the other ‘psy disciplines’, play a key role in the construction of contemporary western individuals’ sense of self,
changing the ways in which human beings understand and act upon themselves, and how they are acted upon by those in positions of power (Rose, 1996a, 1999).

The psy disciplines have been essential to the practice of institutional control, by specifying the manner in which individuals are seen to be normative or maladaptive, productive or inefficient, fulfilled or unrealised, combat ready or shell shocked, sane or mad. They have sought to classify people, to measure and determine their innate capacities, to attenuate deficiencies and amplify abilities. They have become essential providers for the technologies and techniques for the disciplining of human difference (Rose, 1996a). Critically, institutional and organisational control has served to shape the nature of the control of self, with the incorporation of technologies employed to manage and control groups becoming instantiated within the individual.

For example, consider the ‘intelligence test’, developed as a specific methodology for the classification and segregation of those deemed to be representative of degeneration and subsequently categorised as unfit for procreation (e.g., Gould, 1981; Rapley, 2004; Rose, 1999). It has not only become a ubiquitous professional instrument and concept for the screening of individuals to ensure the appropriate allocation of institutional and social resources, but has become incorporated into the experience of the layperson as ‘IQ’, as a form of understanding and communicating about human potential, experience, of being-in-the-world. One might consider that with time, the plethora of measures of what could be glossed as a kind of ‘affective intelligence’ that currently are utilised for the screening of possible mood disorders, such as the Hamilton Depression Scale (Hamilton, 1967), Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), Beck Anxiety Inventory (Beck, Epstein, Brown, & Steer, 1988), Beck Hopelessness Scale (Beck, Lester, & Trexler, 1974), and the Mood Disorder Questionnaire (Hirschfeld et al., 2000), may become as ubiquitous as ‘IQ’ in persons’ ordinary, everyday experiences.
Rose argues that psychology cannot, or should not, be regarded as a given, discrete, and bounded domain that could be considered separate from society (Rose, 1985, 1996a). Further, Rose suggests that the objects of psychological interest cannot be regarded as existing a priori awaiting empirical discovery. Rather, the term ‘psychology’ can and should be approached as a method of indexing a diverse collection of *practices* (Rose, 1996b). Significantly, the relations between such psychological practices and those involving other discourses has produced a psychology that has made certain things “thinkable in new ways, and made certain new things thinkable and practicable” (Rose, 1996b, p. 105). As Danziger has suggested, psychological theories operate, indeed are predicated upon, some a priori conceptualisations of that which they theorise (Danziger, 1997). In this way, the psy disciplines have come to manufacture the objects of their interest in the process of knowing them (Rose, 1996a, pp. 107-108).

For example, it is by way of the development and application of research technologies in public opinion research, with the creation of the ‘representative sample’, that the social sciences have enabled the construction of the ‘opinioned person’ who dwells within an ‘opinionated society’ (Osborne & Rose, 1999). In regards to bipolar disorder, consider one possible mechanism by which we might observe the creation of ‘paediatric bipolar disorder’ (e.g., Harpaz-Rotem & Rosenheck, 2004; Papolos & Papolos, 1999; Weckerly, 2002). Clinical trials are undertaken in which sedative pharmacological agents are administered to children characterised as being ‘overactive’, and ‘at risk’ of having a ‘mood disorder’, with such agents invariably leading to clinical rating scale changes that are used to validate a diagnosis of bipolar disorder and lead to further interventions and treatments (Healy, 2006b).

---

2 I use the term *practices* here to gloss Rose’s explication of psychology as “indexing an assortment of ways of thinking and acting, practices, techniques, forms of calculation, routines and procedures, and skilled personnel” (1996b, p. 104). I further note that in the preface to the second edition of *Governing the Soul*, Rose writes that “psy, here, is not simply a matter of ideas, cultural beliefs or even a specific kind of practice” (1999, vii). Hence, my use of the plural form.
Moreover, the formulation of separate components of the ‘bipolar self’ into such domains as the emotional-cognitive (e.g., Martinez-Aran et al., 2004; Savitz, Solms, & Ramesar, 2005), physiological (e.g., Berns & Nemeroff, 2003), and genetic (e.g., Blair et al., 2006; Faraone, Glatt, Su, & Tsuang, 2004) provides a useful demarcation of functions that allows for the development of competition between differing professional interests. This ‘carving up’ of the individual psyche is then more the result of a commoditisation of the person than an efficient and value free division of scientific labour. The codification of affective states provided for a scientific approach to understanding the human experience, and enabled for the dispensation of troublesome philosophical and metaphysical accounts (cf. Baldwin, 1901). Further, with the overlap of psychology, biological psychiatry, and genetics, it could be argued that we are seeing the forging of a new kind of human, one that can be understood as potentially genetically, biologically, and socially ‘at risk’ (Novas & Rose, 2000). For the ‘bipolar’ human, then, such risk becomes manifest and visible in the dramatic increase in the diagnosis of bipolar disorder in children (Harpaz-Rotem & Rosenheck, 2004), investigations into the genetic vulnerability of mania (Faraone et al., 2004), indeed the establishment of metrics associated with suicide (Marangell et al., 2006; Valtonen et al., 2006).

In this sense, and as historians of psychology have demonstrated, notably Danziger in his investigations of the procedures and practices of what constitutes ‘psychological research’, the ‘subject’ of psychology and the discipline itself are essentially ‘socially constructed’ (Danziger, 1990). Danziger’s examinations of the relation between pure and applied psychology are demonstrative of how what could be considered non-scientific factors are critical in determining what comes to be regarded as credible psychological knowledge (Rose, 1996b). And, as Shapin (1995) details, contemporary social studies of science have strongly engaged the critical faculties of
historians and philosophers, with the distinction between what could be regarded as historical or philosophical and what had been traditionally regarded as sociological practices becoming difficult to discern (e.g., Gilbert & Mulkay, 1984; Knorr Cetina, 1999; Lynch, 1985, 1993; Pollner, 1987).

Returning to the manner in which these ‘regimes of truth’ with regard to psychology have come to be constructed, Rose points firstly to the contestation between different ‘social and conceptual authorities’ (1996b, pp. 110-111). For example, consider the contestation over what counts as a mental illness in the development of an official document such as the DSM (Kirk & Kutchins, 1992). Secondly, Rose suggests it has involved constructing ‘modes of perception’ by which actions and objects might be recast according to particular images or patterns (Rose, 1996b). For a literal approach to such a suggestion, consider how the depiction of brain images from ‘PET’ scans may come to constitute new relations between those suffering ‘depression’ and their brains (e.g., Dumit, 2003). Thirdly, Rose argues it has been characterised by adoption of a kind of specialised language (Rose, 1996b). For example, consider the manner in which ‘melancholia’ was dispensed with in favour of the term ‘depression’ (Peeters, 1996), and how ‘manic-depression’ was replaced with ‘bipolar disorder’ as an ‘official’ designation with the publication of the DSM-III (APA, 1980). Finally, Rose points to the development of a ‘psychologised network’ in which the psychological problems of individuals and groups are linked (Rose, 1996b, 1999). One need look no further than the development of the DSM for example of such a consequential linkage, with the connection between the individual and the group serving as the basis for statistical determinations of ‘abnormality’ within and between individuals (Kirk & Kutchins, 1992).

Rose refers to the ‘disciplinisation’ of psychology that occurred from the mid-nineteenth century that allowed a positive knowledge of ‘man’ to become possible with
the development and use of statistics and the scientific experiment (Rose, 1996b, pp. 111-113). Such technical ‘tools’ and ‘methods’, that Rose terms the ‘truth techniques’ (Rose, 1985), that psychology adopted in order to demonstrate, justify, and amplify its theoretical propositions, have come to constitute the limits of psychological thought itself. Rose connects this disciplinisation of psychology to a ‘psychologisation’ of a range of practices in which psychology serves to inform, even dominate, other ways of constituting truths about persons (Rose, 1996b). Rose argues that the regulatory and administrative requirements of social authorities and practitioners played a key role in establishing what types of problems psychological truths could be legitimately claimed to solve, or indeed to suggest (Rose, 1985, 1999). Such production of psychological truth is linked to the process by which a range of “domains, sites, problems, practices, and activities have ‘become psychological’” (Rose, 1996b, p. 114). With regard to the particularities of what is involved in the construction of what counts as ‘the psychological’, Rose suggests processes in which certain forms of thinking and acting come to appear to be solutions to problems confronting people (Rose, 1996b). Such an account places contemporary scientific reality as an achieved outcome of the methods used in its undertaking (Rose, 1996b, 1999).

Rose points to the problematisation of such ‘psychological’ practices, in that that they are made “simultaneously troubling and yet intelligible” (1996b, p. 114), such that the relation between what counts as a useful psychological theory and a practice that may be associated with such a theory becomes transparent (Rose, 1996b). Consider the suggestion that the contemporary concept of bipolar disorder required a clinicoanatomical perspective of disease, the observation of longitudinal course, uniform semiology concerning affectivity, the construct of personality, and the idea of differential diagnosis (Berrios, 1988). For example, the clinicoanatomical perspective of problematic conduct enabled the fragmentation of discourse concerning madness into
discrete categories, thus allowing for the objectification of entities that are now called bipolar disorder, mania, and depression (Berrios, 1988, 1999, 2004). To permit the serendipitous observation of the apparent longitudinal courses of bipolar disorders, individuals were required to be segregated and incarcerated. Only then could they be observed by those who had sufficient resources that might enable a close proximity to persons they wished to measure and categorise, or indeed treat (e.g., Cade, 1949; Kraepelin, 1921).

In this sense, the concept of a longitudinal as opposed to cross-sectional view of bipolar disorder could be seen as more a product of management practices than scientific enquiry. In other words, rather than these being prerequisite conditions or developments that are reflective of an inevitable accumulation of scientific knowledge, these could be seen as demonstrative of the deployment of various forms of truth-techniques formulated during the rise of the modern psy disciplines (Rose, 1996a). Moreover, they appear to have become more or less justifications given for the theories and practices that underpin contemporary psy discipline projects.

Foucault’s notion of ‘surfaces of emergence’ (Foucault, 1972) serves to inform Rose in consideration of the apparatuses within which psychological troubles came to be rationalised as such things as diseases, dementia, and neurosis. These apparatuses, for example the family, the workplace, the religious community, are normative and serve as a locus for the classification of phenomena that appear within them. This is further demonstrative of the notion that, rather than viewing the development of the psy disciplines as a logical and coterminous unfolding of scientific progress as applied to the human condition, with practitioners doing no more than refining and developing the application of scientific methods to effect understandings, treatments, and possible cures for unwanted conduct involving such things as homosexuality, masturbation, anxiety, idiocy, racial impurities, or bed-wetting, it is more appropriate to view such
development as being linked historically to how people have regulated, and have *been* regulated (Rose, 1999). Historically, the psy disciplines organised and developed around problems inherent to the hospital (e.g., Rush, 1812), the asylum (e.g., Hall, 1895), the clinic (e.g., Witmer, 1907), the school (e.g., Binet & Simon, 1916), the boot camp (e.g., Yerkes, 1921), the factory (e.g., Mayo, 1933) – in short, the institution.

Such institutional problems permits authorities to simplify conducts they may be concerned with (e.g., the assignment of work, the management of the sick, the punishment of the criminal), and the technologies of psychology accords these otherwise mundane activities a coherence and a rationale, and in doing so the very notion of authority is transformed (Foucault, 1967; Rose, 1996b). Consider that in the management of individuals’ with bipolar disorder, considerable attention is directed towards obtaining assessments from friends, family, and work colleagues concerning an afflicted individual’s function, and that such individuals are often encouraged to keep a ‘mood diary’ by which prospective assessments can be made by clinicians (e.g., Yatham et al., 2005). In short, pre-existing forms of authority are transformed; they have become ‘infused’ with psychology, and have become ethical to the extent that individuals’ engage in an exercise of authority over themselves in a kind of therapeutic manner (Rose, 1996a, 1999).

Rose suggests that these ‘practices of the self’ can be understood and investigated by reference to three interrelated axes (Rose, 1996b, 1999). The first, that of ‘moral codes’, relates to the manner in which the contemporary subject is attached to a ‘project of identity’ in which life is evaluated and made meaningful as the product of ‘personal choice’ (Rose, 1996b, pp. 119-120). Psychological values have become normative for all manner of everyday activities, and in relation to problematic affect persons might be enjoined to empower themselves by ‘seeking help’ from a therapist or
perhaps a physician who can prescribe a psychopharmacological remedy (e.g., Gardner, 2003; Rowe, Tilbury, Rapley, & O’Ferrall, 2003).

The second, that of ‘ethical scenarios’, relates to how psychological discourse is ubiquitous in settings where the conduct of individuals may be of concern for others, such as in the school, the workplace, and indeed the psychiatric hospital (Rose, 1996b, p. 120). Psychology has altered how individuals come to make their lives meaningful to themselves, with a vast array of practices and locales created to permit ‘therapeutic engagement’, with techniques developed and applied to the way in which each individual manages their own conduct (Rose, 1996b).

Consider that with the exponential growth in the available literature on bipolar disorder that has occurred with the development and rapid uptake of internet based information sources, individuals are able to rapidly obtain information on what would have been, no more than a few years ago, only available in scientific journals. In one regard, the advent of consumer movements has seen the ownership of discourse concerning mental illness move from the specialised confines of scientific journals and the practices of professionals, to the photocopied leaflet of the support group and the web pages and online message boards of non-profit community groups. However, such ownership does not necessarily mean there has been a reconceptualisation or reworking of traditionalist tropes on mental illness, rather, there appears to have been a wholesale adoption of specialist discourse that is used in a fashion that perpetuates traditional formulations. In short, the ‘consumer’ of mental health services has become a knowledgeable layperson, able to deploy psychological and psychiatric jargon efficiently in order to interact with professionals in a more equitable ‘partnership’. Thus, rather than the management of bipolar disorder being the sole province of the professional practitioner or institution, it becomes a joint responsibility between ‘stakeholders’. 
The third aspect, drawing more directly from Foucault, concerns ‘techniques of the self’. Such ‘techniques’ comprise procedures elaborated by ‘experts’ that can enable individuals to act upon themselves to realise a kind of autonomous selfhood (Rose, 1996b, pp. 120-121). Moreover, such techniques seek to instantiate within individuals a “constant and intense self-scrutiny, an evaluation of our personal experiences, emotions, and feelings in relation to psychological images of fulfilment and autonomy” (Rose, 1996b, p. 121). Consider the recommendations by clinicians that individuals with bipolar disorder keep a ‘mood diary’ (Yatham et al., 2006), undertake ‘psychoeducation’ in order to manage medication compliance (Colom, Vieta, Tacchi, Sanchez-Moreno, & Scott, 2005), or to seek out family planning advice prior to making any ‘reproductive decisions’ (Viguera, Cohen, Bouffard, Whitfield, & Baldessarini, 2002).

The aforementioned serve to illustrate the central theme of Rose’s position with regard to a consideration of the psy disciplines, namely that of an understanding of the psy disciplines as being important, not for what they necessarily are, but for what they do and what they permit. They function as ‘forms of thought’ that permit certain ways of thinking about people and the self, and importantly, allow for some of these forms of thought to be seen as authoritative due to their scientific and professional origins (Foucault, 1970; Rose, 1999). For example, consider the account given by Neil Cole of his initial diagnosis of bipolar disorder, detailed in the opening paragraph of an article titled ‘A bipolar journey’ published in the *Australian and New Zealand Journal of Psychiatry*:

I was diagnosed with bipolar disorder in February 1993. At that time I was the shadow Attorney-General in the State Parliament of Victoria. My new psychiatrist, the second in 12 months, after 40 minutes into what I thought would be another round of soul-searching psychotherapy, said: ‘I think you might be manic-depressive’. To which I replied: ‘What’s that?’ He briefly explained it to me, said he wasn’t sure I had it and
suggested I read a book called *The ecstasy and the agony* by Dr David Grounds. I read the book and returned the next week. He asked me what my reflections were on the book. I responded that I could identify with all of the characters, but it was a terrible plot. We both then agreed there was little doubt about the diagnosis. (Cole, 2004, p. 671, emphasis in original)

In such an account, one might get a sense of the manner in which the psy disciplines are endowed with a mantle of credibility, such that a ‘shadow Attorney-General’ can come to accept as a *possibility* a tentative diagnosis of bipolar disorder after a 40 minute conversation. A diagnosis which is indeed ratified following not much more than a book reading. As Rose (1996b) suggests, such credibility also makes human beings amenable to having certain things done to them by others, in terms of calculated interventions (e.g., in Cole’s case medication trials and hospitalisations), and other more psychological and dispositional practices (e.g., “My psychiatrist was happy I lost pre-selection. She thought the stress was too great for me. It was for me by then.” Cole, 2004, p. 672).

But how might one gain a sense of how such practices, that are essentially only hinted at and alluded to in the current formulation, actually work? Indeed, what might count as a satisfactory *description* of such a practice? While Rose provides a compelling critical history (or as he describes his project, a “historical ontology of ourselves”, 1999, p. xiii) by which one can consider how the practices of the psy disciplines are inextricably tied up in their historical-sociocultural development and construction, such an approach is essentially silent when it comes to providing descriptions of actual, empirically observed, on-the-ground practices.

**Coulter and Practices of Insanity Ascription**

Working from a Wittgensteinian informed ethnomethodological position, Jeff Coulter has made the case that people may come to be ascribed as having a mental illness, not by virtue of the application of theoretically rigorous and scientifically robust
methods of diagnosis of specific mental disturbances, but essentially by way of judgments and discriminations which could be made, and indeed for their sensibility must be able to be made, by any member of a given culture (Coulter, 1973). Coulter suggests that, in relation to the specialised knowledge of those in the mental health professions, “the central point here is that even a psychiatrist must provide a case for his version that is congruent with commonsense knowledge” (1973, p. 85). More recently, but in a similar fashion, Rapley has argued a similar case with regard to the manner in which people come to be seen as having an ‘intellectual disability’ (Rapley, 2004). In other words, would it make sense that a person could be diagnosed as having a mental illness if such a mental illness was not recognisable by others?

As Coulter has suggested, ‘symptoms’ are constructed as such from the application of a disease model to talk and conduct, with such talk and conduct taken as either evidence of some nominal disease process that gives rise to them, or treated as the disease itself. For example, within the scientific literature on bipolar disorder it is not unusual to find such statements as “a diagnosis of bipolar disorder can only be made with certainty if and when the manic syndrome declares itself” (Schweitzer et al., 2005, p.419, emphasis added). The notion that such a syndrome can in some way ‘declare itself’ notably belies the practices by which such syndromes are constructed, principally by clinicians who ascribe the syndrome to individuals on the basis of conduct, with such conduct often evaluated solely on the basis of the avowals made by clients to clinicians; evaluations of conduct are the sole means by which a psychiatric diagnosis can be made.

How does a manic syndrome come to ‘declare itself’ to exist, if not by accounts given by clinicians that render conduct of persons it is postulated to afflict as declarations of the syndrome’s presence? Further, such statements suggest that whatever factors may be relevant to the construction of specific diagnostic descriptions of
particular disorders, nonetheless something like a ‘manic syndrome’ would be seen *as such* by any competent observer. Consider that the practices and procedures by which clinicians go about determining the existence or not of such a ‘manic syndrome’ remains unexplicated in such accounts, for it would appear that the syndromes themselves appear to be readily visible, immediately apparent, and warrantable as confirmations of the diagnosis.

In short, the practical application of psychiatric diagnosis to particular individuals is a thoroughly pragmatic affair (Coulter, 1973), whether that is achieved by the application of diagnostic criteria outlined in a psychiatric nosology, by the use of ‘clinical experience’, or for that matter by determinations made when considering epidemiological data. The actual epistemological status of a ‘diagnosis’ is something which is generally not considered in the day to day activities of those working within mental health domains. Rather, such status is a priori to the pragmatics of allocating treatment resources, determining insurance and disability payments, and otherwise managing the business associated with providing services to people who claim, or are identified by others, as requiring some form of assistance.

While the reification of a disease model of bipolar disorder is something that may be required for nominal *theoretical* purposes, and is arguably instantiated in the current psychiatric nosologies (i.e., *DSM* and *ICD*), it would be amiss to presume that clinicians go about dealing with their clients as if they were considering a unique presentation of some strange phenomena on every occurrence, that warranted a detailed and exhaustive epistemological examination of the entire *concept* of ‘bipolar affective disorder’ in a ten to fifteen minute consultation. Not to mention the metaphysical troubles that such clients might encounter on being presented with such examinations upon every visit to a clinician. This is not to suggest, however, that they and their clients do *not* engage in some form of *practical* epistemology, as opposed to some kind of
metaphysical, armchair philosophical considerations, as that is a *pragmatic* concern that is of an entirely different character (e.g., Whalen & Zimmerman, 1992).

In this sense, Coulter suggests that being *able to be* diagnosed as being insane requires that there exist a priori a population of the insane, in other words a population of individuals diagnosed *as* insane, which has been constructed by a process of clinical diagnoses and judgments. And such diagnoses and judgments, although they may rely upon some form of psychopathological theory, rest upon commonsense judgments and ascriptions of insanity. And, critically, Coulter suggests that accounts of psychopathology, biogenetic or social in orientation, are often predicated on category errors.

This leads to one of Coulter’s major insights, which is to be found in his identification of what he describes as an “*irremediable constraint*” (1973, p. 6, emphasis in original) on *all* research involving the classification of mental illnesses, namely that the context-specificity of assessments made by practicing clinicians *precludes* the development of any adequate aetiological or epidemiological research that could provide generality pertaining to diagnostic procedures, practices, and nosologies. For example, epidemiological studies on bipolar disorder are predicated on the assumption that there exists a ‘base rate’ or a ‘true level’ of bipolar disorder (as comprised of bipolar ‘mood’ episodes, genetic vulnerabilities, and so forth) in a particular population (e.g., Cassidy & Carroll, 2001; Cavanagh, 2004; Smoller & Finn, 2003; Tsuchiya, Byrne, & Mortensen, 2003). However, following from Coulter, given that bipolar disorder can only be ascribed to an individual on the basis of clinical judgement, the disorder can only become visible epidemiologically by way of practical interactions and judgmental processes. Unfortunately, this insight from Coulter has not been taken up with any noticeable degree of import within current relevant literatures.
Given the claim that bipolar disorder is essentially a judgement of moral conduct that is ascribed as if it were a disease process, it is difficult to review the voluminous literature dealing with the presumed underlying physical causes with anything less than a jaundiced view. For, if the great bulk of the literature has failed to attend to the manner in which peoples’ ascriptions and avowals relating to such conduct (in the context of psychiatric and psychological dysfunction) is an essential underpinning for any attempt to conduct more detailed studies, then in the technical language of the practitioner, there may be significant issues concerning the construct validity of a great many proposed casual mechanisms. In other words, if people talk about ‘feeling sad’ for example, formal descriptions of such talk not attentive to the manner in which such talk may feature in-and-as the complex performance of situated and contextually relevant social actions, may well provide for a unwarranted inference that such talk is necessarily reflective or indicative of some underlying pathology.

Now, while appeals that findings of statistical regularity of the presence of particular categories in a population is evidence of both the validity of the concept the categories define, and the reliability of said categories, all such appeals founder on the premise that all that is being identified are regularities of a logical-grammatical form. That is to say, all that is being elucidated is that words like ‘high’ might be related in some sense to words like ‘excited’, and perhaps that seemingly counter-intuitively words like ‘elevated’ can be related to ‘depressed’. This, of course, is exactly the problem with most forms of social science research that post-Wittgensteinian forms of discursive scholarship have sought to foreground.

Indeed, this particular form of critique is given support by work that has exposed serious issues regarding the problematic nature of diagnostic reliability and validity in psychiatric nosologies (Duffy et al., 2002; Kirk & Kutchins, 1992), the manner in which theoretical and methodological issues concerning the validity and reliability of
psychiatric nosology are contested (Berrios, 1999; Bertelsen, 1999; Crowe, 2000; Duffy et al., 2002; Grob, 1991; Houts, 2000; Jablensky, 1999; Kirk & Kutchins, 1992), and the recognition of the heterogeneity of bipolar disorder and problems associated with imprecise diagnostic categories (Alda, 2004; Angst & Gamma, 2002; Dunner, 2003; Harpaz-Rotem & Rosenheck, 2004; Himmelhoch, 2003; Parker, 2003; Smith et al., 2004).

As Coulter argues, psychiatric diagnoses founder on the problem that interpersonal standards of conduct cannot be codified in the same manner as physiological systems. An important and often unremarked upon issue is that theories of bipolar disorder, and more specifically the predominant ones that are focused on issues pertaining to biogenetic accounts, draw in large measure for their support evidence from practicing health workers who utilise the same theories as resources for the practicalities involved with working with clients (Coulter, 1973, p. 22). This problem, of theory-as-resource, is a problem insofar as it leads both theorists and practitioners into conceptual and methodological pitfalls when work is undertaken towards the further development and extension of a positivist approach to mental health matters (cf. Rose’s account where the linkages between a psychological theory and a related practice are, and are possibly required to be made, transparent; Rose, 1996a, 1996b).

However, one might approach the apparent discrepancies and divergent theorising concerning bipolar disorder as less a ‘problem’ that needs resolution if one is to provide accounts of bipolar disorder that might achieve a ‘final word’ on the topic, but rather as illustrative of the manner in which persons who have some stake in the issue of bipolar disorder go about the business of making sense of their practical actions. In other words, while the scientific literature provides not one, but many competing accounts of the epistemological and ontological status of ‘bipolar disorder’ with regard to such issues as the theoretical foundations for clinical diagnosis,
treatment, and so forth, it may well be that the actual practices of dealing with the category as a social categorisation are less problematic.

For example, the ascription of the category to an individual generally takes place outside the highly operationalised confines of the technical, scientific literature, and yet people routinely diagnose the disorder, get diagnosed with the disorder, prescribe and undertake treatments for the disorder, and appear to have some understanding of what the disorder is. In this regard, professionals and consumers of mental health services appear to orient to the category of ‘bipolar disorder’ not as either practicing or lay scientists, but as persons going about their everyday affairs who adequately deal with the practical and pragmatic matters associated with ‘having a psychiatric condition’.

Consider that in the absence of any gross pathological, or more specific neuropathological procedures by which the presence of the bipolar disease entity can be confirmed, criteria which are used to determine the validation of any particular ‘case’ of bipolar disorder are essentially limited to the “internal cohesion of the clinical picture” and “course and outcome” (Cavanagh, 2004, p. 204). Consider the criteria of the ‘internal cohesion’ of the ‘clinical picture’, which Cavanagh leaves unexplicated. I would suggest that such ‘internal cohesion’ could be regarded as a gloss for a ‘convincing narrative’, a rhetorically constructed and positioned account concerning a particular person incorporating a range of vernacular descriptions that can be rendered in ostensibly ‘clinical’ terminology. In other words, a diagnosis of bipolar disorder in a given instance is to be validated, and can only be validated, by reference to the very accounts that serve in its production. Moreover, with regard to the second criteria, that of ‘course and outcome’, any account can only be examined post hoc, that is to say, by reference to the utility it may have in assessing any potential ‘course and outcome’ once a diagnosis has already been made.
With regard to such accounts, what remains unexplicated are the practices that enable the production of plausible accounts, those that essentially define the disorder, and how such practices in turn may become the very practices by which any account of ‘course and outcome’ can be evaluated. In short, unless and until psychiatry has at its disposal some form of verification of the disorder than can be rhetorically positioned as remaining outside the domain of what could be characterised as ‘account production’, it would appear to remain vulnerable to critical contestation of its ostensibly scientific credentials on both ontological and epistemological grounds.

However, investigations concerning the production of accounts of the disorder, accounts pertaining to the disorder’s validation, and how accounts of these accounts are produced, may be of some utility to both critics and practitioners working in psychiatric domains. This should not be considered a trivial or pointless undertaking. After all, consider the claim that bipolar disorder had at one time been effectively a kind of ‘gold standard’ with regard to conceptualisations of psychiatric disorders as diseases, but is now in danger of losing its utility as such a standard (Baldessarini, 2000). Moreover, consider the suggestion that bipolar disorder “has become more heterogeneous and there is increasing evidence that different subtypes of the disorder need different pharmocotherapeutical approaches” (Greil & Kleindienst, 2003, p. 45). In short, there would appear to be a warrant for undertaking investigations of account production practices concerning bipolar disorder, given that contemporary clinical categorisations appear not only to be unsatisfactory but also consequentially linked to such things the medication and hospitalisation of a growing number of vulnerable and ‘uninformed’ consumers who until recently would have remained outside the gaze of clinicians, researchers, and insurance providers: namely children (Harpaz-Rotem & Rosenheck, 2004).
What Coulter suggests is that for researchers investigating ‘insanity’, the move should be away from providing accounts that seek to explain insanity, and towards providing descriptions of how insanity is *ascribed* – in other words towards a “culturally indigenous ethnopsychiatry” (1973, p. 114). In this regard, Coulter is operating from a descriptive epistemological position that highlights the manner in which observations are transformed analytically as being representative of rules that in some sense ‘reside’ within such things as ‘brains’, ‘cultures’, and ‘minds’ (McHoul, 1988a). Coulter suggests that in order to bypass such problems those working in the social sciences need to consider seriously the idea that explanatory frameworks requiring an appeal to ‘rules’ should be discarded (1973).³ For example, when considering the issue of mental illness, the practices associated with the ascribing of diagnostic classifications should be considered as significant as any other aspect, such as treatment and etiological issues. The critical focus is directed toward the processes and practices which lead up to and bring about such things as the making of a clinical diagnosis, the prescribing of a particular treatment, or the examination of any casual factors.

As Coulter suggests, psychiatric practices are bound up with the concerns of everyday life, and the presupposed objectivity of psychiatric diagnoses and judgements is perhaps less a matter of the application of universal principles and more a matter of pragmatic concern with individual situations and circumstances (1973, p. 150). Moreover, mental health procedures that are divorced from cultural conventions and standards could be seen as essentially irrelevant to the practical delivery of health care, as the displacement of the pragmatic features that constitute the bulk of the work that concerns health care workers in favour of context free procedural prescriptions can only furnish artificial and arbitrary modes of action (1973, p. 150). As Coulter suggests “we

³ This issue will be given further consideration in Chapter 3.
are frequently engaged in the methodical specification of people’s minds. We can accomplish this work for practical purposes because we are equipped with conventional inferential procedures” (1973, p. 155, emphasis added).

**Rose, Coulter, and Practices**

I regard the accounts provided by Rose and Coulter as (exceptionally) useful sociological glosses concerning the various practices of psychology and psychiatry, and as affording a basis from which I might develop an orientation to how such practices might be described, in contrast to accounts of such disciplines and their practices as being essentially analogues of the natural sciences. In other words, while Rose does not provide empirical descriptions of particular practices, he does provide for something that counts, for my purposes, as a kind of jarring, unsettling description. A description that proffers a means by which one can consider a possible relationship between the local, situated practices of the psy disciplines (for example the testing of individuals cognitive capacities, the measurement of ‘opinions’, the delivery of therapeutic interventions and so forth) and the manner in which such a ‘complex’ (Rose, 1985) itself renders such local practices as intelligible and understandable by reference to its own macro descriptive and explanatory accounts. And, while Coulter presents a conceptual critique by which one can examine the underpinnings of contemporary theories and practices relating to (for example) the identification of bipolar disorder, which suggests they are built on-and-as a slew of ordinary and mundane kinds of ascriptive practices, as opposed to any ‘technical’ and ‘specialised’ procedures that psychology and psychiatry may posit such determination require, he does not touch upon the historical formation of such concepts or practices.

Now, if one has a specialised interest in categorisation, consider how Rose and Coulter might be read in a manner that suggests the utility in examining the manner in which categorisation practices, operative in-and-as a diverse range of sites, situations,
contexts, discourses, technologies, and so forth can produce something like ‘bipolar disorder’ as a utterly unremarkable and straightforward description of a person. For example, it is in the reformulation of persons’ moral conduct, in-and-as publicly available practices, by way of categorisations that relate to ostensibly individualised, private, psychological states, by which one might gain some sense of the manner in which the ‘practices of the self’ of Rose and the ‘conventional inferential procedures’ of Coulter might intersect. However, what is missing from both accounts is any detailed, empirical examination of actual practices. Rather, both concentrate on providing conceptual analyses (albeit in different domains).

To illustrate this point, consider that given the rather unscientific and vague nature of the principal instrument for guiding psychiatric diagnosis of bipolar disorder (i.e., *DSM*), numerous commentators have suggested that clinicians employ an essentially pragmatic use of psychiatric nosology systems (e.g., Frances & Egger, 1999; Gillett, 1999). For example, a critical user of the *DSM-IV-TR* might be portrayed as utilising the nosology in an attempt to pool and compare observations to enable the production of a provisional conception of what constitutes bipolar disorder. But if that is the case, how do researchers, hospital administrators, insurance companies, and government departments come to make sense of bipolar disorder with application to any individual? Does this render the entire project of mental health research, treatment, and management of bipolar disorder that rests upon the use of psychiatric nosology as provisional?

One might suggest that post-hoc appeals to the pragmatic nature of nosology are merely apologist, with professions that cannot convincingly identify and describe the illnesses they claim to treat as deserving of sustained critical inquiry (Kirk & Kutchins, 1992). The notion that psychiatric nosology is merely a way to assist individuals’ attempts to communicate observations about perceived bipolar-like phenomena,
suggests that it does not matter how we may talk about the phenomena of bipolar disorder as long as it is acknowledged to really exist. This type of justification suggests that, ceteris paribus, the Malleus Maleficarum was merely a pragmatic method of determining if a particular individual was a witch – while the document may well contain errors in logic and of fact, the a priori existence of witches was not to be disputed. Perhaps, with a nod to Thomas Szasz (1971), development of a Malleus Maleficarum II may have provided for more reliable methods of witch hunting?

In this sense, the identification, diagnosis, and treatment of bipolar disorder in a given individual are not to be seen as isolated, clinical activities that merely involve the application of diagnostic rules and procedures to observed and reported behaviour. For example, one might suggest that the ascription of a clinical diagnosis of bipolar disorder could be seen as involving a number of related actions, to which we might assign categories such as ‘judgemental’, ‘performative’, ‘professional’, and ‘administrative’. A diagnosis is judgemental in that it categorises the behaviour of an individual in a broad social context as being either normal or abnormal. It is performative in that, in addition to guiding the choice of therapeutic interventions, it takes place within medical and legal constraints that may have implications for individuals’ rights and obligations, for example in matters concerning criminal liability, access to employment, or custody of children. It is professional in that it constitutes a display of scientific and professional competence and authority concerning a matter of problematic human functioning. And it is administrative in that it provides essential data for bureaucratic functions related to such things as mental health service delivery, and importantly, aids in further accretion of scientific knowledge to the corpus of material concerning the bipolar disorders themselves. Thus, to relegate the importance of psychiatric nosology to that of being merely a way in which disinterested and objective clinicians can communicate their observations to others is misplaced.
However, this serves to occlude an important concern, that in such considerations one may fail to appreciate that formal accounts detailing any psychiatric nosology, any diagnostic criteria, any treatment recommendation, any review of treatment efficacy, any epidemiological survey, any clinical treatment guideline for bipolar disorder can only ever be approached as loose, informal, and provisional in actual clinical psychiatric and psychological practice. That is to say, more thorough investigations of the practices by which such formal accounts of ‘bipolar disorder’ are claimed to inform may be required.

**Conclusion**

Drawing from these general themes, and more specifically from work that has undertaken examination of practices associated with the doing of ‘intellectual disability’ (Rapley, 2004; Rapley, Kiernan, & Antaki, 1998), ‘attention deficit/hyperactivity disorder’ (McHoul & Rapley, 2005a), and psychiatric conceptualisations of ‘delusions’ (McCabe, Heath, Burns, & Priebe, 2002; McCabe, Leudar, & Antaki, 2004; Palmer, 2000), if one is to understand the way in which ‘manic depressive’ or ‘bipolar’ individuals are somehow different from those who are not describable as such, it is critical that an examination of what such people actually do be seriously considered. Such an undertaking stands in contrast to those generating inferences based on psychological measures of ‘quality of life’ (e.g., Chand, Mattoo, & Sharan, 2004), determinations as to whether people have ‘insight’ (e.g., Dell'Osso et al., 2002), or the statistical aggregation of a bewildering range of variables, factors, and demographic ‘risk’ indicators furnished by the psy disciplines that occludes peoples’ lived experiences (e.g., Sierra, Livianos, & Rojo, 2005; Tsuchiya et al., 2003; Valtonen et al., 2006). In addition, examinations that attend to the practices by which such people come to be describable as ‘bipolar’ are of equal, if not greater, importance given that almost all theoretical, research based, and clinical endeavours treat the ‘bipolar individual’ as
an entity seemingly disconnected from the actual practices that underpin any such identification.

For example, in their examination of a diagnostic session involving a young boy, his parents, and a paediatrician, McHoul and Rapley (2005) provide an analysis of how routine and mundane the act of diagnosis and medication for ‘attention-deficit/hyperactivity disorder’ (ADHD) is, even when such a diagnosis is met with resistance. They employ a ‘hybrid’ methodological approach, involving a critical discourse analytic positioning of their investigation with respect to local political and social concerns around the high rate of diagnosis and treatment for ADHD in Western Australia, an ethnomethodological and conversation analytic examination of the manner in which various ‘social facts’ concerning a child’s behaviour are constructed as such in-and-through talk-in-interaction, and a discursive psychological analysis of how professional accounts concerning contested psychological categorisations come into conflict with ordinary, everyday, commonsensical usages of such terms.

In this manner, rather than providing yet another decontextualised rendering of ADHD as a thing in the world that can be revealed by inferential statistical techniques, manipulation of variables in experimental settings, or by examination of medication prescription rates, they suggest that the literature and research in this area has essentially failed to examine how the ascription of ADHD can come to be produced as an “actual, recordable, retrievable and therefore analysable, real event in the world” (McHoul & Rapley, 2005a, p. 446, emphasis in original). They offer their detailed analysis of a single transcript to illustrate:

… that a single case, analysed in some degree of detail, may shed light on how, on a day-to-day basis (and as any ‘macro’-analysis’s always and necessarily missing topic), such gross pharmacological and statistical outcomes could possibly be locally generated. (McHoul & Rapley, 2005a, p. 446, emphasis in original)
Relevant to the current investigation, the act of diagnosis and related endeavours serves as a critical foundation on which to assess the claims that bipolar disorder is something that, rather than existing in the world awaiting discovery, is something that is constructed, produced, or otherwise made relevant in-and-as human praxis. Bipolar disorder, rather than being identified solely as a clinical, pathological, disease entity that might be ‘discovered’ by the objective gaze of the researcher or clinician, can also be regarded as involving conduct and descriptions of conduct, involving numerous, multiform *practices*, that are made locally relevant and “visible-rational-and-reportable-for-all-practical-purposes, i.e., ‘accountable’” (Garfinkel, 1967, vii). What such practices might be, how they might be investigated empirically, and the manner in which descriptions might be provided of them, is the topic of the next chapter.
CHAPTER 2

Describing Description in the Social Sciences

In any case, till we have described the category, suicide, i.e., produced a description of the procedure employed for assembling cases of the class, the category is not even potentially part of the sociological apparatus. (Sacks, 1963, p. 8)

It would appear that a paradigmatic aim of the social sciences has been to provide explanations of differential rates within and between measurements of a range of behavioural categories, be they ‘suicide’, ‘crime’, ‘intelligence’, ‘attitudes’, ‘mental illness’, ‘emotions’, and so forth. And while such categorisations may be characterised as being, or referring to, ‘hypothetical constructs’, ‘operational definitions’, ‘biological entities’, or even ‘social constructions’, nonetheless the data collected, aggregated, and disseminated using such categories are taken to exist in the social and psychological world independently of any particular categorisations (Atkinson, 1981). In other words, while an explanation of a differential rate of ‘suicide’ associated with a ‘mental illness’ such as ‘bipolar disorder’ (e.g., Oquendo & Mann, 2006) may be open to contestation, the data pointing to rates of suicide for those deemed to have bipolar disorder, for example, are to be taken as they appear – facts of the social world.

In considering how the assessment of ‘delinquents’ was undertaken by official agencies, Cicourel (1968) provided for an account of how such things as ‘class background’ and ‘family circumstances’ were considered by agency officials as they undertook the making of consequential determinations concerning the application of legal action in relation to particular children identified as ‘delinquents’. What Cicourel found was that children from ostensibly low income or ‘broken’ families were considerably more likely to be processed through official channels than those children who came from less disrupted families – and whom might have ‘respectable’ parents

1 Summary presented here drawn from an excellent synopsis provided by Atkinson (1981).
that officials could ‘have a word’ with. In short, in the making of determinations concerning the placement of children, officials were essentially making ‘common-sense’ judgements about the ‘typical delinquent’, and as such large numbers of ‘working-class’ children, from ‘broken homes’, came to constitute the official statistics on delinquency. These statistics then served to furnish the conclusions for researchers, drawing upon them, that variables like ‘broken homes’ and ‘working-class’ backgrounds are implicated as correlates or causes of delinquency.

In regard to such ‘common-sense’ judgements concerning the facts of the social world, Sacks describes how there is a group of professionals who are in the business of not regarding the actions or appearances of people in a taken-for-granted manner, namely the police (Sacks, 1972b). Sacks suggests that police are charged with the task of having to look at the normal appearances that people may present, with persons of interest to the police (i.e., criminals) having some concern with ensuring that those normal appearances are in fact how they present themselves in order to not arouse police suspicion, in a manner that allows them to identify and locate criminals and criminal activity. Sacks suggested that police use an ‘incongruity procedure’ that enables them to simultaneously view persons and events in a manner that allows for appearances to be seen as potentially questionable, but that permits for general appearances to be not doubted. Indeed, the same can be said for the objects of police interest, namely criminals, with Sacks making the point that “as the police are oriented to using appearances as evidence of criminality, so criminals are oriented to using appearances as fronts, i.e. as hindrances to recognition” (Sacks, 1972b, p. 284).

Sacks points to an important caveat with regard to the utilisation of a kind of specialised knowledge that the police may bring to bear on apprehending criminals, determining the truth of statements, and other activities that fall within the policeperson’s usual domain, that police are required to provide descriptions and
accounts of what has lead them to perform particular activities (e.g., the arrest of a particular suspect) such that anyone might reasonably be able to understand the grounds by which such activities are justifiable (Sacks, 1972b).²

Consider, then, that social scientific theories and explanations of such things as ‘delinquency’ or ‘criminal activity’ that do not take into account the theories and procedures employed by those who are in the business of making such pragmatic determinations (e.g., court officials, police officers), and that take as their data the products of such ‘lay’, ‘impoverished’, or ‘unsophisticated’ knowledge and practices (e.g., ‘rates of delinquency’, ‘criminal charges’), might only comprise essentially confounded variants of the very things they seek to surmount, namely, ‘folk theories’ predicated on ‘common-sense’ knowledge.

Notwithstanding such a claim, given the apparent order one observes in the social world, refinements in social scientific theories, methods, and procedures presumably might allow social scientists from a wide range of disciplinary affiliations to overcome such problems, and undertake more accurate investigations. However, what the aforementioned touch upon is that in undertaking social scientific investigations that posit social life as essentially orderly and regular, a presumption of the independence of facts appears to be a prerequisite commitment for any such endeavours. Indeed, it would seem that to observe social life as orderly one must have available some independent facts that in some sense can be extracted from the social world, and that to have such independent facts one must posit the existence of a social world that allows for the extraction of such facts. In other words, it would seem that both are required, or somehow interconnected, in order that a social science can be both thinkable and doable in practice.

² Note the resonance with Coulter’s account concerning ascriptions of mental illness in Chapter 1.
Ethnomethodology

In examining the production of such a social order, Harold Garfinkel conducted a number of investigations during the 1950’s and 1960’s, collected and published as *Studies in Ethnomethodology* (Garfinkel, 1967), that posited that human actions and institutions require that members are able to make shared sense of their situations, and moreover that members act on such shared sense making. In a collaborative social science study of juries in the 1950s (as reported in Garfinkel, 1974) researchers were interested in studying the tape recordings made of jurors’ deliberations, in an attempt to provide an analysis of reasoning in a naturally observed non-experimental setting. In one instance they obtained recordings of deliberations from a particular court case (a later legal ruling prohibited the use of the recordings by the researchers), however, what became a critical issue in considering how to go about analysing jurors deliberations was how one might avoid reducing the natural reasoning of the jurors into *pre-existing* social science categories.

Garfinkel noted that as jurors engaged in discourse concerning the facts of the case and what evidence could be considered reasonable, consistent, and logically coherent, jurors might make disclaimers such as “I’m not a lawyer, but …” then proceed to debate, negotiate, and otherwise engage in discourse that accommodated concepts such as fairness and justice (Garfinkel, 1974). What Garfinkel attempted to do, was to investigate such ‘lay usage’ without conceptualising such usage as being something of a degraded form of professional knowledge. Rather, what was considered was the possibility that everyday or lay language and practices are largely unconnected with professional ones, which themselves are grounded in ordinary language history and community experience. Indeed, the so-called professional language might be regarded more likely a source of possible distortion than the lay usage.
Thus, Garfinkel coined the term ‘ethnomethodology’ to recognise that the solution to the social scientists’ dilemma was to understand that in their attempts to develop a methodology to approach the question of investigating and understanding jurors’ natural reasoning, that what they were doing should not be considered any less a part of the social world, and that their methodology was not solely within the province of social science (Garfinkel, 1974). Ethnomethodology, then, could be used as a means by which attention could be drawn to the problematic manner in which endogenous investigations of methodology are connected with, and serve to reflexively organise, social practices (Lynch, 2002a). In short, the distinction between knowledge (of the scientist) and the beliefs or practices of those studied becomes one that is open to further investigation. In short, ethnomethodology seeks to uncover the self-organising principles of social activities by way of an examination of the work members perform to organise such activities (Benson & Hughes, 1983; Garfinkel, 2007; Heritage, 1984b).

In examining the production of social order, by way of investigations of members’ practical activities, it is important to note that as members go about their everyday activities, they do not and cannot routinely attend to the reflexive nature of either their actions or accounts, for to do so would render the doing of such as problematic (Garfinkel, 1967). For example, someone engaged in a conversation with friends at a café may give an account of their activities as ‘having lunch’; however, they would not consider themselves to be a ‘lunch theorist’. Indeed, to attend to providing an account of each and every element of ‘having lunch’ (e.g., ‘drinking coffee’, ‘engaging in conversation’, ‘glancing at others’) while engaged in the actual, practical activities that constitute the doing of ‘having lunch’ may well render the doing of such an activity problematic.

To address this issue, which could be glossed as ‘the problem of the invisibility of common sense’ (ten Have, 2002), Garfinkel considered that if one could engineer
disruptions and breaks in the social order, these might reveal the operations of such taken-for-granted, common-sense practices. Garfinkel conducted a number of so-called ‘breaching experiments’, wherein students were instructed to act in ways that could be construed as challenging conventional social understandings and practices. Or as Garfinkel more delightfully characterised things “procedurally it is my preference to start with familiar scenes and ask what can be done to make trouble” (Garfinkel, 1967, p. 37). Such tasks included requesting that students pretend to be boarders in their own homes, to ask people in everyday conversation to clarify all of their remarks, and to approach customers in shops and act as-if the customer was a sales assistant.

In providing such examples, Garfinkel suggested that the properties of general, everyday understandings, rather than being viewed as “precoded entries on a memory drum” should be examined as resulting from persons’ furnishing a “background of seen but unnoticed features of common discourse whereby actual utterances are recognised as events of common, reasonable, understandable, plain talk” (Garfinkel, 1967, p. 41). These unnoticed properties of everyday discourse are considered to be the preconditions that allow people to make claims to understand others and themselves, and Garfinkel suggested that when people attempt to depart from such usages there will be attempts made to restore things to some proper state. Two examples provided by Garfinkel include:

CASE 6
The victim waved his hand cheerily.
(S) How are you?
(E) How am I in regard to what? My health, my finances, my school work, my peace of mind, my …?
(S) (Red in the face and suddenly out of control.) Look! I was just trying to be polite. Frankly, I don’t give a damn how you are.

(Garfinkel, 1967, p. 44)
CASE 1

The subject was telling the experimenter, a member of the subject’s car pool, about having had a flat tire while going to work the previous day.

(S) I had a flat tire.

(E) What do you mean, you had a flat tire?

She appeared momentarily stunned. Then she answered in a hostile way: “What do you mean, ‘What do you mean?’ A flat tire is a flat tire. That is what I meant. Nothing special. What a crazy question!”

(Garfinkel, 1967, p. 42)

These examples are demonstrative of the somewhat obtuse point that Garfinkel was making, that for people going about their everyday affairs, they generally do not permit others to understand “what they are really talking about” in a manner that follows from “strict rational discourse as these are idealized in the rules that define an adequate logical proof” (Garfinkel, 1967, p. 41). In other words, the social practices that people engage in cannot be easily cast in social scientific terms, models, or taxonomies. They cannot be dismantled, reduced, or replaced – in short they are ‘irremediable’ (Garfinkel, 1967).

Garfinkel suggests that efforts to overcome the ubiquitousness of ‘common-sense’ practices in providing social scientific accounts, by dismissing them as ‘folk’ practices’ that stand in need of more formal, scientific, and presumably correct renderings, is analogous to tearing down the walls of a building in order to see what holds the roof up. Or, as Sacks remarked, that the application of social science definitions to phenomena is akin to “erecting a headstone over a grave” (as cited in Laurier & Philo, 2004, p. 433). In regard to these social practices, and the investigation of ‘common-sense’ knowledge, Garfinkel provided a number of formulations that could be seen as foundational to the adoption of an ‘ethnomethodological attitude’, the most salient including indexicality, reflexivity, accountability, and the ‘documentary method of interpretation’.
Within linguistics and philosophy, indexical expressions are those expressions that are understood by virtue of the contexts and occasions in which they are used, such as ‘I’, ‘this’, ‘that’, ‘here’, ‘now’, and so forth. What Garfinkel proposed was that the entire language was profoundly indexical on all occasions, and for all actions, as it is used by members, and that the meaning of everyday talk is dependent upon the context in which talk occurs (Benson & Hughes, 1983; ten Have, 2002). Importantly, context itself is indexical, and this has serious consequences for any undertaking that attempts to replace indexical expressions with expressions that are putatively context independent, for this can only produce further indexical expressions. Such undertakings, whether they be social scientific endeavours to explicitly produce ‘context-free’ technical languages, or practices by which people go about their everyday affairs, are all bound by the indexical nature of language.

In short, whatever clarity, precision, or agreement is displayed in language, it can only be occasioned as such (Hilbert, 1992) Indeed, Garfinkel positioned the notion of indexicality as a canonical principle of ethnomethodology, with the use of “the term ‘ethnomethodology’ to refer to the investigation of the rational properties of indexical expressions and other practical actions as contingent ongoing accomplishments of organized artful practices of everyday life” (1967, p. 11).

With language in its entirety indexical, members attempt to make sense and meaning of talk by reserving judgement prospectively and applying sense retrospectively (Garfinkel, 1967). By way of example, in Sudnow’s (1965) study of the social organisation of a public defender’s office, clients were given the opportunity to plead guilty in a plea bargain, or could not plead and take their chances in court. What Sudnow demonstrated, was that the meaning of being a criminal is not contained within a particular ‘criminal act’, but can be seen to be emergent from the context in which such a ‘criminal act’ can be interpreted, with attorneys having understandings of certain
clients as being atypical and deserving of special handling, with other clients being understood as being charged with typical ‘normal crimes’ which could be processed with standard procedures and plea bargaining.

Ethnomethodology posits that the facts about society are features accomplished by members using practical reasoning and common-sense knowledge as they go about their everyday activities, and accounts given about society become constituent components of the very things they describe, in other words they are reflexive (Benson & Hughes, 1983). Garfinkel considered that members invoke accepted facts or patterns (e.g., rules) to provide accounts of their actions, with this constitutive of a reaffirmation of the existence of the very same facts or patterns. That the same facts and patterns can be utilised in different contexts, at different times, to offer alternate or contradictory accounts points to the meaning of any particular fact or pattern as being embedded in the particulars of a specific situation, and moreover, subject to a consensual process of meaning construction (Marcon & Gopal, 2003). The study by Wieder (1974) that examined the ‘convict code’ of paroled ex-convicts living in a halfway house provides a detailed commentary on issues of reflexivity.

This leads to another canonical statement offered by Garfinkel concerning ethnomethodology, namely that “the activities whereby members produce and manage settings of organized everyday affairs are identical with members’ procedures for making those settings ‘account-able’” (Garfinkel, 1967, p. 1). This notion of ‘accountability’ refers to intelligibility (rather than liability or responsibility) in that members can design their actions such that the ‘sense’ of such actions is immediately apparent to others, or at least readily explicable to others, and as such the understandability and expressability of any given activity are essential components of that activity (ten Have, 2002). Social phenomena of all types, varieties, and manifestations are thus to be described by ethnomethodology in terms of their essential
accountability. For example, if one considers ‘suicide’, whether as an action (i.e., as in ‘a suicide’), or as a categorisation of conduct (i.e., as ‘suicidal’), such determinations are required to be accountable, that is they must be observable, reportable, and describable as ‘a suicide’ or as ‘suicidality’. The upshot of this for those involved in social science research is that the way in which members go about making their activities intelligible can be explicated from the accounts that members themselves provide (Garfinkel, 1967).

Another of the canonical terms associated with Garfinkel is the ‘documentary method of interpretation’. While Garfinkel derived the term from earlier work by Mannheim (Heritage, 1984b) in Garfinkel’s rendering it refers to a process in which members see other members’ actions as expressions of ‘patterns’, and these ‘patterns’ enable the members to see what the actions are (Benson & Hughes, 1983). Later appearances and actions may result in a reinterpretation, or reconstruction, of what the previously seen appearances ‘really were’, and importantly:

Not only is the underlying pattern derived from its individual documentary evidences, but the individual documentary evidences, in their turn, are interpreted on the basis of ‘what is known’ about the underlying pattern. Each is used to elaborate the other. (Garfinkel, 1967, p. 78)

In other words, the documentary method of interpretation serves to emphasise the socially shared nature of sense making, and the procedural and methodic organisation of ‘common-sense’ knowledge (Watson, 1997). This process of documentary interpretation is presented as providing for a way in which sociological accounts, be those of professional social scientists or lay members, can describe the features of members’ practical reasoning (Benson & Hughes, 1983; Heritage, 1984b). And as Watson suggests, this can be seen to stand in some contrast to understandings of

---

3 Heritage (1984b, p. 84) also notes that this idea was not unfamiliar to phenomenologists since Husserl.
sense making that posit the primacy of individualistic, private, internal operations (Watson, 1997).

**Ordinary Language and Zero-Degree Accounts**

While Garfinkel’s earlier work (Garfinkel, 1967) makes reference to the work of the social phenomenology of Alfred Schutz, and in recent expositions is presented as a kind of rival to a Husserlian programme (Garfinkel & Liberman, 2007) and can be understood as a continuation of a phenomenological tradition, it can also be approached as being compatible with the ‘ordinary language philosophy’ tradition as represented by the work of those such as Wittgenstein (1967a), Austin (1962) and Ryle (1949). Indeed, Garfinkel and Sacks acknowledged the influence of Wittgenstein, going so far as to suggest that with regard to their conception of indexical expressions that the later Wittgenstein examined “philosopher’s talk as indexical phenomena” and suggested that one can read Wittgenstein as comprising “a sustained, extensive, and penetrating corpus of observations of indexical phenomena” (Garfinkel & Sacks, 1970, p. 348).4

But what of the obvious critique, that ethnomethodological studies of members’ activities are themselves subject to the same analyst-member problems that ethnomethodology claims plague all forms of social science research? Coulter argues that the issue to consider is the issue of theorising (Coulter, 1999). Following from Wittgenstein, who argued against theory construction as a means by which philosophical problems could be dissolved, and Garfinkel who essentially argued the same with regard to theory in sociology, Coulter advocates the importance of analysis, with the ethnomethodological insight being:

> Our ordinary language and practical, commonsense reasoning, never having been subject to serious empirical-analytic inquiry, comprises methods and resources so dense and so rich for producing social orders of all stripes that ‘theorising’ was redundant. It

---

4 Attention has been drawn to this observation by several commentators, notably Heritage (1984b, p. 122).
could only and ever idealise, abstract from, restrict the appeal to, select from, distort and, thereby, stipulatively circumvent, the real issues that actually, in their rich integrity, arise within our ordinary affairs, including the issues pertaining to the putatively ‘mental’ attributes and features of persons. (Coulter, 1999, p. 177, emphasis in original)

Winch, in discussing the problematic relationship between social science and its domain of inquiry, makes a point that has some resonance with Coulter’s position on ethnomethodology:

If we are going to compare the social student to an engineer, we shall do better to compare him to an apprentice engineer who is studying what engineering – that is, the activity of engineering – is all about. His understanding of social phenomena is more like the engineer’s understanding of his colleagues’ activities than it is like the engineer’s understanding of the mechanical systems which he studies. (Winch, 1958, p. 88)

In this regard, Coulter makes a distinction between the kinds of descriptions that are available to an analyst. Descriptions which could be considered as true, or meaningful, for an observer are ‘transparent’. Those descriptions that could be true for a member are ‘opaque’. To illustrate, Coulter provides an example of a child or an animal ‘watching’ television, and suggests that it is entirely reasonable that someone may say that the child or animal was “watching the President” (Coulter, 1983b, pp. 108-109). Now, while this may be true, or meaningful, for the observer (for whom the concepts of ‘watching’ and ‘President’ are available) it could not said to be true or meaningful for the child or animal, as such concepts are unavailable. In this regard, Coulter characterises much of the social sciences as conflating ‘opaque’ descriptions for ‘transparent’ ones, with the disciplines becoming tangled with the inevitable proliferation of category mistakes (Ryle, 1949).

5 My gloss here is essentially identical to the one provided by McHoul (1988b).
Now, a legitimate solution to this problem is to directly ask a member to provide a description, albeit this could be problematic if one were asking a young child or an animal. Winch, in an examination of what constitutes meaningful behaviour, offers a paradigm case of someone performing an “action for a reason” (1958, p. 46). He asks what kind of explanation is it, that a person who voted a particular way in an election could be said to have done so because of $X$. The paradigm case would be if that person, prior to the election, had discussed various issues and come to the conclusion that $X$. Winch then argues that in the case of an observer offering an explanation for why the person voted for a particular political party in an election, it should be noted that the observer’s explanation must be understood not just by the observer (and others given the observer’s explanation), but must also be understood by the person who voted. In short, an analyst who makes a claim that someone has acted for a reason, must ensure that reason is intelligible for the person, otherwise the analyst may attribute a reason that is essentially senseless to the person the reason is attributed to. Winch then develops this idea to ask the question “by what criteria do we distinguish acts which have a sense from those which do not?” (1958, p. 49).

Now, if we take the question of how, for example, one might go about constructing a methodology for providing an account of Coulter’s ‘watching television’ example, we can explicate in a general sense some of the issues of contention in contemporary social sciences. An analyst might restrict themselves to providing an account of what they, themselves, observe empirically. Such an account might describe things such as where the child is spatially positioned in the room, in relation to the television, and in relation to the analyst. The analyst might describe what they observe is being projected or otherwise presented on the television screen. They may also provide for a detailed quantitative account of any movements or utterances the child may make. Such an account, then, would be essentially behaviourist, in that the concern
would be on observed motor behaviour. Another analyst might provide for a detailed description of how the child might be responding to, or otherwise interacting with, images on the television screen. For example, they might note the child shows higher degrees of ‘interactivity’ when particular images are displayed. Such an account, then, would be essentially a cognitivist one.

What these, and indeed any account, are predicated on are the descriptive practices of the one providing the description. A parent of the child might provide an account that describes the child as ‘not doing homework’. A friend of the child might provide an account of the child as ‘playing a game’. A child psychologist could provide an account that the child is ‘learning’ or ‘processing information’. The child themselves may give an account of ‘watching television’. In other words, the sense of any act can only be approached by a consideration of the sense of its description, such that the sense of a particular account is bound up with the account’s reflexive, indexical, and normatively accountable production.

Now, one often cited problem with this ethnomethodological approach to the provisions of descriptions is that it is, in principle and practice, impossible to discard or somehow transcend the logical-grammatical foundations of language use on the part of the analyst. Simply stated, there cannot be any provision for an account about the ‘child television’ scenario that is not bounded by, and with, the analyst’s own discourse. While analysts in the ethnomethodological tradition may stress the notion that they do not want to make ‘cultural dopes’ of members (Garfinkel, 1967) by way of providing descriptions of the practices members engage in as ‘ironies’ (Garfinkel, 1967, viii), the issue is that for any particular practice, descriptions can be deemed ‘adequate’ by reference only to the common-sense knowledge on which those practices might be based.
As McHoul (1988a) has suggested, while the adoption of a logical-grammatical description in preference to a practical one allows for the provision of a description of a putatively ‘zero-degree’ account (Barthes, 1967), such a position represents a manifestation of the same radical separation between members and analysts that ethnomethodology sought to displace. Even within ethnomethodology, it is recognised that to undertake ethnomethodological work in a pure form that would represent “an affirmation of the organized and intelligible character of a social world untouched by academic hands” (Lynch, 1993, p. 152) would be comparable to a kind of ground-zero whereby the entire practical enterprise of ethnomethodology is rendered utterly inconsequential.

However, McHoul (1988a) makes the point that an alternate form of critique can be built on exactly this insight, that the imbrication in common sense, the taken-for-grantedness, the mundane nature, that can make a particular practice possible, is central to Michel Foucault’s concern with the relations between social scientific disciplines and members’ everyday experience. McHoul develops the idea that approaches such as the Wittgenstein inspired, logical-grammatical ethnomethodology of Coulter (e.g., Coulter, 1979) could provide a crucial complement to Foucaultian theory which would allow it to operate at the pragmatic level of everyday discourse; a matter which has been touched upon in relation to the work of Nikolas Rose in Chapter 1, and to which I will return to at the end of this chapter.

**Conversation Analysis**

Conversation analysis has developed into a major discipline that examines the notion that language should be primarily regarded as a form of social action. It represents an extension of ethnomethodological principles first developed by Garfinkel (1967) towards the empirical study of the details of conversational activities undertaken initially by Sacks (Sudnow, 1972), much of which became formalised with his interest
in analysing tape recorded telephone conversations made by people to a suicide prevention centre (Sacks, 1967, 1972a). As recounted by Schegloff (1992a), what interested Sacks, and has subsequently developed into a major area of sustained critical inquiry (e.g., Atkinson & Heritage, 1984; Boden & Zimmerman, 1991; Drew & Heritage, 1992b, 2006; Goodwin & Heritage, 1990; Hutchby & Wooffitt, 1998; Lerner, 2004; Psathas, 1995; Sacks, 1992a; Silverman, 1998; ten Have, 1999) was concern with a practical problem that involved getting callers to an emergency psychiatric hospital to give their names. Sacks asked, at what point in the call could you tell that someone would not give their name? (Sacks, 1992a). Sacks found that, if a person answering a call used something similar to “This is Mr Smith may I help you” as an opening, then any answer other than something like “Yes, this is Mr Brown” seemed to make the process of getting the caller’s name problematic (Sacks, 1992a, p. 3).

Now, an initial approach to the question of why a caller to a suicide hotline might not give their name might tackle issues such as those pertaining to uncovering a particular caller’s intention, by an exposition of various factors concerning a caller’s psychological functioning, social contextual factors, or discreet linguistic variables. In contrast, conversation analysis considers such things as intentionality not as metaphysical problems to be dealt with, but as practical matters for participants (Edwards, 1997). This is representative of a feature which distinguishes conversation analysis from other approaches to the study of language and social interaction, in that it is primarily concerned with the interactional accomplishment of social activities, by way of an examination of particular actions that occur in particular contexts (Sacks, 1992a).

\(^6\) There is some dispute as to the actual ‘beginnings’ of what could be formally described as ‘conversation analysis’. The account given here is drawn from the canonical published sources. For an alternative (and somewhat ‘charged’) account provided by one of the early practitioners, see Sudnow (2000).
This activity focus embodies the ethnomethodological concern with the manner in which mutually intelligible social interactions are methodically produced by members for members (Scheglof & Sacks, 1973). Thus the principle aim of conversation analytic work is to provide descriptions and explications of how ordinary speakers go about participating in mutually intelligible, socially organised, interactional activities in a manner that explicitly recognises the indexical nature of context (Drew & Heritage, 1992a; Heritage & Atkinson, 1984).

Psathas (1995) provides an outline of conversation analysis as comprising studies of the order, organisation, and orderliness of social action as demonstrated in the discursive practices of members of society. Psathas identifies a number of core assumptions of conversation analysis that are essentially predicated on an approach to the issue of social order as formulated within ethnomethodology. That is, social order is considered to be a produced orderliness, produced by members in situ, oriented to by members themselves, and is repeatable and recurrent. The pragmatic task of conversation analysis is to discover, describe, and analyse the produced orderliness of members’ practices (ten Have, 1999). Questions concerning the frequency or the broad occurrences of particular phenomena should not be the focus of inquiry, but rather the concern is with efforts to discover, describe, and analyse the structures, practices, and procedures by which order comes to be produced. With such discovery, structures of social action can be described in formal terms (Psathas, 1995).

In short, conversation analysis tries to provide analytic descriptions of the organisation of action and interaction of members abstract from the actions and interactions themselves, and as such represents a kind of ‘formal sociology’ (ten Have, 1997). Explicating the methods that members utilise to achieve the accomplishment of order in discourse, and not the specification of any specific properties of individuals or situations in isolation, is then the goal of conversation analysis.
The basic methodological approach of conversation analysis consists in the collection of empirically obtained samples of talk, with a preference for naturally occurring instances, by way of audio or video recording, and the detailed transcribing of such talk. While initial work on transcripts of such things as telephone conversations were similar in form to other text representations of speech such as plays or screenplays, the development of more technical transcription systems was undertaken primarily to allow for a greater sensitivity in revealing the functioning of a core conversation analytic concern, namely the sequential organisation of talk.

In what could be considered a ‘foundational’ paper with regard to conversation analysis Sacks, Schegloff, and Jefferson (1974) described what they considered to be a turn-taking system commonly found in mundane talk, and outlined a number of claims regarding how speakers (and analysts) understand particular utterances by reference to their sequential organisation. Briefly, they detailed how conversation unfolds in a turn-based fashion, with one participant talking at a time, and while overlapping talk can occur between two or more participants, this is a common feature of talk with such overlaps being relatively short. The turn transitions between speakers often occur with no gap, or overlap. In addition, the order and size of turns of talk is variable, with particular conversations duration, content, or distribution of turns not specified in advance. Importantly, they suggested that a given turn of talk will be heard in relation to a prior turn of talk, and that the producer of a given turn will be heard to display an understanding of the previous turn as evidenced by the current speaker’s responsive treatment of it (Heritage & Atkinson, 1984; Schegloff, 1984).

Another of the major insights produced by conversation analytic studies is the observation that interlocutors conduct conversations with sensitivity to each other’s next utterances, with such utterances being contingent on the previous utterance. By way of example, one of the ubiquitous features of conversation as demonstrated by
conversation analysis is the finding of adjacency pairs. These are adjacent utterances that are produced by two different speakers, where the production of the first part of the pair makes the production of the second part sequentially relevant. Examples include such things as ‘question-answer’, ‘greeting-greeting’, and ‘invitation-acceptance (or rejection)” (Sacks et al., 1974). One of the major implications of the sequential nature of talk is that no empirically occurring utterance can occur external to some specific sequence, and that anything that is said in a given conversation will be said in a sequential context (Heritage & Atkinson, 1984).

Another important concern is that of ‘repair’ (e.g., Schegloff, 1979, 1992b; Schegloff, Jefferson, & Sacks, 1977), which refers to mechanisms by which speakers can attend to problems in the management of talk-in-interaction (e.g., relating to speaking, hearing, and understanding). Generally, the organisation of repair is denoted with reference to the initiation of procedures to attend to a particular interactional problem, and in regard to whether such repair is initiated by a current speaker (to which there is a preference in terms of sequential organisation) or initiated by others. Further, while repair by a current speaker can be undertaken in a range of turn formations, such initiation is almost always undertaken by others in the turn that occurs following the turn in which the trouble has occurred. Schegloff also notes that ‘current speaker repair’ involves moves to address the problem at hand directly, whereas ‘other initiated repair’ generally raises the problem and leaves it as a matter for the speaker to undertake the repair (Schegloff, 1979).

In regard to the types of conversational events that are available to participants, conversation analytic studies on ‘preference’ (Schegloff et al., 1977) elucidate the range of alternate ways participants can choose among non-equivalent actions, and have examined such things as how people go about offering agreements or disagreements with assessments (Pomerantz, 1984a), offer or decline requests (Davidson, 1984), how
people go about pursuing responses (Pomerantz, 1984b), and how one might guess ‘bad news’ (Schegloff, 1988).

Other studies have focused on the issue of how ‘topics’ are organised and dealt with in conversation, principally by following Sacks’s suggestion (1992a) that a focus on content alone, without regard to the manner in which topic organisation might be related to the sequential organisation of conversation, might be insufficient or inadequate (Benson & Hughes, 1983). Some examples include examinations of how topics are introduced sequentially (Button & Casey, 1984), how problematic topics are managed and avoided (Jefferson, 1984b; Jones, 2003), the placement of topic changes in conversations (Maynard, 1980), how interview participants in news interviews manage topic change (Greatbatch, 1986), and how people can provide exaggerated or extreme claims to legitimise accounts (Pomerantz, 1986).

In other words, conversation analysis is based upon the recognition that, rather than talk being something we all intuitively comprehend, it is in fact something worthy of investigation in its own right. For example, when we hear some talk as a conversation, with interlocutors talking in a non-predetermined sequential fashion, conversation analysis takes the constitutive sequential organisation of talk (Sacks, 1972a) and transforms it from something that is essentially unremarkable and unnoticed into something worthy of systematic inquiry (Hester & Francis, 2001). It is important to note that Sacks himself was not particularly interested in conversation, or language (Sacks, 1984a), as much as he was concerned with how ‘ordinary activities get done methodically and reproducibly’ (Schegloff, 1992a). In this regard, much of Sacks’s work was directly concerned with developing and elucidating overtly ethnomethodological concepts and themes such as those relating to indexical expressions, the reflexive accountability of actions, and the production of moral order (Lynch, 2000b).
Where conversation analysis might be seen as a discrete enterprise is in its practical application to questions concerning the organisation of social action, by analysis of the discursive practices that occur in primarily naturalistic conversation, and to ascertain the organisational features of various interactional phenomena without reference to any external factors. In this sense, it represents a radically non-cognitive approach to the issue of language use and interaction (Psathas, 1995). The basic assumptions that inform the applied work of conversation analysis and ethnomethodology more broadly are that social actions (e.g., talk) are essentially orderly, and such order is situated and occasioned by participants, and that such order is oriented to by participants themselves (Psathas, 1995).

The range of contexts in which conversation analytic work has been conducted is diverse, with a brief sample including investigations of calls to emergency hotlines (Parker, Pomerantz, & Fehr, 1995; Zimmerman, 1992), examinations of a broad range of medical consultations (Drew, Chatwin, & Collins, 2001; Heath, 1992; Heritage & Maynard, 2006; Maynard, 2004; Peräkylä, 1997), news interviews (Clayman & Heritage, 2002), court proceedings (Atkinson & Drew, 1979; Travers & Manzo, 1997), AIDS counselling sessions (Peräkylä, 1995; Silverman, 1997), interactions occurring in school classrooms (Baker, 1992; McHoul, 1978), interactions involving ‘disabled’ persons such as those experiencing aphasia (Goodwin, 1995), and work settings such as aircraft cockpits (Nevile, 2004). Some work has also been conducted on fictional settings such as an examination of texts (McHoul, 1987) and film (Silverman, 1991).

**Institutional and Non-Institutional Concerns**

While such studies suggest that conversation analytic approaches could be applied to essentially any aspect of human interaction that can recorded with the use of audio or video technologies, a distinctive characteristic of the now considerable corpus of what could be described as ‘applied’ conversation analysis (ten Have, 2001a) is that
it is concerned primarily with so-called ‘institutional’ interactions. Now, the issue of what such ‘institutional interaction’ might comprise warrants consideration in order to highlight a range of tensions that exist within the conversation analysis literature. Hester and Francis (2001) pose the question, can a meaningful distinction be drawn between ‘institutional’ and ‘non-institutional’ talk? And if so, are the observable characteristics of such ‘institutional’ talk in some sense foundational for the recognisable production of particular institutional settings?

In arguing against this position, they take issue with the basic assumption of what they call the ‘institutional talk program’, as exemplified in collections by Drew and Heritage (1992b) and Boden and Zimmerman (1991), that the concepts of conversation analysis can be extended beyond ordinary, or mundane, conversation and applied to a range of institutional settings in order to demonstrate systematic differences between ‘ordinary’ and ‘institutional’ talk. As Hester and Francis (2001) argue, the notion of what ‘institutional talk’ might be is unclear, and is not something that could be considered to be demonstrably oriented to as ‘institutional talk’ by members. If one takes an ethnomethodological view of the question of ‘institutional talk’, that is, ‘institutional talk’ is made relevant in various interactions, such relevance is essentially a members’ accomplishment and concern, with notions of ‘institution’ and ‘institutional talk’ being more or less conventional sociological categories.

Drew and Heritage suggest that the use of the term ‘institutional interaction’ does not encompass “mundane conversation about everyday topics while they happen to be working, for example on an assembly line or in a food-processing outlet” (1992a, p. 59). But how exactly does one determine when ‘mundane conversation’ begins and the ‘institutional interaction’ ends? This presupposes that one can identify talk that is clearly ‘institutional’ against types of talk that are not, and yet as they themselves assert:
We stress that we do not accept that there is necessarily a hard and fast distinction to be made between the two in all instances of interactional events, nor even at all points in a single interactional event, Nor do we intend to offer a definition of ‘institutional talk’, nor to make any attempt at a synoptic description. Rather, our aim here is to point to some features that may contribute to family resemblances among cases of institutional talk … (Drew & Heritage, 1992a, p. 21, emphasis added)

If ‘institutional talk’ is not distinctively, definably, or otherwise describable as something other than ‘ordinary conversation’, then what is the point of claiming that it is? For, talking of family resemblances between cases of talk already defined as ‘institutional’ provides no firmer ground for establishing how any distinction might be made. Hester and Francis (2001) suggest that such attempts to elucidate generalities and similarities of talk across institutional contexts is a move away from Garfinkel’s direction to uncover the formal properties of commonplace, practical common-sense actions from within actual settings. Such a move away from what could be considered foundational ethnomethodological principles is further indicated with the dichotomy between ‘ordinary’ and ‘institutional’ talk further extended to encompass a distinction between ‘lay’ and ‘professional’ identities, such that “talk-in-interaction is the principle means through which lay persons pursue various practical goals and the central medium through which the daily working activities of many professionals and organizational representatives are conducted” (Drew & Heritage, 1992a, p. 3, emphasis added).

Again, is this nothing more than the use of essentially sociological categories (‘lay’ and ‘professional’) to provide for a means by which talk can be carved up into various constituent components for analysts’ purposes? Given that ‘lay’ members could be categorised as ‘professional’, and vice versa, depending on contextual features of particular settings and interactions, how does one go about correctly attributing appropriate categories when examining various ‘institutional interactions’? This would suggest that conversation analytic studies can and should be undertaken to uncover the
way in which ‘lay’ talk, characterised simultaneously as heterogeneous (in terms of content) and homogenous (in terms of categorical type) collides with discrete and distinct ‘professional’ talk in situated institutional contexts, promising a literature comprising a plethora of conversation analytic studies of such things as ‘doctor-patient’, ‘lawyer-client’, and ‘police officer-criminal’ type interactions. Clearly, the notion of ‘professional-lay person’ is an idealised account, as it is not intelligible to talk of conducting studies of the talk-in-interaction between, for example a ‘doctor-lay person’, ‘police officer-lay person’, or ‘conversation analyst-lay person’. The second pair in these binary sets is always characterised by a particular relation to the first, and it makes no sense to talk of ‘professional-lay’ distinctions in abstract, generalised terms.

For example, work in various health care delivery contexts, that examines asymmetries of turn-taking (Maynard, 1991a), the delivery of a diagnosis (Heath, 1992), and commentary provided by clinicians during an examination (Heritage & Stivers, 1999), can be seen as representative of the view that there are differences between professionals and lay persons, institutional settings and non-institutional settings, and so forth. Indeed, the asymmetry of the ‘doctor-patient’ relationship (e.g., Campion & Langdon, 2004; Heath, 1992; ten Have, 1991) could be taken as representing a prototypical example of the asymmetry in interactions that is considered one of the hallmark features of institutional interaction (Drew & Heritage, 1992a). However, to say that there exist particular patterns, styles, genres, or modes of talk that are demonstrative of some general phenomena that are exclusive to and constitutive of institutions themselves is not something that appears to be in keeping with the ethnomethodological concern shared by conversation analysis with “the objective reality of social facts as an ongoing accomplishment” (Garfinkel, 1967, vii, emphasis in original). In other words, a focus on the ‘institutionality’ of such things as ‘doctor-patient’ asymmetries might undermine conversation analytic examinations that
otherwise seek to eschew invocation of superordinate sociological entities, by providing meaningful descriptions of locally produced, in situ, social order. Indeed, ten Have (1991) does argue that one should not approach asymmetries in ‘doctor-patient’ interactions as a given, but as interactional achievements.

Drew and Heritage (1992a) provide several conversational features that could serve as the focus for research into institutional talk, including such things as lexical choice, turn design, and sequence organisation. In their consideration of lexical choice, proffered as a significant means by which speakers orient to institutional contexts, Drew and Heritage discuss the ubiquitous use of pro-terms (e.g., Watson, 1987) of we in preference to I when people speak as a member of an organisation (1992a, p. 30). But, it would appear that the notion of the use of pro-terms as ‘institutional markers’ is purely an analysts’ device, for, if in every case of ‘institutional talk’ a pro-term is found, it can be used as an ‘just-so’ signifier pointing to and revealing of the ‘institutionality’ of a given piece of talk. If it is not (as a deviant case one could argue) then it is suggestive of something unusual, some kind of breach. I would suggest that a focus on the use of we and I to illustrate institutional roles offers nothing beyond what a conversation analytic focus on these pro-terms in any context might provide.

For example, a preference to use we over I might allow for a mitigation of personal responsibility if an operation was unwarranted, as suggested by Silverman (1987, p. 58) in the following data:

```
1  Dr:    Hm (2.0) the reason for doing the test
2    →    is, I mean I’m 99 per cent certain that all
3     she’s got is a ductus
4  F:     Hm hm
5  M:     I see
6  Dr:    →    However the time to find out that we’re
7    →    wrong is not when she’s on the operating
8  table
```
The shift from I (line 2) to we (line 6) provides a way for the doctor to diffuse personal responsibility in the event the diagnosis is incorrect, however, the fact that the doctor represents an institutional role is not particularly consequential to the sequence, as such formulations would be available to participants in any given contexts. In other words, what this ‘institutional incumbency’ (Drew & Heritage, 1992a) might bring to bear on the use of pro-terms in ‘institutional’ as opposed to any other kinds of talk is unclear, as the use of we is ubiquitous in what could be argued are non-institutional settings. The use of we, in the aforementioned case, might be appropriately described as a term that warrants affiliation rather than implicating a professional, institutional role. For example, when people talk about sporting teams, it is often the case that they may make reference to the team they support, their winning and losing, by reference to we.\(^7\) For example, ‘we got thrashed last weekend’, or ‘we are a good chance for the finals’. Notwithstanding the odd comments that might occur if one were to declare ‘I won!’ (as opposed to they as a disaffiliative term) on viewing (or providing an account of) something like a winning goal being kicked by a favoured team, the question remains, is this everyday or institutional conversation?

Similarly, if one considers turn design and sequence organisation, particularly with regard to studies on ‘doctor-patient’ interaction, while particular instances of observed turn design and sequential organisation may have relevance in the delivery of a medical diagnosis, what is problematic is how such instances might be positioned as being essential for the production of discrete institutional activities (Hester & Francis, 2001). For example, Maynard (1991b) describes a ‘perspective-display series’ that is essentially a three-turn modification of the adjacency-pair format, in which a clinician provides an opinion query, the recipient provides a reply or assessment, and the clinician gives a report and assessment. Peräkylä (1998) outlines three formats that

\(^7\) For some consideration of how sport might ‘leak’ into ‘everyday life’ see McHoul (1997).
doctors use when delivering diagnostic news to patients, with the selection and sequencing of a given format sensitive to the evidence available to a patient and the possibility of a patient exhibiting resistance to a given diagnosis. And ten Have (1991) provides a summary of general conclusions to be drawn from a range of studies on medical interaction that is suggestive of two main trends of interactional style that are taken by doctors when interacting with patients, namely ‘monopolising initiatives’ and ‘withholding information’. What such analytic descriptions such as ‘perspective display series’, ‘format type’, and ‘interactional style’ trade upon is study participants’ competencies in recognising that particular utterances are performative of something that is recognisable as a ‘doctor’s’ action, and it is these same competencies by which an analyst can detail such things as turn design and sequential organisation (Hester & Francis, 2001).

Perhaps, rather than assuming that the turn-taking system for everyday, mundane, or ordinary conversation is the basic constituent of any speech-exchange system (Sacks et al., 1974), with institutionality emergent from such a foundational system, one could argue that it might be profitable to consider institutional speech exchange systems as foundational, with everyday, mundane conversation emerging from this foundation. After all, for people to go about their daily affairs and undertake talk in such settings as school classrooms, doctors surgeries, university campuses, shopping centres, financial institutions, flying aircraft, being admitted to a psychiatric wards, operating subways, watching news interviews, performing tests, using the telephone and internet to request services, and perhaps even in talking to themselves – what remains as ‘non-institutional’ would appear to be rather meagre.8

Or, perhaps it would be prudent to evaluate the literature on so-called ‘institutional’ talk as being valuable when it provides for examinations that explicitly

---

8 Note that all of these (and considerably more) have been studied using conversation analytic methods.
“give close attention to how participants locally produce contexts for their interaction. By beginning with this question of ‘how’, we can then fruitfully move on to ‘why’ questions about the institutional and cultural constraints to which parties demonstrably defer” (Silverman, 1998, p. 171, emphasis added).

This serves to illustrate a particular issue with regard to how proponents of ‘institutional’ studies of conversation could be seen to drift from some important ethnomethodological commitments, in particular the desire to avoid providing accounts of people as engaged in doing things other than what they themselves might claim to be doing. In short, the danger with a focus on the ‘institutional’ aspects of talk-in-interaction is that of providing research accounts that are ironic with regard to members practices (Garfinkel, 1967).

As McHoul (1982) has remarked, there is little reason to accept the apparently unquestioned assumption that there exists a priori some kind of ‘common’ or ‘ordinary’ stratum of the social world that serves to configure discrete discourses or practices. For example, how could one distinguish that the language of the mathematician is somehow ‘esoteric’ while the language of the street cleaner is ‘ordinary’? For that matter, do members generally talk about, orient to, or function according to the categories of ‘ordinary’, ‘lay’, or ‘mundane’? McHoul suggests that one can talk of ‘ordinary’ discourses as discrete where any ironic connotation is avoided, given that it would appear to be impracticable to undertake any investigation of social life that is somehow expunged of all theories, privileged analytical positions, or categorical assignments. While it may be sensible to talk of distinct ‘discursive formations’ following from Foucault, it is problematic to treat these as somehow discrete entities (McHoul, 1988a). In undertaking ethnomethodologically informed inquiries, then, it may be problematic when conversation analysts describe the constitution of situated and consensual sense making practices by reference to ‘institutional’ categories that might be subject to
rigorous contestation by participants. One might presume it is precisely this that ethnomethodological studies are conducted in order to avoid.

Notwithstanding that in the ‘common-sense view’ we can recognise without much trouble schools, offices, factories, and so forth, the task confronting the analyst is that these readily available understandings are the topic for analysis (Psathas, 1999). What is an ‘institutional’ setting? What is ‘organisational context”? What is an ‘institution”? An ethnomethodological approach to such questions requires their relevance be demonstrable, that the requirements of ‘unique adequacy’ (Garfinkel & Wieder, 1992) be met that specifies that investigations of such matters should be constructed from what the phenomena of interest itself provides.

Psychological Categories

While much of the preceding discussion has addressed issues pertinent to questions regarding the deployment of distinctly sociological categories, and the distinctions between various ‘structural’ phenomena, what then of putative psychological categories? In this regard, Sacks was concerned with the problems inherent to the social sciences in the relationship between professional disciplines establishment of particular categories and those categories that are employed by members in general society. Topical to the present dissertation, Sacks noted that:

One thing Freud was further concerned about was to somehow prevent persons from using his categories in just the fashion they used the ones they had before. And there’s a very good reason for that, which is that if, say, ‘manic depressive’ was a replacement for some lay term like ‘cranky’, then whatever assessments that were made about somebody said to be ‘cranky’ could be made about a person said to be ‘manic depressive’, and that someone who was said to be manic depressive might hear it as a kind of attack. (Sacks, 1992a, p. 203)

Unfortunately for Freud, and presumably problematic for those engaged in the social sciences that have become professional providers of psychological services,
people can and do utilise terminology in ways that have little, if anything, to do with such terms’ presumed scientific correctness. And, crucially, people employ terms concerning such things as thoughts, feelings, memories, and beliefs (and the whole host of psychological terms) in ways which could not be seriously considered as representing grammatical or psychological confusion (McHoul & Rapley, 2003). Moreover, those within the scientific disciplines themselves utilise such language that, if approached literally rather than pragmatically, would suggest that they themselves are subject to the same types of cognitive distortions and error that the supposedly scientifically unsophisticated public are subject to.

The perfectly commonplace way in which people employ psychological terms might suggest that, rather than these terms being representative of some underlying internal mental, emotional, intentional, or other states or processes (i.e., as might be suggested by mainstream cognitive psychology), that such ‘descriptors’ do particular kinds of work. In short, one need not invoke any ‘ghost in the machine’ (Ryle, 1949) when attempting to examine the use of such terms, rather one can and should attend to the local, situated character of talk itself as action (Sacks, 1992a). Moreover, an approach that assumes the deployment of a technically sophisticated and scientifically rigorous psychological thesaurus will invariably represent a form of advancement over a much maligned and trivialised ‘folk psychology’ that people employ in everyday activities, will invariably fail to account for the complex uses to which such psychological terms lend themselves – with such ‘folk psychology’ being dismissed as representing generally inaccurate or flawed accounts of mental life (Edwards, 2005).

Sharrock and Coulter (1999) have argued that the social sciences, in particular psychology, lack genuinely technical vocabularies, with many key expressions being those that have been co-opted from an ordinary language use. They further make the point that this is not the same as asserting a position that ordinary language use should
be regarded as being somehow superior to the technical lexicon of the social sciences. Rather, they argue that such ostensibly technical use of ordinary language expressions often takes place when conceptual problems are being approached, and done with an unawareness of the ways in which psychological concepts function in ordinary language use (Sharrock & Coulter, 1999). Thus, the issue at stake is how ordinary words are deployed within the social sciences with technical uses, in ways that misunderstand the ways in which such words are ordinarily used, and which nonetheless trade heavily upon such ordinary uses. Simply stated, technical extensions to ordinary words in grammatically incorrect ways can only result in conceptual confusion.

However, if one considers the conversation analysis of Sacks as congruent with an approach to social science research that considers disciplines such as psychology and sociology to be essentially parasitic upon everyday language use, Costelloe (1998) indicates that there remains an important tension in Sacks’s approach to sociological description, namely that given members’ social practices and the practices used to document them are not congruent, how can a description of the world be given without, for example, adopting a naive empiricism? Costelloe suggests that Sacks’s aim of developing a science, one that might uncover the ‘machinery’ of social organisation as explicated by the analysis of conversation (Sacks, 1992a, p. 40), leads to a separation between the object of study and the proposed mode of investigation, such that method replaces the phenomena of the world.

Additionally, Costelloe suggests that while Sacks recognised a difference between sociological phenomena and the world he did not consider that to be an impediment to the undertaking of the development of his “natural observational science” (Sacks, 1984a, p. 21) in the form of conversation analysis. Costello argues that Sacks seemed to have not considered that there could be a difference between social phenomena in the world and the manner in which such phenomena could appear in a
sociological account. Indeed, Sacks declared that “I intend that the machinery I use to explain some phenomenon, to characterize how it gets done, is just as real as the thing I started out to explain” (Sacks, 1992a, p. 315, emphasis added). In developing this argument, Costelloe makes the point that someone unfamiliar with the technical lexicon of conversation analytic techniques would be in all likelihood unable to interpret such materials.

For example, within the conversation analysis literature, an extensive technical vocabulary has been developed, with such terms as ‘turn transition relevance place’, ‘membership categorisation device’, and ‘next turn repair initiator’ deployed to describe and account for various organisational features of conversation. However, by way of deflecting critical commentary of the form offered by Costelloe, it is important to recognise that while they do in fact represent a genuinely technical vocabulary, they are not vernacular words and terms that ethnomethodologists, linguists, and analytical philosophers use as names for technical phenomena. Moreover, as Lynch (2004) has suggested, such terms need not be considered as isolated from common-sense understandings. Lynch suggests that, for example, ‘turn transition relevance place’ boils down to the recognition of a place in an ongoing utterance that is locally recognisable, by an interlocutor, as being a relevant spot for someone else to begin a ‘turn’ of talk (Sacks et al., 1974). Such ‘places’ are not identified by some superordinate mechanisms or a priori structures, rather the presence of such a ‘place’ is existential and suggestive of the situated understandings of interlocutors in a conversation (Lynch, 2004).

Nonetheless, and as previously touched upon, the development of conversation analysis as a separate discipline from ethnomethodology is an issue of some debate (e.g., Bogen, 1999; Lynch, 1997; Watson, 1994b), in large part due to the aforementioned issues relating to the difficulty in offering descriptions of social life that are normatively intelligible to members. By way of comparison with other disciplines,
consider the technical terminology employed within the psychological literature, wherein vernacular words are deployed with ostensibly technical application, and where such hypothetical constructs as ‘intelligence’ cannot be said, by those with a stake in its professional deployment, to have any necessarily clear translation into a ‘lay’ discourse.

Indeed it could be suggested that there should not, and cannot be, a requirement for any common-sense understandings if one wishes to preserve a professional distance between what constitutes expertise that may have some economic and social value on the one hand, and what ‘everybody knows’ and essentially ‘owns’ on the other. As Sharrock and Coulter point out, social scientists may still want to be understood to be talking about the same things as are spoken about in ordinary use, but not for reasons of philosophical and grammatical clarity (Sharrock & Coulter, 1999).

**Membership Categorisation**

What the aforementioned issues have touched upon is how, and to what degree of import, should consideration be given towards issues concerning the understandability, intelligibility, and recognisability of particular *categorical* ascriptions involving psychological terms, that appear invariably in both members’ activities and analysts’ transcriptions of such activities, and particularly when undertaking analysis that attends primarily to the *sequential* aspects of verbal interaction. One approach to addressing such concerns within the conversation analytic literature is concerned with the practices by which members *themselves* make relevant their own categorisations, identifications, labels, names, memberships and so forth (hereafter glossed as ‘categorisations’), and how such categorisations are intimately related to how such things as ‘institutional’ contexts might be made relevant. ‘Membership categorisation

---

9 For an example of a highly ironising ‘professional’ account (provided by the American Psychological Association’s Executive Director for Science) that suggests psychologists need to communicate clearly *in order to defease* ‘laypersons’’ misunderstandings of common words utilised by psychology, see Salzinger (2003).
analysis’, then, involves a formal analysis of such sense making procedures, as tied to
categorisation practices, that people employ to understand and make intelligible people
and their activities, and can be traced to the work previously outlined on calls to a
suicide hotline initially undertaken by Sacks (1967), and subsequently developed
(among others) by Jayyusi (1984), Hester and Eglin (1997b), Lepper (2000), and
Watson (1997).¹⁰

One of the problems Sacks was interested in, in addition to how callers could
avoid giving their name when calling a suicide prevention centre, was how a caller
would come to categorise themselves as ‘having no one to turn to’ (Sacks, 1972a), and
Sacks detailed the systematic manner in which one could arrive at such a categorisation
(Atkinson, 1981). While subsequent work by the early pioneers of conversation
analysis, most notably Schegloff and Jefferson, focused more on issues pertaining to
sequential organisation, the question of categorisation practices was essential to the
original work undertaken by Sacks.¹¹

Sacks’s concept of a ‘membership categorisation device’ can be understood to
capture the ubiquitousness of social categorisations in people’s everyday lives. A
membership categorisation device is a collection of categories which can be applied to a
population by the use of some rules to enable the classification of that population
(Sacks, 1972c, p. 332). Sacks offered two rules for the application of such devices, and
while there may be other rules, these two could be considered as primary or
foundational. The first, the ‘economy rule’, specifies that if a category from a device
can be used to categorise another in a referentially adequate manner, then that device

---

¹⁰ For a detailed list of significant ‘ethnographic conversation analytic’ studies, see Hester and Eglin
(1997a, p. 7).

¹¹ Much of the following explication of the details of this work is drawn from Silverman’s detailed
overview (1998). While suitable for providing a general overview for my purposes, note that Silverman’s
overview, and those of ten Have (1999) and Psathas (1999) regarding Sacks’s membership categorisation,
are not without critics (e.g., Wowk & Carlin, 2004).
may be applied to the population (Sacks, 1992a, p. 246). The second, the ‘consistency rule’, specifies that if a category from a device is used to categorise a member then that category or other categories from the same device can be used to categorise other members of the population (Sacks, 1972a, p. 33). Additionally, the corollary of the consistency rule (or the ‘hearer’s maxim’) is that if two or more categories can be used to categorise two or more members of a particular population, and those categories can be heard as categories belonging to the same collection, then treat them as belonging to the same collection (Sacks, 1992a, p. 247).

Sacks further suggested sets of categories can be seen to define a unit, and members of a population can be placed as cases within that unit, such that one counts not the number of individual cases that make up the unit, but the units themselves (Sacks, 1972c, p. 334). In addition, the ‘hearer’s maxim’ for duplicative organisation specifies that if a population that has been categorised by the use of categories whose collection has the ‘duplicative organisation’ property, and a member is presented with a categorised population that can be heard as co-incumbents of a case of that device’s unit, then hear it that way (Sacks, 1992a, p. 248).

Importantly the categorisations that people may make according to these rules cannot be said to be definitively correct or incorrect, in that any number of appropriate categorisations can be made about any particular X, but rather the use of a particular categorisation can be understood by reference to how it is made socially relevant. The rules, like the categorisations themselves, serve more as furnishing accountable actions rather than functioning as straightforward prescriptives. The descriptions that people can make about other persons and their actions can be heard to be more or less ‘correct’ in an indefinite number of ways with the ‘correctness’ of any particular description
insufficient as a basis for particular descriptions concerning specific occasions. In other words, descriptions can be seen to be indefinitely extensible (Sacks, 1963).  

With regard to the issue of categorising when many alternate categories are available, Sacks proposed that the problem of categorising a single individual can be resolved by using ‘standardised relational pairs’, that is to say, by recasting the categorisation of a single individual as a two-person matter the categorisation of a single person can be made. These standardised relational pairs comprise what Sacks termed ‘collection R’, a collection of paired relational categories that serve as a locus for a set of rights and obligations (Sacks, 1972a, p. 37). Importantly, these standardised relational pairs serve to join categories where there might be reciprocal rights and obligations between the two categories, and notably, the use of such pairs makes the absence of one of the pairs observable. Sacks described this as the ‘programmatic relevance of collection R’, when R is relevant the non-incumbency of any of its pair positions can be seen as a relevant fact (Sacks, 1972a, p. 38). The categories that make up this collection can be seen as being more or less co-equal, with examples such categories as friend/friend and stranger/stranger (McHoul & Rapley, 2005a). In addition, Sacks proposed ‘collection K’, a collection of paired relational categories that relate specialised knowledge with particular troubles (Sacks, 1972a, p. 37). The categories that make up this collection, in contrast with those of ‘collection R’, can be understood by reference to an absence of co-equality, such as policeman/suspect or teacher/student (McHoul & Rapley, 2005a). 

Importantly, Sacks provided a mechanism by which members could come to regard categories of actions as intelligible, by reference to how activities imply identities of persons and vice versa, by way of ‘category-bound activities’ (Sacks, 1963). 

---

12 In this regard, consider that not only are descriptions indefinitely extensible, they may also be ‘non-extractable’ from their base language (see Sacks’s comments on ‘extraction’ in Hill & Crittenden, 1968, pp. 180-189).
Category-bound activities refer to those activities which could be understood by members to be performed by persons that belong to a certain category (or categories). In other words, category-bound activities are those activities that could be reasonably expected to be undertaken by persons who are incumbents of particular categories, and further, that the category and activity are co-selected, in that descriptions are related to the category (Psathas, 1999). In other words, if a particular action is known to have occurred if there is a category of person for whom such an action is ‘category-bound’ it is a routine assumption that category of person was responsible for the action, and if such a person proves to be responsible the category can be used as an explanation.

In an extension to Sacks’s exposition of how activities may be bound to particular categories, Watson (1978) proposed that a class of predicates “can conventionally be imputed on the basis of a given membership category” (p. 106). These ‘category-bound predicates’ refer to ‘category-owned’ or ‘category-based’ characteristics that in use encompass a range of rights, entitlements, knowledge, competencies, obligations, and so forth, rather than just actions or activities, and may thus be used in describing the activities of those so categorised in particular ways.

Two ‘viewers maxims’ are relevant to the use of category-bound activities. The first specifies that if a member sees a category-bound activity being done, if one can see it as being done by a member of a category to which the activity is bound, then see it that way (Sacks, 1992a, p. 259). The second specifies that if one sees a pair of actions that can be related by the operation of a norm that provides for the second given the first, and where the actions are performed by those who can be seen as members of the categories that the norm provides is proper for that pair of actions, then a) see that the doers are such members, and b) see the second as done in conformity with the norm (Sacks, 1992a, p. 260).
In a similar fashion to the ‘hearer’s maxim’ for duplicative organisation, a ‘hearer’s maxim’ related to predicates can be formulated, namely that if a category-bound activity is asserted to have been done by a member of some category, when the category is ambiguous but where at least for one of those devices the asserted activity is bound to the given category, then hear that at least the category from the device to which it is bound is being asserted to hold (Psathas, 1999, p. 146).

There is now a growing corpus of work concerned with membership categorisation practices, and while initial work was concerned with what could be considered relatively straightforward expositions concerning ‘mothers’, ‘fathers’, ‘families’, and so forth, more recent investigations have examined such things as the manner in which news reporting of ‘professional’ and ‘lay’ categorisations of the gunman involved in the shooting of 35 people in Tasmania in 1996 reveals congruities between methods of accounting (Rapley, McCarthy, & McHoul, 2003), the manner in which Bush, Blair, and Osama bin Laden distinguished between ‘us’ and ‘them’ in public addresses following attacks on New York and Washington in September 2001 (Leudar, Marsland, & Nekvapil, 2004), and the book length examination of media descriptions and commentaries concerning the murder of women by a lone gunman in Montreal 1989 that details how media reports provided alternate categorisations of what the events constituted (‘a crime’, ‘a tragedy’, ‘a horror story’) (Eglin & Hester, 2003).

More striking applications of membership categorisation analysis include analysis of the local organisation of public spaces, with accounts of queues as membership categorisation devices (Lee & Watson, 1993).

While membership categorisation analysis is considered as either an extension of, or as a coherent supplement to, conversation analysis by those working within the discipline (Silverman, 1998), it is important to note that there is some dispute over whether membership categorisation analysis should be regarded as representative of the
manner in which Sacks intended to further develop conversation analysis, with Schegloff noting that:

In my view, Sacks abandoned the use of ‘category-bound activities’ because of an incipient ‘promiscuous’ use of them, i.e. an unelaborated invocation of some vernacularly based assertion (e.g. that some activity was bound to some category) as an element of an account on the investigator’s authority without deriving from it any analytic pay-off other than the claimed account for the data which motivated its introduction in the first place. (Schegloff, 1992a, xlii)\textsuperscript{13}

By contrast, Silverman suggests that the utility of membership categorisation analysis is that in principle and practice it requires (and demonstrates) an acknowledgement of members’ use of categories and not social scientists, with activities becoming category-bound via members’ invocation of particular categories (Silverman, 1998). Categories are not immutable features about places, people, or events, perceived in more or less correct ways by members and ‘uncovered’ by social scientists. Rather, categories are invoked with regard to the implications that particular categories may have at particular places, and this co-relation between sequential organisation and category invocation suggests that there is an “inescapable link” between membership categorisation and conversation analysis (Silverman, 1998, p. 90). If one considers the openings in telephone calls to the suicide agency that Sacks analysed, the “This is Mr Smith may I help you” provides not only a sequentially relevant place, or slot, for a response, but provides for a categorisation of the speaker as potentially someone that a suicidal caller may turn to for help.

However, some issues concerning membership categorisation do warrant sustained attention, as it could be suggested that a focus on methodological matters in isolation from particular phenomena of interest within the conversation analytic

\textsuperscript{13} While Schegloff has essentially maintained this position, his more recent writings do nonetheless emphasise the importance of continuing the development of analytic tools to examine members’ methods in regard to categorisation practices (e.g., Schegloff, 2006, 2007).
literature runs the risk of merely providing for the programmatic application of methods without due regard to the ethnomethodological foundations of Sacks’s published work (for detailed critique see Lynch & Bogen, 1994). For example, such things as ‘collection R’ and ‘collection K’ were ‘devices’ that could be utilised in order to specifically address the issue that concerned Sacks, namely, to “construct a description that provides the reproduceability of the conclusions a suicidal person may reach” (1972a, p. 31), such as:

S1. You don’t have anyone to turn to?  
C1. No.  
S2. No relatives, friends?  
C2. No.  

(Sacks, 1972a, p. 64)

Consider that such collections are introduced by Sacks as being those “… we shall basically need in dealing with the materials this paper is concerned to describe” (1972a, p. 37). In other words, they are presented in order to construct a minimalist, formal, logical description that can provide an account describing how ‘suicidal’ people seem to go about searching for help in his corpus of suicide hotline transcripts. This, then, is not to be considered as some kind of empirical claim or discovery about any and every ‘search for help’. It is a ‘good enough’ or ‘referentially adequate’ description in the ethnomethodological sense, and not merely a causal explanation, of “Members’ activities of categorizing Members [as] methodical” (Sacks, 1972a, p. 37), and moreover provides an account that attends to how activities themselves are methodically undertaken as they must be for Members to understand them. This is clearly underpinned by Garfinkel’s recommendation concerning reflexivity, that members activities of production and management, in this case activities concerned with ‘a search for help’, are in fact identical with members methods and procedures for making such a
‘search for help’ accountable (Garfinkel, 1967). To attempt to separate the ethnomethodological concern with reflexivity from the particular procedures Sacks’s detailed examinations provided is to fundamentally misconstrue the nature of the investigations Sacks was conducting.\footnote{In this regard, consider that Schegloff (2007, p. 465) suggests that Sacks (1972a) should be read forwards, then backwards, and then forwards again!}

In this regard, the work of Watson (e.g., Watson, 1978, 1997) arguably provides a means by which the sequential analytic concerns of conversation analysis and the categorical interests of membership categorisation analysis can be reintegrated as constitutive of accounts and their relevancy, within the ethnomethodological framework both were developed from (Wowk & Carlin, 2004). As Watson has argued, the very notion of ‘institutional talk’ is produced through attributions made by analysts, who apply categorisations when this may be problematic with regard to members’ orientations (Watson, 1997; Wowk & Carlin, 2004) – and while he does not rule out that there might be differences (e.g., between ‘institutional’ and ‘lay’ talk) he does argue that one should not accept a priori that there are major differences, following from Sacks’s injunction that questions concerning whether particular categories are to be considered members of particular collections of categories is to be considered as an empirical issue (Sacks, 1972a).

While such tension between members’ practices and analysts’ descriptions could be considered concerns of ethnomethodology, conversation analysis, and membership categorisation analysis, and given the evolution of the approaches within a context of long standing disputes within the social science pantheon, when considered together they should be seen not as endeavours comprising pointless hyper-academic debate but as representative of a “genuine call to investigation” (Lynch, 2002a, p. 491). As ten Have suggests, ethnomethodology and conversation analysis have essentially the same mission, that is to provide for evidence-based, procedural studies of the constitution of...
local social order, with the differences between the approaches as discrete undertakings to be found in variations between the study policies and envisioned results of each (ten Have, 1997). And if one considers the work of Sacks as the common thread that unites the approaches, the insights of Sacks can have profound implications for the undertaking of sociological (and by extension psychological) inquiry as they are demonstrative of the problematic nature of sampling populations for the purpose of explaining behaviour by way of categorisations using vernacular categories (Coulter, 1990).

Some Contemporary Critique

In this regard, a number of issues have been raised concerning ethnomethodology and its relation to mainstream sociological approaches, these have been elucidated in three particular forms by Dennis (2003). The first, and major issue raised is, is ethnomethodology offered as a critique of conventional sociology, or does it represent some form of correction. As Dennis argues, it is difficult to accept the notion that while Garfinkel has claimed an agnostic position regarding ethnomethodology’s relationship to sociology, this appears to be undermined by a central tenet of ethnomethodology that concerns the idea that objective descriptions of social activities rely upon the very understandings they are meant to describe. However, as Dennis suggests, the issue becomes one where sociology is not considered in some sense to be wrong, rather, that the products of sociological inquiry are not qualitatively different to the kinds of accounts concerning social life that any member of society can produce. Of course, one could argue that a scientific discipline that can do no better than provide descriptions of human affairs that are commensurate with lay or folk accounts would
appear to be a discipline that in some danger of losing its status as a ‘scientific’
enterprise.\textsuperscript{15}

In this regard, ethnomethodology represents both a critique \textit{and} a correction, in
that it seeks to be an alternate, asymmetric, and indeed \textit{incommensurable} approach to
doing something like a contemporary form of sociology (Garfinkel, 1988, 2007; Sharrock, 2004).\textsuperscript{16} In a more conciliatory fashion, there has been some moves towards a
kind of ‘harnessing’ \textit{of} the asymmetry between, for example, traditional sociological
approaches that undertake survey-based investigations and ethnomethodological
approaches for the purposes of developing a ‘sociology of social scientific knowledge’
(Maynard & Schaeffer, 2000).

The second issue that Dennis (2003) addresses, and that is related to the first, is
the turn towards making ethnomethodology more relevant to the concerns and
requirements of conventional sociology and other practical activities. However, this
would appear to be transgressing one of cannons of ethnomethodology, that of
‘ethnomethodological indifference’, that stipulates one should adopt a principled
indifference to the methods of analysis utilised in the social sciences (Coulter, 1999, p.
178), and for that matter, this ‘indifference’ should also be directed towards members’
accounts (Garfinkel & Sacks, 1970). By way of example, Dennis discusses the work
done by Pollner (1974, 1975, 1987) which examined the ‘mundane reasoning’ practices
that people engaged in as they went about performing ordinary activities, and which
elucidated the notion of ‘reality disjunctures’ which occurred when members would be

\textsuperscript{15}“There would seem to be little room in the world for a science whose analytic culture was capable of
appropriating the vernacular competences cultivated within each of the other sciences, not to speak of the
many competence systems that advance no claim to scientific status” (Lynch & Bogen, 1994, p. 91).

\textsuperscript{16}“The methods of ethnomethodological studies of work and sciences are incommensurable with methods
of formal analysis. In any actual case ethnomethodological methods can be compared with methods of
formal analysis but the policies and practices of ethnomethods cannot be reconciled with generic
representational theoretic practices and policies of formal analytic methods. The two programs are
disjunctively analytic and incommensurable” (Garfinkel, 2007, p. 14).
confronted with having to produce or deal with multiple versions or accounts of the world and how members resolved these disjunctures.

Pollner (1975) claimed, in the context of an examination of the mundane reasoning practices of psychiatric patients who provided accounts of what psychiatrists considered to be delusional world views, that what was at issue was not events that constituted what really happened (for example, a patient’s claim concerning a levitating table) but rather how the grounds for saying whether something happened or not are decided upon. Further, Pollner (1975) made the claim that as such grounds cannot be empirically validated, then social scientists have no basis for which to ascribe legitimacy to one particular claim (i.e., proffered by a patient) over another (i.e., proffered by a psychiatrist). Dennis (2003) suggests that this approach requires social scientists to design methods whereby members’ alternate versions of how the world works can be elucidated in order to examine how such alternatives are constructed.

This, according to Dennis, steers ethnomethodology away from having a concern with the study of practical actions, and renders it a far more political and philosophical enterprise. However, in this regard McHoul (1998) offers a challenging account of ethnomethodology, with its programme of explicating the self-revealing properties of everyday activities as possibly analogous to the Heideggerian idea of uncovering the self-revealing conditions of the being of everydayness.17 Regardless of the merits of such an approach, in consideration of the tensions between members and accounts of members’ practices, Edwards (1997) notes that while ethnomethodological studies place considerable emphasis on reflexivity as a feature of members’ actions and their descriptions, ethnomethodologists in general have avoided adopting the extensions of reflexivity developed by workers in the area of the sociology of scientific knowledge, namely, the application of one’s own analytic apparatus to one’s own analytic and

---

17 For an earlier stab at a ‘critical ethnomethodology’ see McHoul (1994).
descriptive activities (1997, p. 82). Indeed, notwithstanding the specific criticism directed at the characterisation of ‘mundane reasoning’ (Bogen, 1990), it has been suggested that work such as Pollner’s is more representative of a constructivist programme, and should not be considered representative of an ethnomethodological approach (Watson, 1994a).\textsuperscript{18}

In conclusion, Dennis (2003) suggests that there remains considerable difficulties in establishing just what kind of discipline ethnomethodology should be considered, given that all attempts to formulate it as a programme of studies that are in some sense related by some form of disciplinary rationale have proven to be problematic. It is certainly the case that in establishing the ‘origins’ of ethnomethodology, one is faced with the dilemma of having to confront a plethora of writings linking ethnomethodological ‘theory’, ‘concepts’, and ‘findings’ to almost every tradition in the social sciences, and as Lynch remarks, there is some difficulty in accepting that ethnomethodology could be conceptualised as being all of these simultaneously (Lynch, 1999). What would be beyond dispute, however, is that ethnomethodology is essentially Garfinkel’s creation (Lynch, 1999; Sharrock & Anderson, 1986) notwithstanding that it has provided the conceptual inspiration for work conducted across a range of settings in disparate locales. Nevertheless, Dennis considers that if ethnomethodology is to have an overarching objective, there are three viable possibilities.

The first aim Dennis outlines concerns the specification and elucidation of what Garfinkel and Sacks (1970) described as the ‘formal properties’ of everyday activities, as identified in Sacks, Schegloff, and Jefferson’s (1974) seminal paper on the organisation of turn taking in conversation. Dennis suggests that while Sacks was

\textsuperscript{18} For one argument that suggests that ethnomethodologically informed work by ‘reflexivists’ (e.g., Pollner, Woolgar, and Cicourel) and ‘antireflexivists’ (e.g., Sharrock, Lynch, Bogen, and Watson) are both essentially constructivist enterprises, see Kim (1999). For a respecification of ‘reflexivity’, see Lynch (2000a).
fundamentally concerned with demonstrating that one could empirically locate such formal properties, such as the normative orientation to turn taking rules in conversation, the absence of identification of additional organisational phenomena of ‘comparable formality’ places the utility of a programme in serious question (2003, p. 155).

Secondly, Dennis suggests that in response to the difficulties in empirically identifying additional formal properties, emphasis has been more directed towards studies that attempt to specify ‘interactional work’, with such studies undertaken to elucidate how formal accounts of members are “the achieved outcomes of work” (Dennis, 2003, p. 155, emphasis in original). Moreover, that such work is considered as extraneous to any final product, with the task of ethnomethodology to describe this otherwise taken-for-granted interactional work itself (2003, p. 155). However, one counter to such criticism is that, rather than representing some new development, this is what Garfinkel was himself undertaking during the 1960s, as a kind of empirical extension of the philosophical work of Schutz (1962) as evidenced by the study of selection records of an outpatient psychiatric clinic as documented in Studies in Ethnomethodology (Garfinkel, 1967, p. 186). Nevertheless, Dennis considers such work as parasitic on other disciplines, and that ethnomethodology lacks a distinctive research topic. However, given ethnomethodology is concerned with members’ practices, wherever and whatever they might be, the charge that ethnomethodology is somehow lacking in some paradigmatic vision and rigid disciplinary boundaries is inconsequential given that sociological studies of work have almost entirely overlooked descriptions and analyses of the work people actually do in favour of topics that might be associated with the workplace, such as job satisfaction, obedience to management directives, and workplace friendships (Sharrock, 2004).

Finally, Dennis suggests that ethnomethodology might best be approached as providing a kind of tool kit, that can be deployed to examine everyday activities for
their own sake. However, Dennis argues that with this approach, ethnomethodology becomes nothing more than a critique of other less rigorous approaches and can only “provide for empiricist solutions to sociological problems” (2003, p. 156). Lynch suggests that it is the case that ethnomethodology does provide for a platform to enable critique, but suggests that the advantages and problems associated with a position that attempts to maintain a critical distance between theorising about actions and the production of actions should be understood as similar to the issues arising in administration and consulting that draw upon and implement conventional social science, with academic theorists and administrators routinely constructing knowledge about action that is unconnected with specific practices (Lynch, 2002a).

Returning to Dennis’s notion that ethnomethodology should, or indeed can have, anything approaching an ‘overarching objective’, perhaps an appropriate response would best be to provide no response (Lynch, 1999). While such a strategy does not provide for a sense of the unique contribution that the ethnomethodological approach has made to the social sciences, it is important to note that ethnomethodology has been continually reconceptualised, with the provisional and conditional nature of any particular conceptualisations making the ‘programme’, if one could even be formulated, of ethnomethodology difficult to discern for outsiders. For example, the notion of the documentary method has been continually respecified as the result of it having been approached in a more formal manner than Garfinkel had originally intended (Wowk & Carlin, 2004).

Indeed, if we take Lynch’s cautiously fuzzy definition of ethnomethodology: “ethno-methodology n 1: an ethnoscience that studies the methods used in an indefinite range of native activities 2: endogenous investigation of the practices in, of, and as specific organizations, workplaces, or activities” (Lynch, 2002a, p. 486), it is apparent that the notion of investigating methods has reflexive implications that make it difficult
to pin down with any certainty how those methods are investigated, and thus the process of ‘doing’ ethnomethodology is something that cannot easily be clarified by way of programmatic statements. With regard to what it might be interested in, ethnomethodology is concerned with descriptions of investigations and performances of methods, attentive to practices of observation and description, and while it can be characterised as having an empirical research agenda it is informed by critiques of empiricist social science research programmes that transform ordinary language and linguistic concepts into operationalised variables, factors, traits, rules, mechanisms, or other generalised entities (Lynch, 2002a).

In that regard, and given the difficulties in nailing down precisely what ethnomethodology’s method is, perhaps it is appropriate to conclude with a brief comment on what ethnomethodology is most likely not. Ethnomethodology, in any but the most radical conceptualisations, has little overlap with cognitive psychology, social psychology, most forms of sociology, post-modern literary theories, or most of what could be subsumed under the rubric of social constructionism (Sharrock & Anderson, 1986). Consider what Garfinkel and Livingston have to say about what an ethnomethodological investigation might be concerned with in examinations of a common enough thing, standing in a line:

What more is there but NOT with social constructions. NOT with social definitions. NOT with empirical illustrations. NOT as an ideal. NOT in principle. NOT with conceptual objects. NOT with cost performance decision trees. NOT with script based interpretations of signed objects.

But certainly with materials’ practices. (Garfinkel & Livingston, 2003, p. 25)

19 About as close as one might get to such statements from Garfinkel himself is his recent suggestion that Eric Livingston’s The Ethnomethodological Foundations of Mathematics (1986) is a kind of exemplar of “what is to be taught and what is to be learned” (Garfinkel, 2007, p. 12).
Some Connexions on the Surface

With regard to the degree to which ethnomethodology can be considered a discrete theoretical position, given it has a history of being presented (or perhaps misunderstood) in somewhat oblique terms as an atheoretical sociological approach (e.g., Hill & Crittenden, 1968), it has been suggested that its silence in this regard is more than simply a refusal to reveal sources, rather, it is linked to an general unease with the provision of such things as “intellectual genealogies that commemorate notable authors and foundational writings” (Lynch, 1999, p. 212). In this regard, one might suggest that ethnomethodological investigations are undertaken to provide accounts of situated discourse and action that general theoretical undertakings cannot hope to provide. As ten Have suggests, ethnomethodological investigations can be characterised as being essentially concerned with studying the local rationality of members’ practices, regardless of anything else (ten Have, 1999, p. 186). Indeed, Garfinkel has suggested that one should go directly “to the studies” as the empirical concreteness of such studies are seen to essentially speak for themselves (Garfinkel, 2002, 2007).

In this regard, it is interesting to note that both Garfinkel and Foucault held in some regard the work of Maurice Meleau-Ponty, in particular his concern with never allowing oneself to become completely comfortable with one’s own philosophical presuppositions (Foucault, 2000a; Garfinkel, 2002). Moreover, when Foucault suggests that “the ideas I would like to discuss here represent neither a theory nor a methodology” (Foucault, 2000c, p. 326) one cannot help but ponder the similarities with much of Garfinkel’s project, for example by taking heed of his instructions that one should not set about constructing a “better textbook” (Hill & Crittenden, 1968, p. 29) when undertaking ethnomethodological studies. In a similar fashion, one might also consider the similarities of the early ethnomethodology of Garfinkel with Derrida (e.g., Derrida, 1976, 1982), particularly the manner in which Derrida’s notion of
'deconstruction’ might have some resonance with Garfinkel’s recommendation that when undertaking studies of work in the sciences and professions it may be advisable to ‘misread’ the writings of the phenomenologists and social theorists (for an account of Garfinkel misreading Husserl, see Garfinkel, 2007). And, as suggested by Lynch (2004), such advice to ‘misread’ philosophers stands as an invitation to engage in a reading of a different kind, one that requires the abandonment of seeking any ‘correct’ literary interpretations.

Consider the ‘apparatus’ of Foucault and the ‘device’ of Sacks. While Foucault was ostensibly concerned with analysis of the mundane practices of the prison, the hospital, the courtroom, and Sacks was concerned with ‘ordinary conversation’, both the ‘apparatus’ and the ‘device’ serve to cut across notions of cultures, institutions, and other overarching social entities and the attitudes, beliefs, and intentions that are traditionally considered as constitutive of the individual domain, in order to reveal what Foucault characterised as the ‘banal’ and Sacks the ‘mundane’. In short, both were undertaking investigations of the everyday, mundane, taken-for-granted aspects of human existence.

Both held to the notion that there was no requirement to search for the ‘hidden’ elements that might be responsible for what people come to do, rather, both advocated that any level of reality that might be of relevance was directly accessible, on the surface, and plain to view. In short, both sought to reveal the methods and practices that are constitutive of human societies, by analysis of their surfaces rather than any hidden, deep structures. Indeed, consider that “ethnomethodology starts with and dwells upon immediate appearances” (Garfinkel & Liberman, 2007, p. 7). In this regard, consider the similarities with the ordinary language project, with Ryle suggesting that “the idea I want to run with is all we need to know is right there in front of us” (Ryle, 1949, p. 302), and Wittgenstein:
The aspects of things that are most important for us are hidden because of their simplicity and familiarity. (One is unable to notice something - because it is always before one's eyes.) The real foundations of his enquiry do not strike a man at all. Unless that fact has at some time struck him. - And this means: we fail to be struck by what, once seen, is most striking and most powerful. (Wittgenstein, 1967a, §129)

If one considers the utility of such a position for undertaking an empirical social science, consider Sacks’s remarks that “I take it that lots of the results I offer, people can see for themselves. And they needn’t be afraid to. And they needn’t figure that the results are wrong because they can see them” (Sacks, 1992a, p. 488). This ‘difficulty’ is given further explication by McHoul, who suggests that Garfinkel and Heidegger are in general accord in their considerations of the utter familiarity of everyday events, or in ethnomethodological terms everyday practices; a familiarity which serves to conceal their ‘work’, or their ‘artfulness’, as practical self-understandings (1998, p. 21).

Now, while Foucault’s apparatus could be approached as being essentially produced as strategic assemblages to particular historical problems (e.g., the prison, the family, the asylum), Sacks’s devices are produced as strategic to immediately local social-interactional problems (e.g., production, recognition, description). However, this difference can be approached as representing not incommensurability, but rather as reflective of alternate analytic starting points. Consider that in the work of Garfinkel, Sacks, and Foucault, is a systematic avoidance of providing any stipulative renderings of social and historical materials (Laurier & Philo, 2004). And, if one considers Wittgenstein, there would appear to be no renderings of any such materials to be found at all. What one does find, however, is that the common focus of their investigations is how such materials might be used in order to disrupt the apparently unnoticed, unseen, unremarkable features of our everyday practices. One might suggest that a connexion between such analytic undertakings, in an ethnomethodological rendering, is to be found in examinations of the constitutive relations between the local production of
practices, the assemblages of such local practices, and the historically situated formations of knowledge of such practices (e.g., Crabtree, 2000; Laurier & Philo, 2004; McHoul, 1996; Plunkett, 2005).

Consider that Sacks’s insight was that in order to understand a culture, one must understand that a culture must demonstrably show ‘order at all points’ (Sacks, 1992a, pp. 483-488) in contrast to the prevailing view that order is to be found at the aggregate level and is to be understood as principally statistical in nature. Firstly, Sacks notes that it is routine that in research practices that utilise statistical examinations of data, violations of often strict statistical procedures occur, and nevertheless orderly results are produced. Secondly, Sacks points to research that involves the detailed case studies of one or two people, which produce results that are often extremely generalisable.

Consider the converse, that it would seem that contemporary approaches to empirical psychological programmes have ignored, or perhaps forgotten, the relevance of the longstanding problems associated with the ‘ecological fallacy’ – the application of aggregate statistical probabilities to individual cases and the presumption that relationships observed for groups necessarily hold for individuals (Robinson, 1950).

Sacks suggests that one could approach this curious convergence by asking how it could be that such order could be discovered, given that “it could be seen to be a consequence of the fact that it would be extremely hard, given the possible fact that there is overwhelming detailed order, to not find it, no matter how you look” (Sacks, 1992a, p. 485, emphasis in original). As McHoul and Rapley (2001) demonstrate, such a position, understood within the context of Sacks’s entire corpus of work, is representative of a highly original and unique take on culture that effectively repudiates both behaviourist/nativist and cognitive/innatist perspectives on what ‘being human’ might comprise, and they suggest that for Sacks, what it is to be ‘human’ is to be essentially a ‘cultural’ being.
The ‘order at all points’ conceptualisation, then, could be characterised as one of culture that represents a holographic sociological stance towards understanding human affairs in a manner not unlike that adopted by the natural sciences that seek understanding of complex physical systems by way of application of non-linear dynamical models, with things such as ecological, climatological, biological, and other physical systems shown to produce and exhibit order that is describable across levels of description without invocation of supra-ordinate organising mechanisms.

However, application of such an understanding towards culture would appear to be misplaced as models of complex physical systems are concerned with identification of deterministic processes, and as such, there are considerable difficulties with assuming that one could clearly identify any such processes that could generate human culture in a relentlessly deterministic manner (cf. Wittgenstein, 1967a, on rules). In this regard, Sacks’s notion of ‘order at all points’ is not to be considered isomorphic with conceptualisations of complex physical systems that seek to model complexity as essentially statistically driven undertakings, rather the ‘Sacksian’ approach is predicated on the discoverability of order in any empirical fragment (McHoul, 2001, 2004). And as Sharrock notes, such order is “easy to find because it’s put there to be found” (Sharrock, 1995, p. 4).

**Conclusion**

This chapter has presented an overview of ethnomethologically informed approaches to doing social science that stand in contrast to those that have been typically used in investigations of bipolar disorder, an approach that seeks to uncover the practices by which (for example) ‘bipolar disorder’ is produced, recognised, and otherwise assembled as an ‘objective’ and ‘real’ social fact. My claim is that traditional social scientific studies of bipolar disorder, perhaps those we could describe as the kinds

---

20 In this regard Sacks’ approach could be characterised as being logical as opposed to distributional (Coulter, 1983a).
of studies that might be “celebrated by the social science movement as its most
demanded, professionally esteemed achievement[s] of science in social science”
(Garfinkel, 2007, p. 11), invariably fail to provide for and take into account the work by
which bipolar disorder is made a relevant concern by members. In other words, that
formal social scientific accounts of bipolar disorder are often comprised of the
descriptive work that has already been done by members themselves (a theme that is
Ethnomethodological investigations, in contrast, seek to examine and describe such
work as members work, rather than leaving it as a kind of unacknowledged resource for
the construction of social scientific accounts. As Sacks once (in)famously remarked
“what we are interested in is, what is it that people seem to know and use” (Sacks, in

In outlining how one might profitably undertake providing descriptions of such
work, I have suggested that in undertaking ethnomethodological investigations one can
draw upon a range of disparate approaches to investigations of the ‘surface’, the
‘obvious’, and the ‘taken-for-granted’. Such approaches, be those that incorporate the
logical-grammatical focus of Wittgenstein (e.g., Coulter, 1979), the work of Foucault
and Heidegger (e.g., McHoul, 1996), or the detailed analysis of the minutia of
conversation as undertaken by Sacks (e.g., Drew & Heritage, 2006), can be taken as
emphasising and recognising the practices and procedures that serve to bolster claims of
scientificity in the social sciences, and illustrate how such claims can be understood as
occluding the ubiquitous discursive nature of various practices. In ethnomethodological
terms, practices of which accounts are seldom provided that attend to the local, situated,
and reflexive nature of their discursive construction.

However, given that this dissertation is undertaken from a disciplinary position
that is firmly that of psychology, how might one go about undertaking such
ethnomethodologically informed investigations that are relevant to the concerns of psychology? As Zimmerman and Pollner have suggested “in contrast to the perennial argument that sociology belabors the obvious, we propose that sociology has yet to treat the obvious as a phenomenon” (1970, p. 80). In this regard, what then of the discipline of psychology, oft regarded as nothing more than the ‘distillation of common-sense’ or the study of ‘what we already know’ when applied under the rubric of such things as social psychology, organisational psychology, and clinical and counselling psychology? Does psychology also overlook the ‘phenomena of the obvious’? A recent approach, that of ‘discursive psychology’, would appear to suggest just that.
CHAPTER 3

Discursive Psychology and Conceptual Confusions

In one of the most infamous\(^1\) sections of Wittgenstein’s *Philosophical Investigations* appears the following passage:

The confusion and barrenness of psychology is not to be explained by calling it a “young science”; its state is not comparable with that of physics, for instance, in its beginnings. (Rather with that of certain branches of mathematics. Set theory.) For in psychology there are experimental methods and conceptual confusion. (As in the other case conceptual confusion and methods of proof.) (Wittgenstein, 1967a, xiv, emphasis in original)

Given that psychology may yet still be a juvenile science, and arguably still grappling with unresolved conceptual confusions concerning the putative objects of its interest, what should be beyond dispute is the profound degree to which it has come to characterise, influence, and set limits upon what it means to be, essentially, ‘human’ (e.g., Danziger, 1990; McHoul & Rapley, 2001; Rose, 1999). In this regard, what, if any, disciplinary areas exist within contemporary psychology that could be considered to meet, or at least take serious heed of, the cautions Wittgenstein presented? Cautions with regard to his arguments concerning the possibility of any ‘private languages’, the nature of the ‘inner and outer’, of knowing ‘other minds’, and so forth? What approaches are available that explicitly avoid providing explanations based on scientific models in inappropriate domains, eschew generality when particularity is appropriate, and obviate the requirement for theory construction when description is required? (Hacker, 2001).

\(^1\) Or ‘notorious - and dismissive’ as Candlish (2002, p. 1) describes it (and from where I take the idea to begin this chapter with the passage).
Discursive Psychology

One candidate among the plethora of psychologies on offer is the ethnomethodologically informed *discursive psychology* of Edwards and Potter (e.g., Edwards, 1997; Edwards & Potter, 1992, 2005). Some recent empirical studies that draw inspiration from this form of discursive psychology\(^2\) include the detailed examination of the local production of a psychiatric diagnosis and the manner in which professional and vernacular use of psychological terms can be the site of discursive struggle (McHoul & Rapley, 2005a), a critique of contemporary approaches to philosophy of mind that argue knowledge of the mental states of others represents a form of theoretical knowledge that enables persons with such ability to provide psychological descriptions of other persons’ mental states (Antaki, 2004), and an examination of psychological reports given in parapsychological laboratory studies of ostensibly anomalous phenomena (Wooffitt & Allistone, 2005).

Edwards and Potter provide a canonical definition of discursive psychology as “the application of discourse analytic principles to psychological topics” (Edwards & Potter, 2001, p. 12). Within this formulation, discourse is understood as all forms of spoken interaction and written texts (Potter & Wetherell, 1987), and as such, the analysis of discourse could be considered to be the central task of the social sciences (Potter, 2004a). Where the discursive psychology project differs radically from alternate approaches to questions of interest to the psychological sciences, can be explicated by reference to its identification and treatment of an apparent paradox. Namely, that within the vast bulk of the social sciences literature, while judgements *about* discourse and what it might be doing are pervasive, if one considers studies that employ experimentation, questionnaires, surveys, and so forth, the deployment of such practices serves to render discourse *itself* as essentially invisible (Potter, 2004a). In other words,

\(^2\) In contrast to other approaches that use the term ‘discursive psychology’ (e.g., Harré & Gillett, 1994; Parker, 2002).
discourse is seen to be a transparent medium, a mediating factor, a kind of social or psychological ether, that serves as a conduit between whatever process or phenomena is of research interest and the researcher themselves. Discourse, implicitly regarded as communication, is ubiquitous, and as such there is no need to specifically attend to discourse as topic as it is essentially taken-for-granted. After all, we know what talk is like (Edwards, 1997), and thus the study of discourse-as-communication then becomes the domain of researchers interested in highly detailed examinations of the micro-construction of such things as speech production, structural linguistics, artificial intelligence, and so forth.

By contrast, discursive psychology regards the study of discourse as paramount and as something we perhaps should not take for granted, with discourse examined not as being merely a product of cognitive processes, for example, but as something that can be critically examined without regard to any presumed underlying representations, structures, or perceptual machinery. Discourse is understood, not as representative of a form of communication that takes place between minds that exist a priori, but as representing action (e.g., Schegloff, 1995). Importantly, the idea that discourse represents a form of social action is not equivalent with the conceptualisation of language as communication (Edwards, 1997). Cognitive accounts of language, communication, and by extension mind, are predicated on the modelling of theoretical assumptions and the deployment of hypothetical constructs to ‘stand-in’ for putative hidden inference processes (Edwards & Potter, 1992). What is often (if not always) overlooked, as a trivial or confounding feature that needs to be controlled in scientific investigations of human behaviour, is the actual discursive practices of individuals as practices (Potter, 2000). Discourse analysis, in the discursive psychological sense, specifically attends to the way in which discursive practices are oriented to action, and how such practices are constructed in-and-through interaction.
The focus of discursive psychology, then, is the action orientation of discourse, and is undertaken by way of critical examination of how persons construct, describe, attribute, and otherwise perform social interactional work in discourse on such topics as knowledge, cognition, emotion, and the nature of reality (Edwards & Potter, 1992). These discursive constructions are examined as being situated and occasioned action oriented performances, rather than as expressions of underlying cognitive states, and are to be understood in terms of the social actions that they accomplish (Edwards & Potter, 1992). Importantly, the term discursive psychology is deployed in order to denote a radical theoretical stance, and not just a methodological tinkering, towards the principle subject matter of psychology, with such topics as memory, cognition, emotion, the nature of knowledge, and so forth, reconstructed to reflect the notion that discourse is, primarily, the accomplishment of social action (Edwards, 2006a; Edwards & Potter, 1992).

**Discourse as Resource and Topic**

There are a wide variety of approaches that employ the term *discourse analysis* to characterise both methodological orientations and broader philosophical commitments in disciplines ranging across psychology, philosophy, linguistics, literary theory, and cultural studies for example. With regards to discursive psychology, while initially drawing extensively on the writings of Micheal Foucault that examines discursive ‘formations of knowledge’, as ‘resources’ or ‘repertoires’, which could be described as representative of a ‘Continental’ tradition toward studies of discourse (Willig, 1999), more recent accounts have marked a move away from such and more towards work that has an action-orientation towards the discourse *practices* employed by individuals as they engage in talk, as represented by extensions of the previously articulated ethnomethodological oriented work that evolved into the applied
conversation analysis of Harvey Sacks and co-workers Gail Jefferson and Emanuel Schegloff (Sacks et al., 1974).

Given that discursive psychology represents an alternative to cognitivist accounts of topics of psychological interest, it is necessary to provide a detailed account of the main features of discourse. As previously defined, discourse is taken to be talk and text of any kind, and of principal interest within a discursive psychological approach to discourse is the kinds of naturally occurring interactional talk that are produced as people go about their everyday lives (Edwards, 2005; Potter, 2004b). Thus, discourse is seen to be a central feature of everyday life, with most social activities mediated by the deployment of discourse (Edwards & Potter, 2001). Three features of discourse that are routinely described as being critical to pragmatic analysis from a discursive psychological stance are that discourse is action-orientated, situated, and constructed (Edwards & Potter, 2001; Hepburn & Potter, 2003; Potter, 2003a, 2004a).

**Action-orientation**

The consideration of discourse as action-oriented can be understood by reference to one of Wittgenstein’s more infamous passages from *Philosophical Investigations*:

For a *large* class of cases – though not for all – in which we employ the word ‘meaning’ it can be defined thus: the meaning of a word is its use in the language. And the *meaning* of a name is sometimes explained by pointing to its *bearer*. (Wittgenstein, 1967a, §43, emphasis in original)

While a detailed examination of this particular passage would entail a dissertation of its own (and of these, there are a number), the relevance of “the meaning of a word is its use in the language” to the discursive psychological approach to language and behaviour is to be found in the notion that, the knowing of any meaning of a linguistic expression is to be regarded as knowledge, not of what something *is*, but of how to *do* something (Hacker, 1990a). It is meaning in *actual use* that is of
consequence, following from Wittgenstein, and that nothing about how language generally is can be said, with abstract descriptions about how language characteristically behaves or acts being redundant (Read & Guetti, 1999). This is in contrast to the focus on language knowledge as exemplified by the work of Chomsky (e.g., Chomsky, 1968) that attends to language competence, with performance only considered as something that represents a confound in the operation of underlying grammatical systems (Edwards, 1997).

Perhaps of equal significance are the writings of Derrida (e.g., Derrida, 1976, 1982) that provide a critique that challenges the view of meaning as representational; that meaning emerges from a relationship between objects in the world and the signs that describe such objects (Hepburn, 1999), and such critique suggests attempts to posit language’s meanings as in any sense fixed and referential to an external reality are invariably doomed, in large part due to the demonstration that any given truth appears to be the product of various discursive elements (e.g., metaphor). As McHoul (1994) suggests, meaningful communication is an achievement that rests upon the in principle instability of the meaning of any linguistic sign, in other words “signs have meaning by virtue of their actual uses” (McHoul, 1996, vii). In this regard, Margolis suggests points of convergence between Wittgenstein and Derrida worth considering are that of the inseparable link between word and world, the impossibility of achieving an analytic position that remains outside of the confines of language, and the demonstration by both of what philosophy cannot do (Margolis, 1994).

On first glance, language appears to be remarkably orderly and invariant, that is to say common features of linguistic structure can be ascertained on the basis of grammatical structure. However, if one moves from purely theoretical conceptualisations of language, and seeks to apply such theories to an empirical examination of language use in naturalistic settings, what is revealed is that for both
users and analysts *meaning* may often be unrecoverable, and as Derrida argues, interpretation becomes an endless process with meaning having only provisional significance. In this regard, while indeterminacy of meaning poses significant problems for any *theory* of language use, the fact remains that interlocutors seemingly know what is happening, and manage to get things done. Likewise, the problems of intersubjectivity appear to be continuously ‘solved’ by interlocutors who cannot be claimed to have complete knowledge, in a cognitivist sense, of each others thoughts, feelings, desires and so forth, who nevertheless apparently understand each other well enough to interact in complex social interactions (Schegloff, 1992b). Indeed, the entire question of how might any social order arise appears to founder on the problems associated with indeterminacy and intersubjectivity of language.

However, such problems can be essentially dissolved by an examination of what it is that people do with and in discourse empirically (Button, 1991). Such empirical examinations have served to provide for a central conversation analytic insight, that orderliness makes sense if we consider language as *talk-in-interaction* (Schegloff, 1989) as opposed to conceptualising language as being merely a mechanism for the transmission of information. It would appear that any complete and prescriptive theory of language that postulates direct casual mappings between discrete variables (e.g., attribution of word to named object) in a rule-governed system of organisation, that does not consider variability anything more than just noise, will fail to be able to account for an infinite variety of things people *do* with language.

It is important here to illustrate a point of departure from the speech act theory of Austin (1962), which has served as an important philosophical precursor to the broad discursive psychological approach to language use, and the specific development of conversation analysis. In contrast to Austin’s philosophical work which was essentially

---

3 Consider also that appeals to ‘misunderstandings’ and ‘failures’ of knowledge concerning others are also a kind of resource available to members to make such interactions work.
concerned with artificial examples of speech, in other words ‘made-up’ for the purposes of outlining a particular philosophical approach to language that served to draw attention to the practical as opposed to the truth value of statements, discursive psychology is concerned primarily with the study of language practices in actual use (Potter, 1996). In other words, rather than beginning with idealised speech acts and moving to an examination of speech in use, discursive psychology begins with an examination of the actual practical activities people engage in.

This approach also illustrates a particular approach to dealing with variability, with speech act theory having to deal with variability by essentially requiring the development of an extensive taxonomy of speech acts (Potter, 1996). Discursive psychology, in contrast, is informed by Wittgenstein’s notion of ‘language-games’ (1967a) and Bakhtin’s concept of a speech genre (1986), and recognises that given the infinite variety of possible utterances that people can make, it is necessary to attend to the many different actions that statements can do in the performance of situated and specific contexts (Potter, 1996). Additionally, it is important to note that speech act theory is predicated on the idea that people intuitively know about talk and are essentially experts (Searle, 1999). This is in contrast to the discursive psychological contention that while talk is something we are all no doubt exceedingly familiar with, the same could be said with equal truth or falsity about any aspect of our lives (Edwards, 1997). A subtle point, but important nevertheless.

Thus, the discursive psychological approach to language considers discourse to be primarily performative, with discourse examined not in an attempt to elucidate how users of language might think about certain things, as is the case in research that examines attitudes or beliefs that attempts to elucidate underlying cognitive states are presupposed to underlie the deployment of specific terms, but rather how users of language employ various discursive resources to get things done. Indeed, two of the
central concepts that discursive psychology has adopted from ethnomethodology, those of indexicality and reflexivity (Potter, 1996), are clearly Wittgensteinian in orientation. Such a pragmatic, action-oriented approach to discourse suggests that the examination of data that is observed in naturally occurring interactions and settings should be of critical interest in any research project, and stands in contrast to that derived from artificially formulated settings such as those that employ experiments, surveys, and interviews. For, while such settings may provide data that can be of utility within particular theoretical frameworks, and for particular rhetorical purposes, they often cannot provide for meaningful accounts of social life if one considers discourse to be a (or possibly the) primary medium of human action and interaction.

**Situated**

Given the infinite potential variability of discourse, it is then critical to attend to the manner in which a given discourse is situated, or contextually bound. Discursive psychology considers discourse as situated, in three important ways (Hepburn & Potter, 2003). Firstly, it is occasioned in that talk is oriented to in a manner that can be, but is not necessarily, a function of its sequential positioning and social setting (Edwards & Potter, 2001). In regards to positioning, this refers to the conversation analytic demonstrations that conversation takes place sequentially with participants taking turns at talk (Sacks et al., 1974), and with regard to setting, while particular institutional or organisational contexts may provide an interactional framework, unlike more rigid ceremonial types of interaction (Sacks, 1992a), participants can and do orient to institutional activities in a manner that is relevant for themselves (Schegloff, 1997b).

Secondly, such sequential and social positioning requires an appreciation of the rhetorical organisation of discourse (Billig, 1987; Potter, 1996). With an infinite number of ways in which a description of anything can be seen to be plausible, the selection of any particular description, account, or assertion is often made with regard to possible
alternatives and counter-descriptions (Edwards, 1997). In other words, people do not merely provide neutral descriptions of the world that represent how they might actually feel, perceive, or think about something in a manner that is merely reflective of how things actually are, but rather engage in discourse that attends to the possibilities that a particular account could be seen to be false, contentious, or dismissed. Additionally, attempts to understand any particular discourse require an appreciation of not just the discourse that is actually produced, but also any possible discourse that might be produced (Potter & Wetherell, 1987).

For example, to enable an understanding of an account proffered by a convicted sex offender (Auburn & Lea, 2003) that talks about a chance, apparently unremarkable encounter with a girl in the form of “and there was this girl that walked past” (p. 288), one would need to know that an alternate account suggested that the offender and an accomplice forced the woman into an alleyway where a van was parked and sexually assaulted her. Thus, the account provided by the offender is provided in a manner that provides a plausibly deniable inference against an assertion that the assault was premeditated. This serves to illustrate the important point, that in order to understand meaning one must attend to the ubiquitous rhetorical features present in the context of a given discourse (Billig, 1987). Indeed, one of the defining features of discursive psychology in practice is a concern with rhetorical processes in situations that might involve conflict, power, and manipulation (Edwards & Potter, 1992).

Thirdly, discourse can be institutionally situated, with institutional identities and tasks relevant to the production of a given discourse. For example, consider the asymmetries in the number of questions asked between doctors and patients, with doctors asking patients more questions than patients of doctors (ten Have, 1999), the manner in which an initial service request to a city council can become progressively decontextualised and transformed into an official account (Kelly, 2001), or the way in
which teachers’ descriptions and categorisations of children as being deviant are
designed for particular recipients, namely educational psychologists (Hester, 1998). Of
particular interest from a discursive psychological perspective to institutional discourse
is the manner in which psychological matters, for example discourses concerning
‘feelings’, ‘thinking’, ‘attitudes’ and the like, are routinely employed in such settings as
schools, public service organisations, and hospital settings. The issue is, from a
discursive psychological position, how discourse concerning apparently inner mental
and emotional states can be performative of various institutional business (Potter,
2005a).

**Constructed**

Discursive psychology is broadly presented as a constructionist approach, with
discourse viewed as being both *constructed* in the course of interaction and
performance, and as being *constructive* of particular versions of the world (Edwards &
Potter, 1992, 2001).4 The emphasis is on how individuals and societies create versions
of reality, as opposed to how reality is discovered. However, it is important to note a
major distinction between discursive psychology and other approaches broadly
characterised as representing forms of ‘social constructionism’, namely that discursive
psychology presents an epistemic, rather than ontological, position with regard to
constructionism (Potter & Edwards, 2003). In this regard, the focus of discursive
psychology is on the constructive nature of *descriptions* and *accounts* rather than of any
particular things that might exist beyond such descriptions (Edwards, 1997).

For example, when considering issues relating to understandings of personal
identity, discursive psychology considers conceptualisations of ‘self’ to be constituted
by individuals in the performance of situated and occasioned actions, in other words

---

4By way of specification, the term ‘constructionist’ as presented here, following from the publication of
*The Social Construction of Reality* (Berger & Luckmann, 1966), is taken to cover a wide range of
approaches including ‘constructionism’, ‘social constructionism’, the ‘empirical programme of
relativism’, the ‘strong programme’, and ‘radical constructivism’ (for reviews see, Gergen, 1985, 2001;
constructed, as opposed to realist assumptions that self discourse represents a relatively accurate description of inner mental states and entities that might be reliably measured with psychological and physiological instruments (Edwards & Potter, 1992; Gergen, 2001). The focus, then, is on how people themselves utilise descriptive categories relating to social identities and memberships in order to perform social actions, rather than dealing with analysts’ categorisations (Antaki & Widdicombe, 1998; Sacks, 1992a). Moreover, it is the notion that such self and other categorisations are discursive actions done in talk and for a variety of discursive purposes, and are not just psychological mappings of inner states done by individuals rather than analysts, that further emphasises the constructivist character of discursive psychology (Edwards, 1998).

While the social constructionist position that discursive psychology adopts is likely to be characterised as an approach to ‘the psychological’ as inspired by the work of Goffman and Garfinkel, that posits a ‘renewal’ of the social world at each and every occasion of interaction in a form of radical situationalism (Mehan, 1991), the focus of discursive psychology is directed more towards providing accounts of ‘the psychological’ that take as an analytic starting point the notion that one should deal with psychological accounts as being “generated very precisely for the occasion of their production” (Edwards, 1997, p. 290).

While discursive psychology has been used to indicate how ostensibly factual descriptions can be deployed to implicate a wide variety of psychological states, and importantly, how such states themselves can be used to bolster factual accounts (Edwards, 2000; Edwards & Potter, 1992; Potter & Edwards, 2001), it is critical to acknowledge the constructive nature of any analyst’s interpretations of any particular discourse, and the way in which analysis itself may be constructed in order to achieve
specific aims. As Wittgenstein cautioned “interpretations by themselves do not determine meaning” (1967a, §198).

**Discursive Psychology’s Themes of Interest**

Broadly, discursive psychology has been described as having three major themes of interest, namely the investigation of how psychological categories are used by people in everyday (i.e., non technical) discourse, the study of how psychological business (e.g., intentions, motives, attributions concerning memory and so forth) are managed, and the respecification and critique of contemporary psychological topics and their explanatory frameworks (Edwards, 2005; Edwards & Potter, 2005). In a recent special issue of *Discourse & Society* on discursive psychology, Potter provides for a finer grained depiction of discursive psychology’s themes, namely that it is practical, accountable, situated, embodied, and displayed (Potter, 2005b).

By practical, Potter suggests that discursive psychology focuses on the manner in which people go about their everyday affairs, rather than attending to the more abstract and esoteric formulations that are the domain of studies of such things as cognition, memory, and perception. In other words, rather than assuming that underlying the day-to-day practical activities of persons is a hidden realm of psychological functioning that can only be addressed by way of highly developed technical and theoretical formulations, one can investigate how people manage to do whatever it is that they might be doing by examining what it is that they are doing. In other words, discursive psychology adopts a decidedly ethnomethodological orientation with an interest in *practices*. That is, it is a highly empirical approach to the study of the ‘psychological’, with an interest in ‘naturally occurring’ psychological activities (i.e., those that take place in the absence of direct manipulation by a researcher).

In regards to accountable, Potter (2005b) suggests that psychology is bound up in everyday practices of accountability. While drawing heavily on Garfinkel’s notion of
accountability, Potter focuses more on the notion of accountability as equivalent with responsibility. For example, he asks “how are individuals (or collectivities, organizations, or intra-individual entities) constructed as sites of responsibility” (Potter, 2005b, p. 740). Potter suggests that such accountability works on two levels, for example in a speaker’s construction of others agency and accountability in some reported events, and a construction of their own agency both towards such events and what they might be doing in speaking about such events. In this way, speakers can “construct their own accountability via the construction of others’ and vice versa” (Potter, 2005b, pp. 740-741, emphasis in original).

As for situated, three broad themes are outlined by Potter. These include a focus on psychological matters as they are embedded in interaction, the rhetorical orientation of such matters, and the manner in which such are institutionally embedded (Potter, 2005b). Now, while these have been previously discussed in consideration of how discursive psychology approaches discourse, consider that one of the features that distinguishes discursive psychology from other forms of discourse analytic approaches, is the primary emphasis on how psychological themes are deployed and utilised (Edwards, 2005). That is, how does ‘psychological business’ in its various forms get done? For example, discursive psychological investigations have examined psychological business in a diverse range of settings and for a diverse range of projects, including how participants manage topic in market research focus groups (Puchta, Potter, & Wolff, 2004), how descriptions of events are inextricably bound with actions in couples’ relationship counselling sessions (Edwards, 1997), the sophistication with which interactions between staff and clients of a child protection telephone helpline service are conducted (Potter & Hepburn, 2003), how offenders and those they interact with manage versions of accounts of responsibility in prison based sex offender treatment groups (Auburn, 2005; Lea & Auburn, 2001; Lea, Auburn, & Kibblewhite,
1999), the manner in which medical professionals account for patients’ illness as mental or physical (Horton-Salway, 2002), and the problematic use of quality of life measures with people with learning disabilities (Antaki & Rapley, 1996).

Potter (2005b) distinguishes the discursive psychological take from direct studies of embodiment and points to an analytic concern with the ‘body’ as constructed for particular purposes. This is an area that remains relatively unexplored by discursive psychology, however recent examples include the investigation of the manner in which body size and weight features in everyday and institutional discourse related to helpline interactions (Hepburn & Wiggins, 2005), and the exploration of ‘noise’ as a sequentially and rhetorically organised social phenomenon that is made relevant in neighbour dispute mediation and calls to a child abuse helpline (Stokoe & Hepburn, 2005).

In regards to displayed, Potter (2005b) suggests that discursive psychology adopts a position towards ‘a psychology’ as something that is displayed in interaction, whether that is in talk or action. In other words, rather than the ‘stuff’ of psychological interest being hidden from direct observation (e.g., minds, intentions, beliefs, thoughts) whether that be by occlusion with neurophysiological mechanisms or inferred cognitive structures, discursive psychology takes it that “intentionality, states of mind, motives and thoughts (etc.) are matters at stake in discourse and social interaction” (Edwards, 2006a, p. 46, emphasis in original). In short, discursive psychology represents an anti-cognitive, anti-cartesian approach to the study of human interaction.

**Counter-Cognitivist Approach to Cognitive Topics**

The distinction between an inner, non-material world of mental experience and an outer, material world is the legacy of Descartes, and while it could be argued that Descartes’s ‘substance dualism’ holds little sway in contemporary philosophy and the social sciences more broadly, what does maintain considerable attraction, whether
explicit or implicit, in much contemporary undertakings is the Cartesian belief that ‘minds’ are logically independent of behavioural manifestations (Schroeder, 2001).

For example, one much remarked upon consequence of such a Cartesian dualism is the problematic nature of how people could come to have knowledge of other people’s minds (e.g., Bakhurst, 2001). Indeed, considerable work has been undertaken in contemporary philosophy of mind that argues knowledge of the mental states of others is a form of *theoretical* knowledge, with the ability to provide psychological descriptions of other persons mental states, a ‘folk theory’ of mind, something that young children somehow acquire or develop by way of social learning, neurophysiological maturation, or a combination of the two. However, drawing upon Wittgenstein, scholars have suggested that such accounts rest upon inherently flawed conceptualisations of what (for example) ‘mind’ is (e.g., Antaki, 2004; Leudar, Costall, & Francis, 2004; Sharrock & Coulter, 2004).

While Wittgenstein’s conception of language remains influential in philosophy, it has less impact in areas such as psychology, possibly due to the unconventional manner in which his writings are presented as a sequence of seemingly unconnected numbered remarks, and more probably due to the radical nature of Wittgenstein’s philosophical suggestions, particularly in regard to questions concerning the ‘mental’ (Savigny, 2006). Now, while Wittgenstein’s devastating critique of Cartesianism could be seen as having more interest as an historical, philosophical argument, rather than being a relevant matter for contemporary philosophy, Williams (1999) has forcefully argued such understandings critically misconstrue the nature and relevance of his critique to a broad range of disciplines, with contemporary cognitive theories of mind essentially extensions of Cartesianism.

What exactly is this cognitivism that comes under such critical scrutiny? Williams (1999) suggests the principle goal of cognitivism is to discover the ‘internal’
rules that are presumed to govern mental functioning, and can be understood by reference to a commitment to four philosophical positions. The first, ‘Methodological Individualism’ approaches the question of mental functioning as essentially independent from constraints associated with environmental, social, or other individuals. In short, such a position advocates a psychology that is principally concerned with individuals’ minds and their inner mechanisms. The second, ‘Methodological Structuralism’ is concerned with the development of accounts of cognitive structures that are complete, that is to say, models of learning are developed on competencies that are fully developed. The third, ‘Intellectualism’ commits to an understanding of behaviour as being able to be fully explained by reference to rule-governed cognitive activities. The fourth, ‘Psychological Realism’ posits that ‘mind’ is comprised of real cognitive structures that are isomorphic across cultures.

Regardless of any particular flavour of cognitivism on offer, the present dissertation is undertaken from a position that posits that any undertaking that approaches ‘mind’, the nature of language use, or indeed what it means to be ‘human’, as requiring the incorporation of some form of cognitive theorising as fundamentally misguided, and essentially incoherent (Coulter, 2005).

**Private Language**

Wittgenstein demonstrated the problematic nature of constructing a psychology that is predicated on individuals being in possession of a world of mental objects that are linked or correlated with a lexicon of mental terms that are public resources (Wittgenstein, 1967a). These objects comprise the referents of the names in his famous ‘private language’ thesis, which arguably remains problematic for accounts in
mainstream epistemology, philosophy of mind, and cognitive sciences (Candlish, 2004).²

Wittgenstein argued that the ontological distinction between thought and language does not matter in certain key cases (Harré, 1999), and what Wittgenstein demonstrated, to devastating effect, was that such mental objects that might comprise the vocabulary of a private language are necessarily inaccessible to others – they are by definition private objects. And, as a language that is in principle unintelligible to anyone but the originating user is impossible, such a ‘private language’ solution to the question of how might one learn names for private sensations like ‘pain’ is to be considered worthless, as it would be unintelligible to its originator as they would be unable to establish meanings for its putative signs. Following from this, Wittgenstein demonstrates that attempts to ascribe meaning to mental terms by reference to their presumed hidden processes is problematic, and renders such examinations of the mental as incoherent and essentially intractable.

The question, then, is how can someone know about another person’s private and personal experiences? In tackling this question, Wittgenstein started with the issue of how, if it were the case that all words are learned by attention to an example of what they refer to (for example the word ‘dog’ is learned by relating the utterance ‘dog’ to the shaggy, tail wagging, often barking animal) how do words for private sensations like ‘pain’ ever get learned? How does one learn to relate the utterance of ‘I am in pain’ to any specific referent? Given that such words are routinely learned, Wittgenstein argued that there were problems with any theory of meaning that exclusively interprets meaningful words as names for things. Words must be given meaning in some manner other than being pointed to by a teacher and noticed by a learner.

² Although, as Candlish notes, it might be better described as an ‘intricate discussion’ rather than a sustained argument.
A solution to this problem is of course the notion of ‘mental objects’ that can stand for, or act as referents to, the objects to be named. If meaning can be mediated by some kinds of ‘mental objects’, that might comprise the private language of an individual mind, then there would be no requirement to have every object and name shown referentially. However, there is a problem with this solution, as Coulter demonstrates by way of the parable of ‘Wittgenstein’s Beetle’:

Imagine a community in which each member had a box with something inside it. Everybody calls the object in the box a ‘beetle’, but no one can look in anyone else’s box and can only determine the nature of ‘beetle’ by looking into his own box. Wittgenstein proposes that, if ‘beetle’ has a use in the public language, then the object in the box must be irrelevant to its meaning. If this private object does play a part in the understanding of ‘beetle’, then intersubjective communication would be impossible. (Coulter, 1979, p. 78, emphasis in original)

In other words, even if the ‘thing in the box’ is considered to be real in some sense, what Wittgenstein shows is that ‘the thing in the box’ cannot play a part in the language-game, that is to say, the meaning of a particular psychological term cannot be taken to be referential (McHoul & Rapley, 2003).

Wittgenstein’s solution to this problem is that words such as ‘pain’ are learnt by a person being taught to substitute a verbal expression for a natural expression of pain (e.g., Hacker, 2006; Harré, 1999; Malcolm, 1986). In other words, what might count as a characteristic avowal of a pain (e.g., “I am in pain”) is not a description, it is an expression (Hacker, 2006). In other words, a painful sensation is not to be taken as evidence for a defeasible claim that one is in pain, notwithstanding that to be in pain is to be disposed to publicly available displays, for example moaning, grimacing, and writhing (Harré, 1999). In short, the substitution of a verbal expression for a behavioural one leaves this basic distinction between expression and description intact (Harré, 1999). That is to say, what is learnt are language use conventions, not the
identification, verification, and translation into ordinary language of some kind of private (pace mental, cognitive) objects.  

And yet, the role of private objects in psychological research would appear to be as important now as it was in the early 19th century (Candlish, 2002), with the voluminous literatures on social psychology, psychopathology, memory, intelligence, learning, and emotions all arguably representing the apparent hegemony of cognitivism in the domain of the human sciences. For example, social psychology becomes more or less approached as social cognition, problematic conduct (pace psychopathology) is understood as a product of faulty information processing systems, and emotions are more or less generated from cognitive processes that attempt to grapple with making sense of an external environment (Edwards & Potter, 1992).

**Rules**

Wittgenstein made the observation that one can work out a sum, for example, in two quite different circumstances (Harré, 1999). One may be performing public arithmetical operations with a pen and paper without a requirement that there be some form of private ‘mentalistic’ calculations that accompany the public performance. Similarly, one can be doing arithmetical operations ‘in one’s head’ without any requirement that there need be some other ‘mentalistic’ form of calculations that somehow map onto one’s calculations ‘in one’s head’. Calculating is the exercise of a skill, that can be evaluated or judged as being exercised correctly or incorrectly, and such determinations could be made by reference to rules. Such determinations could also be made for other skills, such as remembering, which should not be understood as an example of a ‘process’ verb (i.e., remembering as an ongoing process of activity) but

---

6 “The man who says ‘Only my pain is real,’ doesn’t mean to say that he has found out by the common criteria – the criteria, i.e., which give our words their common meanings – that the others who said they had pains were cheating. But what he rebels against is the use of this expression in connection with these criteria. That is, he objects to using this word the particular way in which it is commonly used. On the other hand, he is not aware that he is objecting to a convention” (Wittgenstein, 1960, p. 57, emphasis in original).
as an example of an ‘achievement’ verb (i.e., remembering is not recollecting a past event, it is recollecting a past event correctly), and the basis of any judgement to as to what constitutes a correct versus incorrect recollection cannot be made solely by reference to an individual cognitive process (Ryle, 1949).

However, for Wittgenstein, rules are not things that cause effects (Wittgenstein, 1967a, §198-201), but are ways that criteria can be made meaningful for determinations as to the correct versus incorrect usage of arithmetic, the rightness versus wrongness of a particular activity, and so forth. In other words, such rules need to be shared, that is to say that “the objectivity of rule-following is essentially social” (Williams, 1999, p. 157). This is essentially predicated by the notion that a rule that only applies to an individual can allow for no determination as to its correct usage, and that any observed regularity (e.g., witnessed performance of uniform activities by an individual) does not on its own entail rule-following (Malcolm, 1986, p. 175). Wittgenstein further showed that one can calculate ‘in one’s head’ and that may be done by imagining one is performing an arithmetical calculation with pen and paper, but on the other hand it may not, a different but related skill can be employed (Harré, 1999). The crucial point of this is the insight that performing arithmetic by calculating with a pen and paper and performing arithmetic by calculating in ‘the head’ requires that, cast in terms of rules, both are governed by the same rules.

In other words, what Wittgenstein showed was that there was no requirement for any mediating ‘mentalistic’ apparatus between private performance and public display, no ‘cognitive’ operations that are a function of some putative ‘mental machinery’. One need not infer the existence of any screen between basic neurophysiological processes and public performance, as any rules that could be said to govern both are to be understood as being, for the purposes of any objective determination, essentially social (e.g., Savigny, 2006).
In his famous examination of Wittgenstein’s analysis of rules and rule following, and the private language argument, Saul Kripke suggests that Wittgenstein’s arguments concerning rule following represent an original type of skepticism (Kripke, 1982). In his formulation, Wittgenstein’s analysis of rule following involves a ‘sceptical’ view in which a rule as stated essentially under-determines the actions that constitute its correct application. However, the nature of any perceived problem has been attacked by a variety of commentators as being essentially illusory (e.g., Baker & Hacker, 1984; Francis, 2005; Sharrock & Button, 1999), as any understanding of a rule involves knowing how to apply it. Further, the notion that someone can learn a rule but only in cases in which the rule has been exemplified makes no sense, as this is a kind of imitation and not rule following. As Francis (2005) makes clear, a rule and its related applications are not to be regarded as being contingent, that is to say rules standing as causal explanations of particular actions, they are to be approached as being related grammatically. In this sense, any investigation of social actions, or in ethnomethodological terms something like the study of practices, such practices cannot be fully explicated by endeavours to uncover networks, frameworks, or systems of proscribed and prescriptive rules (see Heritage, 1984b, pp. 103-134).

**Ordinary Language as Defining Psychological Phenomena**

Several important insights can be found in Wittgenstein's *Philosophical Investigations* with his treatment of how psychological science studies psychological concepts that are expressed in the vocabularies of ordinary languages. In short, he considered the misuse of everyday language in psychological contexts as leading psychology into “conceptual confusion” (Wittgenstein, 1967a, p. 232). Similar treatments that follow from Wittgenstein can be found in Ryle (1949), Winch (1958), and Coulter (1979). For example, following from an example provided by Harré (Harré, 1999), consider the nouns ‘belief’ and ‘cat’. If one were to understand the way the noun
‘belief’ is used on the model of the way the noun ‘cat’ is used, beliefs may be sought out in a similar manner to cats. However, one would be compelled to look for beliefs ‘in the mind’, as opposed to looking for cats in a house or yard. Moreover, one might start investigating ‘beliefs about cats’ in a manner that further tangles and muddles the everyday usage of such words, by attempts to understand both beliefs, cats, and beliefs about cats in ways that give unwarranted importance to psychological investigations of such.

However, given that ‘belief’ is used in a large number of different contexts and as a way of describing a variety of phenomena, whereas cat is used to refer generally to furry four legged animals with tails and a propensity to meow, it is apparent that the notion that belief, with all its possible denotative meanings, is in some way constitutive of a mental entity is problematic. As demonstrated by Ryle (1949) such things as beliefs, understandings, and a host of other ‘mental events’ are to be understood as publicly verifiable achievements rather than events or processes. In short, what is revealed is that ordinary language defines the topics of scientific psychology (e.g., Harré, 1999; Holth, 2001), and that what is investigated by scientific psychology, then, is essentially nothing more than the products of misunderstandings of the grammar of the psychological words utilised in ordinary language (e.g., Coulter, 1983b).

In this regard, Winch, following from Wittgenstein, has suggested that in the social sciences there is the conflation of conceptual and empirical projects (Winch, 1958), such that many so-called ‘problems’ in the social sciences are in fact conceptual, grammatical problems, and as such they cannot be resolved by empirical means. This leads to formulations concerning such problems as being essentially incoherent. For example, consider Sharrock and Coulter’s argument concerning the ‘problem of perception’ in psychology, or as they suggest the ‘non-problem’ (Sharrock & Coulter, 1998, 1999, 2003; Wetherick, 1999). They argue against the notion of ‘perception’, as
typically understood in psychology as involving some kinds of psychological processes, and they “do not accept any theory which requires the explication of the verb ‘perceive’ (or ‘see’) to incorporate processual matters, whether these be based on psychological or sociological postulates” (Sharrock & Coulter, 1999, p. 540, emphasis in original). In other words, they argue that many of the terms used in psychology as technical terms are in fact vernacular, everyday terms, and as such the grammar of such terms in ubiquitous usage problematises attempts to render such terms as ‘variables’, ‘states’, or ‘processes’.

An inversion of the role of cognition in psychological theory and method is central to discursive psychology, and is representative of its most striking, although generally unspoken specific claim – that mainstream psychology has gotten it wrong. Or, following from Wittgenstein, much of what is constituted as problems for psychology to solve might better be understood as problems of psychology, with a failure to attend to the importance of the primary medium by which psychological problems are framed, namely discourse. In this regard, the broad aim of discursive psychology is nothing less than a respecification of what psychology is considered to comprise (Potter, 2003a), and draws upon Garfinkel’s notion of respecification as a project whereby, in the context of psychology, examination is directed towards the empirical description of work that contemporary psychological accounts depend on, but which are disregarded as irrelevant to their finished product (Garfinkel, 1988).

As a starting point for a serious consideration of such a proposal, one should consider that conceptualisations of such things as minds, motives, beliefs, attitudes, intentions, and the entire raft of psychological categories that ostensibly refer to ‘cognitive’ or ‘mental’ things in the world, are not a priori to discourse, they can be understood pragmatically as the products of discursive practices, or as Edwards suggests “talk’s topics, assumptions and concerns” (Edwards, 2006a, p. 41). Thus, the
examination of how mental states might be accurate or inaccurate representations that are translated between the realms of public discourse and a hidden world of cognitive functioning is to be discarded in favour of an examination of discourse *exclusively*. In this regard, discourse analysis as practiced within a discursive psychological framework could be understood as representing a radically non-cognitive form of social psychology (Potter & Wetherell, 1987).

What might this approach mean then, when considering the traditional topic matter of psychology? Firstly, it requires an applied research agenda that is essentially a reversal of the typical process that might take place within most psychological research contexts. Rather than starting with the technical vocabulary and explanatory frameworks developed by psychology, and then applying these in various research contexts, the starting point becomes an analysis of discourse *in use*, with an examination of how people may utilise what are taken-for-granted psychological themes and topics that may well be at odds with how such things are theorised within psychology (Edwards, 2005).

Secondly and closely related to the first point, it suggests the primacy that should be attended to discourse as a medium for action. Language is not to be regarded as an abstract system that is ‘bolted on’ to whatever psychological topic is under consideration, or as a transparent medium that has minimal or no influence on the observation and measurement of phenomena, but is itself a social practice. In short, it requires an understanding that the study of behaviour cannot be sensibly undertaken separately from language (Potter, 2003b).

And thirdly, such respecification is not simply the undertaking of discourse based research into areas traditionally theorised by psychology, with a reworking of such things as memory and attitude in discursive terms, the enterprise entails a fundamentally different way of reconceptualising many of the basic phenomena that
comprise the bulk of psychological theorising and research (Edwards, 2005; Potter, 2005b). This is similar to the position advocated by Lynch with regard to ethnomethodological (and conversation analytic) treatments of ‘cognition’, that while they could be allied with a range of cognitivist projects for ‘professional’ reasons, this is problematic as “ethnomethodology empirically investigates practices, and that such practices differ qualitatively from any real or imagined cognitive domain” (Lynch, 2006, p. 102).

For example, while Sanders suggests that discourse based studies need to take account of the findings of cognitive science investigations in order to avoid invalidating discourse based observations, consider the definition of ‘cognition’ that Sanders provides:

The term can refer to speakers’ underlying inner states at the moment of producing discourse objects (perceptions, emotions, wants, intentions, etc.), and also applies to more enduring cognitive content (beliefs, concepts, knowledge structures, values, memories) and response biases (e.g., personality traits, habits, attitudes), as well as to processing algorithms that are of interest in cognitive science. (Sanders, 2005, p. 57)

The problem here is that the enunciated features of such things as ‘inner states’, ‘cognitive contents’, and ‘response biases’ can all be approached as vernacular terms, with everyday, common-place uses. In other words they become hopelessly confounded with any particular scientific, psychological uses with which such terms may be argued to explicitly reference.

Another problem with this type of argument is that the ontological status of such things as ‘underlying inner states’ and an ‘attention to cognitive processing’ (Sanders, 2005, p. 57) is presupposed, and thus before any investigations are undertaken of situated discourse, some form of cognitivism will have already defined the course that any investigation can take. And, more importantly, may serve as a resource by which
explanations can be made of phenomena that entail no requirement for any explication of method. Indeed, if one considers both that the ‘cognitive sciences’ represent a heterogeneous collection of undertakings (Potter & te Molder, 2005), and that considerable empirical work that has examined how ostensibly ‘cognitive’ topics can be approached in-and-through the study of discourse without recourse to any hidden, inner, psychological functions or processes (te Molder & Potter, 2005), then the utility of retaining ‘cognitivism’ would appear to be mainly a pragmatic concern with aligning ones’ research project to the cognitive sciences. In short, a concern perhaps that a given account can be legitimised, or bolstered, by situating it within the confines of the dominant ‘cognitivist’ research tradition, which after all is “doing rather well at the moment” (Lynch, 2006, p. 96).

However, appeals that may seek to legitimise a theoretical position by inclusion of some form of cognitivism, particularly from within such disciplines as psychology and sociology, may do very little to actually secure one’s scientific standing with regard to, for example, the physical sciences. Indeed, as Pleasants (2003) comments:

I have no objection to academics calling themselves ‘social scientists’ if they wish to. But I do think they should be under no illusions as to the ‘scientificity’ of their activities. This is not a ‘metaphysical’ injunction; it is a political and institutional caution. (Pleasants, 2003, p. 83, emphasis in original)

**Discursive Psychology: Conceptually Confused or Just Misunderstood?**

However, it is important to acknowledge there are tensions that have emerged among various proponents of what could be described broadly as an anti-, or counter-cognitivist position in the disciplines of conversation analysis, discourse analysis, ethnomethodology, and discursive psychology. According to Coulter (1999) these seem to be between, essentially, those who advocate the use of conceptual analysis, in the form of logical-grammatical investigations (e.g., what could be considered a ‘strong-
Wittgensteinian’ approach as championed by Coulter), and those who place significant importance on the analysis of empirically derived data (e.g., as practiced by discursive psychology). Unfortunately, while it would appear that the two enterprises could profitably inform each other, there continues to be a fundamental failure to acknowledge that these two undertakings represent different modes of inquiry that nonetheless converge on the same goal. That is, to provide descriptions and not explanations of ostensibly mental phenomena.

One might ask, then, what is the preoccupation with description? Read (2001) provides a clear enunciation of the position that seeks to avoid providing explanations, and thus interpretations, of peoples’ activities:

If one not only avoids explaining but avoids interpreting, then one avoids a hermeneutic. One hopes, that is, to avoid adding anything to people’s practices as they themselves understand them (both explicitly—if and when (self-)interpretation is actually called for, and--the usual case—“implicitly” in practice). One hopes not to change the norms and rules which they are following. (Read, 2001, p. 456, emphasis in original)

Perhaps it is in this injunction to avoid explanation that there is some connection to be found between the projects of ethnomethodology, ordinary language philosophy, and discursive psychology in investigations of the putatively ‘psychological’, in that, the broad discipline of psychology appears to come pre-configured with the task to not only provide explanations of human activities, but to configure individuals as able to furnish explanations of their own conduct warrantable in the same manner as the disciplines themselves. It is, indeed, precisely the task of what Rose (e.g., Rose, 1996a, 1999) calls the psy disciplines, to change the norms and rules that persons might orient to, and to ensure that such orientation takes place in a ‘self-managed’ fashion.

---

In this regard, if one considers that explanation should be regarded in essentially epistemic terms, as involving a wide range of rhetorical practices (Faye, 1999), then one can grasp what is essentially a fundamental moral and ethical division between those who posit that a goal of the ‘human’ or ‘social sciences’ should be towards establishing better explanations versus those who argue for the provision of better descriptions. For, if the difference between explanation and description is to be found by reference to rhetorical practices, then perhaps one should seriously consider the charge that claims concerning the provision of better explanations can be understood as legitimisations for greater control. Having a better description of a particular practice, in no sense entails that one can, or would seek to, develop a more efficient technique that could be applied to such a practice – this is something that one could argue having a better explanation might provide for.

The interest in description in the social sciences, then, allows one a principled position from which to avoid supplanting members’ own explanations of their practices with social scientific correctives. Importantly, when one is conducting social scientific examinations of members who are in the business of doing just that, namely, to provide correctives (e.g., clinical psychologists), the task should nevertheless remain one of a steadfast commitment to description. The alternative is to fall into the trap of having to confront an endless regress of critique and explanation of ‘professional’ explanations, with such explanations undoubtedly figuring in-and-as situated, contextual, social practices (e.g., psychotherapy). As Berard notes “it was a hard-won heuristic insight for the human sciences that description can be analyzed as a variety of practical activity, and can be taken as a topic for social inquiry rather than serving as its unacknowledged analytic resource” (Berard, 2005, p. 5, emphasis in original).

Now, as with Wittgenstein’s claim that the task of philosophy was essentially to destroy the illusion that theories could be constructed of cognitive processes that could
be tested empirically (Hacker, 1990b), so too does discursive psychology attempt to destroy such notions, but by a different route, by providing empirical explications of ostensibly cognitive phenomena that show rather than tell how such theories are of dubious utility as explanatory or descriptive devices. The issue is not that individual cognitive theories might be wrong, but rather, that the entire enterprise of constructing such theories may be misguided in the first instance. From this perspective, it is important to acknowledge that such a dismissive account of what serves to underpin the majority of contemporary scientific accounts of ‘mind’ is not an undertaking to demolish anything of real substance, but rather that “what we are destroying is nothing but houses of cards and we are clearing up the ground of language on which they stand” (Wittgenstein, 1967a, §118, emphasis added).

Coulter argues that for discourse analysts, they are trapped within a dilemma created by a misunderstanding of Wittgenstein, in which ‘mental’ predicates are either names for real things or they are names deployed in discourse as ways-of-speaking (Coulter, 1999). This notion of ways-of-speaking, or how people may come to speak of things ‘as if’, can be understood as representing a kind of ‘folk-cognitivism’ (Bilmes, 1992). Given that discursive psychology, as an example of one of the discourse approaches Coulter is taking issue with, rejects the first consideration of the use of ‘mental’ predicates as its starting point, the conclusion can only be that discursive psychology is somehow still bound to muddled Cartesian conceptualisations of the mind, with an interest in examining how people deploy ‘mental’ predicates in discourse as ways-of-speaking about the mental.

In other words, Coulter posits that ‘mind’ for discursive psychology is either a lay notion or a theorist’s reification (Coulter, 1999). That is to say, by focusing on what people might say about the ‘mental’ a major concession is made, to the cognitivist and Cartesian positions, that undermines the whole point of engaging in an enterprise called
discursive psychology. Indeed, Coulter suggests that such a process is nothing less than a form of “theoretical dilution” (Coulter, 1999, p. 164). Interestingly, while other commentators are also critical of how discursive psychology approaches what people have to say about the world, their concern is on how discursive psychology ignores or rejects such talk (Hammersley, 2003b).

The dichotomy that Coulter presents, in an attempt to essentially show that discursive psychology must reify the ‘mental’ however is flawed, in that discursive psychology does not approach ‘mind’ as a lay notion or a theorist’s reification, but rather “mind and reality are treated analytically as discourse’s topic and business, the stuff the talk is about, and the analytic task is to examine how participants descriptively construct them” (Edwards, 1997, p. 48, emphasis added).

In short, discursive psychology both explicitly rejects cognitivist accounts, and moreover rejects a focus that is concerned simply with what people say about mental concepts (Potter & Edwards, 2003), and it is interesting to note that Coulter uses the aforementioned quotation in order to suggest precisely the opposite. By way of clarification, when Edwards remarks “I have analysed emotion words and other mental predicates as ways of talking” (Edwards, 1997, p. 298, emphasis in original) this is not to be understood as meaning the same thing as analysing mental predicates ‘as ways of talking about’ such predicates. One way of approaching this distinction is to consider that discursive psychology undertakes empirical investigations of ‘language-games’ (Wittgenstein, 1967a), and not of any theorised mentalistic or physiological mechanisms presumed to underlie language production in a manner that has been the focus of the majority of psychological research undertakings. For example, as Edwards makes clear:

The focus on cognition is part of an abiding interest in discursive psychology, which has sought to establish itself in contrast to the dominant perspective of the discipline,
which is cognitive psychology, while at the same time shifting the focus of analytic attention. (Edwards, 1997, p. 1)

Coulter, more specifically, suggests that the dispute is between advocates of various forms of social constructionism and ethnomethodologists of a Wittgensteinian orientation (Coulter, 1999). Coulter makes his position quite clear with regard to discursive psychology, which he contends is an ontological position that proposes mind to be generated through discourse, when he states “if you concede the ontological status attributed to the ‘mental’ and the ‘cognitive’ by your opponents for one moment, you have undercut the requirement that your own alternative modes of inquiry be taken at all seriously” (Coulter, 1999, p. 165). By contrast, Hammersley argues\(^8\) that conversation analysis and discourse analysis represent new forms of behaviourism, and are limited by:

> A tendency to treat anything that is not observable in the defined sense as having a different ontological status from that which is. At the very least, it is treated as constituted rather than constituting; and, therefore, even if it is not presented as less real, it is treated as less fundamental and determinate in character. (Hammersley, 2003b, p. 771)

Such claims might suggest that, on the one hand, discursive psychology is concedes philosophical ground by a failure to repudiate an apparent commitment to the ontological status attributed to psychological terms and mental predicates, and on the other that it is flawed by attributing ontological status only to observables. Where does this leave discursive psychology? Such claims are illustrative of a misunderstanding of how various forms of social constructionist approaches to social science, and in

---

\(^8\) Which might rightly be said to represent not a critique of discursive psychology per se, but rather, a critique of some earlier work (e.g., Wetherell & Potter, 1992). I also note that Potter and Hammersley deal with this issue (Hammersley, 2003c; Potter, 2003c). Here, I draw upon Hammersley’s critique in order to illustrate the delicate position discursive psychology often finds itself in with regards to comparisons with and between conversation analysis, ethnomethodology, ordinary language philosophy, and variants of discourse analysis (to name but a few).
particular discursive psychology, proceed in practice. Both represent a failure to appreciate a distinction between two forms of social construction, that is, between ontological and epistemic forms (Edwards, 1997). In this sense, discursive psychology configures explanation as needing to be conceptualised in the context of interpersonal communication, understood by reference to a complex of rhetorical practices (Billig, 1987), and approached as a fundamentally epistemic category with the distinction between explanation and description not one of logic or semantics, but a question of pragmatics (Faye, 1999).

Pragmatically, discursive psychology employs such an epistemic sense of social construction with a concern toward the constructive nature of descriptions and accounts, and not that of any entities that might be claimed to underlie them (Edwards, 1997; Edwards & Potter, 2005). As Edwards makes clear, in much of cultural psychology mind is real for analysts, theorists, and lay persons, and the task for the analyst is to explicate how mind is constructed within the context of various cultural practices. In contrast, a discursive psychological approach treats mind and reality analytically as topic and business, that is to say, cognition is not examined as an entity in its own right, it is examined as being something that people deal with in discourse pragmatically (Edwards, 1997).

Coulter poses the rhetorical question that “the abrogation of the reification of the so-called ‘mental’ has already been pretty thoroughly accomplished by the Rylean/Wittgensteinian critique of Cartesianism, so what is left for ‘discursive psychologists’ to do in this respect?” (2004, p. 336). Following from Wittgenstein’s repudiation of the philosophical inclination to posit first-person mental predicate usage as always referencing inner mental states, not that they never can be (Malcolm, 1986, p. 141), discursive psychology posits that mental predicates and psychological terms should not be understood as only referential (McHoul & Rapley, 2003) and that persons
who only take them to be referential by way of adopting a semantic view of psychological language (i.e., referentialism) are mistaken (ter Hark, 2001). Now, while the possibility that people do make mistakes in this manner broadly suggests that if people do not take a philosophical approach to the language that they use they will invariably make conceptual mistakes, a critical point is that when applied to ordinary language usage, it can at least imply an ironic treatment of such usage on the part of a professional analyst (McHoul & Rapley, 2003). It is this ironic stance towards members’ ordinary, everyday, unremarkable language by professionals, be they analysts of discourse, psychologists, linguists, or logical-grammatical philosophers, that discursive psychology takes issue with.

Rather than being concerned with how people might ‘get things wrong’, of how people invariably make ‘category-mistakes’ (Ryle, 1949), the interest is in the practices that use psychological terms and mental predicates and how such words might be functioning within such practices, and for analytic purposes the correctness of what people might say is considered to be irrelevant (Potter & Edwards, 2003). After all, if people were as mired in confusion as both some post-Wittgensteinian scholars and cognitive psychologists might suggest, we would need to reconcile this with the astonishing observation that people are not seemingly stumped by intractable problems with the intelligibility of everyday discourse (e.g., McHoul & Rapley, 2003).

This appears to be glossed over by those undertaking primarily conceptual analytic investigations like Coulter, notwithstanding the importance accorded to obtaining empirical examples of what people happen to say about mental concepts as instances of ‘perspicuous representation’ to enable for distinguishing between “intelligible vs. unintelligible uses, correct vs. incorrect, appropriate vs. inappropriate, etc., uses vs. misuses” (Coulter, 1999, p. 171). Interestingly, when examples are provided, as “invented, normatively intelligible examples” (Potter & Edwards, 2003, p.
176), rather than show how linguistic philosophy triumphs analysis of empirical examples of talk, what is often revealed is how a grammatical analysis can reveal very little about actual usage. By way of example, Coulter (2004) provides an example of an empirical\(^9\) instance of talk (p. 338):

\[
\text{My wife: Jeff, did you check the mail?} \\
\text{JC: Sorry, honey – it slipped my mind.}
\]

This is presented as showing that there is no difference between using actual, empirical examples of discourse and invented or disembedded examples to make logical arguments, and as such nothing is to be gained by the invocation of empirical examples. After all, what possible difference could there be, with a paraphrase of ‘it slipped my mind’ to something like ‘I forgot (about) it’, between the transcript presented (as empirically derived) and an invented example? Indeed, such a paraphrase in no way commits its user to some form of Cartesian theory of mind.

However, discursive psychology does not suggest that by reference to empirical examples of discourse or paraphrasing of what people may say concerning the mental one can commit members to possessing any theory of mind, or for that matter any theory about anything much at all. What discursive psychology attends to is what such talk might be doing, in particular talk that features psychological terms, and in this regard paraphrasing members talk runs the risk of ignoring the situated and indexical uses of particular expressions (Potter & Edwards, 2003).

Now, while ‘it slipped my mind’ can indeed be paraphrased without residue into ‘I forgot (about) it’ (Coulter, 2004; Sharrock & Coulter, 2004) to allow for the clarification and dissolution of misguided psychological theorising about the nature of ‘minds’ and so forth on conceptual grounds, the point is that this provides little

\[^9\]“If anyone dares to challenge this as a merely ‘invented’ instance, let him or her call my bluff, or, better, my wife! I have a tape, to boot” (Coulter, 2004, p. 338).
purchase analytically of what it is that interlocutors, the talk, the interactional business of saying ‘it slipped my mind’ might be doing in particular, situated contexts, as this is an empirical question. While conceptual analysis may well posit that “meaning is a normative matter, not an empirical one” (Sharrock & Coulter, 2006, p. 283), what counts as normative is surely to be found by an examination of empirical materials. What if Coulter’s example looked something like this:

JC: Honey, did you check my dinner?
My wife: Sorry, honey – it slipped my mind.
My wife: Jeff, did you check the mail?
JC: Sorry, honey – it slipped my mind.

How can a logical-grammatical analysis of this, then, help us in establishing the suitability of using any particular paraphrase for “it slipped my mind”? Could the “it slipped my mind” offered by JC and My Wife be paraphrased identically, without residue as “I forgot (about) it”, and if not, how would one go about determining alternative paraphrases? One could imagine that if more of this talk was made available, with considerably more detail concerning the sequential organisation available (Sacks et al., 1974), we might examine the notion that “it slipped my mind” is being deployed by JC in a rhetorical fashion, that ironises My Wife’s usage of “it slipped my mind”; or that it is deployed in a manner that attends to issues of accountability; or that JC’s usage could be paraphrased as something other than “I forgot (it)”, as something like “I don’t care”, or any number of possible alternatives.

However, such an exercise would be fruitless as this is a made-up, constructed, rhetorically positioned piece of discourse, and as such we are confronted with the absurd situation of having to consider an almost limitless number of possible discourses, with an almost limitless number of possible paraphrases. Sacks was clear on why
investigations of actual talk were significantly more compelling than dealing with invented examples of discourse.\footnote{As is Coulter (e.g., Coulter, 1991). Note that I am not suggesting that one cannot undertake examinations of ‘made up’ talk, such as fictional texts (e.g., McHoul, 1987) or film dialogue (e.g., Silverman, 1991), but rather, I am advocating that discursive psychological examinations of discourse do (or should) attend to the locally produced and occasioned features of such talk, be that in examinations of talk-in-interaction or texts.}

One cannot invent new sequences of conversation and feel happy with them. You may be able to take a ‘question and an answer’, but if we have to extend it very far, then the issue of whether somebody would really say that, after, say, the fifth utterance, is one we could not confidently argue. One doesn’t have a strong intuition for sequencing in conversation. (Sacks, 1992b, p. 5)

This is why detailed, empirical examinations of talk, such as those undertaken by discursive psychology, are of utility. They provide for an analytic orientation to what people do with talk, and not what we might have to say (as analysts) about what people might say about talk. This in no way makes conceptual investigations otiose, but rather, reflects a fundamental limit in their ability to describe actual practices when divorced from those practices. And as Sacks cautioned, the temptation to paraphrase “rather than having to stick to what was heard to find out what it might be about” (1992a, p. 621), while perhaps being a way to manage the complexities of a given discourse for analytic purposes, may well result in an explication not of participants’ talk-in-interaction but merely analysts’ own preconceptions about what might be happening. As Sacks dryly notes “what I’m saying is, if anyone wants to paraphrase, that’s their business” (1992a, p. 621). In addition, the importance of approaching ostensibly psychological talk empirically is made clear by McHoul and Rapley (2003):

That is, we don’t just have wonderings, memories, thoughts, and the rest in some department of internal affairs: and we don’t just say we have them at any old points in the talk; we routinely talk of them in ways that turn out to be topical, and in ways that get recognised by others for the topicality of that talk. (p. 513, emphasis in original)
Discursive Psychology’s Raison d’etre

The general approach that discursive psychology brings to the study of ‘cognition’, then, might best be understood by reference to three particular concerns, namely a concern with analytic accounts of putative ‘cognitive’ products, the pragmatics of ‘cognitive’ practices, and the provision of non-ironic accounts of members’ reflexive ‘cognitive’ discourse. Firstly, it represents an attempt to undertake an examination, in the first instance by way of conceptual analysis, of what have hereto been regarded as the taken-for-granted products of cognition, such as beliefs, values, intentions, attitudes, memories, and so forth, by analysts (in particular those working within the discipline of psychology). Discursive psychology examines how analysts come to categorise, define, and explicate taxonomies detailing the putative products of the ‘cognitive’, the ‘mental’, and the ‘mind’ that are ironic with regard to everyday members (e.g., Rapley, 2004; Rapley et al., 1998).

Secondly, in the practice of discursive psychology, where the interest is in members’ everyday practices, attention is directed toward the pragmatic nature of such ‘discourse of the mental’ and the practices in which such discourses are routinely deployed. Such discourse is approached by discursive psychology as representing social action (Edwards & Potter, 1992), rather than talk about, or revealing of, the putative operations of any underlying cognitive machinery. From this perspective, collection of empirically derived data is a requirement for any form of cogent analysis, as the emphasis is not on individual use or misuse of language, it is on providing descriptions of situated and occasioned social activities.

Finally, it examines the manner in which discourse by members about cognition itself has pragmatic implications, and not by way of analysts’ considerations of such talk as being indicative of members’ faulty reasoning, misunderstanding of grammar, or some form of ‘folk-cognitivism’ (Bilmes, 1992). Importantly, the goal is not to identify
theoretically derived causal mechanisms in an attempt to explain ‘cognition’, but following from Wittgenstein on the nature of philosophical investigations “we may not advance any kind of theory. There must not be anything hypothetical in our considerations. We must do away with explanation, and description alone must take its place” (Wittgenstein, 1967a, §109, emphasis in original).11

In this light, are claims that discursive psychology represents “a programme without a genuinely distinctive raison d’etre” (Coulter, 2004, p. 340), and that it might not be readily distinguished from such approaches as conversation analysis and linguistic pragmatics, accurate and adequate? If there is little or no difference between discursive psychology and other methodological approaches to discourse analysis and the study of conversation, what exactly is the point of discursive psychology? The most readily discernable difference of some import is that discursive psychology should be understood principally as a position that has developed within the discipline of psychology, and that it allows for the doing of a variety of empirically and conceptually driven social science projects that would otherwise be effectively ignored from within that discipline.

It draws upon insights from ethnomethodological, conversation analytic, discourse based, and ordinary language philosophy traditions, and seeks to develop them within a discipline that has arguably come to dominate the social sciences. It is an alternate empirical as opposed to empiricist psychology, sensitive to the concerns of contemporary psychological theorising and research, that nonetheless seeks the respecification and critique of mainstream psychological accounts of such things as ‘attitudes’ (Wiggins, 2004), ‘false beliefs’ (Antaki, 2004), and ‘cognitive distortions’ (Auburn, 2005; Auburn & Lea, 2003).

11 One might also take this to support the view that, unlike the physical sciences, the social sciences are yet to provide adequate descriptions of their basic objects of interest (cf. Faye, 1999; Lynch & Bogen, 1994; Read, 2001).
While the general position outlined here might be construed as an argument that seeks to position philosophical, conceptual investigations as subordinate to empirical studies of language, such a charge fundamentally misconstrues the nature and scope of the discursive psychological project. Such a project is sensitive to the concerns enunciated by Sharrock and Button (1999) that there has been a failure in the social sciences to take Wittgenstein’s resistance to theory seriously, with the ‘craving for generality’ he despaired against representative of a misguided response to a real need for clarification of the workings of language. Wittgenstein urged that one consider the possibility that conceptual, philosophical ‘problems’ that may appear to require theoretical solutions might best be considered as a non-problems, that is to say that conceptual, philosophical problems should be considered and treated as such, and one should be wary of conflating such pseudo-problems with a need for theory that could direct attempts for empirical resolutions.

This is precisely what underpins the discursive psychological approach, or at least the one described here, to issues of ‘the mental’, in that there is no ‘theory of mind’ on offer, no mechanisms posited that explain ‘thought’, no explanations of any particular ‘cognitive’ mechanisms, and importantly no attempt to subvert the nature of post-Wittgensteinian philosophical investigations of language in use. Rather, it is congruent with Hacker’s injunction that there can be “no substitute in philosophy for the description of the particular case” (1990b, p. 312), and is in accord with Wittgenstein himself: “One cannot guess how a word functions. One has to look at its use and learn from that” (Wittgenstein, 1967a, §340, emphasis in original).

Empirical accounts of language-in-interaction involving ‘mental’ discourse serve to stand alongside conceptual investigations, with this form of social science representing an approach that is essentially ‘empirically grounded, philosophically reflective’ (Pleasants, 2003). In a sense, it is an empirical social science that endeavours
to adopt a kind of Wittgensteinian ‘attitude’ towards providing perspicuous representations of cumulative corpora of discourse that might provide for some dissolution of ‘psychological’ confusions. As Edwards notes “the discourse-based study of psychological themes looks both ways, then, to the nature of discourse, and to the established nature of psychology as a discipline. It does that in order to have something to say, and somebody to say it to” (Edwards, 1997, p. 1, emphasis added).

Now, while both the discursive psychological and the post-Wittgensteinian ethnomethodological projects seek to repudiate the notion that ‘minds’ and related concepts have some existence ontologically, the issue of how one is to describe such things given that some people may in fact live in a world where such things as ‘minds’ are apparently internal phenomena places both in a position, potentially, of considerable irony with regard to members’ practices (McHoul, 1988a). And, indeed, such a situation becomes even more problematic for logical-grammatical investigations in that any description of such members’ avowals, attributions, or displays of ‘internal’ phenomena that are oriented to as such, may well entail a breaching of the logical grammar of ordinary language itself (McHoul & Rapley, 2003). That is to say, what is not at issue is the difference “between ‘lay’ and ‘scientific’ use but between language at work and language gone on holiday” (Sharrock & Coulter, 2006, p. 282).

By way of explication, consider Ryle’s enunciation of the “Bogy of Mechanism” (1949, p. 74), as elucidated by reference to a hypothetical illustration of an observer to a game of chess who is unfamiliar with chess (or any other game) permitted views of the chessboard at the completion of each ‘move’. An astute observer would undoubtedly notice regularities in how the various pieces are positioned. However, as Ryle makes clear, while the rules of the game may be discovered, such that the rules prescribe what players may not do, any ‘explanations’ can only be provided in terms of those rules –

---

12 As involving undertakings that provide for the dissolution of philosophical ‘problems’ and ‘conceptual confusions’ by way of investigations of perspicuous segments of grammar.
further ‘explanations’ can not be provided in terms of rules but require explanations “in terms of some quite different things” (Ryle, 1949, p. 75). The point is that the issue of how to describe the rules of the game may be highly contested, after all, what counts as a meaningful ascription concerning such rules is based upon the use of public criteria (Buttny, 1986). Nonetheless as McHoul (1988a) has suggested, the logical grammar is critical for any pragmatic analysis of language.

However, while such logical-grammatical investigations might be considered the bedrock on which to undertake any empirical examinations, it is important to note that in any pragmatic examination of social life any description proffered by an analyst cannot be unaffected by ethical and moral concerns, and as such any description invariably requires some form of evaluation. In other words, there can be no analytic interpretation qua description that can be offered as bootstrapping its own historically situated, socially constrained and enabled, contextual dependencies, that serve to surround and infuse in its very formulation (Laurier & Philo, 2004; McHoul, 1988a; Rapley, 2004).

It is in this attention to a kind of local, specific, and yet simultaneously extensive historicity, in which power operates in both the Foucaultian sense, and in a manner implicative in the operations of Sacks’s specific and yet general social ‘machinery’ (McHoul, 2005), that one might find a marked departure from both the canonical discursive psychology of Edwards and Potter and the Wittgensteinian conceptual analysis advocated by Coulter. Namely, that this form of discursive psychology, while strongly influenced by ethnomethodological strictures and the later philosophy of Wittgenstein, is in practice constrained by the notion that any investigations of, and that

---

13 Consider that Foucault’s conceptualisation of power could be approached as a kind of Sacksian ‘device’. That is, it is a device that can produce, and is produced by, various interactional practices. “Power is not a substance. Neither is it a mysterious property whose origin must be delved into. Power is only a certain type of relation between individuals” (Foucault, 2000b, p. 343, emphasis added).

14 Of which Semiotic Investigations (McHoul, 1996) could be considered a foundational source.
are predicated upon, what passes for ‘common-sense’, comprised as it is from the mundane, the taken-for-granted, the everyday forms of language-in-use, are to be considered highly contested matters as *is the logical grammar itself* (McHoul, 1988a).

Indeed, while Coulter (1999) is correct in asserting that people can say whatever they like but what that might mean is something that is bound normatively by grammar, that very normativity can be the site of discursive struggle (McHoul, 1988a, 1996). And, moreover, such contestation is to be found by way of empirical examinations. Such contestations, while resistant to any form of singular identification, calculation, or aggregation, might be tentatively felt operating ‘at the margins’ in such empirical interactions as those detailed by McHoul and Rapley that focus on such things as the conversation between an ‘intellectually disabled’ person and a ‘clinical psychologist’ (McHoul & Rapley, 2002) and the ‘diagnosis’ of a child with ADHD (McHoul & Rapley, 2005a).

Nevertheless, following from McHoul’s (1988a) remarks on the critical discourse analysis of Fairclough (1995), it would appear there remains considerable disparities between advocates of critical discourse analysis that portray ‘power’ in a liberal or Marxist form, with such a charge having been made with regard to work conducted under the rubric of ‘critical discursive psychology’ (Parker, 1999) by those with some stake in the development of a ‘discursive psychology’ more generally (Potter, Edwards, & Ashmore, 1999), and more specifically those employing a Foucaultian inspired analysis of ‘power’ as the relationships between knowledge, power, and their conditions of possibility (e.g., Rapley, 2004).

In this sense, McHoul suggests that to be ‘critical’ should be primarily regarded as *not* to offer explanations, presumably ones that point to the workings of ideological mechanisms that somehow produce various discourses, but rather to entertain the notion that what is required is the *wholesale destruction* of a priori conceptualisations that posit
differences between observers and observed, members and analysts, and most definitely theory and practices (cf. McHoul, 1994, 1998, 2004). Perhaps, as suggested by some (Laurier & Philo, 2004), at a broad level there is some warrant to give serious consideration to both the archaeological focus on documents and discourses and an ethnomethodological project of investigating practical action and reasoning.\(^\text{15}\)

Such examinations, in managing the tensions between the ethnomethodological, Wittgensteinian, and discursive psychological concerns with the ‘psychological’, do not a priori assume that the conceptual underpinnings of the investigation are somehow transcendent to the entire enterprise. While such investigations are sensitive to requirements that one undertake a survie view of the local grammar (Wittgenstein, 1974), or indeed the ‘conditions of possibility’ (Foucault, 1972), they are nonetheless firmly rooted in the everyday discourse that they seek to describe. Nevertheless, attention directed towards these concerns does provide for pragmatic determinations by which one can obviate the need to undertake extensive empirical studies of specific phenomena that are appropriately addressed by way of purely conceptual analysis. It is important to bear in mind that such examinations are not to be regarded as discrete from any specific research undertakings (Lynch, 1993), but that at all times attention is directed towards the possible conceptual muddles and tangles that analysts may incorporate unwittingly into applied empirical research frameworks.

‘Trains of Thought’

By way of example, consider the commonplace, vernacular expression (or ‘idomatised talk’, Sacks, 1992a) ‘train of thought’. Does it require, to speak of a ‘train of thought’, conceptually and pragmatically, an appreciation of what a ‘train’ might be, as opposed to say a ‘truck’? Is it that any substitution \(X\) in ‘\(X\) of thought’ requires consideration not principally of ‘thought’, but of the way in which it can be describable

\(^{15}\) For an excellent example of such an ‘effective semiotic’ or ‘ethnogenealogical’ project, see Plunkett (2005).
by X? Would a failure to appreciate that ‘train’ is something that is, or can be, comprised of some form of engine, carriages, that is limited to travelling along tracks and so forth render something like ‘I’ve lost my train of thought’ as conceptually senseless – as senseless as taking ‘train’ to imply the activity of teaching or learning? Seemingly, in this case it is appropriate to link ‘train’ and ‘thought’, and not for example ‘banana’, in that ‘I’ve lost my banana of thought’ makes no sense, whereas ‘I’ve lost my truck of thought’ while humorous, and somewhat odd, is nevertheless understandable in the same way as ‘I’ve lost my train of thought’. 16

Consider that one could, or might, undertake empirical scientific examinations of ‘thinking’, of quanta being somehow linked together like carriages or boxcars (e.g., ‘thoughts’), being constrained by rails (e.g., ‘context’), and having some kind of prime-mover (e.g., ‘intention’), that would have at their core conceptual problems associated with the rendering of ‘thought’ shorn of any situated and indexical features that inform in its use. Further, while ‘train’ might appear to warrant conceptual clarification in order to provide for a description of what ‘train of thought’ might mean, what of the nebulous concept of ‘thought’? In this regard, following from Wittgenstein, perhaps it might be appropriate to ask the question “is it even always an advantage to replace an indistinct picture by a sharp one? Isn’t the indistinct one often exactly what we need?” (Wittgenstein, 1967a, §71). In other words, perhaps ‘thought’ does not, or should not, indeed cannot, stand in need of conceptual clarification; it is to be understood as operative in ways in which its meaning cannot be clearly ascertained divorced from the circumstances of its use.

The alternative, if one were to attempt to provide for a conceptually unassailable account of the way in which words such as ‘thought’ can be deployed in ordinary discourse, is to undertake conceptual investigations that are attentive to the historical

---

16 Note that I am not suggesting that idioms and proverbs cannot be adopted and used fluently without being understood.
foundations on which the very possibility of the meaning of such words rests, and on which any conceptual investigation itself depends. A tall order indeed, and one to which a pragmatic orientation toward the ways in which such discourse operate as practices within forms of life seeks to attenuate. Drawing from McHoul’s (2005) reading of Sacks (Sacks, 1970?), one should perhaps look to undertake investigations of the ‘machinery’ that generate such practices, where such ‘machinery’ “is what people have to know-and-use in order to know-and-use what they manifestly can be analytically proven to know-and-use in the conduct of their everyday affairs” (p. 125, emphasis in original).

In then moving towards such empirical investigations of talk-in-interaction it is an inevitable consequence that both members, and analysts seeking to describe members’ practices, may employ language in ways that can be demonstrably shown to have the possibility of containing instantiations of conceptual confusions. That is to say, any attempt to investigate members’ practices might inevitably reveal, to a greater or lesser extent, such practices to contain logical-grammatical errors (and likewise for analysts). After all, Wittgenstein was quite clear on such matters, that “philosophical problems and confusions are not the province of ‘professional philosophers’ but can arise in anyone’s life when people attempt to step back from their matter-of-course affairs” (Sharrock & Coulter, 2006, p. 282, emphasis in original). Importantly, this is not the same as assuming problems of measurement on the part of the investigator of particular phenomena, such that error can be attributed to a particular measuring instrument (including an investigator’s perceptual system, for example); it is a recognition that the very structure and form of our language is subject to conflation of usage and meaning when language itself is examined.

Consider the following orthographic extract that details an interaction between a researcher (I) undertaking interview based research into the relationship between
peoples’ experiences of ‘mental illness’ and ‘spirituality’, and a participant identified as ‘Paul’ (P).

Extract 3.1

I: Ok. So if you think back to the spiritual beliefs you had er, around the time you first had a breakdown, and the kinds of spiritual beliefs you have now, can you tell me, er, have they changed?
P: Yeah.
I: Can you tell me, describe to me what that change has been?
P: My faith is a lot stronger, now than what it was. And I’ve accepted it. Um, I still don’t know why, but I’ve accepted it now that I’ve got to go through with this, it’s a journey I’ve got to take, and um, I’ve forgot me thought!
I: Sorry?
P: I’ve lost me train of thought.
I: You’ve lost your train of thought? Well I was just trying to get you to compare the kinds of beliefs you had around the time that you first had a breakdown, and the beliefs you have now. You were saying that you were more accepting now even though you still don’t understand why you have to go through with it.
P: Um, no answer.

Here, then, is an empirical example of the aforementioned ‘train of thought’ phrase, whereby one could posit its occurrence as potentially grammatically incorrect in the Wittgensteinian and the traditional syntactical senses. Can you forget a thought, and moreover, can one lose an entire train of them? Regardless, Paul’s interlocutor does not attempt to correct or admonish his usage but demonstrably orients to this as an act of forgetting, that is to say, that Paul is required to give a response to a previous question concerning whether his “spiritual beliefs” had changed, and in what manner, since he had “first had a breakdown”. One could suggest that “I’ve forgot me thought!” occurs in the conversational slot that might otherwise be occupied by the third part of a ‘three-part list’ (Jefferson, 1990), with the first part “I’ve got to go through with this” and the

17 Taken from a corpus of unpublished, semi-structured orthographic interviews, produced by Vivien Kemp. Used with permission.
second part “it’s a journey I’ve got to take”. In short, “I’ve forgot me thought!” might be paraphrased, if Paul were of a conversation analytic leaning, to something like “I don’t have anything that rounds out this three-part list!”. Is the “thought” not to be regarded, ontologically, as a ‘thought’ in a referential sense, but rather as lacuna, ‘interactional filler’, that can serve as content to maintain the sequentially organised structure of this particular interaction?

However, note that Paul does not, on prompting, report something to the effect that he has forgotten the question, or forgotten what he was going to say, but rather he is quite clear that what has been lost involves thought. While, analytically, we might choose to describe the ‘thought’ and ‘train of thought’ in terms other than those of a putative ‘mental’ nature, such ‘thoughts’ (and related mental objects and processes) are indeed things that can be, and are, performative of certain kinds of interactional business for people regardless of their ontological status, dubious conceptual foundations, and irrespective of Wittgensteinian protestations that such things represent potential transgressions of grammar.

Notwithstanding the recognition that members and analysts are subject to the same conceptual problems and confusions, this has no consequences for members’ practices, only analysts’ attempting to provide accounts of those practices. This can be understood as analogous to the notion that philosophical problems are conceptual entanglements that arise only when such problems are specifically addressed as such. For members, one might suggest, there are no philosophical problems, rather there are only problems associated with the multiform practices of accountability (i.e., Garfinkel, 1967).

Consider the following extract in which Paul’s talk has been transcribed in more detail,\(^\text{18}\) using conversation analytic notation, in contrast to the first extract (and much

---

\(^\text{18}\) Transcribed by the present author.
like the one presented by Coulter) that is rather ‘sparse’ on detail that might otherwise provide for an alternate reading (see Appendix B for glossary of transcription notation).

Extract 3.2

1 I: .hhhhh So, if you think back to: the >like the< spiritual
2 beliefs you had (0.5) u:m .hhhh around the time that you
3 first had a breakdown, (1.0) and the kinds of spiritual
4 beliefs you have now, (0.8) can you tell me (0.2) u:m
5 (0.3) have they ↑changed?
6 (0.2)
7 P: Yeah.
8 (0.8)
9 I: Can you describe to me what that change has been?
10 (6.0)
11 P: Hrm:: my faith is a lot stronger now than what it was
12 (5.0)
13 P: And I accepted th
14 (4.2)
15 P: u::m::
16 (2.5)
17 P: ↑I still don’t know why<
18 (1.0)
19 P: but I’ll get through jus >livin with it<
20 (1.8)
21 P: I’ve gotta go through this, (0.5) and it’s a journey I
22 gotta ↑take
23 (4.5)
24 P: and um
25 (10.9)
26 P: °°I lost me thought°°
27 (2.5)
28 I: Sorry?
29 P: I’ve lost me train [of thought.]
30 I: [Lost your] train- .hhh
31 Well I- I’m just trying to ask- ((muffled thud))
32 um get you to compare the kinds of spirit- the the
33 beliefs you had, y’know around the time that you first
34 had a .hh breakdown, .hhhh and the beliefs you have
35 ((muffled thud)) no:w (0.8) An you were saying that (.)
36 you were more accepting now even though you still don’t
37 understand why (1.2) you have to go through it.
Now, while in the first extract “I’ve forgot me thought” and “I’ve lost me train of thought” could be paraphrased, without too much quibbling, as ‘I’ve forgotten the question’, clearly in the second extract a determination of the status of both these statements is considerably more problematic. Consider also, that a closer examination of both transcripts reveals a curious discrepancy in Paul’s reported speech concerning “I’ve forgot me thought!” as presented in Extract 3.1 and the “I lost me thought” (line 26) in Extract 3.2. It would appear that in the original orthographic transcription of the talk, undertaken by Paul’s interlocutor, “I lost me thought” has not only been oriented to as something akin to an act of forgetting, but has been further rendered as such in being transcribed as “I’ve forgot me thought!” in the analytic transcript. In other words, the difference between ‘I lost me thought’ and ‘I’ve forgot me thought!’, rather than something that should be considered as trivial to the interaction, the analytic account of the interaction, or as a purely conceptual matter, might be more profitably approached as something that points to the significant interactional implications of their discrete usage. Consider the differential accountability that could be posited between the actions of avowing a ‘loss’ versus the ‘forgetting’ of a ‘thought’.  

Turning to the significant pauses that occur between Paul’s utterances, and the almost total lack of any response on the part of his interlocutor in conversation as revealed in Extract 3.2, these appear to be illustrative of some interactional failure, or problem, particularly with regard to the interviewer’s attempt to elicit talk concerning Paul’s ‘spiritual beliefs’. Perhaps ‘I’ve lost me train of thought’ might be more appropriately described in this instance as the final segment of a sequence in which Paul

---

19 For something to be ‘lost’, there needs to be a publicly ratifiable ‘thing’ that can be agreed upon to be ‘lost’. That is to say, in a community of language users, things can be lost, and understood to be lost, provided that such things can (in principle) be found. And, such things can clearly comprise a range of psychological objects. While this also holds for ‘forget’, consider that to ‘forget’ something may well involve a more volitional or intentional aspect.
fails to provide (perhaps in order to avoid giving) a response to his interlocutor’s question altogether. Would one suggest that Paul must grapple with a philosophical or metaphysical problem concerning the forgetting, or losing, of his thoughts when queried by his interlocutor, or could this be described more appropriately as something that Paul might do in order to avoid having to talk about a particularly sensitive issue (i.e., spirituality)?

Consider that the slow pace of delivery, frequent pauses, and reference to a ‘loss of thought’ might well be taken as characteristics of ‘mental illness’, in the form of ‘disorganised speech’ such as that associated with schizophrenia, or a ‘diminished ability to think or concentrate’ as associated with major depression (APA, 2000), and one could well understand that the status of ‘I’ve lost my thought’, in an interaction in which the ‘thoughts’ of one participant may be considered as potentially suspect or problematic (i.e., as being those of someone with a ‘formal thought disorder’), might be one which risks instantiation of conceptual confusions.

In other words, in the examination of members’ practices of accountability by way of conceptually flawed methodologies that presuppose members’ competence to be variable, and subject to error, further conceptual problems arise. One of the clearest contexts in which this is likely to be of considerable issue is in interactions involving matters of ‘mental illness’ or competency. For example, if Paul’s interlocutor considers his talk concerning the forgetting or losing of his thoughts as evidence of his mental illness, namely, that people with particular mental illnesses are likely to forget things, become confused, have problematic mental functioning, or that much of their reference to ‘mental states’ transgresses the logical grammar – and provides an account in those terms, one can posit that such accounts of members’ practices of accountability do instantiate conceptual confusions and misunderstandings that can come to be constitutive of members’ practices of accountability.
This can be seen in such contexts as medical interviews, counselling sessions, competency determinations (or indeed, in psychologically oriented research interviews as presented in the case of Paul) and so forth, where things such as ‘racing thoughts’, and ‘slowed thinking’ are ubiquitous features of discourse. This occurs where the ontological status of such things as ‘thoughts’ are specified and operationalised by disciplines such as psychology and psychiatry – however much we may want to consign their use to a metaphysical dustbin – it is in precisely those contexts that their situated and occasioned uses as ‘thoughts’ is made relevant. How might one proceed in providing non-ironising, ethnomethodologically informed, descriptions of interactions that might occur in such contexts? As McHoul and Rapley (2003) remark, are members, if they do something like refer to mental states, just plain wrong?20

On this issue, Coulter makes a distinction between members’ use of concepts pertaining to mental discourse, that of members’ lay theorising using such concepts and members’ engaged use of concepts devoid of theoretical purposes (Coulter, 2004, p. 340, emphasis in original). Quite apart from the difficulties that are entailed in attempting to ascertain exactly how one could make such distinctions, such a position, while providing a means by which one can gain analytic purchase by securing one’s conceptual grounds, cannot but undermine one’s ethnomethodological grounding (McHoul & Rapley, 2003).

In this regard, consider the following extract21 between an interviewer (SA) conducting research into user experiences of a drug and alcohol support service, and a client of the service (JB) who talks about issues concerning both drug use and treatment for ‘attention deficit/hyperactivity disorder’.

---

20 Here I am reminded of the following anecdote concerning Wittgenstein: “I had my tonsils out and was in the Evelyn Nursing Home feeling sorry for myself. Wittgenstein called. I croaked: ‘I feel just like a dog that has been run over.’ He was disgusted: ‘You don’t know what a dog that has been run over feels like.’” (Pascal, 1984, as cited in Frankfurt, 2005, pp. 24-34).

21 Data taken from a corpus of semi-structured, unpublished interviews, produced by Sarah Schubert. Used with permission.
Extract 3.3

1 SA: °I can understand°
2 (1.1)
3 SA: U:m: (0.8) So (. ) in your opinion: do you think that (. )
4 your use of um: (0.3) like speed (0.4) is related
5 (0.7) to the fact that you’ve ↑got ADHD (. ) °Is that°=
6 JB: =Ye::a::h:: sometimes it is (. ) sometimes I think I’m
7 sma::ter on (0.5) speed (1.0) My brain j- (0.4) my brain
8 pattern just thinks so: much quicker so much clearer
9 (0.8) jst everythn (0.3) yeah (. )
10 SA: Clearer when your on=
11 JB: =Yeah. (0.2) Yeah he:aps clear (0.2) like jus (0.7) I
12 think >yano like< ma bra:in actually: (. ) comes out with
13 (1.2) I dunno °jus° s- sentences an wo:rds n stuff that
14 I- ( ) I usually jus don’t go: like how so I say ↑this
15 stuff like heh HEH HEH heh heh [heh heh heh ]=
16 SA: [Surprise yourself.]
17 JB: =YE(H)AH heh full on heh heh heh hhh

Are we to point out here that JB’s obviously lay theorising concerning the effect of ‘speed’ on his “brain pattern” (lines 7-8) is conceptually misguided or in error? Is “my brain pattern just thinks” (lines 7-8) to be regarded as comical? Questions concerning JB’s competence as a theoretical psychologist or neuroscientist aside, clearly when JB reports (in lines 7-8) that his “brain pattern just thinks so: much quicker so much clearer” he is making a claim to being better, that he is “sma::ter on (0.5) speed” (line 7) when taking amphetamines. Indeed, JB appears to express surprise that, when taking dexamphetamine his “bra:in actually: (. ) comes out with” “s-sentences an wo:rds n stuff” (lines 12-13). Compare this with Sharrock and Coulter’s description of whether ‘Jack remembers’ or ‘Jack’s brain remembers’ in their critique of Churchland (Sharrock & Coulter, 2006). What does it mean when JB says that his brain and not he comes out with ‘sentences and stuff’ while taking dexaphetamine? Or that his brain pattern and not he (or perhaps even his brain) thinks more clearly?
Consider that when the interviewer asks whether JB’s use of speed is in some manner related to his having ‘ADHD’, note that JB does not provide an account or formulation of how such use might be implicated as a prodrome of the disorder, but rather, attends to how such use is therapeutic. In other words, the issue of accountability looms large. Given that, in earlier transcript, JB talks about his participation in a drug and alcohol program, and that he finds it almost impossible to receive dexamphetamine for the treatment of his ADHD due to his previous history of illicit drug use, JB’s response to the question could be seen to serve as providing an account that justifies his previous use of illegal amphetamines, and as also providing a warrant for their further use – dexamphetamine treatments are available for those identified with ADHD.

In short, JB’s talk about his ‘brain pattern’ and the like can be describable as tailored quite precisely to be compatible with questions concerning both illegal, and medically sanctioned, uses of psychostimulants. It is not ‘language gone on holiday’, rather, it is demonstrative of normative language use, involving psychological and physiological terms, and does not stand in need of either logical-grammatical or ostensibly scientific correction. I would suggest that this kind of attention to the rhetorical construction of facticity and normative accountability is something in which discursive psychology has an abiding interest (Edwards & Potter, 1992).

Conclusion

Returning to where we began, with Wittgenstein’s comments on the state of the psychology of his day that make reference to its experimental methods and conceptual confusion, he suggested that “the existence of the experimental method makes us think we have the means of solving the problems which trouble us; though problem and

---

1 JB: =I think I tried bef:or:e (.) but it was just an
2 endless avenu:e (0.2) ıt jus° (1.1) was° (0.3)
3 ya know basi- they all said (0.2) if ya u:sed
4 amphetamines theres no chance of ya gettig (0.3)
5 on the dexamphetamine pro:gramme (.) so:: (0.9) an
6 it ws jus (0.7) SHOT DOWN before ya sta::rt ya
7 know.
method pass one another by” (Wittgenstein, 1967a, xiv). Such comments could be regarded as part of the discursive psychological manifesto, in that they are *entirely* congruent with the approach discursive psychology takes toward its topics of interest, namely the respecification and critique of standard psychological themes, the manner in which psychological terms and expressions are deployed rhetorically, and the mutual implicativity of such psychological discourse and matters pertaining to facticity and accountability (Edwards & Potter, 2005; Potter, 2005b).

In regard to the discipline from which discursive psychology takes its name, it is important to consider that psychology as a social science discipline, or indeed as it is becoming more commonly characterised a *health sciences* discipline, is in no danger of becoming irrelevant to either its practitioners, the consumers of its products and services, nor indeed its critics in the foreseeable future. If one were to accept the charge levelled against discursive psychology, that it represents nothing new or innovative in the social science pantheon, then by abandoning it one would be left with either conducting investigations of psychological matters from outside the discipline, possibly resulting in no more than the usual bickering that occurs in the interminable interdisciplinary ‘turf-wars’, or from within, confined to utilising well established research frameworks that arguably perpetuate and instantiate conceptual confusions.

However, if one were to adopt a slightly more charitable position, that discursive psychology at the *very least* provides for descriptions of empirical phenomena that bring into question some of the taken-for-granted understandings that underpin psychology as a discipline, from *within the discipline itself*, perhaps it may be making a useful and timely contribution towards establishing a fruitful collaboration between the empirical and conceptual projects that seek to clear away the tangled conceptual undergrowth which lies at the base of much contemporary social scientific (and particularly psychological) theorising. After all, attempts to describe discursive
psychology in isolation from its situated and occasioned contexts, in much the same way that criticism is directed towards the manner in which various social sciences provide ironising depictions of members’ affairs, may well risk overlooking the essential haecceities of its practices.
CHAPTER 4

A Massively Consequential Site for the Doing of Psychological Business

Methods descriptions are certainly not useless, and learning to compose and use step-by-step instructions is an important part of scientific training, but such accounts do not provide the stable grounds for reproducing a practice. (Lynch & Bogen, 1994, p. 94)

While the substantive topic of the present dissertation is firmly that of bipolar disorder, as the project was developed, more attention and consideration was directed towards issues concerning methodology. In this regard, and in relation to the form in which any empirical ‘data’ pertinent to bipolar disorder might be collected and examined, an essential methodological underpinning of the current dissertation is an explicit acknowledgement that any examination of so-called scientific and lay accounts of bipolar disorder must be undertaken from a position that does not privilege any particular form of discourse. In other words, in keeping with the theoretical orientation of a form of discursive psychology to an examination of particular topic, the methodological focus is relativist, and importantly is epistemic rather than ontological in nature (Edwards & Potter, 1992; Potter, 1996).

From a discursive psychological perspective, issues pertaining to bipolar disorder might be profitably examined by a consideration of how, in such seemingly disparate contexts such as the scientific literature on bipolar disorder and in people’s ‘everyday’ talk-in-interaction, versions and accounts of psychopathology are produced and constructed, without regard to the necessary validity of such accounts. In other words, what is crucial is not whether a particular discourse concerning some aspect of bipolar disorder is correct,¹ but rather how such discourse is constructed in particular settings to sustain the credibility and legitimacy of any specific premise.

¹ As in, not standing in need of a better explanation.
Of principle interest, then, is an investigation of the mundane, ordinary, practical
discursive work that might get done in professional-client interactions when bipolar
disorder is of topical concern. Importantly, the dissertation is not constrained by a set of
particularised questions about any causal mechanisms of bipolar disorder, but is rather
constrained by more pragmatic concerns relating to access to various settings and
practices that might provide for some empirically based descriptions of the ‘doing’ of
bipolar disorder. In other words, the dissertation is not concerned with ‘how X
influences Y’, but rather ‘how is X done in setting S?’ (e.g., Edwards & Potter, 1992).

As previously discussed, the focus is firmly on providing descriptive, epistemic
accounts, and not ontological, reductionist explanations of bipolar disorder. For
example, how might psychological and psychiatric accounts of bipolar disorder be
produced by mental health professionals in talk-in-interaction? How might such
knowledge be deployed in interaction between professionals and those diagnosed with
bipolar disorder? What might pragmatic analysis of various discourses concerned with
bipolar disorder reveal about the production of individual and socially constructed
understandings of bipolar disorder in situ? How might accounts concerning such things
as symptoms and treatments be ratified or indeed challenged between professionals and
clients? In short, what actually happens in settings where bipolar disorder may be of
significant concern to participants? Depending on the empirical materials that could be
obtained, the overarching aim was the provision of an account of how individuals
diagnosed as having bipolar disorder and mental health professionals interact, in sites in
which the business of bipolar disorder gets done.

Note that this section is a reworked version of materials that I had written prior to collecting any
empirical data, and as such, could be read as a prospective account. However, it also functions as a
retrospective account, as at the time of writing this footnote, I am still analysing the empirical materials.
This, then, is my attempt to attend to some kind of reflexivity, which as Lynch cautions with regard to
ethnomethodological reflexivity “can become vicious because the conditions for making sense of a
document are not ‘contained’ within it; they are reflexive to the circumstances of use” (2000a, p. 34).
A word of caution is warranted at this point about the broad scope of the dissertation. It is important to consider that accounts of bipolar disorder found within the scientific literature, the mass media, and broader cultural milieus, are ubiquitously characterised by a discourse that, at least on an initial examination, constrains examinations to questions concerning things such as ‘what drugs are the most effective’, ‘how can we improve treatment compliance’, ‘who is the appropriate professional to consult’, ‘how do I treat symptoms’, ‘what are the warning signs of relapse’, ‘have the genes been identified’, and so forth. In short, research endeavours have attended to questions that are often biomedical in orientation.

Moreover, it would seem that if one were to adopt an agnostic position with regard to the biomedical position and to undertake research that does not attend to such questions, such a position might be mistakenly interpreted as a return to the anti-psychiatry movements of the 1960s, that it is unscientific, some kind of fuzzy social constructivism, and of a trivial importance. After all, we know that bipolar disorder is a disease, that it is one of the most stable and persistent of all mental disorders, undoubtedly genetically inherited, that places a great burden on both the individual and society, and we need to identify and treat those afflicted with the disorder’s terrible effects.

In this regard, the dissertation is not concerned with what bipolar disorder really is or is not – it is concerned with how bipolar disorder is made relevant as a members’ concern. The dissertation is not an attempt to argue, à la Szasz (1971), that mental illness does not in fact exist – for that would presuppose that something must exist to begin with, and the task is to correctly identify what exactly that might be. Nor is it an attempt to show that key researchers or practitioners are mistaken, with their endeavours in a particular field representing fundamentally incoherent work of little value. And, it is certainly not undertaken in order to suggest that persons diagnosed and treated for
bipolar disorder are in some sense ill-informed consumers of mental health services, ‘big pharma’, or are in some sense ‘victims’ of repressive systems. Rather, the emphasis is on an examination of individuals’ talk-in-interaction in settings which, for those identified as having bipolar disorder, may be massively consequential.

**Massively Consequential Settings**

By ‘massively consequential’ I wish to draw attention to the notion that while some have argued that psychological knowledges, technologies, and practices have come to infuse almost every facet of persons’ lives and be otherwise invisible (e.g., Rose, 1996a, 1999), there might be occasioned settings in which unnoticed and unseen practices might become visible against an otherwise normative horizon. And, such practices may likely be consequential with regard to a person’s life (e.g., medication, institutionalisation, surveillance, and so forth).

Consider the following, somewhat divergent examples. Frankel (2001) introduces a case study in which a patient, after receiving information from her health care provider concerning some diagnostic ‘good news’ (‘All of your test results are normal. There is nothing wrong with you. You can go home now.’ Frankel, 2001, p. 84) several hours later commits suicide. While Frankel does not provide a detailed analysis of this case study, he provides detailed analysis of other doctor-patient interactions to suggest that misalignment between (for example) a patient’s problem statement and a clinician’s diagnosis can have significant implications. With regard to the case study, the lack of a finding of any ‘physical’ pathology in a medical interaction renders patient symptoms as being psychological, and thus of no interest.

In contrast, McHoul and Rapley (2005a) present a detailed analysis of a diagnostic session, involving a young boy, his parents, and a paediatrician, to suggest that the diagnosis (and subsequent treatment) of ADHD is to be considered as a likely outcome when *any* child with some documented history of school related conduct
problems presents to a physician. In other words, an absence of ‘physical’ pathology (symptoms for ADHD are assessed with regard to problematic conduct and the use of psychological tests) is in a sense unremarkable.

If one takes a more extreme view, consider there has been a panoply of treatments visited on the unfortunate manic or melancholic including physical labour, purging by means of sweating, administering laxatives, waist-coats, straightjackets, immersion in freezing water, bloodletting, solitary confinement, the application of leeches to the body, electric shocks, and a host of other apparently therapeutic physical interventions (Valenstein, 1986). Indeed, as recently as the mid-twentieth century many somatic therapies for bipolar disorder that would be considered today to be unwarranted in both theory and application, were developed and advocated by those who were regarded as beyond reproach scientifically, and moreover, such therapies were declared to be effective treatments (Braslow, 1999).

While such activities could be said to have occurred in ‘obviously’ massively consequential settings (e.g., asylums), this is not to suggest that the materials likely to be examined in the current inquiry are to be evaluated as if they were analogous to the application of leeches in an asylum or the undertaking of psychosurgery in a sitting room. Rather, what counts as-and-for a contemporary massively consequential setting is likely to appear as an entirely mundane and unproblematic locale, setting, or interaction.3

The dissertation, therefore, is undertaken in order to provide an original, detailed examination that specifically attends to some of the practices by which bipolar disorder features as a taken-for-granted entity in local settings. In this regard, the current research could be perceived as having some overlap with investigations undertaken of

---

3 I acknowledge that I run the risk of reifying ‘massively consequential settings’ here (not to mention presenting possibly tautological or pleonastic rhetoric). These are not a priori features of specific settings or practices, for example. What I wish to suggest is the notion that while ‘massively consequential’ things are likely to happen in such settings, the ordinariness of such ‘massively consequential’ settings belies their significance.
how various conduct might be constructed as pathological, for example in investigations of ‘ADHD’ (McHoul & Rapley, 2005a, 2005b), ‘intellectual disability’ (Rapley, 2004; Rapley et al., 1998), and the identification of ‘delusions’ (McCabe et al., 2002; Palmer, 2000).

Moreover, the main empirical thrust of the dissertation involves an examination of the perfectly ordinary ways in which someone may come to be seen, and come to view themselves, as suffering, possessing, displaying, or otherwise demonstrating bipolar disorder – principally by an explication of the features of naturally-occurring talk-in-interaction between mental health care practitioners and clients – wherever and however such interactions might be recorded. In other words, the focus is on an examination of the ways in which discourse about bipolar disorder is produced in naturalistic settings. The challenges involved with such undertakings are of course considerable, and include concerns relating to obtaining access to sites in which such professional-client interactions take place, establishing data collection procedures that do not require participants external to such interactions to be present (e.g., participant observation), and identifying settings that are routinely (or have the potential to be) recorded as part of typical practice.

Given that the precise context of such interactions would require negotiation with interested research participants, and would be subject to participants’ determinations concerning the appropriateness and unobtrusiveness of any proposed data recording, a number of settings were identified that might be suitable for such an undertaking. These included support group sessions conducted at hospitals as outpatient services, brief consultations between single clients and health care workers (e.g., clinical reviews undertaken by psychiatrists or psychologists conducted in hospital), and brief counselling sessions. Professional participants might include workers in both public and private sectors, such as psychiatrists, clinical psychologists, mental health
nurses, and counsellors. There was no particular focus on obtaining access to specific sites, rather, the focus was on gaining access to any site in which persons might attend to bipolar disorder as a routine concern.  

In this regard, providers of health care services (e.g., hospitals, professionals in private practice, community based mental health organisations) in the Perth metropolitan area, Western Australia, were to be contacted, initially by mail and telephone, and invited to participate in the research project. Individual clients of these services were not directly recruited. Rather, professional participants would be invited to employ their ‘clinical judgement’ as to the suitability of inviting any particular client to participate. Information pertaining to the research project (e.g., consent forms and information leaflets) would be provided to professional participants, who could then provide these to clients they would feel comfortable approaching in relation to research participation.

*The Massively Consequential Site*

The setting that was to eventually provide the empirical data for the study, the ‘site of psychological business’ that might be ‘massively consequential’ for those categorised as having bipolar disorder, was chanced upon serendipitously. Now, while a detailed account of the particular setting and how it came to be examined for the purposes of the current study cannot be provided to ensure participant confidentiality, a gloss can of course be provided – the ‘psychotherapy session’. Or, perhaps the more unwieldy ‘psychotherapy sessions conducted by a clinical psychologist’.  

---

4 Of course, a number of tensions are glossed over in this account, for example attempting to maintain some kind of ‘unmotivated’ analytic mentality towards whatever materials might be available given that the a priori concern was with bipolar disorder, and managing institutional requirements that require specific and detailed information that are often challenging to provide when undertaking (what could be described as) exploratory, qualitative, and non-hypothesis driven research.

5 Note that I will continue to make use of glosses, such as ‘psychotherapy’, ‘psychotherapeutic’, ‘therapy’, ‘clinical’, and ‘session’ to frame my descriptions of what takes place ‘in’ the interactions. Hopefully, this is done without ironic connotations.
This proved to be fortuitous, given there has long been an interest in such settings from an ethnomethodological and conversation analytic perspective, going back to work done by Sacks on emergency telephone hotlines (e.g., Sacks, 1967) and his analytic comments pertaining to a group therapy session (Sacks, 1992a, 1992b). Moreover, further work has examined how therapy, and in particular therapy talk, might be produced as therapeutic (Turner, 1972). That is to say, considerable attention has been directed towards the discursive practices involved in therapy settings, given that it is talk itself which could be considered the principal tool in any professional’s therapeutic armamentarium (with psychotherapy, after all, known as the so-called ‘talking cure’). In this regard, more recent ethnomethodologically informed work has examined a range of psychotherapeutic contexts in order to elucidate the techniques employed by therapists and clients as practical skills and the products of their work as demonstrable achievements.

Briefly, examples of this type of work include the detailed examination of a range of concerns relevant to the provision of HIV counselling (e.g., Peräkylä, 1995; Silverman, 1997); the manner in which therapists may provide reformulations of clients’ talk in order to achieve therapeutic aims (e.g., Antaki, Barnes, & Leudar, 2005a; Buttny, 1996; Davis, 1986; Hak & de Boer, 1996); consideration of materials from child counselling settings (e.g., Hutchby, 2002, 2005); inquiry into psychiatric consultations (e.g., Bergmann, 1992); examinations of ‘psychodynamic-interpersonal’ therapy (e.g., Madill, Widdicombe, & Barkham, 2001); the detailed examination of a single family therapy session (Gale, 1991); the study of group therapy in Alcoholics Anonymous meetings (Arminen, 1998); investigations of psychotherapy intake interviews (e.g., Czyzewski, 1995); analysis of the practices by which interpretations are produced in psychoanalytic therapy (e.g., Forrester & Reason, 2006; Peräkylä, 2004; Vehviläinen, 2003); accounts of how ‘idiomatic’ expressions feature in therapy (Antaki, 2007); and
treatments detailing how core concepts in psychotherapy such as ‘empathy’ can be understood as interactionally produced in telephone counselling (Pudlinski, 2005) and face-to-face settings (Wynn & Wynn, 2006). The current investigation represents, to the best of my knowledge, the first such treatment of therapy talk involving persons ‘with’ bipolar disorder.

**Production of the Data Corpus**

The clinical psychologist (a highly experienced, doctoral level trained therapist) was given a small digital audio recorder, consent and information forms, and was instructed that they should feel free to invite any of their clients that they deemed suitable for inclusion for participation. There was no direct contact between the researcher and any client participants, and minimal contact between the researcher and the clinical psychologist. The clinical psychologist was contacted for an initial meeting to describe and discuss the research project, and to be given consent forms and the digital audio recorder. Following this, the psychologist was contacted once to collect the digital audio recorder to transfer audio files onto a notebook computer, and a final visit to collect the digital audio recorder and remaining consent forms.

Apart from the information collected on the client consent forms (i.e., name of participant, signature, and date) no other demographic information was collected from participants. This was also the case with regard to the clinical psychologist (i.e., the professional participant). The clinical psychologist was shown how to operate the digital audio recorder, which was small, unobtrusive, and easy to operate (with a one button record function), and asked to record sessions with clients that they felt might be suitable for inclusion in the research project and who had signed consent forms.

A total of seven, two-party sessions were recorded, involving five client participants (one participant was in three sessions). These recordings were made over an approximately two month period. A number of recordings were made that appeared to
be inadvertent, that is, appeared to be made when a therapy session had concluded, or were fragmentary and possibly not related to the conduct of therapy. These recordings were discarded, and only those recordings that were continuous (i.e., recordings that were of at least 30 minutes duration and that evidenced no interruptions from beginning of recording to end) and clearly therapy sessions retained.\(^6\) The duration of the audio recordings of individual sessions ranged from approximately 38 minutes to 70 minutes (with an average session duration of approximately 52 minutes). The total duration of all sessions combined was approximately 371 minutes. The audio recordings of these sessions comprise the data corpus.

The raw audio data from were transferred from the digital audio recorder to a personal computer, and were converted to WAV format with a sample size of 16 bits, a sampling bit rate of 192 kbps (mono). The audio sample rate was 12 kHz. Processed WAV files were manipulated using digital audio software (Audacity, version 1.2.3)\(^7\) on a personal computer. Software manipulation included measuring waveform duration, transition, and fall-off periods of the digitised speech using an interactive procedure, whereby cursors were placed on a visual waveform display that corresponded with waveform peaks and troughs. This enabled a temporal resolution of >0.1 seconds when determining pauses and gaps between and within utterances.

The audio data (i.e., all of the sessions) were then fully transcribed to text in general accord with the transcription notation developed by Gail Jefferson (e.g., Jefferson, 2004b, see Appendix B). Information that might identify participants was either altered (e.g., person and place names) or redacted (e.g., when substitution made intelligibility of talk problematic) in order that any analysis (or inadvertent disclosure)

---
\(^6\) I acknowledge that my gloss ‘clearly therapy sessions’ may well warrant a sustained examination in its own right. Nonetheless, given the ‘off the record’ nature of the ‘not clearly therapy sessions’ talk, it was deemed to be inappropriate (with regard to an ethical treatment of the data and participants) to retain for analysis.

\(^7\) Open-source software available for download from http://audacity.sourceforge.net/
of extensive sections of transcript could not afford data mining, data matching, or other disclosure of participant relevant information. The research was fully conducted within the ethical guidelines pertaining to the use of human research participants, established by the Australian Psychological Society, Murdoch University, and the National Health and Medical Research Council of Australia.

‘Bipolar Disorder’ as Participants’ Category

Given that there was minimal contact with research participants, and no direct contact with client participants, it is important to comment briefly on the consent forms that were given to all participants. Two consent forms were constructed, one to be given to those providing some form of mental health service (i.e., the professional form), the other to be given to the clients of a service (i.e., the client form). In addition, an information letter was constructed which briefly outlined the research project, and provided contact information should persons have questions with regard to the research rationale or research procedures. On all documentation provided to participants the project title was given as ‘Discursive Psychological Examination of Bipolar Disorder in Professional-Client Interactions’.

While most of the information on the professional and client forms was identical, there were two notable differences. The first difference was that each form used a different heading, with one labelled ‘Consent Form – Professional’ and the other labelled ‘Consent Form – Client’. The second difference was the wording of the first paragraph of each of the consent forms. In the first paragraph of the client consent form was the following:

I am investigating how people talk about their experiences of bipolar disorder, with the purpose of this study to provide an examination of the rich and diverse range of naturally occurring talk that is produced between people diagnosed with bipolar disorder and health care professionals. You can help in this study by consenting to allow an audio recording to be made of your interaction with a health care professional.
The professional consent form had the last sentence of this paragraph amended to read:

You can help in this study by consenting to allow an audio recording to be made of your interaction with a client with bipolar disorder.

This is relevant to issues concerning the salience of the category ‘bipolar disorder’ to the client participants. While no formal tests, interviews, or examination of clinical records were conducted by the researcher in order to ascertain whether participants in some sense ‘have’ bipolar disorder, clients were required to sign consent forms that clearly identified both the nature of the study (that it is an examination of “how people talk about their experiences of bipolar disorder”), the relevance of the category (“talk that is produced between people diagnosed with bipolar disorder and health care professionals”), and how this would be relevant for them as possible incumbents of the category (e.g., “You can help” and “your interaction with a health care professional”).

For the purposes of the present investigation, then, ‘bipolar disorder’ is a category that can be demonstrably shown to be a members’ category. It is relevant for the client participants given that it served as the basis on which they were initially invited to participate by a professional, and further, that they provided their consent to participate in the research study having been informed that it was concerned with an examination of bipolar disorder (e.g., signing consent forms). And, as I will further demonstrate in consideration of the empirical materials, while the category is introduced by the analyst, it does feature as a participants’ concern in the recorded interactions.

**Assigning Categories to Participants’ Utterances**

With regard to the production of transcripts, Sacks raises the issue of the analytic difficulties in assigning categories to research participants, and for the purposes of the current investigation I have taken the following ‘conservative’ approach:
Suppose you're an anthropologist or sociologist standing somewhere. You see somebody do some action, and you see it to be some activity. How can you go about formulating who is it that did it, for the purposes of your report? Can you use at least what you might take to be the most conservative formulation - his name? (Sacks, 1992a, p. 467)

Participants’ utterances are identified in transcripts by being attached to the pseudonyms ‘Phil’, ‘Dave’, ‘Jane’, ‘Kate’, ‘Mike’, and ‘Luke’. The clinical psychologist appears as ‘Phil’. Drawing from Watson (1997), I acknowledge that one should be cautious when attempting to provide analytic descriptions of interaction in which, for example, one might posit that because a ‘therapist’ makes an utterance it automatically makes salient a categorical relationship such as ‘therapist’ – ‘client’. The production-recognition of categorical ascriptions, avowals, and orientations is of course part of members’ practical activities, the practical work that members may engage in, however as Watson makes clear one should maintain “reservations about those conversation analyses whereby such orientational problems are, by dint of transcription and other textual procedures, treated as already- settled” (1997, p. 74). In this regard, while I have assigned ‘Phil’ rather than ‘clinical psychologist’, ‘therapist’, ‘clinician’, or some other pseudonym for the purposes of avoiding such problems (similarly assigning names rather than ‘client’, ‘patient’, and so forth to the other participants) – at least in the production and presentation of the transcription materials – it is important to note that I will in my analytic comments draw upon a wide range of categorisations (e.g., ‘therapist’, ‘client’, and ‘psychologist’).

*Naturally Occurring Data?*

Borrowing from Laurier and Philo (Laurier & Philo, in press) the question might be cast as ‘doesn’t recording alter what people do?’. Is there an inbuilt problem with

---

8 And of course, this document can be examined with regard to the categorisation practices realised in its construction as a formal account of categorisation practices.
regard to the ‘naturally occurring’ status of the data? As some have suggested, rather than being overly concerned with issues relating to how recording devices might ‘contaminate’ the interactions that they are presumably deployed in order to preserve, attention can be directed instead to what participants might be doing when such devices are noticed, witnessed, or otherwise oriented towards (Speer & Hutchby, 2003). By contrast, Hammersley suggests that one might profitably undertake examination of the effects of using recording devices on what people say, by comparing people’s behaviour across situations where recordings are and are not produced, and that interviewing people who have had their talk recorded might be a way in which their ‘attitudes’ to such recordings can be explicated (Hammersley, 2003a, p. 346).

Notwithstanding that such suggestions are predicated on a notion of doing a kind of social science that is antithetical to the one adopted here, exactly how such suggestions might be put into practice in examinations such as the current is unclear. One of the central aims of the project is to undertake an examination of ‘naturally occurring’ interactions in which bipolar disorder might feature as a matter of concern. By ‘naturally occurring’, I mean to refer to interactions which are not subject to some form of a priori specification by the researcher, that is, that they are uncontrolled, unmediated, and undirected by the researcher during their occasioned production (Lynch, 2002b). Note that such data are not presented as meeting the criteria for something like the ‘dead social scientist test’ (Potter, 2002) that the actual interactions would have occurred if the researcher was dead, or had not been born. The focus here is not whether the data is conceptually or absolutely ‘naturally occurring’ or not, rather, one might approach the data presented herein as artefacts of therapy sessions that are occasioned as recorded therapy sessions. In ethnomethodological terms, the data is produced by way of practical reasoning by which naturally organised activities are
constituted (Lynch, 2002b). I will examine this issue in more detail in the following analytic sections.

**Openings**

My focus here will be on providing a brief examination of issues relating to the ‘openings’ of each of the recordings that comprise the data corpus. By ‘openings’ my focus is on the coordination of talk that occurs at the beginning of the recordings, that is to say, oriented to the recording as a practical activity, and not just the coordinated entry into a particular kind of institutional interaction (e.g., Drew & Heritage, 1992b; Heritage & Maynard, 2006). In addition, I will further examine the demonstrable relevance of the category ‘bipolar’ to participants (and related matters such as talk pertaining to symptoms and treatment), hint at some issues regarding the use of psychological terms, and consider the issue of a possible ‘hidden’ participant in the interactions (i.e., the researcher).

As previously indicated, while the unedited recordings contained material that could *possibly* be considered as comprising ‘pre’ and ‘post’ therapy talk, this material was discarded. In this regard, the beginning of each recording (in the data corpus) was approached as a kind of ‘official’ commencement to the therapy session proper. This is not to suggest that the ‘doing’ of therapy talk begins immediately, given that there might be transitions from ordinary, informal talk to the ‘doing’ of therapy proper (e.g., Turner, 1972) but rather that the requirements of producing the *recording* may be of some concern to participants. Consider that with the use of video recordings in public spaces, there are ways in which persons can ‘enter into scenes’ or ‘come into shot’ (Laurier & Philo, in press). In the current setting, we can examine how people do a kind of coordinated entry ‘into’ an audio recording, how they coordinate their actions with other persons, and how they coordinate such activities with the recording device to produce such interactions as recordable.
Now, while one of the most obvious things that can be examined at the start of any therapy session is how a therapist and client might undertake the doing of introductions (e.g., Sacks, 1992a, pp. 281-299), consider that introductions can also be approached as being done for the purposes of making the start of the interaction relevant for a physically non-present audience; for an absent over-hearer to the session. In other words, a recording device can be brought into an existing conversation and a greeting done which serves to accountably mark the start of the recording. Consider Sacks’s (Sacks, 1992b, pp. 104-113) description of a group therapy session, where after his introduction to the participants (and observing from an observation room with a one-way mirror) the following was recorded from a ceiling mounted microphone:

Roger: Turn on th’ microphone.
(1.0)
Al: T(h)esting.
Roger: We’re about to sta(hh)rt. Hehh hh heh
((thump))
Al: We ah gathuhd heah(h), on this day(hh),
(4.0)

(Sacks, 1992b, p. 104)

Here, one can provide a description of the participants’ talk as involving something of a kind of performance, in which they undertake the practical work of doing the ‘start’ of a recording of a group therapy session. Now, while this can be taken as suggestive that something like ‘group therapy participant’ is likely to be a contested category, with Roger and Al’s joking indicative of an attempt to ‘hide’ something from later analysis (Laurier & Philo, in press), it can also serve as a reminder that participants involved in ‘serious’ research undertakings often engage in a range of activities that, while recorded, are generally excluded from formal reports of such undertakings. And,
rather than being merely regarded as extraneous to a research project, these materials can themselves be of significant interest. With such considerations in mind, I now turn to an examination of ‘opening’ materials drawn from the data corpus.  

Extract 4.1

1 Phil: OKAY (0.6) Good afternoon welcome .pt Do your bit ask your question [that you want to ask] ((smiley voice))
2 Jane: [Aw I was just]
3 wondering cause um: (0.7) Like I told a friend the other day I said I’ve been diagnosed with bipolar and they said um (0.4) ((clicking sound)) >They go “oh but< you don’t ;li:e” heh .hh and apparently just these two people that (0.2) she’s known like they’re com-
4 absolutely compulsive li:ars: (0.2)

Here, Phil provides a kind of unmarked (i.e., one that is not explicitly referenced in the talk) indication that the recording device is operational and recording, with his loud “OKAY” (line 1). This can serve to provide some indication to his interlocutor and any listener to the recording (in addition to serving as a kind of self-confirmation) that the recorder is working and that he might continue with the business at hand. This is followed by a greeting “Good afternoon welcome” (line 1), after which Phil invites Jane to ask her question (lines 1-2) which presumably indexes some talk that occurs prior to the recording. Interestingly, Phil invites Jane to “Do your bit” (line 1) which can be approached as Phil inviting Jane to do what persons do when they are being recorded, or observed, as kinds of actors or performers (Sacks, 1992b).

In this regard, note also that Phil delivers his invitation with some humour (i.e., the prosodic ‘smiley voice’ delivery) which serves to make such a request and its uptake

---

9 Extract titles are presented in the form ‘Extract 1.2A’, with the number preceding the dot referencing the chapter number, the number following the dot the number of the extract within each chapter, and the presence of a letter code indicating that sequentially adjacent material has been split across several consecutive extracts (e.g., a sequence detailed in Extract 1.2A would be continued in Extract 1.2B). Note that temporal markers and other codes are not presented in order to avoid inadvertently ‘building in’ or affording particular kinds of analytic categorisations (e.g., Watson, 1997).
more of a ‘play sequence’ or a ‘game’ than a formal undertaking (Sacks, 1992b, p. 105). Moreover, it serves as a kind of ‘getting it on the record’, and one might infer that at some point prior to the recording Jane has launched into a particular bit of talk, and Phil has possibly made a request that she wait until the recording begins before proceeding with (or repeating) her question. Nonetheless, Jane begins her question proper at line 4 with “Like I told a friend”.

Extract 4.2

1 Phil: Good afternoon.
2 (1.2)
3 Phil: OKAY
4 (0.9)
5 ((throat clear))
6 (1.5)
7 Phil: Dave good afternoon now first things first.
8 Dave: ºMmº
9 (.)

In this sequence, Phil begins with a greeting (“Good afternoon”, line 1), and then produces an “OKAY” at line 3 (cf. Extract 4.1 in which the ‘okay’ precedes the greeting). This is followed by another greeting, packaged with an idiomatic expression “now first things first” (line 7) which serves as a kind of agenda setting device. Note how, as with the previous extract, there is no explicit, or marked, talk relating to the recording device. Rather, there is unmarked talk that might be related to the presence of the recording device and its operation, with the repeat of a greeting and the ‘okay’ marker.

Extract 4.3

1 Phil: Set and recording okay we’re in business.
2 Mike: Okay.
3 (0.4)
4 Phil: Mike thank you for that (. ) sorry to (0.7) have complications and everything ( )
In this extract the recording begins, in contrast to the previous openings, with some marked talk by Phil pertaining to the recording and the recording device, with his “Set and recording okay we’re in business.” (line 1). Following Mike’s acknowledgement (“Okay”, line 2), Phil then thanks Mike (“Mike thank you for that”, line 4), and then provides an apology across lines 4 and 5 (“sorry to (0.7) have complications and everything”). Mike provides for an acceptance of the apology, with a discounting of any ‘complications and everything’, and displays a degree of affiliation with his “Nah you’re right.” (line 6) before talk turns to other matters. Notwithstanding that what such complications (and indeed Phil’s thanks and apology) might be indexing is unrecoverable from the available data, one might reasonably infer that they index matters relating to the use of a recording device (both prior to and during its operation) and obtaining informed consent.

Extract 4.4
1 Phil: Yeah yeah here we go (. record (0.3) .hhh (0.2) I think we’re going.
3 (1.2)
4 Phil: “Okay I guess we’ll put that quietly here” (0.5) .hhh and off we will go.
6 (0.2)
7 Luke: “Al*ri*ght”=
8 Phil: =.hhhh RIGHT thank you for that (0.4) now (0.3)

Again, as with the last extract, Phil begins by producing some marked talk concerning the recording, that the recorder is functioning and currently recording (e.g., “record”, line 1; “I think we’re going.”, lines 1-2), and in addition provides some talk pertaining to the physical placement of the recording device (““Okay I guess we’ll put that quietly here””, line 4). Putting the recorder ‘quietly here’ might be hearable as an
utterance that is designed to be ‘overheard’, that is to say, moving a recording device may well entail producing a recording that has sudden, loud ‘artefacts’ that might prove to be somewhat irritating for a later listener to the recording. Nevertheless, once this matter has been attended to, there follows a kind of initiation marker (“and off we will go.”, line 5) that serves as a terminator to whatever actions were taking place beforehand (i.e., the placement of the recording device) and as an announcement of the session proper. This is met with Luke’s acknowledgement (“ºAl*ri*ghtº”, line 7), to which Phil provides a latched thank you (“.hhhh RIGHT thank you for that”, line 8), before proceeding with other matters.

Extract 4.5

` Phil:   ºIs it working?º >Yes it is working okay I’ll leave that there and see how we go< .hh Right Mike. (. ) How has your week been?
4   `{0.6}

In this extract (taken from a later session with Mike) there is marked talk concerning the operational status of the recording device, with Phil producing a kind of rhetorical question ““Is it working?”” (line 1) which he immediately answers in the affirmative “Yes it is working” (line 4). As with the previous extract, there is also some marked talk concerning the placement of the recording device (“okay I’ll leave that there and see how we go”, lines 1-2). Phil then provides an acknowledgment to Mike, but note that he does not provide either a greeting or an apology. Rather, his “Right Mike” (line 2) serves as a more abrupt marker of topic change, and he moves directly on to his question “how has your week been?” (lines 2-3) which might be regarded as a ‘how are you’ question, or what Heritage and Robinson (2006) refer to as a ‘Type 4’ question in medical encounters.
Now, up until this point, I would suggest that the ‘openings’ presented here are relatively unproblematic. That is to say, one can undertake, for the purposes of my investigation, a brief consideration of the overt and demonstrable orientation by participants to the recording device and its functioning without providing for a more detailed account of how the presence of a recording device (and its operation and deployment by one of the ‘observed’ participants) might involve other ‘reactive’ issues (e.g., Hammersley, 2003a). However, the following two extracts might warrant a more sustained inquiry.

Extract 4.6

1 Phil: Dah! (.) We’r- we’re off.
2 (1.3)
3 Mike: Okay=
4 Phil: =I really must one day learn how to use this=
5 Mike: =Oh look I wouldn’t wanna ( ) I’m used to
6 those little um ones with the tapes in em.
7 (0.2)
8 Phil: >Yeah yeah [yeah.<]
9 Mike: [Like I] don’t know that much about those
10 ones ]
11 Phil: [Now that-] that’s all electronic and [you ]=
12 Mike: [Yeah]
13 Phil: =just plug it into your laptop and it just downloads.=
14 Mike: =Ah:: :ha::: sneaky=
15 Phil: =It’s just recorded and then you just (. ) play it in
16 your ears and type it out [transcribe it]=
17 Mike: [A:::h::: : ]
18 Phil: =so it’s very- it’s very smart [the guy’s-]=
19 Mike: [:†Yeah ]
20 Phil: =t- the guy’s done a very (. ) clever job
21 (0.3)
22 Mike: O †Yeah
23 (0.2)
24 Phil: All setting it up, but I- I also think he should have
25 voice recognition [so ] the whole thing just=
26 Mike: [Mm.]
27 Phil: =comes out in words but (. )
Mike: Yeah that would be nice wouldn’t it=

Phil: Yeah >but that I don’t think the voice recognition stuff works that well.< How’s Mike been travelling=

Here we see more than just some passing displayed orientation to the recording device as evidenced in the preceding extracts (e.g., Phil’s marked/unmarked talk followed by an acknowledgement, and then a move on to other business). Here, the recording device itself is constituted as a topical concern. Following Phil’s initial “Dah! (.) We’r- we’re off.” (line 1) which, as in previous extracts, might best be seen as indicating that the recorder is operational and that they are now ‘on the record’ (note the acknowledgment by Mike with an “Okay” at line 3), Phil then makes a kind of self-mocking evaluation concerning his operation of the recording device, that he “really must one day learn how to use this” (line 4). Mike then provides a kind of softener to Phil’s self-criticism (or apology) by declaring that he “wouldn’t wanna” (line 5), with his expertise limited to “little um ones with the tap es in em” (line 6). Clearly, then, Mike has some appreciation concerning the technical aspects of the recording, for example that the recording device is digital rather than an analogue.

Following this is some extended topical talk in which Phil and Mike discuss some technical matters concerning the recording device, and what is of note for our purposes here, is that the general gist of the talk concerns Phil accounting for the use of the recording device. That is, there is some instructive comment provided by Phil concerning the research project which might be otherwise inaccessible for Mike. Such matters include how the recorder can be ‘plugged into a laptop’ (line 13), how it can be ‘transcribed’ (line 16), and notably how ‘it is very smart’ (line 18) and the ‘guys done a very clever job’ (line 20). Here, not only the recording device and the act of recording are produced as ‘mentionables’ (Schegloff & Sacks, 1973), but also “the guy” – the researcher – becomes a topic.
After Phil’s provision of a positive assessment concerning the ‘guy’ (and by implication the recording and the project) note how he provides an extension (and disclaimer) “but I- I also think he should have voice recognition” (lines 24-25) which provides for a display of affiliation with Mike, in that Phil can provide some comment concerning the research materials as a kind of active participant. This is met with Mike’s agreement “Yeah that would be nice wouldn’t it” (line 28). In other words, one could argue that the presence of a recording device, rather than being a hindrance or as presenting some kind of problem (for the participants and for later analysis), could be seen as facilitating particular kinds of interaction (Speer & Hutchby, 2003). While one should be wary of making general claims that interactions might be ‘better’ or ‘worse’ as opposed to different (i.e., as substantially altering its ‘naturally occurring’ status), in this case one might approach Mike and Phil’s interaction involving the recording device as fostering of a kind of ‘rapport’, which is often regarded as one of the canonical features (or pre-requisites) of good therapeutic relationships.

Consider that after this sequence, Phil moves smoothly from talk concerning the recording to initiating the business end of the ‘opening’ with “Yeah >but that I don’t think the voice recognition stuff works that well.< How’s Mike been travelling” (lines 29-30). Note also that Phil’s descriptions of the recording device its utilisation are met with a uniformly positive acknowledgment by Mike.

Extract 4.7A
1  Phil:   We’re off and running.
2            (0.6)
3    Kate:   Oh right.
4            (1.1)
5    Phil:   Okay.
6    Kate:   ((cough))
7            (6.9)  ((sounds of writing))
8    Phil:   >Okay.< (0.4) >Now.< (0.8)

185
In this extract, Phil produces a marked comment concerning the recording “We’re off and running.” (line 1), which serves to indicate that the recording device is operational and that the session can begin. This is met with Kate’s acknowledgement “Oh right.” (line 3), and after some delay Phil initiates a topic change onto other matters.

At this point, it can be noted that in all of the extracts it is Phil who has the first turn at talk. That is, on the recordings it is Phil who ‘speaks first’ (or it is Phil’s voice that one can hear first). While this might merely be coincidental, that the person operating (turning on) the recording device is the first recorded speaking, it can also be taken to suggest a kind of sequential organisation whereby Phil (as the operator of the recording device) can maintain rights to the first turn of talk (e.g., by way of an adjacency pair), which can allow Phil to select topic for any kind of post-‘recording talk’, and might also provide a kind of initial marker on the recording of who had the responsibility (and indeed the rights) to operate the recorder and initiate the recording. Such organisation might also be akin to other turn-generated categories involving ‘technologically mediated’ talk such as ‘caller’ – ‘called’ in telephone conversations (Sacks, 1992b).

Now, at first glance this extract would appear to be entirely unproblematic for the purposes of the current analysis, with no marked or unmarked talk pertaining to the recording or any overt talk pertaining to research purposes (as in the previous extract). However, consider the following extract which follows directly from Extract 4.7A.

Extract 4.7B

1 Kate: I Kate Smith ( ) ↑bipolar
2 Phil: [ (laughter) ] heh heh ah
3 heh=
4 Kate: =question whether I have bipolar or whether=
5 Phil: [A-]

One could easily imagine the recorder being turned on while a client was speaking, which might be followed by some ‘recorder talk’ by the operator to announce that it is ‘on’. However, this is not empirically the case in the current examination.
Here Kate does a kind of performance, which she begins with the declaration “I
Kate Smith” (line 1), which is similar to what occurs in the previously considered data
analysed by Sacks, and in particular the section where Al delivers a solemn (yet
humorous) “We ah gathuhd heah(h), on this day(hh),” (Sacks, 1992b, p. 104). This is
oriented to by Phil as the occasioning of a kind of funny performance – his laughter
overlapping with the rest of Kate’s turn. Kate then continues, with her talk latched to
Phil’s laughter (possibly in pursuit of the topic initiated in line 1, e.g., Jefferson,
1979),
and produces a kind of tendentious rhetorical question “whether I have bipolar or
whether I’m just ay: um” (line 4) which is left hanging. Is Kate’s performance
undertaken for Phil, directed towards the recording device, a later hearer of the
recording, or perhaps all of these? Regardless, the status of ‘bipolar’, and whether Kate
actually has bipolar, is a matter that is clearly of some relevance for Kate.

Consider that it might be inappropriate for a therapist to laugh in response to a
client’s concern over the appropriateness or correctness of a psychiatric category. In the
current case, consider that while Kate provides for some challenge to the
appropriateness of the category ‘bipolar’, which is met with Phil’s laughter, note
however that Kate does not challenge his laughter. One candidate description is that
Kate is doing ‘being a research participant’ albeit in a highly ironic manner.¹¹ In other
words, Phil’s laughter can be approached less as laughter directed at Kate, and more at
Kate’s performance, a performance which is constrained by the formal requirements of
conducting (at least the initial stages) the therapy session as a research undertaking.
That is, both Phil and Kate are oriented to the setting as coparticipants in a research

¹¹ And one might speculate that Kate is ‘reading’ a recently completed declaration section on a client
consent form, thus her ironic self-reference.
project, and not as therapist-client. The actual therapy session, one might argue, has not yet demonstrably begun (e.g., Turner, 1972).

Extract 4.7C

1 Phil: °(Yes)° (0.5) >Okay—tell me about this< (0.3) sense
2 of burnout and where you’re doing an (0.3)
3 Kate: Okay [so what I’ve]
4 Phil: [cont-] continue the
5 con[versation ]
6 Kate: [Right. What I’ve done] is I’ve actually: ah:m burnt
7 ↑out (. ) a::nd u:m hhh I’m at a point now where I’m
8 like o:ky (1.1) .pt I need to be: (0.2) at a level
9 where I can exist on (. ) t- for a long ↑term (. ) I mean
10 ↑there an I can pur:ue that to .h a very ( . ) quick
11 harmful death:
12 (0.4)

Here, Phil moves towards initiating the session proper, by asking Kate about a "sense of burnout" (lines 1-2). Interestingly, and similar to Extract 4.1, there seems to be some unmarked talk concerning the recording, or some ‘off the record’ prior talk, with Phil introducing the ‘burnout’ topic in the absence of any related talk by Kate (i.e., this presumably refers to a topic raised before the start of the recording) followed by his request for Kate to “continue the conversation” (lines 4-5). This also serves to mark some previous talk as relevant material that should be recorded as part of the ‘doing’ of the therapy session as a recorded interaction.

Following this, Kate provides an account concerning being currently “burnt ↑out” (lines 6-7), and that she “need[s] to be: (0.2) at a level” (lines 8-9) where she can “exist on (. ) t- for a ↑long term” (line 9). She then provides for a possible alternative course of action, that she could undertake the “pursuit of happiness” (line 10), however this may well lead to a “very (. ) quick harmful death:” (lines 11-12). Interestingly, such an account could well be taken as a kind of analogue to what a person diagnosed with,
or legitimately describable as, bipolar might describe when providing an account concerning prototypical bipolar disorder symptoms. For example, ‘burnt out’ sounds like something that might involve having recently experienced a ‘manic’ or ‘hypomanic’ episode (see Table A1 and Table A3), which we may well wish to gloss as possibly involving features of a ‘depressive’ episode (see Table A2).

However, this account is delivered after Kate’s ironic commentary concerning the relevance of the category ‘bipolar’ – and as such, one would need to be wary about considering such talk as being a straightforward explication by Kate of any bipolar disorder symptoms (for example). Rather, there appears to be a kind of tension concerning the category, whether it is indeed an accurate description of Kate, as both a kind of medical, psychiatric term (e.g., “question whether I have bipolar”, Extract 4.7B, line 4), and as a moral category (e.g., “or whether I’m just ay: u:am”, Extract 4.7B, lines 4-6). Nonetheless, both Kate and Phil have signed consent forms (presumably just prior to the recorded interaction) which make relevant the category bipolar in some sense, and as such, it would appear to warrant further examination of how this might play out in subsequent interaction – even if that were to only consider issues involving possible resistance to an ascription of a tendentious category (e.g., McHoul & Rapley, 2005a; Rapley et al., 1998).

**Topicalisation of Bipolar Disorder**

What this touches upon is how might one conduct a discursive psychological examination of the psychotherapy sessions that topicalises bipolar disorder as a participants’ concern? Returning to the issues introduced at the beginning of this chapter, what might a discursive psychological examination of such materials yield in terms of any practical utility? It is perhaps relevant to make some points about this in relation to the kinds of analytic themes that will not be undertaken. Firstly, the current examination is not concerned with providing some kinds of practical findings, insights,
or recommendations with regard to the merits of any particular treatment of persons with bipolar disorder. Secondly, one will not find anything in the way of an overtly critical treatment of mental health delivery by an examination of professional competency – involving evaluations of the merits of what the therapist might be doing, or not doing, in the therapy sessions. And thirdly, one will not find any analysis pertaining to the provision of evaluations of client competency or pathology, in order to establish or discount particular claims concerning bipolar disorder as a putative medical condition.\textsuperscript{12}

With regard to the first point, consider the disparate claims in the psychiatric literature that particular psychopharmacological agents are more-or-less effective in treating the symptoms of depression and bipolar disorder, as indicated by the use of evidence based medicine (Hickie, 2004), in contrast to claims that the efficacy of particular medications are clear \textit{in spite} of the use of evidence based medicine (Parker, 2004).\textsuperscript{13} Some consideration of such claims might be relevant to the current inquiry, when one considers that specific medications such as sodium valproate are commonly recommended for use as prophylactic treatments (as ‘mood stabilisers’) for bipolar disorder (e.g., Yatham et al., 2006) – notwithstanding serious concerns relating to the marketing of such ‘mood stabilisers’ (e.g., Healy, 2006b).

Now, one could profitably undertake discursive psychological examinations of such discourse, not in order to adjudicate which claims concerning ‘bipolar disorder’ or particular medication strategies are \textit{correct}, but to examine how the construction of all such claims, for their very intelligibility, require at least a conceptualisation of bipolar disorder.

\footnotesize
\textsuperscript{12} For one example of a principled approach to the integration of conversation analytic findings and professional ‘stocks of interactional knowledge’, see Peräkylä and Vehviläinen (2003).

\textsuperscript{13} I use this as but one example of the many points of disputation in the literature relevant to mental health research and clinical practice, in which one might wish to pursue issues pertaining to ‘facts’ as ‘what counts as’ (e.g., Edwards, 1997), the rhetorical construction of the ‘reality of’ (e.g., Edwards, Ashmore, & Potter, 1995), or indeed how they may be ‘constructed in flight’ (e.g, Garfinkel, 1967, p. 79), rather than examining the ontological status of any particular ‘facts’.

\normalsize

190
disorder as being a biological disorder. However, given that talk about such matters is likely to occur in any clinical setting in which bipolar disorder is of relevance, one could examine talk-in-interaction to elucidate the ways in which members’ make such concerns relevant for themselves, and how such matters can be demonstrably shown to be members’ concerns.

Consider the following extract (which includes transcript from Extract 4.3) in which Mike describes to Phil his recent encounter with a psychiatrist following his diagnosis of ‘bipolar disorder’ and commencement of psychopharmacological treatment with ‘Epilim’.

Extract 4.8
1 Phil: Set and recording okay we’re in business.
2 Mike: Okay.
3 (0.4)
4 Phil: Mike thank you for that (. ) sorry to (0.7) have complications and everything ( )
5 Mike: Nah you’re right.
6 (0.3)
8 Phil: O::kay:: so you’ve been given [epilim]
9 Mike: [hh ] That’s right:
10 (0.2)
11 Phil: Okay: and (0.5) Steve was a little unhappy about (. )
12 Mike: He was n- not so much unhappy as he was a little bit apprehensive cause [it’s] not really=
13 (0.6)
14 Phil: [Yeah]
15 Mike: =his sphere.
16 Phil: No, okay.
17 Mike: So he sent me to: um: .tch More- Doctor- Doctor
18 Morebell?
19 Phil: >Yeah yeah<
20 Mike: At City Clinic.
21 Phil: Yes, (0.2) okay.
22 Mike: I couldn’t get in to see him so I’m seeing Michael
23 Canard?
24 Phil: Okay. Don’t know.
25 (0.3)
Mike: Seems to be very good.
(0.2)
Phil: Okay.
(0.2)
Mike: Seems very nice.
(0.2)
Phil: Okay.
(0.2)
Mike: Pegged me straight away.
(0.3)
Phil: What did he say?
Mike: He said we went through the whole (0.2) the whole (0.6) ah: You’re on epilim so (.) we’ll keep going with that. He’s upped my dose about up to six: hundred (0.3) .hh=
Phil: =Right.
(0.4)

Is the diagnosis correct? Is the psychopharmacological therapy that Mike claims to be currently receiving appropriate? Is Mike providing an accurate account concerning his meeting with the psychiatrist? If so, is the psychiatrist undertaking some form of evidence based approach or perhaps a more ‘clinical experience’ oriented practice, with regard to both diagnosis (e.g., “Obviously you’re bipolar”, line 37; “I’ve seen a thousand patients with bipolar”, line 39) and subsequent treatment (e.g., “You’re on epilim so (.) we’ll keep going with that.”, lines 40-41)? Note that ‘Epilim’ is a trademark name for sodium valproate, an anti-convulsant medication that is routinely used in the treatment of epilepsy, and a medication often used in the treatment for bipolar disorder as a ‘mood stabiliser’. Would it be profitable to examine this in light of the aforementioned debates in the literature concerning best practice with regard to treatment recommendations? Consider that both Phil and Mike report that ‘Steve’ was either “a little unhappy” (line 11) or “apprehensive” (line 13) about the treatment. What
kinds of commentary would be appropriate by Phil, as a clinical psychologist, concerning the medical treatment Mike is currently receiving?

Such questions are of no interest in the current inquiry, rather, there is an analytic interest in such things as (for example) how Mike’s description of bipolar disorder is made relevant; how it is ‘brought off’ as a kind of ‘update’; and the methods by which Mike can provide relevant information to Phil that is (possibly) pertinent to the business of the psychotherapy session. In the current dissertation, their talk, and my text concerning their talk, might best be seen as involving practices of fact construction rather than as some kind of transparent form of idea transmission (Edwards, 1997).

Extract 4.1

1  Phil: OKAY (0.6) Good afternoon welcome .pt Do your bit ask
2         your question [that you want to ask] ((smiley voice))
3  Jane: [Aw I was just]
4       wondering cause u:m: (0.7) Like I told a friend the
5       other day I said I’ve been diagnosed with bipolar and
6       they said um (0.4) ((clicking sound)) >They go “oh but<
7       you don’t ↑li:e” heh .hh and apparently just these two
8       people that (0.2) she’s known like they’re com-
9       absolutely compulsive li:ars: (0.2)

Returning to an examination of Extract 4.1, here, as matter of first business, Jane provides an account in which she details an avowal of having “been diagnosed with bipolar” (line 5) to a friend. In this regard, the categorical ascription of ‘bipolar’ is made a relevant matter by Jane early in the therapy session. It is with Jane’s first turn at talk that bipolar is topicalised as an initial therapy topic, as one that is ‘on the record’ for the purposes of the recording, and also as one that has featured in some prior ‘off the record’ talk.
In this extract (which opens with transcript previously presented in Extract 4.5) which is taken from the second therapy session between Phil and Mike, after the initial ‘recording talk’ across the first two lines, Mike provides a kind of summary or history of how he has been over the last week across lines 2 to 14. Phil’s question “How’s the **epilim** going” (line 16) makes relevant previous talk which presumably comes from an
earlier session. Indeed, in the opening of the earlier session is Phil’s “O::kay:: so you’ve been given epilim” (Extract 4.8, line 8). Now, as previously indicated, while ‘Epilim’ is an anti-convulsant medication that is routinely used in the treatment of epilepsy, here it is clearly oriented to as a treatment, not for epilepsy, but for bipolar disorder. In contrast to the previous extracts featuring Jane and Kate, in which the status of bipolar appears to be somewhat problematic and possibly subject to some degree of disputation by the clients, Mike provides what appears to be a fairly unambiguous evaluation with regard to bipolar over the previous week, with the use of terms such as “major depression” (line 24), “anxiety” (line 24), “highs” (line 24), and “manic” (line 29).

In this regard, and at the risk of belabouring the point, it is important to consider that clients may participate in such things describable as ‘consultations’, ‘therapy’, and ‘counselling’ without prior experience of what such interactions may entail. In other words, while an experienced mental health professional may demonstrate (or provide a convincing account concerning) knowledge of the practices and procedures that routinely occur in such things as ‘therapy sessions’, a client who has limited or no participation in such interactions might have little, if any, demonstrable knowledge (or provide a rhetorically weak account) concerning the local practices of ‘doing therapy’. What is not of concern here is undertaking analysis of what any particular therapist might be doing in a technical sense, as a kind of evaluation of the technical proficiency of a therapist as a therapist. Nor is it to examine the ‘lay knowledge’ of a client as a client. Rather, the analytic focus might be more readily described as being directed towards how a therapist and a client interact to produce something describable as therapy (Turner, 1972), with the doing of such therapy a kind of interactional problem that is worked out by participants as an occasioned, in situ, collaborative undertaking.
Moreover, such therapy can be examined without consideration of any particular technical competencies which might in some sense exist prior to its undertaking.\textsuperscript{14}

\textit{Conclusion}

The aforementioned descriptions of the research data, participant selection, and transcription procedures are a gloss, in that they cannot hope to provide a fully realised, self-contained, and replicable account of the activities involved in the ‘collection and analysis of the data’ (e.g., Garfinkel, 1967; Lynch, 1993). However, given that the dissertation is not concerned principally with providing an account of its own production, they are presented as a ‘good enough’ account, as being sufficient for ‘practical purposes’ (Garfinkel, 1967). This chapter serves as an introduction to more detailed analytic chapters, which should nevertheless also be approached as provisional, subject to alternate descriptions, and not as something rendered with absolute certainty. These chapters will focus on a number of related topics in which the data corpus can be considered as produced within something that is arguably a prime site of psychological business (e.g., Edwards, 2005; Edwards & Potter, 2001).

Firstly, the issue of how possible ‘symptoms’ of bipolar disorder come to feature as significant matters of therapeutic concern will be examined. For example, consider that in Extract 4.7C Kate provides an account of becoming ‘burnt out’, which could be taken as a report detailing symptoms of a possible ‘depressive’ episode (see Table A2). And, in Extract 4.9, Mike provides an account of how his week has been which features terms such as ‘major depression’, ‘anxiety’, and ‘manic’, in addition to reporting his treatment with a psychopharmacological agent presumably to alleviate symptoms. How such descriptions might count as ‘symptoms’ will be the focus of Chapter 5.

\textsuperscript{14} In this regard, see McHoul’s brief explication of Sacks’s materials on group therapy sessions (Sacks, 1992a, pp. 137-141), in which members do the constitutive work of specifying what ‘therapy’ is, \textit{in and as} the work of doing therapy itself (McHoul, 2004, pp. 430-432).
Secondly, when one considers that bipolar disorder is characterised as being a ‘mood disorder’ (e.g., APA, 2000), the manner in which ‘moods’ may feature as matters of therapeutic concern for participants will be considered. For example, consider Mike’s account in Extract 4.9 that he felt “pretty ↑level” (line 21), with “no highs” (line 24), and that he has been “cruising ↑along” (line 29), which could be taken as involving some description of his most recent and current ‘mood state’. Such matters will be examined in Chapter 6.

And finally, given that the dissertation has presented an argument that can be characterised as counter-cognitivist towards matters pertaining to contemporary psychological theorising and research undertakings, how might one profitably undertake examinations of the use of psychological terms in actual practice? One might well imagine in interactions between a clinical psychologist and clients identifiable as having a mental health issue that involves problematic ‘feelings’ and ‘thoughts’, that psychological terms related to such ‘feelings’ and ‘thoughts’ in talk-in-interaction are ubiquitous, and possibly used in ways in which they have some technical or clinical utility. An examination of the use of mental predicates and psychological terms in psychotherapeutic interactions will be undertaken in Chapter 7.
CHAPTER 5
The Production of Bipolar Disorder Symptoms

Consider that in clinical settings involving the assessment and treatment of psychiatric/psychological disorders, an important concern for both clinicians and clients is to be found in the observation, reporting, and identification of particular ‘symptoms’. This can allow for such things as the diagnosis of psychopathology, the development of case formulations, and the planning and implementation of treatment programmes. Indeed, the presence or absence of particular symptoms is an important precursor for the form that any particular therapeutic intervention may take, or even if an intervention is in fact warranted. This serves as the focus of the current chapter, which involves an examination of the situated, practical methods by which symptoms of bipolar disorder can be produced as ‘symptoms’ in psychotherapeutic interactions, and the manner by which such symptoms may come to feature as significant matters of therapeutic concern.

I would like to suggest that in a detailed explication of ‘symptom production’, one might find that ‘symptoms’ might best be approached as serving as a kind of gloss for a range of subtle and highly sophisticated interactional phenomena – firmly rooted in ordinary, mundane practices. Further, many psychological/psychiatric disorders depend heavily on the specification of particular forms of psychological functioning that are themselves describable in-and-as vernacular, everyday terms. In this sense, the symptoms of such disorders might best be understood as produced in-and-as complex social practices – often discursive in form, that elude attempts to provide for a clear description of their functioning. Consider that “it appears that episode definition in BD [bipolar disorder] may need substantial clarification. In practice this may mean that symptoms of both mania and depression should be carefully delineated, even when an episode appears to be ‘obvious’” (Yatham et al., 2006, p. 722). What the current
investigation is concerned with, then, is the practices by which such symptoms are *made to be obvious* by, and for, participants in talk-in-interaction.

**Symptoms Respecified**

Rather than providing some definitions of symptoms drawn from a range of authoritative sources, I would like to begin by suggesting that any ‘symptom’ of a mental illness most likely requires for its intelligibility judgements and determinations that could be made by *any* member of a given culture (Coulter, 1979). And, that this holds regardless of claims that might suggest that such symptoms may have (for example) little or no scientific merit (e.g., Boyle, 2002), that they are essentially ‘social constructions’ (e.g., Horwitz, 2002; Maddux, Gosselin, & Winstead, 2005), or that they may be mistakenly identified (e.g., Rosenhan, 1973). Now, notwithstanding arguments that there might be some distinction between what ‘professionals’ and ‘lay persons’ take to be a symptom of a mental illness in terms of the ‘languages’ (i.e., vernacular versus technical) by which such symptoms come to be described and categorised (McHoul, 2004, in particular p. 434), in the undertaking of therapeutic matters professionals (e.g., therapists) and lay persons (e.g., clients) produce and recognise some description (for example) as being adequate *as* a symptom. In other words, that both therapists *and* clients have some sense that a symptom is indeed just that – a symptom of *something* problematic.

By way of explication, consider that the *Oxford English Dictionary (OED)* provides a definition of the ‘technical usage’ of *symptom* as referring to a “(bodily or mental) phenomenon, circumstance, or change of condition arising from and accompanying a disease or affliction, and constituting an indication or evidence of it; a characteristic sign of some disease” (*OED*, 1989, n.p.). It goes on to indicate that in contemporary usage *symptom* refers to “a subjective (perceptible to the patient)
indication as opposed to an objective one or sign”, and that in general use *symptom* indicates “a sign or indication of something” (*OED*, 1989, n.p.).

When one consults the *DSM-IV-TR* diagnostic criteria associated with the specific mood episodes that comprise bipolar disorder (manic, major depressive, hypomanic, and mixed), there is a distinction made between ‘mood periods’ and the relevant symptoms pertinent to each diagnostic category. For example, criteria A for a manic episode requires “a distinct period of abnormally and persistently elevated, expansive, or irritable mood” (Table A1), and then specifies in criteria B what *symptoms* need to be observed that occur *during* the “period of mood disturbance” in order to enable a diagnosis (Table A1). Similarly, criteria A for a hypomanic episode begins with the same requirement of a “distinct period of persistently elevated, expansive, or irritable mood”, and then specifies in criteria B what *symptoms* are required (see Table A3). In contrast, when one examines the criteria for a major depressive episode, criteria A specifies that one of the *symptoms* is either “depressed mood” or “loss of interest or pleasure” (Table A2). In short, the distinction between a disordered ‘mood’ and a symptom is collapsed in the criteria for major depressive episode.

Nonetheless, it would appear that ‘moods’ are a basic component, which can be determined to be abnormal, elevated, expansive, irritable, and that last for a period of time, which serve for a determination of a ‘mood disorder’. To make such determinations, an additional collection of symptoms (which can also involve ‘mood’) are available from which identification can be made of problematic instances of conduct, such that a particular person can be determined to have a disorder of mood. We might characterise what is required, at least officially (and notwithstanding the apparently circular *DSM* reasoning e.g., Boyle, 2002), as something like: Problematic
Mood + Symptom(s) = Mood Disorder. What remains somewhat unclear, however, is the extent to which symptoms stand as discrete entities from problematic moods.

I draw attention to this in order to highlight the problematic nature of both diagnostic formulations and the utility of undertaking meaningful critique of such formulations. The determination that one may be dealing with a person presenting with some symptom of bipolar disorder, rather than involving some form of comparison with an ‘official’ psychiatric definition that specifies some discrete, unambiguous definitions of human conduct, might best be considered as involving a range of interactional practices that are not, and perhaps cannot be, incorporated into any ‘official account’ that could in turn be used as the means by which one makes a determination that someone may have bipolar disorder. So, this represents a challenge to undertaking studies of symptoms. On the one hand, the practices by which clinicians and clients go about the business of ‘mental health production’ are largely unknown and undocumented in a vast literature that purports to detail clinical practice. On the other hand, so called ‘critical’ approaches to investigating ‘mental health production’ appear to belabour the obvious shortcomings and deficiencies in such things as psychiatric nosologies and treatment guidelines, and focus on how these are constructed divorced from actual practice.

Now, while touching upon the criteria required for the diagnosis of a mood disorder, my examination is principally concerned with what could be regarded as ‘post-diagnosis’ materials where the primary concern is not in establishing the validity of a given diagnosis, but rather, may involve the management and monitoring of symptoms against diagnostic criteria. Moreover, such takes place in a psychotherapeutic context in contrast to a more formal assessment context (e.g., a psychiatric intake interview). Given the post-diagnosis nature of the interactions examined in the current investigation, one might consider that clients might provide accounts of a wide variety of troublesome
matters, of problems, which may be glossed or formulated (by clients and therapists) as possible symptoms related to bipolar disorder. These formulations might be in the form of summaries of previous talk that may provide for a means by which both clients and therapist can understand their joint actions (Garfinkel & Sacks, 1970; Heritage & Watson, 1979). Or, as Davis (1986) suggests, a therapist can provide reformulations that might enable a recasting of a client’s problems and troubles into matters more amenable to therapeutic intervention – specifically, by transforming them into psychologised objects (e.g., Antaki et al., 2005a; Buttny, 1996; Hak & de Boer, 1996; Hutchby, 2005; Peräkylä & Vehviläinen, 2003).

**Selection and Categorisation of Data Extracts**

As a starting point, consider that common, indeed ubiquitous, descriptions of bipolar disorder that appear in both vernacular and scientific accounts are that sufferers may experience terribly incapacitating ‘lows’ or ‘downs’ (i.e., depressions) and ‘highs’ or ‘ups’ (i.e., manic/hypomanic elevations). In addition, one can be described as ‘up and down’, ‘all over the place’, or ‘unstable’ (i.e., mixed episodes) which might also be taken as an indication of a possible transition between such ‘ups’ and ‘downs’ and some presumed ‘normal’ range of functioning. Members’ accounts pertaining to such ‘highs/ups’ and ‘lows/downs’ could perhaps be seen to provide prototypical symptom talk. In this regard, I will examine extracts from the data corpus that feature ‘ups’ and ‘downs’ (as these terms feature as participants’ descriptions and categorisations) packaged in accounts and formulations that touch on matters relating to the symptoms that might be associated with possible mood elevations. My concern here is on the local production of what might count as symptoms of bipolar disorder, it is not to delineate what is or is not a symptom as a clinical exercise (i.e., as directly relating the talk to specific symptoms that one finds in official psychiatric nomenclatures such as the *DSM* or *ICD*).
Rather, extracts are collected under such categorisations to reflect participants’ ‘demonstrable orientations’ to such categories, which might allow for analytically providing a respecification of ‘symptoms’ as functioning as particular types of interactional devices, that index a range of what could be glossed as ‘troubles’ (e.g., Jefferson, 1980; Jefferson & Lee, 1981), ‘complaints’ (e.g., Drew, 1998; Drew & Holt, 1988), ‘problems’ (Turner, 1972), or what might otherwise be relevant as ‘complainables’ (e.g., Schegloff, 2006). While some work has examined how psychiatric accounts (i.e., case notes) can be produced as factual, by way of clinicians using clients’ talk as a source of ‘mentionables’ that can be in a sense transformed, or documentarily interpreted, as psychiatric symptoms (e.g., Hak, 1998; Smith, 1978), the focus here is on how symptoms are produced in talk-in-interaction. Indeed, as the interactions detailed are not ‘intake interviews’ that might relate to some specific institutional business such as making determinations concerning possible hospital admission (e.g., Cuberes, 2001), one might profitably recast ‘symptoms’ as possible ‘trouble markers’, and as Silverman notes “without troubles, counsellors have no reason to intervene in their clients’ lives” (1997, p. 197).

‘Up’ Symptoms: Therapist Question, Client Account

In the following extracts, the client (Mike) provides for some description of what could be regarded as bipolar disorder symptoms, and an account that allows for an understanding of the relevance of such symptoms. The focus of analytic interest with these extracts is on descriptions and accounts that involve ‘ups’. The following occurs in a sequence in which Phil describes three things to watch with regard to Mike’s chronic bipolar disorder symptoms. The first concerns keeping a level ‘emotional tone’ (not detailed here), with the extract opening with the second of Phil’s recommendations.
Here, Phil asks Mike (across lines 4–5) what ‘marker’ would indicate he is ‘going up’, which could be glossed as ‘what are the symptoms that indicate you are having a mood elevation’. Note that Phil requires Mike to provide an account of symptoms without providing a candidate list; it is for Mike to provide the relevant detail, notwithstanding that Phil asks about a singular ‘marker’ which might serve to
constraint Mike’s possible responses (while specific to medical consultations, see Boyd & Heritage, 2006; Stivers & Heritage, 2001). In one sense, consider that Phil’s question could be approached as a combination of (or as a ‘fitting between’) what Heritage and Robinson term a ‘Type 1’ or ‘history taking’ question with a ‘Type 3’ or ‘symptoms for confirmation’ question (Heritage & Robinson, 2006). That is, Phil’s question does not relate to a specific time-frame, or instance, but does project for an answer in which concrete symptoms may be detailed.

Mike suggests that it’s “the money thing” (line 7), and proceeds across lines 10 to 11 to detail how such a ‘money thing’ might become manifest in practice. The “buy a new watch when I’ve got four hundred others:” (lines 10-11) is interesting, as it is clearly an exaggeration. One would imagine that if queried further, Mike might reveal that he does not actually own ‘four hundred’ watches. Regardless, the inference is clear, that engaging in an unwarranted, unjustifiable course of action (i.e., spending money on things that are not needed and for which perhaps even a desire to obtain such things is unreasonable) is a marker that something might be afoot in terms of a ‘mood disorder’. Nonetheless, this is a kind of exaggeration, or extreme case formulation (Pomerantz, 1986), that one can find littered throughout the clinical literature on bipolar disorder. For example, Belmaker (2004) offers (in the opening paragraph of a review of bipolar disorder published in The New England Journal Of Medicine previously discussed in Chapter 1) the example that a person suffering mania may “decide to purchase 500 television sets if he or she believes that their price will go up” (p. 476). Note that this is a gloss, not a specific recitation of a particular case. Not only are bipolar disorder symptoms marked by their apparent extreme nature, they appear to be reported by clients in rhetorically extreme ways, and appear in scientific accounts as extreme. So, one might approach reports of persons ‘buying hundreds of shoes’, having ‘hundreds of
sexual partners’, and so forth, as indicative of one of the defining features – as a prototypical *symptom* – of the disorder.

However, the occasioning of something like an extreme case formulation can be seen routinely as a way to mark a contrast, draw attention to a particular claim, and so forth (e.g., Edwards, 2000), and is of course not solely a marker for pathological behaviour. However, in a site that is overtly concerned with the undertaking of psychological business, the use of an extreme case formulation might well be taken as a kind of symptom explication. In this regard, consider that this prefaces Mike’s “I realise that (. ) ¦ okay (. ) steady down,” (line 13) which highlights the significance of the ‘urge’ as a marker of ‘going up’ for Mike, and which is followed by Phil’s pointed directive that “I want you to really hear ¦ that’ (line 14).

Phil then proceeds to construct a formulation that links ‘mood’ to ‘logic’, and details the consequential nature of such a linkage (across lines 28-31). In other words, a ‘mood’ that is ‘up’ affects ‘logic’ such that the former presumably overrides the normative functioning of the later, such that one could do something with possible negative consequences (i.e., overspend). Here we can see the interplay of various psychological terms (e.g., ‘realise’, ‘urge’, ‘feeling’) relating to particular activities (i.e., ‘bid on ebay’), reformulated by the therapist in terms of ‘mood’, which enables something that is readily hearable as a description (and an explanation of) a bipolar disorder symptom.¹

Let us now examine how this plays out further in the interaction.

**Extract 5.1B**

1 Mike:  Mm (0.3) I agree (. ) It’s um: .hh (0.4) >it’s something
2 I’ve been more aware of the last couple of weeks<
3 especially this last week >like the other day I was in
4 a< .h (0.5) a magazine shop and I (0.3) I’m a *nutter*

¹ Note that I will undertake a more sustained examination of issues relating to ‘moods’ in Chapter 6, and psychological terms in Chapter 7.
when it comes to buying fishing magazines: h (. ) I’ve got piles of em >and I don’t really need em- I mean every now and then’s nice but [like] I buy them all=

Phil: [Mm ]

Mike: =the ti:me [during] the week I’ll buy three . hh=

Phil: [Mm ]

Mike: =or four<=

Phil: =Mm=

Mike: =some American one:s ↑yeah fifty sixty bucks a week just on ↑magazines . hh And I went to a bookstore- er::zz: the newsagency and I looked up this (. ) fly fishing one and I thought (. ) .hhh (0.2) Then I thought- then a little voice in my head said okay steady down (0.5)

Phil: Mm=

Mike: =Do you really need it (. ) do you want it ↑really? (0.4) >↑And I thought no shit I don’t really want it< (0.3)

Phil: M↑m (.)

Mike: And I walked out (0.2) and bought (0.2) . hh >what did I buy< (. ) newspaper (. ) >and [that was it]<

Phil: [Yeah ] .tch

[And so]

Mike: [I’m I’m] trying to keep aware of that side of things=

Phil: =Yeah (0.5)

Here Mike provides a more specific and detailed account concerning such problematic spending behaviour, which involves the purchasing of fishing magazines. This could be approached as Mike providing for some explication of concrete symptoms (e.g., as a response to a ‘Type 3’ question, Heritage & Robinson, 2006), even though Phil has not specifically asked for such in his initial question in the preceding extract (Extract 5.1A, lines 4-5). Note how Mike, as a preface to a more detailed account, sets-up the temporal relevance of the account by way of a kind of ‘time compression’. The “something” (line 1) with which he has “been more aware” (line 2) is initially presented as relevant to “the last couple of weeks” (line 2), which is subsequently compressed to “last week” (line 3), and immediately preceding the
substantive detail of his account is compressed further to “the other day” (line 3). In addition to positioning his account as a recollection of a specific event, this serves to make the ‘mood’ as ‘something I’ve been more aware of’ as a constant, but until recently a relatively unexamined, feature of Mike’s day to day experience.

Mike then ‘sets the scene’ for his story, which takes place in “a magazine shop” (line 4), with the scene later reintroduced with the repair of “booksto-” to “the newsagency” (lines 14-15), which he makes relevant as a locale for his account with “I’m a nutter when it comes to buying fishing magazines:” (lines 4-5). Note that Mike provides for the elaboration of ‘nutter’ in terms that sound relatively unremarkable, as opposed to something perhaps a bit more unusual or abnormal. Mike is a ‘nutter’ in that he has “piles of em” (line 6) although he doesn’t “really need em-” (line 6). Nutter, then, is to be taken as someone who is perhaps obsessive about particular pursuits, not necessarily someone who has a pathological condition that could be glossed as ‘being a nutter’. Nonetheless, it would seem Mike’s account of his resistance to the initial ‘urge’ to buy the magazines is something that implicates some form of pathology, rather than opening up a discussion on any particular moral issue pertaining to the spending of money.

In this regard, consider the manner in which Mike constructs his account concerning walking into the newsagency and looking at the fly fishing magazine. Note that Mike begins to provide some commentary on what he thought, which after several attempts at repair on line 16 (the abandoned “and I thought”, which is followed by something that sounds like a kind of repair, a micropause, marked inhalation, and then another pause before launching into a cut-off “Then I thought-”). The version that is finally produced does not involve thought, rather it involves a kind of direct reported speech (Holt, 1996), albeit from a “little voice in my head” (lines 16-17). Now, what this might do is enable Mike to maintain a kind of separation, a kind of differential
‘footing’ (Goffman, 1979) between what he thought and the words of the ‘little voice’ which provides advice to “okay steady down” (line 17), and poses the questions “do you really need it (.) do you want it ↑really?” (line 20). Such a separation is made relevant when Mike shifts back to furnishing a report concerning (or indexing) thought with “>↑And I thought no shit I don’t really want it<” (line 21), which positions Mike as an autonomous, morally responsible agent.

Here, Mike’s account concerning fishing magazines is something which is entirely congruent with the previous talk, and provides a neat example of Phil’s linkage of ‘mood’ and ‘logic’ as a kind of predictor of future conduct. Mike and Phil, as a collaborative joint production, effectively ‘work up’ descriptions and formulations by which the importance, relevance, and consequences of symptoms associated with bipolar disorder are packaged.

Turning now to material in which a Mike provides an even more detailed psychological account concerning his experience of such ‘ups’. That is to say, following some description of events in which such ‘ups’ might become manifest as a topic of concern (including the material presented in Extracts 5.1A and 5.1B), Mike provides some descriptions that are of a more fine-grained, causal character.

Extract 5.2

1 Mike: Oh: go::d .pt it’s an amazing thought process and
2 looking at it from a distance an- so to speak (0.2) .hh
3 It’s just (0.2) incredible how (.1) powerful .h it is=
4 Phil: =ºYeahº=
5 Mike: =>It is< mega powerful it’s not just .h ºpowerful (.)
6 it’s very powerfulº=
7 Phil: =ºI kno::wº=
8 Mike: =It it makes- not makes you but (0.6) it urges
9 (0.2)
10 Phil: ºI kno::wº=
11 Mike: =And says ↑go for your ↑life you’ll make you ↑happy ↑mate.
Here, we have Mike providing an account of an “amazing thought process” (line 1) that is associated with his problematic spending behaviour, which has been the topic of previous interaction. Note the repair “it it makes- not makes you but (0.6) it urges you” (line 8) in which the thought process is downgraded from something that ‘makes’ to something that ‘urges’. Recall that in Extract 5.1A Mike first talks of an ‘urge’ with “So if I say get the urge to-” (line 10). This repair, while downgrading the lack of personal autonomy that ‘makes’ entails, maintains the powerful nature of the thought process by use of the term ‘urges’. Similarly, consider the repair of “it’ll make yo-” to “you’ll be stoked” (line 15). In other words, the provision of a self-description of a psychological event, via the use of mental predicate categories, is a thoroughly moral affair (e.g., Jayyusi, 1984).

This can be further elucidated by consideration of the extensive use of a kind of direct reported speech (e.g., Holt, 1996) in which Mike reports not only on his
‘thought process’ (e.g., “And says ↑go for your ↑life you’ll make you ↑happy mate” at lines 11-12, and “↑It’ll make yo- you’ll be sto:ked,” at line 15), but also his own speech in response to the ‘thought process’ (e.g., “and you think awe:some” line 19 and ““Oka:y what now?” line 20) and the ‘spend devil’ (e.g., “y’know then little spend devil goes”, line 23). Again, one might approach this as an extensive form of footing (Goffman, 1979), in which Mike can report the actions and talk of the ‘thought process’ and the ‘spend devil’ rather than himself as ‘Mike’. This perhaps formulates the problematic behaviour as something that Mike is not necessarily in control of – it is something that he struggles against. It places Mike, as an autonomous agent, in some degree of conflict with his own psychological processes. This account can be seen as a method by which Mike can provide a description and explanation of problematic conduct, which minimises his accountability while maximising the problematic nature of the “mega powerful” (line 5) thought process. It involves the utilisation of various psychological terms and devices, such as ‘urges’, ‘processes’, indeed even a metaphoric ‘spend devil’, that can serve to account for – indeed provide the substantive elements of – the symptoms of bipolar disorder. Which, in this case, can be glossed as ‘overspending’ and ‘impulsive’ conduct.

Getting back to the manner in which Mike provides descriptions of his own psychological interiority, one might consider that while descriptions of extraordinary events may of course be produced using ordinary and mundane sounding formulations (e.g., Jefferson, 2004a), if such events are in some sense primarily psychological dispositions, characteristics, and phenomena, one may well end up constructing what appear to be quite extraordinary accounts of otherwise mundane psychological concerns as symptoms (cf. Wooffitt & Allistone, 2005).³

³ One might consider the applicability of the quote (oft cited to Carl Sagan) that ‘extraordinary claims require extraordinary evidence’ to ascriptions and avowals concerning psychological objects.
‘Up’ Symptoms: Client Account, Therapist Question

Turning now to a different client, for some examination of categorisation practices and symptom explication that is again related to ‘ups’. However, in these extracts, in contrast to the preceding extracts, the therapist essentially fits ‘ups’ to a client’s account.

Extract 5.3A

1 Phil: OKAY (0.6) Good afternoon welcome .pt Do your bit ask your question [that you want to ask] ((smiley voice))
2 Jane: [Aw I was just]
3 wondering cause u:m: (0.7) Like I told a friend the other day I said I’ve been diagnosed with bipolar and they said um (0.4) ((clicking sound)) >They go “oh but< you don’t ;lie;” heh .hh and apparently just these two people that (0.2) she’s known like they’re com-
4 absolutely compulsive li:ars: (0.2)
5 Phil: °Oh right°=
6 Jane: =Like big time
7 (0.5)
8 Phil: [Yeah]
9 Jane: [And ] I’ve just said aw: I don’t know if that’s the thing I’ve said every case is different (0.6)
10 Phil: Well it i[::s: ]=
11 Jane: °I don’t know°
12 Phil: =Let me::: ((croaky)) .h hh (0.4) i- (. ) >Le- lets just explore this with you<0.7)

This extract is taken from the start of a session (previously examined in Chapter 4, Extract 4.1, lines 1-9) which begins with Phil providing Jane an opportunity to “do your bit ask your question” (line 1-2), and presumably indexes some talk occurring prior to the commencement of the recording. Jane then begins by introducing what may be a delicate matter, by way of “Aw I was just wondering” (lines 3-4). If one were to consider Phil’s opening question in terms of the elucidation of any possible presenting
complaint in a medical consultation, this would best be characterised as a ‘Type 1’ or ‘general inquiry’ (Heritage & Robinson, 2006).

One way of approaching this interaction, is to consider the commonplace experience that persons tell friends and family members that they have been diagnosed with a particular illness, and this may occasion the provision of a range of ‘lay diagnoses’ (ten Have, 2001b). Moreover, friends may well dispute or query the validity of any proffered diagnosis. This would not be in the form of a direct refutation, but rather, may be in the form of a kind of general questioning concerning a particular symptom that is characteristic of the illness in question. They may express surprise or confusion concerning such diagnostic news (e.g., “>They go ‘oh but< you don’t ↑li:e’”, lines 6-7). They may also warrantably provide such disconfirmatory statements in the absence of any expert knowledge (e.g., “these two people that (0.2) she’s known”, lines 7-8). Further, persons with the diagnosis may then be required by such disconfirmations to provide justifications of the validity or utility of such diagnostic categories (e.g., “I don’t know if that’s the thing” and “I’ve said every case is different”, lines 12-13).

The point I wish to make with the current extract, is that what is available for analytic examination is not an interaction in which a person provides news of a diagnostic category to another ‘lay person’ which is subject to a confirmation or disconfirmation (see Beach, 2001b, for some examination of such talk). Rather, it is an account of such an interaction that is presented to a clinician for further examination. Moreover, it is not important to consider whether such an account is an accurate report provided by Jane to Phil (i.e., that it is some sense ‘what really happened’), but one should consider that an account in this form can be provided. That is, an account given by a client to a clinician concerning a possible challenge to a diagnosis, in which what is

---

4 That is, one might consider that “context involves utterances designed to tell recipients how to hear the reported speech” (Buttny, 1998, p. 49).
at stake is the salience of a highly charged moral categorisation (i.e., ‘liar’ and ‘compulsive liars’) linked to the diagnosis.

For Jane, it would seem that to ‘lie’, to ‘compulsively lie’, to ‘compulsively lie big time’, is in some sense a significant, consequential symptom of bipolar disorder (the significance of which is bolstered by the repair at line 9 with an extreme case formulation “absolutely compulsive”, and the next-turn extreme case formulation “big time” at line 11). Note that such a symptom is provided in decidedly vernacular terms, with a family resemblance to a kind of ‘lay diagnosis’ (e.g., ten Have, 2001b), which may stand in some contrast to the symptoms of a non-psychiatric illness. One can consider several implications; with a diagnosis of ‘bipolar’ will Jane be seen as a compulsive liar? If not, does this bring into question the diagnosis of bipolar? How are the categories ‘bipolar’ and ‘liar’ related? If ‘lying’ can be taken as a category bound activity of the members’ category ‘liar’, is it also a category bound activity for members of the category ‘bipolar’? Note also that Jane does not specify that ‘just these two people’ have or can be categorised as being bipolar. In other words, in Jane’s account her ‘friend’ does not specifically identify the two people she knows as being diagnosed with bipolar. Yet, that is the hearable inference.

This relationship concerning the category ‘liar’ and ‘bipolar’ is a significant matter, given that it occurs as the first ‘order of business’ in the therapy session as introduced by the client, requires some investigation from the therapist as a trouble source (i.e., Jane’s “I don’t know” at line 16 invites further inquiry by Phil), and indeed receives considerable attention by the therapist (i.e., “>Let’s just explore this with you<”, lines 17-18) as we will see in the following extracts. While this extract does not feature the use of any specific terms one might immediately associate with ‘ups’, it serves as an important precursor to the next extract in which the occurrence and relevance of such a term becomes apparent.
Extract 5.3B

1 Phil: If you’ve ever had a tendency to tell fibs. When has that been?
2 (0.6)
3 Jane: When I was a kid.
4 (.)
5 Phil: Yeah? And in terms of your cycle of moods being a little bit elevated or a little bit low and a little bit elevated and a little bit low. Are you more inclined as an adult to fib?
6 (1.5)
7 Jane: I don’t unless it’s to my mum. (.)
8 Phil: Heh heh [heh okay]
9 Jane: [When she’s hassling me=]
10 Phil: =Yeah okay=
11 Jane: =Yeah I don’t (.)
12 Phil: You see=
13 Jane: =Um (.)
14 Phil: My my experience is that if people get a bit elevated if they [get up] excited and yep.
15 (0.2)
16 Phil: pt [Then ]
17 Jane: [ºAlrightº]
18 (0.4)
19 Phil: They get a bit grandiose And I think there is a stage of that phase. I think people can tell fibs. >I mean it feels true to them.<
20 (0.6)
21 Jane: ºYeahº ºThat’sº ºYeahº Alright

It is in this extract that we can see Phil introduce several terms related to mood elevations (‘elevated’, ‘low’, and ‘up’). Such terms feature extensively in Phil’s provision of a formulation that might serve to provide a candidate explanation for how ‘lies’ might be linked to ‘bipolar’. That is, one may have a “tendency” (line 1) to ‘fib’ (e.g., lines 1, 9, 29) when experiencing an ‘elevation’ or ‘up’ in a “cycle of ↓moods”
One may get “grandiose” (line 26) and as a result ‘tell fibs’ (lines 28-29), which notably are not really lies as it “↑feels true to them” (line 29).

Phil’s question “If you’ve ever had a tendency to tell fibs. When has that been?” (lines 1-2) projects for an answer that will involve a ‘stage of life’ category (Sacks, 1992a), some synonym for ‘childhood’. Consider that a category bound activity of ‘adult’ may be ‘lies’, but for ‘child’ it may more properly said to be ‘fibs’ – and while children can indeed lie, it is not normative to attribute the telling of fibs to adults. This of course trades on the differential accountability of a whole host of psychological acts and dispositions, where telling a lie (a morally questionable act) entails that the teller has knowledge of the lie as an accountably intentional, volitional act that one may be culpable for (e.g., Atkinson & Drew, 1979; Edwards, 2006b; Lynch & Bogen, 1996). However, telling a fib may entail a less stringent application of moral accountability. This defuses potential problems that may be associated with Phil making inquiries which are predicated on assumptions concerning Jane’s propensity to lie. Phil can recast or reformulate ‘lie/lying’ as ‘fib/tell fibs’, and can thus link the category ‘adult’ with the category bound activity ‘fib’.

Note also that Phil provides for two ‘dispositional’ terms, a “tendency” (line 1) and “inclined” (line 9), which also works towards providing a softening of moral accountability. Jane may have a tendency or inclination under specific circumstances to tell a fib, in contrast to having a more-or-less intentional disposition to lie. Such a ‘set-up’ is a somewhat delicate matter, and as we can see Phil’s attempts are not entirely successful, with Jane providing a declination “I don’t” (line 11, which is repeated at line 15). Again, the issue of moral accountability is relevant, with Jane providing a disclaimer that she doesn’t tell fibs “unless it’s to m(h)y m(u)h(m)” (line 11). Jane’s

---

5 Sacks has a number of relevant comments on such matters, for example on ‘Class 1’ versus ‘Class 2’ rules and childrens’ distinctions between ‘lies’ and ‘secrets’ (Sacks, 1992a, p. 78-79). See also Everyone has to Lie (Sacks, 1975).
within-speech laughter invites laughter from Phil (Jefferson, 1979, 1985), and Jane further insulates herself from moral challenge by providing a justification that telling fibs to her mum occurs “Wh(h)en sh(h)e’s h(h)assling me” (line 13).

Phil then changes tack and moves away from consideration of Jane as a specific case, and provides a more general formulation in terms of his “experience” (line 18). This allows Phil to pursue the line of inquiry pertinent to ‘lying’ and a possible link with mood elevations, and also provides for a demonstration of his professional competence as someone who may warrantably pursue such an inquiry. Here, a ‘cycle of moods’ is decoupled from any particular symptoms, such that an underlying ‘mood’ is likely to be related as a casual factor (i.e., “in that phase”, lines 27-28) for any symptoms (i.e., ‘lying’, ‘telling fibs’, and ‘being grandiose’). Nonetheless, Phil is still attentive to the moral implications of such a formulation, with his further softening of ‘fibs’ as evidenced with “>I mean it ↑feels true to them.<” (line 29). A ‘lie’ is something that a person knows is untrue or deceptive, in constrast to a ‘fib’ which is something that feels true. Jane’s tentative acknowledgement of this formulation projects for a more detailed explication from Phil. In short, what might be expected to occur on Phil’s next turn is something which bolsters the formulation, perhaps in the form of some kind of account which indexes Phil’s professional knowledge.

Extract 5.3C

1 Phil:   And I did actually have the case of the guy who
2 pretended he was Lord somebody or other Strathmore or
3 someone (0.2) .hh and wandered into car dealerships in
4 Glasgow and bought Rolls Royces .h and managed without
5 a cent to his name to buy three rolls Royces in a day
6 (0.2) .pt [Or two actually]
7 Jane:             [Lucky bugger]
8 (0.2)
9 Phil: .hh Ah (0.2) >Well he didn’t have any money and they
10 never actually c- turned up [but]=
11 Jane:             [Oh ]
Here, Phil provides a story that bolsters his initial formulation, and which can be seen to achieve a number of related tasks. Again, Phil provides for a demonstration and a performance of his professional competence (e.g., Radley & Billig, 1996) which makes warranteable his formulation, by providing an account concerning a previous “case” (line 1). Note that Phil’s use of ‘case’ may well be a recycling of Jane’s use of ‘case’ as detailed in a previous extract (“I’ve said every case is different”, Extract 5.3A, line 13). Consider also that Phil does not introduce this ‘case’ with something of the form ‘And I had a client who’, but provides for a more authoritative account with the preface “did actually” (line 1). This serves to mark this particular case as notable, and the use of “the case” (line 1) and “of the guy” (line 1) further provides for a measure of its significance, as something that may well be of note among a community of professionals (consider the more general ‘a case’ and ‘of a guy’ might sound less remarkable).

Jane’s subsequent assessment, “Lucky bugger” (line 7), works in a kind of ‘the end justifies the means’ sense. If one could walk into a car dealership and get expensive cars without paying a cent, one would most likely be considered a ‘lucky bugger’. However, if one were to focus on the moral issue of deception, or lying, or indeed telling a fib, categorising such an individual as being a ‘lucky bugger’ might be problematic, as this would entail a tacit approval of morally questionable actions. Phil attends to this with an extension to his account of ‘Lord Strathmore’, that “he didn’t
have any money” (line 9) and that the cars “never actually c- turned up” (line 10). This serves to bolster his formulation concerning ‘lies’ and ‘bipolar’, and provides a means by which he can tie the formulation back to the initial problem of Jane’s account concerning her friend, with “I think that’s what they may be referring to” (lines 13-14). Jane accepts this with the overlapping agreement tokens “ºRightº” and “ºOkayº” (line 15).

This then serves as a kind of topicalisation of the components of Phil’s formulation, and he proceeds to directly ask Jane at line 17 “what are your ups like?” (cf. Extract 5.1A, lines 4-5). In short, a client’s initial concern, or formulation, packaged in an account involving reported speech, can be transformed or reformulated (Davis, 1986) into a psychological problem, rather than being attended to as a matter that is solely a moral concern.6

Note that the first extracts featuring Mike (Extracts 5.1A-5.2) are notable in that it is the client that provides detailed descriptions of symptoms in the absence of overt prompting by the therapist. In the later extracts featuring Jane (Extracts 5.3A-5.3C), we see the therapist attempting to ‘fit’ relevant symptoms into a categorisation that may be problematic.

‘Down’ Symptoms: Client Initiated Account

Consider the following extract which provides for some discussion concerning what could be glossed as the cardinal symptom of a ‘down’, talk that features some consideration of suicide. In other words, talk that indexes what might be glossed as a person demonstrating ‘suicidal ideation’, expressing ‘suicidal feelings’, or contemplation of a specific ‘suicide plan’ (APA, 2000, 2002).

---

6 For some explication of how therapists and clients coproduce ‘delicate’ objects as delicate objects in HIV counselling settings, see Silverman (1997, p. 63-88).
Extract 5.4A

1 Mike: =I'll just call- I’ll just ring the bank up (. ) later on. .hhhhhh Now how am I travelling well that is a very good ques$tion (. ) and (. ) >°good question to start off with I suppose but ah°< .hhhhhh (0.6) This is what happened.= When did I see you last?
3 Mike: [Last week was it?]
4 Phil: =days ago.>
5 Mike: Right. .hhhhh Well I took the ↓plunge (0.5) and [flew ]
6 Phil: [(You-)]
7 (0.4)
8 Phil: ↑Oh.
9 (0.2)
10 Mike: .hhhhh On::: s:: I saw: you, then saw my psychiatrist on the Thursday=
11 Phil: =Yes.
12 (0.3)
13 Mike: And he said ↑wull (0.3) go and test the waters a bit (. ) see how- see what it’s like (0.3) .hhhhh I __flew up North Saturday afternoon?
14 Phil: Yeah?
15 (0.3)
16 Mike: .pt .hhhh Arrived h >I had to take a valium to get on the plane (0.3) I thought that’s not a good start. (. ) But I’ll try anyway.<=
17 Phil: =>Yeah.<

This extract is taken from the start of a session, and after some preliminaries concerning payment for services rendered, Mike initiates a topic change with an extended inbreath (“.hhhhhh” line 2) and then attends to providing an answer to a previous inquiry by Phil (“How’s Mike been travelling” – not presented in the extract) “Now how am I travelling well that is a very good ques$tion” (lines 2-3). This, and the rest of Mike’s turn, serves as a pre-announcement sequence (Terasaki, 1976) that foreshadows a troubles telling (Jefferson, 1980). This might also be approached as the provision of a response to a ‘Type 4’ or ‘how are you?’ question (Heritage & Robinson,
2006), which I draw attention to as Mike’s recycling of the question serves as the preface for an extended account that essentially sets the ‘scene’ for the session.

Mike’s “.hhhhh Well I took the ↓plunge” (line 9) indexes previous talk (presumably from the immediately prior session) and also can be seen to foreshadow that an account will be produced in which there may be detail concerning some outcome which flows from events subsequent to Mike’s flight “up North” (lines 20-21). There are a number of such turns in this and the subsequent extract, with “go and test the waters a bit” (line 19) and “I thought that’s not a good start” (line 25) forwarding what is likely to be the delivery of some kind of relevant ‘object’, or ‘news’ of some kind (e.g., Maynard, 1997, 2003).

Moreover, it would seem that such a delivery may well involve the delivery of ‘bad news’, which is further foreshadowed with Mike’s “had to take a valium to get on the plane” (lines 24-25), the significance of which is made clear with the immediately following evaluation “I thought that’s not a good start” (line 25). This is followed by “But I’ll try anyway” (line 26) which works to position Mike’s undertaking to ‘fly up North’ as entailing considerable challenge. Nonetheless, this also denotes that Mike approached the challenge with some degree of determination.

Note also, that following Mike’s initial announcement at lines 9 and 10, and Phil’s overlapped and cut-off “You-” (line 11) and the surprise token “↑Oh.” (line 13), Mike undertakes some repair of the trouble source by providing some more ‘background’ detail on what ‘the plunge’ indexes. What is of interest here is that Mike provides an account concerning seeing his psychiatrist using direct reported speech (Holt, 1996) “And he said ↑wull (0.3) go and test the waters a bit (.) see how- see what it’s like” (lines 19-20). The significance of such a report is that Mike’s account implicates his psychiatrist as a major factor in any actions that he is reporting – it makes

---

7 Note also the metaphoric link between the idiomatic expressions ‘took the plunge’ and ‘test the waters’.
the psychiatrist accountable (at least in part) for Mike’s flying ‘up North’, and as such Mike can make accountable his actions as reasonable (i.e., following advice from his psychiatrist). This could be seen as a reversal of a delivery of diagnostic news from a clinician to a client (e.g., Maynard, 1991b, 1997), in that Mike’s story may detail particular symptoms leading to a specific outcome, the significance of which can be evaluated post-hoc by Phil.

Extract 5.4B

1 Mike: .hhhhhh
2 (0.5)
3 Phil: And what was that concern about?= Just being on the
4 plane or=
5 Mike: =Just going to Carville by myself=
6 Phil: =>Oh right. Okay.<=
7 Mike: =try and see if I can (0.2) y’know start again.
8 .hhhhhhhhhh Okay I got into the airport okay, (1.2) had
9 dinner that night with some friends,=
10 Phil: °Mhm°=
11 Mike: =feeling a bit edgy but- (0.5) reasonable. (.)
12 Phil: °Mhm°=
13 Mike: =Just (.). I was tired so I thought maybe I’m just
14 tired, .hhhhhhhh a:n:d >did all the< (0.5) ( ) u::m
15 housekeeping things, picked up my dog took him back th-
16 that Saturday night, and we settled in for the evening
17 (.). >didn’t really feel like doing much y’know<=
18 Phil: °Mhm°=
19 Mike: =.hhhhhhhh and ah didn’t even feel like planning my
20 fishing ( ) just tired (.). and ah (.). sure
21 enough, I woke up Sunday morning, (0.8) miserable.
22 (0.4)
23 Phil: °Mhm.°
24 Mike: But more than miserable, [suicidal.]=
25 Phil: [Okay. ]
26 Mike: =Again.

Mike provides an account of events subsequent to his arrival in Carville, in which its most notable features are decidedly unremarkable and mundane (cf. Sacks,
1984b). Mike reports that he “had dinner that night with some friends” (lines 8-9), that he “did all the housekeeping things”, that he “picked up my dog”, and “settled in for the evening” (lines 14-16). In other words, Mike’s account is one whereby he is ‘doing’ being an ‘ordinary person’ (Sacks, 1984b). This serves to make the revelation that Mike woke up Sunday morning ‘suicidal’ all the more dramatic. Consider also that Mike produces an account in which he initially “thought ↑maybe I’m just tired” (lines 13-14), with his later realisation (of something that sounds inevitable) that “sure enough” he woke “miserable” at lines 20 to 21, which is extended with “But more than miserable, suicidal” at line 24 (cf. Jefferson, 2004a, on ‘At first I thought X, then I realised Y’).

Mike does not come right out and say he was ‘suicidal’, instead he constructs his account in such a fashion as to deliver the ‘bad news’ as a kind of ‘joint activity’ (Maynard, 1991b). One might approach this as Mike delaying the bad news, in order to get some sense of what Phil’s perspective on such news is likely to be, as a kind of client initiated ‘perspective-display series’ (e.g., Maynard, 1991b, 1997). In addition, by delivering such news in this form, Mike can invite Phil to provide comment on the significance of the ‘preindications’ to the actual delivery of the news item itself (Schegloff, 1988). In this regard, Mike provides a slot by which Phil can make such comment (line 2), and Phil asks a question to clarify the “concern” across lines 3 to 4, to which Mike provides the response “Just going to Carville by myself” (line 5) to “try and see if I can (0.2) y’know start again.” (line 7).

However, providing such an account (i.e., that one felt/feels ‘suicidal’) is not without considerable risk, when one considers that bipolar disorder could be seen as having the highest risk of all psychiatric conditions for suicide attempts and completions (see Oquendo & Mann, 2006, for recent overview), and as such the provision of an account that one felt/feels ‘suicidal’ may well require a clinician or
therapist to directly attend to evaluating the likelihood of any such risk with a client. I will now turn to an examination of such issues in the next two extracts.

Extract 5.4C

1 Phil: Oh: right=
2 Mike: =Mm. .hmmm [And ]
3 Phil: [And-] and what did you need when you [felt that]=
4 Mike: [Yeah ]
5 Phil: =what did you need.=
6 Mike: =.pt >I needed to have someone to hold my hand needed-
7 I needed some company.<
8 (0.2)
9 Phil: °Yeah, okay.°
10 (0.2)
11 Mike: >Was just me and my dog< and we sat there on the couch
12 >and I (slept/sat) on the couch< and I thought. (.)
13 Okay.= Bugger this.= Maybe it’s just now. Maybe it’ll
14 pass. [.hhh]=
15 Phil: [°Mm°]
16 Mike: =So I got the dog and went for a walk,=
17 Phil: =Mhm=
18 Mike: =around town.= And I just .hmmm I was looking around
19 town (1.2) going (0.5) what am I doing here?
20 (0.4)
21 Phil: °Mm::°=
22 Mike: Who am I? (.) Where do I belong.
23 (0.3)
24 Phil: °Mm::=
25 Mike: =Do I belong here? .hmmm I felt this in (.) tense
26 intense .hmmmmmm sadness (.). loneliness (0.6) that
27 (lost/loss) feeling.
28 (0.3)
29 Phil: °And disconnection.°
30 (0.2)
31 Mike: Absolutely.
32 Phil: °Mm::°=
33 Mike: =Completely disconnected with the whole world. (0.2)
Note that while Phil does produce a surprise token (line 1) in response to Mike’s report of waking up ‘suicidal’, it is not produced directly adjacent to ‘suicidal’, rather, it is following ‘again’. In other words, Phil does not provide for an overtly surprised or markedly perturbed response to Mike’s revelation of what might be considered a troubling development, as possibly a kind of relapse. Rather, he proceeds to take a turn to ask Mike “what did you need when you felt that” (lines 3-4) with a repeat “what did you need.” (line 6). Mike’s delivery of the ‘bad news’ that he woke up ‘suicidal’ (‘again’), and Phil’s receipt, is produced in a smooth interactional trajectory with latched and overlapping utterances. However, Phil does take a turn at talk which serves to cut-off Mike’s turn, and as such, his question can be seen to be a kind of directive question. Note that Phil does not in any sense do a disconfirmation of what Mike has said, but moves quickly to asking a question in which the practical significance of ‘suicidal’ can be elucidated by Mike. This, then, could be seen as providing an opportunity for Mike to provide a reformulation concerning the ‘suicidal’ feelings that might present more specific issues that Phil can pursue, with ‘suicidal’ a kind of gloss.

Of interest is Mike’s latched response, that is delivered with more rapidity than the surrounding talk, that “I needed to have someone hold my hand needed-I needed some company<” (lines 7-8). Mike provides a reported thought description of some practical self-advice in response to his troubling thoughts/feelings “and I thought. (=.) Okay. = Bugger this.= Maybe it’s just now. Maybe it’ll pass.” (lines 14-15). Mike then reports doing something that is, again, quite mundane and unremarkable – “So I got the dog and went for a walk” (line 17).

Extract 5.4D
1  Phil: [“Yes.”]
2  Mike: [.hhhhh] And I thought well this is not very good.=
3            =And I felt panicky, and depressed. (0.4) And >yeah
4            suicidal.< .hhh Not (.) °I mean obviously° I always say
this to you.= Not that I’d do it. (0.2) But (.)

[(                )]=

Phil: [>YEAH YEAH YEAH.<]

Mike: =are there. Y’know. .hhhhhh And I (.) went home, I

thought okay I’ll sit down see if I can watch some
telly maybe that will keep my ↑mind off things. .hhhh
And I just burst into tears, an: just talk- talked to
the dog.

(0.5)

Phil: °°Mm°°=

Mike: =And I said dog (.) wh- we’re here on our own mate, (.)
˃this is jus- this is it,˂ this is as h- good as life
gets.= And that made me cry even harder [.hhhhhhhh=

Phil: [°Mm°

Mike: =and then I thought (0.3) °okay well what am I gonna°
do? (0.8) And I packed the car, and drove two days:
(0.4) back to Town. (0.2)

Mike attends to the possible practical and moral issues that declaring that he felt
suicidal may entail, by minimising or softening the implication that he will, or would,
actually commit suicide “Not (. ) “I mean obviouslyº I always say this to you.= Not that
I’d do it.” (lines 4-5). This also attends to the possibility that Phil may misconstrue the
practical upshot of Mike’s account detailing the extent of his unpleasant and
troublesome feelings. Phil quickly provides for diffusion of such an uptake with his
overlapping, fast paced, and more loudly delivered “YEAH YEAH YEAH” (line 7). In
other words, the reporting and discussion of ‘suicidal’ feelings is treated by participants
as an ordinary kind of thing. Ordinary in the sense that, if talk about ‘suicidal feelings’
was seen to be linked to actions that one might associate with such feelings (i.e., the act
of suicide), then this would be a decidedly non-ordinary matter.

However, in such talk there is the risk that the upshot will be one of a more
literal quality (e.g., ‘suicidal’ as a measure of suicidality) or that such a claim is
rhetorically weak and may be challenged (e.g., ‘suicidal’ as an exaggeration of how one
might be feeling). In this sense, Mike’s talk of feeling ‘suicidal’ can be approached as
involving the use of extreme case formulations (Pomerantz, 1986), with ‘suicidal’ as the extreme term. Moreover, given that Mike provides an unchallenged qualification of the term, it would appear that it is intended to work in a kind of nonliteral, ‘as-if’ manner, that might index Mike’s stance towards the substantive elements of his descriptions (Edwards, 2000). In this sense, talk of feeling ‘suicidal’ here works towards establishing the legitimacy of Mike’s account of his problems and attempts to overcome them, invites Phil to be an active participant in a troubles telling (in which the substantive concern is not suicidality), and sets the scene for further inquiry with the delivery of a kind of practical conclusion (“And I packed the car, and drove two days: (0.4) back to Town.”, lines 20-21). In short, Mike’s account of feeling ‘suicidal’ makes warrantable the subsequent two day car journey back to Town.

With regard to the conclusion (‘driving back to Town’), consider also that Mike provides some description of undertaking some mundane activities that might in some sense diffuse or ameliorate the panicky, depressed feelings with “I thought okay I’ll sit down see if I can watch some telly maybe that will keep my ↑mind off things.” (lines 8-10). However, while engaged in such a mundane activity as ‘watching some telly’ Mike reports that he “just burst into tears” (line 11). This might be approached as a kind of variant of what Jefferson describes as a ‘I first thought X, then I realised Y’ device which might serve to normalise extraordinary events (Jefferson, 2004a). Mike describes ‘doing X’ (‘watching telly’ – a normal, unremarkable, non-psychological activity) and then ‘doing Y’ (‘burst into tears’ – a notable, psychological activity that is made more remarkable by directly following X). Note also how Mike produces an account featuring direct reported speech (Holt, 1996) detailing interaction with his dog “And I said dog (. wh- we’re here on our own mate” (line 15), which serves to make more salient, or contextualises (Buttny, 1998), an account of loneliness and isolation. This is followed by a summary of the bad events with the cliché “this is as h- good as life gets.” (lines
which might serve to bolster his account against possible challenge (e.g., Antaki, 2007; Drew & Holt, 1988). In other words, Mike’s conclusion (going ‘back to Town’), is produced as a more-or-less inevitable occurrence.

Now, rather than Mike’s account being considered as relating to a ‘down’, as a kind of ‘depression account’, one might consider that it might also be described as relating to experiences of a ‘mixed affective state’. Regardless, it does detail his attempts to interpret the significance of his own responses to a variety of activities, and indeed his attempts to engage in mundane, normal pursuits to stave off or minimise distressing and troubling psychological states. In this regard, let us turn to some examination of materials in which there is some description of instability, which we might loosely characterise as indicative of ‘mixed’ presentation.


Extract 5.5

1 Phil: .pt And Jane if you look at the last week (0.3) or two weeks since we last met (.). hh has there been an occasion where that’s happened you’ve gone from feeling okay (0.5) quite good to (0.6) ↓through.
2 (0.6)
3 Jane: .pt (0.4) ↑U:mm: (4.6) Mhm:: (0.5) Nah not in the last couple of weeks not that I remember.
4 (0.3)
5 Phil: °Okay° (0.6) So what has the last couple of weeks been like?
6 (0.6)
7 Jane: Um (1.5) been getting more aggro than usual (1.7) um (0.9) but I could feel it coming on kinda thing (0.3)
8 Phil: Mhm.
9 (0.4)
10 Jane: And I’ve just gotten to the stage where I might just (1.1) Everyone get away from me or’s I’m gonna (0.3)
11 Phil: °explode° (1.1) °Ah:a:i° (0.7) And what’s your: radar telling you.
12 (0.2)
13 Jane: t’s (.). [Tell] everyone get the fuck away from me
14 Phil: [( )]
Here Phil asks Jane if she has had a transition from “feeling okay”, “quite good”, to “↓trough.” (lines 3-4). Note the prosodic features of ‘trough’ which emphasise a kind of ‘bottoming out’, a ‘flatness’, as something that stands in contrast to ‘okay’ which is delivered in a more emphatic manner. While Jane provides her negative response across lines 6 and 7 in a dispreferred turn structure, she does provide a display that she is giving the question some consideration, with a sequence comprising a number of ‘reflective’ type tokens, including the lip-smack “pt”, higher pitched and elongated “[U:m::]”, significant pause (4.6 seconds), and then the elongated “Mhm::”. Note that Jane does not entirely discount the possibility of ever having such a transition, nor does she discount having the transition in the “last couple of weeks” (lines 6-7), but rather her response is “not that I remember” (line 7). In other words, the description that Phil has provided, while not appropriate in this instance, is something that is understandable to Jane.

Phil provides an acknowledgement ““Okay”” (line 9) and then asks a more general, open ended question, that provides Jane with a turn in which she can detail “what the last couple of weeks has been like” (lines 9-10) rather than elaborate and extend Phil’s initial question. Jane’s response “been getting more aggro than usual” (line 12), as it turns out, works towards providing a description of a kind of ‘feeling’ that is the opposite of Phil’s initial suggestion (i.e., ‘okay’ to ‘trough’). While this positions ‘aggro’ as something that is normative for Jane (i.e., ‘more’ than ‘usual’), she packages an account of its significance across several turns. The sequential contrast ‘but’ at the start of Jane’s utterance “but I could feel it coming on” (line 13), and the additive marker ‘and’ (see Schiffrin, 1987, on the use of discourse markers but and and) occurring at the start of her next turn “And I’ve just gotten to the stage where I might just” (line 16), works towards providing a sort of accountability framework by which
she can make declarative utterances such as “Everyone get away from me or’s I’m gonna” (line 17) and “tell everyone get the fuck away from me” (line 21).

Such a ‘build up’ and its demonstrable orientation by both participants as such, can be seen in Phil’s successful (i.e., unchallenged) turn completion “‘explode’” (line 18). This, for Phil, is also a matter of some significance, something interesting, with his acknowledgment “‘Ah:a:’” (line 18) appearing as a kind of ‘newsmarker’ (Heritage, 1984a; see also Hutchby, 2005, pp. 317-332), and as something that perhaps marks the significance of this as a psychological matter. With regard to its significance, consider that this directly follows interaction which has featured an extended discussion concerning ‘aggro’ and what might be glossed as Jane’s extreme defensiveness towards other people.

In this extract, in contrast to the preceding extracts, the therapist’s initial formulation pertaining to possible ‘ups’, ‘downs’, and so forth is rejected by the client, who proposes an alternative formulation (i.e., ‘getting more aggro’). It is worthwhile to note that this extract precedes a lengthy discussion in which Jane provides an extended account concerning a dispute with her sister, which becomes a topic for extended discussion in which Phil works at producing candidate formulations concerning the underlying cause of such disputes.

‘Mixed’ Symptoms: ‘Racing thoughts’, ‘Negativity’

The following extract details interaction occurring subsequent to Phil’s suggestion to Mike that if he were to take three months leave from his employment, he might have some work available for him as a carer for a disabled person. Mike raises the possibility of undertaking some gardening work.

Extract 5.6

1 Mike: =>I mean that wouldn’t be a problem (and I like)< .hhhh
2 Cause. I’ve found also I mean last week before that-
3 that trip up north .hhh I’d been helping dad a lot in
the garden.

Ph: "Oh right"

M: I’ve mowed the lawn for him I’ve done the weeding

Ph: [Well] Mike I can use you nevermind anybody else

[<subdued laughter>]

M: [HEH HEH HA HA HA I’ve found it very therapeutic] cause even though .hhh I still have the racing thoughts and the negativity and stuff=

Ph: =Mm.

M: I’ve been able to push em aside a little bit (.).

Ph: [Mm] [Mm ]

M: And it wouldn’t annoy me as much [if] I was mowing=

Ph: [Mm]

M: =the lawn or (.)[in the garden and so forth]=

Ph: [Yeah yeah. I understand.<]

M: =.hhh And that was really quite nice (0.2) And when I finished with it (.). the negative thoughts would come back but they wouldn’t come back as far (.)

Ph: Okay=

M: =towards say the frontal lobe.

(0.7)

M: Whatever [that means]

Ph: [Okay. ] Okay.=

M: =Heh heh=

Ph: =I- I understand what you mean.=

M: =.hhh U:mm so that’s (.). that was something I was thinking about.= It’s it- >cause it would be< .hhhh it would be um not very taxing on my (0.2)

Ph: Yes. (.)

M: My brain, .hhhhh but it’d also (.). keep my occ[upied]

Ph: [Okay ]

yeah which is why the PhD is probably a step too far.=

Ok okay I hear you. .hhhhh U:mm: (0.5)

Consider Mike’s description and formulation concerning “racing thoughts” (line 13) and “negativity and stuff” (line 14), which are ubiquitously presented as symptom
descriptions of bipolar disorder in vernacular and professional accounts, with ‘racing thoughts’ associated with hypomanic, manic, and mixed episodes; ‘negativity’ with depression and mixed episodes (APA, 2000, 2002; WHO, 1992).

Mike’s account concerning ‘mowing the lawn’ and ‘doing the weeding’ provide for a formulation that relatively mundane chores can serve as “therapeutic” (line 12) activities that enable him to minimise the deleterious effects of the ‘racing thoughts’ and ‘negativity and stuff’. Mike reports that he has “been able to push em aside a little bit (. ) further back” (lines 17-18). In a sense, this works as a form practical self-advice (note how this is presented by Mike as a kind of empirical fact, with the preface “I’ve found also” at line 2) concerning what one might do with troublesome ‘thoughts’, which plays on an idiomatic expression (of the form) ‘to put to the back of one’s mind’. Engaging in some ostensibly non-mental, physical activity, such as mowing a lawn or weeding, might allow one to essentially ‘push’ such matters out of one’s awareness, out of one’s mind. This, notwithstanding Mike’s report that “the negative thoughts would come back but they wouldn’t come back as ↑far” (lines 25-26).

So far so good. But, what are we to make of Mike’s claim concerning the return of the ‘negative thoughts’, albeit not as far “towards say the frontal lobe”? (line 28). We might describe Mike’s claim as entailing the provision of a kind of ‘lay diagnosis’ (e.g., Beach, 2001a; ten Have, 2001b) which might serve as a tentative explanation for his symptoms requiring further elaboration by Phil (e.g., Gill, 1998); or as the furnishing of a kind of sense making narrative (e.g., Kangas, 2001); or perhaps Mike is talking beyond his competence as a non-psychologist (e.g., Salzinger, 2003), using jargon (e.g., Pilnick, 1998), or exhibiting a kind of ‘protoprofessionalisation’ (e.g., Hak & de Boer, 1996). Another possibility is that we might describe Mike as being simply conceptually misguided or in error (cf. Chapter 3 and McHoul & Rapley, 2003, 2006; Sharrock & Coulter, 2006) when making such an utterance – considering that he does provide for at
least a partial discounting (and invitation for Phil to provide some comment) of it with “Whatever that means” (line 30). And if that is the case, should one approach Phil’s assertion of “I- I understand what you mean” (line 33) as further compounding such conceptual confusion?⁸

As Mike has made clear, he can ‘push em aside’ – ‘further back’, and this logically entails that on their return they may move forward, say towards the front of ones mind. Mike’s use of ‘frontal lobe’, then, is not something that is in a sense technically incorrect, that is to say, an increase in troublesome thoughts is in some sense related to the operations or functioning of the ‘frontal lobe’, but rather, is more or less equivalent with saying that such thoughts might not be appropriately described as being at the ‘forefront of one’s mind’. In other words, even if ‘frontal lobe’ is a misguided metaphor, it is perfectly consistent with talk concerning such things as ‘thoughts’ and ‘brains’, and as it turns out, particular kinds of work.

Mike then provides for some justification of undertaking similar kinds of activities, as they ‘would not be um very taxing on my brain’ (lines 36-38). Consider Sharrock and Coulter’s critique of Churchland (Sharrock & Coulter, 2006, p. 284-285) concerning the sense (or non-sense) of talking about whether Jack remembers, or Jack’s brain remembers. In the current case, Mike does not say that certain activities would be taxing for him, rather, they would be taxing for his brain. But this does not entail that Phil should then, in making comment about Mike working on a PhD, suggest that it is a ‘step too far for your brain’. Such talk is perfectly understandable as Mike making a claim to having a preference for particular kinds of work (i.e., gardening, weeding, and mowing the lawn) and not others (i.e., his current employment ‘up North’ or his PhD studies). It is not Mike that has a problem, or indeed a particular preference, it is

⁸ Another candidate description: Mike recognises a potential mistake has been made, and then begins to provide a self-correction and invitation for other-correction, which is not forthcoming. Rather, Phil does an acknowledgement, and following Mike’s laughter provides an acceptance (cf. Jefferson, 2007).
accountably his *brain* (one might consider this a kind of ‘footing’, Goffman, 1979). In other words, Mike can provide a kind of *therapeutic* justification for undertaking or not undertaking particular activities, using symptom-talk, which in other contexts might be difficult to defend.

**Contrasts**

Now, while the preceding analysis has featured examples of symptom production focused on descriptions of ‘highs’, ‘lows’, and some ‘mixed’ types of ‘symptoms’, and has demonstrated that such distinctions may be inherently fuzzy and overlapping, of some interest is the manner in which accounts may be provided that demonstrably *contrast* particular states against others. Consider also that the canonical feature of bipolar disorder, as opposed to a *unipolar* affective disorder, is alternating and contrastive periods, episodes, or phases of ‘mood lability’. It is the changes, the transitions, the ‘cycling’ (Baethge et al., 2003; Kraepelin, 1921) that is of central concern. Notwithstanding that the production and recognition of any specific account concerning the symptoms of problematic mood functioning relies upon some normative assessment entailing current functioning, how might accounts be produced that feature *explicit* comparison between, for example, a previous ‘low’ or ‘high’ with a currently unremarkable level of functioning? That is, unremarkable in the sense that any account provided by a client concerning *what things are like right now* is more-or-less likely to involve detail of some previous occasion that *is* notable.

While I have provided categorisations of extracts as being representative of particular phases, or of transitions from discrete episodes, this is not to say that such categorisations are the most appropriate, particularly if one were to approach such an exercise as a clinical matter. What I have sought to do is collect examples where the participants explicitly enunciate a current level of mood functioning in contrast to some previous functioning. And, as we shall see, such contrastive work often involves a
degree of contestation over the relative significance of descriptions of past, and current, functioning.

**Current Low, Recent High**

Extract 5.7A

1 Phil: =An- and in terms of (0.5) bottom of the sweep .h (0.6)
2 how: where are you i- in- it- (0.4) °e*:° are you
3 saying you’ve (0.7) gone through the trough
4 [(
5 Kate: [( ]) I’m still really quite low I’m not
6 [I’m certainly not ]=
7 Phil: [>Yeah yeah no I’m picking that up<]
8 Kate: =I’m not u:m: (.) yeah not- not high up there it-
9 [(
10 Phil: [You’re not] no you’re definitely not=
11 Kate: =mum loves me when I’m like thi*s tho*u:gh °because I*’m
12 no* dra:*ma:*°
13 (0.7)
14 Phil: Y:e:a:h (0.3) .h No you are y- y- you’re quite qui:et
15 (.).
16 Kate: Yea(h)h ha ha ha ha ↑ha=
17 Phil: =You are (()smiley voice))
18 (.).
19 Kate: .hh Hm=
20 Phil: =Yeah you’re quiet I mean in a in funny sort of way
21 it’s quite easy being with you=
22 Kate: =↑M↓hm
23 (.).
24 Phil: Right. Because you’re not thinking °°far out°°
25 [where’s] she going now an- and you don’t=
26 Kate: [↑Mhm ]
27 Phil: =have to race to keep up with you (.)

Phil’s initial question constrains the type of response that Kate can provide, in that it relates specifically to the “bottom of the sweep” (line 1) and requires Kate to assess “where are you i- in- it-” (line 2). Note the repair of “how:” to “where” (line 2), with ‘how’ possibly allowing or inviting Kate to provide an assessment of the relevance of the question itself, with ‘where’ allowing for a more ‘closed’ question format that
invites an assessment in relation to ‘the bottom of the sweep’. Regardless, in the repaired version, Phil produces a question that invites Kate to provide an upshot formulation (“are you saying you’ve”, lines 2-3) concerning whether she has “gone through the trough” (line 3). What this is predicated on is the notion that Kate ‘goes through’ different mood states, and a common metaphor used for such descriptions is one of a ‘wave’, with the bottom of the wave corresponding with depressive states, the top of the wave with hypomaniac and manic states, with the midpoint more-or-less corresponding with periods of normal (or at least unremarkable) functioning. Indeed, pictorial depictions of such a ‘wave device’ are ubiquitous in the clinical literature (e.g., Greil & Kleindienst, 2003, p. 42) and in popular accounts (descriptions of which occur routinely in the current data corpus).

Now, if one has gone through the bottom of a trough, presumably one is now moving out, and up. In other words, one might consider that ‘the worst is over’. However, this could be of concern, as there may be a danger that while Kate may not be at the low point with regards to a ‘down’ or ‘depressive’ phase, she may be on the way ‘up’ – in other words, heading towards an equally problematic state with a ‘high’. In this regard, Kate’s delivers her assessment, packaged with extreme case formulations (Pomerantz, 1986), that she is “still really quite low”(line 5) and that she is “certainly not” (line 6) “high up there” (line 8). Indeed, Phil’s acknowledgment, in the form of an agreement, is also packaged as an extreme case formulation “you’re not no you’re definitely not” (line 10). Now, while this points to an issue that might be of some concern, namely, that there might be some grounds for a dispute on the most appropriate description of just where Kate is in regards to the ‘sweep’, note how it is not constructed as in some sense remarkable, as something that is problematic.

Interestingly, Kate provides for an other-assessment across lines 11 to 12 that her mum “loves” her when she is “like thi*s tho*ugh” (i.e., when she is ‘low’), and provides the
explanation that this is “‘because I’m no drama.’ In other words, there is an upside to how Kate is currently feeling, that people think she is no drama.

Phil then provides an assessment that Kate is “quite quiet” (line 14) which he emphasises (“You are”, line 17), and then repeats “yeah you’re quiet” (line 20) with an explanation “I mean in a funny sort of way it’s quite easy being with you” (lines 20-21). Now, what that ‘funny sort of way’ might be doing as a preface to an explanation, is that it might serve as a kind of softener (e.g., Edwards, 2000) for what might be taken as a negative evaluation. Further, such a forthcoming evaluation is concerned with something that might be problematic (i.e., being ‘low’) in relation to some other thing that might be problematic (i.e., being ‘high’). Phil provides a positive assessment, in a framework that is essentially a dichotomy (‘low’/’high’) with his “Right because you’re not thinking far out [where’s] she going now an- and you don’t==have to race to keep up with you” delivered across lines 20 to 24.

In other words, while Kate’s current level of functioning is perhaps of concern, it is at least a bit better than her previous level. Of course, the delivery of such an assessment might be fraught with peril, with the moral implications of such assessments a delicate matter requiring some attention. Consider the next extract in which such matters are dealt with.

Extract 5.7B

1   Kate:  Mm=
2   Phil:  =So that’s quite interesting so mum likes you like this
3       so- so- you’re- .h so that’s quite interesting
4       ((stutter 0.6 sec)) how does that feel that mum likes
5       you when you’re a bit (.) sort of (0.2) .h l::o:w
6       (.)
7   Kate:  U:m (0.7) it- a- it- (.) that was a- that had a lot to
8       do with the fact that I was (.) seeing things as ups
9       and downs ;before [the sort of]=
10  Phil:   [°Yeah°
11  Kate:  =the old information that was out th*ere a*bout
bi*pola*r i*t's I* thi*nk th*a*t hh (0.3) you have a ( )
high and a low and I don’t think that’s necessarily a
good way of putting thi*ngs (0.5) because .hh I think
that then means that there’s a se- a sense of I don’t-
unacceptability for half of yourself (. or so*methi*ng
[li*ke tha*t ]
Ph: [:Well that’s] interesting=
Kate: =Y’know an- and I actually think what it is is it’s .hh
it’s (0.2) possibly the rate that you a*:r:e h
relating to people* °a*t the* ti*me° i*t’s i*t’s .hh
whether you’re there* and sometimes (.) downness
sometimes actually low energy can ↑ground (. ) some*one*
li*ke me* a*nd I* [thi*nk] tha*t .hh that means=
Ph: [°M° ]
Kate: =that I’m actually having a better re*lationship wi*th
pe*ople [at the ] mome*nt a*nywa*y.
Ph: [°Ye*ah°]
Ph: Yeah.
(0.4)
Kate: .hhh So that y’know you- you’re always th*a:re it’s just
how grounded you are °I think [at the] ↑time°
Ph: [Yeah ]
(0.4)
might be some advantages to such “downness” (line 22), but one that requires the production of an alternate conceptual framework by which the suitability (perhaps the intelligibility) of the terms (e.g., ‘high’ and ‘low’) related to bipolar disorder can be assessed.

Kate provides for a kind of reformulation (one might suggest a respecification) of bipolar disorder, which at its core involves ‘the rate at which you are relating to people at the time’ (lines 20-21). Here, ‘downness’ becomes “low energy” (line 23), which can serve to “ground” (line 23) Kate and enable her to have better relationships with people, rather than being a pathological condition which entails an “unacceptability for half of yourself” (line 16). This again touches on the suggestion that there may be some contestation over the significance of the ‘down’, with Kate’s construction of the ‘down’ as a being possibly a positive thing. Kate provides for a kind of rejection of how she previously saw things, and the “old information” (line 11) about bipolar, which is predicated on the rejection of a significant portion of ones’ self. Kate’s alternative specification, which essentially rejects a notion of a ‘down’ as a negative thing, also provides for a different moral upshot.

**Extract 5.7C**

1 Phil: So how (0.4) .h by grounded you mean sort of centred
2 an: (0.9) accepting or is it a bit more .hh that you’ve
3 run aground which would be: (0.7) which would be a
4 better (0.4) use of the word.
5 (0.7)
6 Kate: ↑U::m hhh (2.8) .pt (1.2) °N:::o I think it– (.). I
7 think it (1.1) it is° (1.3) that I’m not (.). taking (.)
8 shit (0.6) If I was on antipsychotics right now (.)
9 [I wouldn’t] be f:eeling anything (.)
10 Phil: [Mhm ]

Here, Phil provides an upshot formulation, that Kate is “sort of centred” (line 1) and “accepting” (line 2) of how she currently is. This is then immediately followed by
his provision of a reformulation, that Kate has “run aground” (line 3). In this reformulation Phil proposes a kind of editorial correction that aground would be a “better (0.4) use of the word” (lines 3-4). In other words, when Kate suggests that low energy can ground her (which provides for a positive self-assessment), she might (or should) more correctly say that she has run aground (which would provide for a negative self-assessment).

This is rejected by Kate at line 6, with her rejection packaged in a clear dispreference structure (e.g., the numerous lengthy pauses). Here Kate suggests that it is because she is not “taking (.) shit” (lines 7-8), which is given some further elaboration; that if she was taking “antipsychotics right now” (line 8) she “wouldn’t be feeling anything” (line 9). Note that ‘shit’ is retrospectively identified as medication, rather than indexing something like complaints and criticism as might be the case with the idiomatic expression ‘not taking shit from anyone’. In other words, there would appear to be a number of possible implications were Kate to accept the ‘better’ use of the word aground – one of which might concern questions relating to her discontinuation of antipsychotics. In contrast to Phil’s reformulations, which could be said to work toward establishing that Jane is perhaps ‘down’ and requiring some form of remedy for an unpleasant and distressing psychological state (i.e., depression), Jane’s account emphasises that, regardless, she is feeling right now, and for her that is better than the alternative (i.e., not feeling anything).

**Current Normal, Recent Low**

Extract 5.8A

1 Phil: =Right (.) .h And so (0.3) w:hat if anything have you noticed so far?
2
3 (0.2)
4 Mike: .tch .hh **Okay** I’m sleeping (0.8) rather well.
5 (.)
6 Phil: =Mhm=
7 Mike: =All the way through to >whatever time I want.<
Phil: Right.

Mike: Been nine o’clock these last few mornings=

Phil: [Right ]

Mike: =been so cold.

Phil: Yeah.

Mike: Ah:m:: I’ve been getting up (0.7) feeling reasonably well.

Phil: Mhm.

Mike: Ah:m bit shabby but not (0.3) to the extent where I’m (0.2) panic attacked and stuff=

Phil: =>D- y- okay< so you’re not really in that (. ) dark (. )

Mike: =No:: [definitely] not.

Phil: °Okay°

Phil: °Okay° (0.4)

This extract is taken from the commencement of the session, and immediately follows talk (which is presented in Chapter 4, Extract 4.9) in which Mike has provided some summary of a recent consultation he has had with a general practitioner and a subsequent referral and consultation with a specialist. In this, he details the commencement of psychopharmacotherapy for bipolar disorder with Epilim (sodium valproate).

Phil’s question “what if anything have you noticed so far?” (lines 1-2) suggests that if anything has been noticed, it is likely to be a matter of some interest. Mike then provides an assessment that he has been “sleeping (0.8) rather well” (line 4), “getting up (0.7) feeling reasonably well” (lines 17-18), and that while he might be a “bit shabby” (line 22) it is “not (0.3) to the extent where I’m (0.2) panic attacked and stuff” (lines 22-
23). In other words, there is nothing that would warrant Mike as ‘noticing’ something untoward, for example, something like being ‘panic attacked’.

Phil then offers the reformulation that Mike is not in “that (. ) dark (. ) deep (. ) trough:” (lines 24-25), which is accepted wholeheartedly by Mike. Note that it is that ‘dark, deep, trough’ to which Phil refers and not (for example) a ‘dark, deep, trough’, which establishes the intersubjectively shared sense of Phil’s formulation (and also may index some previous use of such a ‘wave’ metaphor). That is, both Mike and Phil can agree on a kind of metaphor by which they can jointly understand each others actions, particularly those that involve the provision and assessment of candidate formulations concerning Mike’s most recent experiences that might be relevant as potential bipolar symptoms (e.g., sleep habits).

Extract 5.8B

1 Mike:  I managed to have breakfast (0.2)
2 Phil:  °Yeah°=
3 Mike:  =cup of ↑tea and read the paper a bit and then (0.3) I put my sneakers on and go for a- my- my six kay walk= Phil:  =Yep.
4 (0.6)
7 Mike:  Power walk .hhh I come back and um: (0.4) generally read the paper in the sunshine if the sun like >this [morning ] I read a book<= Phil:  [>Yep yep<]
10 Phil:  =Lovely.
12 (.)
13 Mike:  Outside=
14 Phil:  =;Okay: good= Mike:  =talk to my parents (0.2) midday (0.2).h had some lunch:: (0.7) Felt ready to come ↑here.
17 (0.3)
18 Phil:  Mm.
19 (.)
20 Mike:  So .h I’m getting out of this pattern of (0.6) y’know when- waking up early (. ) feeling distressed and miserable [and] deeply deeply depressed=
Mike then continues with his description of engaging in relatively mundane and ordinary activities across lines 1 to 16, involving such things as ‘breakfast’, ‘cup of tea’, ‘read the paper’, ‘go for a walk’, ‘read a book’, ‘talk to parents’, and ‘had some lunch’. One might see these as ‘over-engineered’ or ‘over-determined’ (cf. Drew, 1998, p. 318-319) in that, for example, “put my sneakers on” (line 4) is a kind of thing that one would not need to routinely report when providing an account of going for a walk. These are detailed with a shift into more concrete, specific descriptions of activities and events that has Mike has been recently undertaking, leading towards activities and events that more-or-less run up to the current therapy session (i.e., “Felt ready to come ↑here”, line 16).

Then, as with the previous extract, Mike shifts to providing some contrastive descriptions between what he is like now and what he was like at some previous point, albeit with more detail. His previous talk across lines 1 to 16, detailing a range of normal and unremarkable activities, can be seen as warranting his summary assessment across lines 20 to 22 that he is “getting out of this pattern” of “waking up early (.) feeling distressed and miserable” and “deeply deeply depressed”. While Mike does not entirely discount these as possibilities, he does provide an account that while he has
“got worries on my mind certainly” (lines 26-27) he is “handling them a lot better” (lines 30-31).

As with the first extract in this sequence (Extract 5.8A), we can see a particular sequential organisation of the talk, in which Mike’s produces a kind of ‘list’ of unremarkable actions and events that is followed by a contrast with something that would (or might) be of concern, which is then followed by summary formulation produced by Phil that Mike ratifies. Here, Phil’s formulation is that Mike’s “worries” are “not so dark that they’re inconsolable” (line 33).

Extract 5.8C

1   Phil:   That- that- they’re gre::y: rather than being pitch
2       black=
3   Mike:  =Oh absolutely yep and in some cases they even might be
4       .hh a bit (. ) a bit (. ) of colour on top of the grey
5 too because .hh I’m starting to now (. ) substitute some
6 of my negative stuff [for] some positive stuff like (. )
7   Phil:  [Mm ]
8   Mike:  .hh a week ago if you’d asked me about work I’d be
9 going like >ºChrist am I going to be ok I think I’ll
10 get off that plane I’m stuck< .hh into that pattern
11 again then I’m ( ) now I’m thinking (. ) .h well okay
12 look at it logically you’re doing well: .h your feeling
13 a lot better and you’ve only just s- started the
14 treatment for bipola:r (. ) and depression ah::m: you’re
15 not deeply darkly depressed your anxiety seems to have
16 almost va:nish:ed (. ) so why would that change getting
17 on the plane [going to ↑Carville .h and I think well=
18 Phil:  [Mm
19 Mike:  =it probably wont (. ) and second ( ) think the other
20 thing you think you’ve got to look forward to when you
21 get up there so instead of saying (. ) it’s gonna be
22 miserable up there I’m starting to think now (. )
23 this’ll probably actually be quite good=
24 Phil:  =Mm=
25 Mike:  =to get back into work into my boat to go fishing.
26 Phil:  ↑Mm
27 Mike:  All that kind of stuff.
Phil: Mm.
Mike: So (.) I can sense a change there as well.
Phil: Okay. So- so you’re ah (.) it would’ve been true that
your- de- your depressive catastrophising thinking has
disappeared as well.
Mike: .tch Ye:s [yes generally yes yes]
Phil: [ºOkay okayº      good]
Mike: I mean while I still have inklings like that it doesn’t
(.) faze me
Phil: >It’s- it’s< not overwhelming
Mike: No::: absolutely not [yeah ]=
Phil: [Yeah okay]
Mike: =which is quite good.

In the final extract of this sequence, Mike provides an even more detailed and
elaborate account of how he would have responded to Phil’s questions if asked “a week
ago” (line 8). Again, we can see how Mike provides for a contrast of past events to how
he is now, but with some additional contrastive work concerning the type of account he
would’ve produced last week. In this case, he produces two distinct accounts concerning
future events (i.e., “going to ↑Carville”, line 17), one that provides for his current take
(i.e., “now I’m thinking” at line 11, and “I’m starting to think now” at line 23), and one
that provides for what his take would’ve been a week ago (cf. Edwards, 2006b). The
recipient design features of Phil’s subsequent formulation are worth noting, in that what
“would’ve been true” (line 30) is that Mike’s “depressive catastrophising thinking has
disappeared as well” (lines 31-32).

Note also that the assessment Mike ‘would’ve’ provided a week ago would have
been a more-or-less negative assessment. That is, Mike can now provide an objective
(e.g., as produced with extensive use of third-person terms across lines 12 to 20, such as
‘your’ and ‘you’ve’ instead of first-person pronouns such as ‘I’ or ‘I’m’) and ‘logical’
(“look at it logically”, line 12) assessment of the significance of a range of bipolar
symptoms that he wouldn’t have been able to furnish at the time.
To gloss considerably, what we have here is an account produced by Mike of being generally positive towards an upcoming return to work, in the context of his recent commencement of treatment for bipolar, depression, and anxiety. Mike’s account, however, is not that he is completely positive concerning this return to work, there is some room in his descriptions for the possibility that things might not go according to plan. Nonetheless, in this sequence Phil offers a number of formulations that are accepted by Mike, which in sum are: that Mike is not in that dark, deep, trough; the worries on his mind are not so dark that they’re inconsolable; and that his depressive catastrophising thinking has disappeared. In that sense, there is a general alignment between Phil and Mike with regard to the descriptions, formulations, and possible consequences pertaining to Mike’s current function as compared to his previous functioning, which is in contrast to the material presented across Extracts 5.7A to 5.7C in which there is some misalignment between Phil and Kate concerning what counts as, and the implications of, any particular symptom (cf. Gill, 1998; Maynard, 2004). With this in mind, I will consider how such possible misalignments might be prospectively attended to by clients in the production of their own accounts in the next extract.

Current Low, Recent Normal

Extract 5.9

1  Mike: ↑Yeah I’ve been feeling very empty and sad the last couple of days (ah) today [.hh ]
2  Phil: [Yeah]
3
4  (0.3)
5  Mike: Just been ve::ry empty very sad nothing (0.2) nothing can make me- .h I mean a few days ago I was on top of the ↑world I mean like- when I say on top of the world .hhh certainly not (. ) manic or even hypomanic but just felt=  
6  Phil: =Yes=  
7  Mike: =↑normal and (. ) went out for coffee with dad walked along the beach [simple] stuff that makes me=  
8  Phil: [ Mm]  
9  Mike: =feel happy WHICH was ↑great.
Following his delivery of a self-assessment that he has been “very empty very sad” over the last “couple of days” (lines 1-2), Mike begins to provide a contrastive account of how he was before (“a few days ago”, line 6) that might provide Phil with a measure of how Mike is currently feeling. What is of interest here, is the same-turn self-repair (Schegloff et al., 1977) that occurs at line 7 – “I mean a few days ago I was on top of the ↑world I mean like”. Mike’s subsequent correction, that he was “certainly not (.) manic or even hypomanic just felt==↑normal” (lines 8-11), is significant in that it attends to a possible upshot of his initial assessment that he was suffering from (something like) an elevated mood episode.⁹

This can be seen as a kind of practical problem that a person warrantably categorised as ‘bipolar’ may need to deal with. That is, in giving evaluations, assessments, and descriptions of one’s psychological ‘being’ there is always the danger that such descriptions will be taken as indicative of some kind of pathology. For example, for someone warrantably categorisable as ‘bipolar disordered’ the use of an idiomatic expression such as ‘on top of the world’, ‘never felt better’, or ‘feel a million dollars’, might well invite comment that one is perhaps displaying a symptom of the disorder, or as inviting some kind of ‘off-topic’ assessment or intervention (cf. Antaki, 2007; Drew & Holt, 1988). Indeed, and to present an extreme case, one could imagine the use of such expressions might serve to generate subsequent interactions in which

---

⁹ Compare this with Mike’s description of feeling ‘suicidal’ in Extract 5.4D, in which he attends to the possibility that one possible (incorrect) upshot might be that he would actually ‘do it’.
people can be held accountable for a denial that they are, in fact, experiencing a psychopathological ‘episode’, and may well be detained against their wishes to receive treatment in the form of psychopharmacological agents or psychological therapies (e.g., Rosenhan, 1973).

In this regard, it is useful to consider more closely Sacks’s notion of ‘doing being ordinary’:

The point is that it is almost everybody’s business to be occupationally ordinary; that people take on the job of keeping everything utterly mundane; that no matter what happens, pretty much everybody is engaged in finding only how it is that what is going on is usual, with every effort possible. (Sacks, 1984b, p. 419)

As Rapley has remarked, for those already identified as ‘non-ordinary’, for example those ascribed the category of ‘intellectually disabled’, the consequence for individuals is that orientation to ‘doing being ordinary’ becomes problematic when ascriptions by professional mental health workers might be deployed to work precisely against ‘being ordinary’ (2004). Paraphrasing Sacks, in contexts in which persons may come to have their ‘ordinariness’ come under close scrutiny by those working in mental health related fields, perhaps it is more appropriate to consider that people have as their overriding concern the task of ‘doing being normal’.

In the current extract, the contrast that is produced by Mike, from feeling normal (i.e., involving simple, happy stuff) to the “opposite of that” (line 18) feeling “very empty very sad” (line 5) such that “nothing can make me-” (lines 5-6), is reformulated by Phil as “you flipped over” (line 20). That is, flipped over from normal to sad. Of course, the danger here is that the expression ‘flipped over’ might well entail a contrast between two extreme positions, in this case depression versus hypomania or mania. Moreover, the packaging of self-assessments in what appear to be extreme case formulations (Pomerantz, 1986) may well present particular problems when one seeks
to talk about feeling *normal*. Again, note how Mike produces a kind of over-engineered account of what counts as “↑normal” (line 11), the “simple stuff” (line 12), such as ‘going out for coffee’ and ‘walking along the beach’.

Consider also, that in the provision of descriptions of ‘ups’ and ‘downs’, it might be the case that one cannot provide a description of ‘not being up’, and ‘not being down’; as being ‘in the middle’, as being ‘normal’, as being ‘stable’, is something that is defined in relation to the ‘ups’ and the ‘downs’. In short, descriptions of how one currently *is*, are produced in the context of how one *was*, and project for how one *will be*. One might consider that such matters are attended to by Kate in considerations of Phil’s ‘wave’ metaphor and her reformulation of ‘the old information’ on bipolar disorder in Extracts 5.7A and 5.7B, and by Mike in his delicate positioning of his ‘suicidal’ feelings in Extract 5.4D. In this regard, consider the following extract.

**Extract 5.10**

1    Phil:  °Okay° (0.2) how do you know when you’re up?
2            (1.6)
3    Jane:  I’m not crying hah ha nah I don’t know .hh um
4            (1.6) Yeah I just (3.0) >I don’t know< my (0.2) my ups
5            these days are just like normal days, (1.0)
6    °because the rest of the time it’s down° (0.4)

Here we can see a kind of ‘normalisation’ of what counts as an ‘up’, in that Jane’s ‘ups’ are now “just like normal days” (line 5). Here, ‘up’ is defined in relation to an absence of a symptom that is accountably a marker of a ‘down’ (i.e., ‘crying’). This effectively renders assessments and formulations that might be provided by Phil concerning any ‘ups’ as being irrelevant – after all, any such ‘ups’ are essentially ‘normal’ (or at the least, something desirable).
Symptoms Affording Interactional Problems

Now, notwithstanding the problems that may be faced by incumbents of the category ‘bipolar disorder’ in providing descriptions, assessments, and evaluations of their own conduct that might be related to possible bipolar disorder symptoms, the other obvious issue is how persons deal with others’ descriptions, assessments, and evaluations of their conduct as being clearly denotive of, or manifesting, bipolar disorder symptoms, when they may not consider these as accurate or relevant. This might not be an immediately obvious concern when such persons are engaged in psychotherapy with professionals in an environment in which invocation of the category ‘bipolar’ is unlikely to be contested.

In regard to future conduct, and the possible consequentiality of such interactions as involved with the preceding interaction, consider the following extract which details interaction occurring immediately after Extract 5.1B. To recap, Mike has just provided a detailed account concerning his ‘amazing thought processes’ that are associated with what might be glossed as ‘impulse buying’.

Extract 5.11A

1    Phil:   .pt ↑What’s your gambling like?
2                     (0.5)
3    Mike:   .hh Aw: I’m not a gambler.
4                     (.)
5    Phil:   Okay >jus- [just (.). some-thing]=
6    Mike:   [.hhh I (.) Yeah]
7    Phil:   =that i- it’s a question I should’ve asked you last
time<=
8    Mike:   =Yeah::: na: I take=
9    Phil:   =Cause I’ve got a couple of: (0.5)
10   Mike:   Yeah?=  
11   Phil:   =Bipolar people who gamble.
12                     (1.1)
Here, Phil begins by asking a direct question “↑What’s your gambling like?” (line 1) which is met with Mike’s rejection of the question’s premise “Aw: I’m not a gambler” (line 3). Now, Phil’s utterance might serve not only as a question (a somewhat leading question as it presupposes that Mike does gamble) but as a kind of upshot formulation of Mike’s previous account. While Mike begins to provide some talk that might shed light on his claim to not be a gambler, Phil’s multi-turn repair (beginning at line 5) which extends over Mike’s possible other initiated repair attempts at line 6 and the latched turn at line 9, is strongly suggestive of a preference for self-repair (Schegloff et al., 1977). Phil then begins to provide an explanation that he has “a couple of:” (line 10), followed by a pause, which is followed by Mike’s “Yeah?” (line 11) that can be approached a kind of ‘open class repair initiator’ (Drew, 1997) which leaves the trouble source unidentified. Phil then concludes his explanation, that he has ‘couple of’ “bipolar people who gamble” (line 12).

Now, while Phil does not say he has a couple of ‘clients’, or ‘patients’, that have bipolar and gamble, his use of ‘I’ve got a couple’ does the work of making relevant his previous mistaken line of inquiry. As Sacks notes:

The category is hintable-at by naming the activity, is one way of coming to see that’s it’s one of those. But even here, you have to be able to show that what took place was a ‘seen hint’ or a seeable hint’ – or a ‘wrongly seen hint’ … (Sacks, 1992a, p. 583).

Here, one might suggest that ‘gambling’ is a category bound activity of the category ‘bipolar’, such that if a member of a population can be categorised as ‘bipolar’ then one might reasonably infer that they gamble. Thus, Phil can demonstrate that his

---

10 While I would not characterise such a question as ‘fishing’ for a response, consider that it involves the assertion of what Pomerantz (1980) describes as a ‘type 2 knowable’ (i.e., Phil’s presumption that Mike gambles) which relates to a ‘type 1 knowable’ for a recipient (Mike not being a gambler). See also Sacks (1975).

11 And which might mark his initial question (and subsequent explanation) as constituting a kind of ‘professional expertise’ (e.g., Horton-Salway, 2004)
initial question (while mistaken) and subsequent explanation is a ‘wrongly seen hint’.

While ‘gambling’ might be offered as a candidate ‘symptom’ of bipolar, consider that to ascribe to someone that they are a ‘gambler’, or that they engage in ‘gambling’, is to provide a categorisation that could well have a negative moral connotation. In this regard, compare this extract with Extract 5.3A, in which Jane provides an account in which ‘lies’ are linked as possible predicates of the category ‘bipolar’. The difference here is that it is the therapist who makes relevant a category bound activity which is more-or-less discounted as being not relevant by a client, while in the earlier extract it is the client who makes relevant a category bound activity which invites further examination by the therapist.

But what is Mike to make of Phil’s explanation? Let us examine what occurs next in the following extract.

Extract 5.11B

1 Phil: [To see what I’ve see-]
2 Mike: [And I think- I think] I’d be just-I think if I was
3 a gambler I’d be much worse (.)
4 Phil: (get done much) >Okay okay I just- I just-
5 [I just said that cause I know I haven’t] asked<=
6 Mike: [No- no haven’t asked]
7 Mike: =Yeah=
8 Phil: =.hhh (0.2) Okay (0.5)

Following a 1.3 second gap (in Extract 5.11A, line 13) that could be taken as a delay device for further disagreement (Pomerantz, 1984a), Phil and Mike both begin to take a turn, with Phil dropping out. After several false-starts or ‘hitches’ (possibly due to overlap e.g., Schegloff, 2000) Mike provides a self-assessment that “I think if I was a gambler I’d be much worse” (lines 2-3). Note that Mike does not discount Phil’s initial question or his subsequent explanation for why he might ask such a question, rather, he makes it relevant to his own situation. While Mike is not a gambler, and does not
gamble, he nevertheless provides an assessment that incorporates the incorrect categorisation. Phil provides a further explanation for his initial question (after several repair attempts) that he “just said that cause I know I haven’t asked” (line 5) which comes with Mike’s overlapping acknowledgement. In short, what we can observe here is that while the therapist may ‘get it wrong’, it is essentially the client who modifies, downgrades, softens, or otherwise adapts their talk to ensure that it in some sense acknowledges the grounds upon which a therapist might make a mistake.¹²

To conclude, let us turn now to an examination of something that might be unexpected – an instance when it is a client who provides a candidate upshot formulation that a therapist may have a possible mood disorder.

Extract 5.12A

1 Phil: >.pt I’ll tell you a little anecdote< (.) which is very (.) embarrassing. (1.3)
   ((Lines omitted, where Phil provides a lengthy story concerning attempting to get service in a office supplies shop))
2 Phil: .hhh Now. (0.6) ↑What I did was to put my (0.3) box on the floor, (0.5) ↑stand on it, (0.7) and yell my head off about getting fucking service in this fucking shop I’m a fucking customer how do I get fucking served (0.6) .h Now, (1.5) what was the outcome of doing that?
3 Jane: °They just (0.3) all thought you were a (0.3) mad bastard°
4 (0.3)
5 Phil: °°Absolutely.°°
6 (.)
7 Jane: I know I reali- I know (..) I’m and I’m SLOWLY LEARNING THAT (..) IT UM .h (1.5) it actually (.) people pay more attention if I (1.3) if I (0.9) °s y-° say something instead of fucking going off the handle.
8 (0.3)

¹² And while Phil does not provide an explicit ‘apology’, see Robinson (2004) on the strong preference for rejecting the need for an apology.
Following an extended story telling by Phil, that involves considerable self-disclosure (Antaki, Barnes, & Leudar, 2005b) about a ‘very embarrassing’ incident that occurred when he went shopping for office supplies, he invites Jane to provide an upshot formulation that might explain how his actions (detailed across lines 3-7) were regarded after ‘standing on a box’, ‘yelling his head off’, and ‘swearing’, when he could not get service. Jane provides a formulation that the people in a shop would think that he is a “mad bastard” (lines 9-10). One might understand, then, activities such as ‘standing on a box’, ‘yelling your head off’, and ‘swearing’ while waiting to be served in a shop, are normatively tied as category bound activities of a category like ‘mad bastard’. That is, they would not seem to be appropriate for invocation of a category such as ‘valued customer’. This suggests that ‘mad bastard’ might be better approached as the furnishing of a description or an attribute by Jane, rather than as operating as a kind of membership categorisation device (Schegloff, 2007), which could be paraphrased with something like ‘wanker’, ‘idiot’, or some other clearly pejorative term. This highlights the important point here, that ‘mad bastard’ is not used as a clinical term, it is used as a decidedly vernacular term that one might use to describe a person who violates some local, social ‘norms’, such as standing on a box and yelling for service.

Following Phil’s ratification (“Absolutely.”, line 12) of Jane’s suggestion that they all just thought he was a mad bastard, Jane produces a formulation in which she makes relevant for her an upshot that “fucking going of the handle” (line 17) is less effective at getting people’s attention than to “say something” (line 16). In other words, she identifies, acknowledges, and makes pertinent an upshot of Phil’s story to her own actions – as a kind of moral, practical, indeed therapeutic advice. Phil’s story makes sense, then, as it is related to the kinds of things Jane does.
But, consider that Phil has not provided a version of what the ‘outcome’ of the events described was, that is, what happened in more practical, concrete terms (e.g., did he get served or ignored?) as opposed to what people ‘thought’ about his conduct.

Perhaps Jane has ‘jumped the gun’ so to speak and proceeded to provide an upshot formulation before Phil has effectively ‘finished’ his story.

Extract 5.12B

1 Phil: Yes (0.2) .pt and what he said to me was >after I got
down off my thing (0.4) and he finished his phone call
he said< (0.2) .h he took my money (.). "took everything
and he said" (1.0) .h "You have a better day now sir"
(0.2) "as I left" (0.6) .h "I could’ve killed him”
(0.5) .hh "but" who’s fault was that? (0.6) "Mine,"
(0.6) "absolutely" "mine" (0.5) Right (1.5) Totally.
(0.9)
J
Jane: Mm
10 Phil: Because, (0.5) I overreacted now why would I overreact
(1.0) to that?
12 (0.2)
13 Jane: Because you’ve got bipolar?
14 (0.2)
15 Phil: :No:] ((smiley voice))
16 Jane: [h]hhh
17 (.).
18 Phil: No .hh (0.4) >But that’s possible I s- [but< ]
19 Jane: [That ] f:uckin
20 drives ya NUTS. SO MANY PEOPLE THEY DO IT and I’m just
21 like (0.7) I’ve walked into shops (.). y’know with a (.)
22 credit card full of money .pt .hhh and the lady’s
23 standing there I’m like (.). “Excuse me do you work
24 here?” (0.5) >And she’s like< .h “Oh: yes” <and I’m
25 just like well> F:UCK! (0.2) WHAT ARE YOU DOING what
26 aw:=
27 Phil: =He he he he he he he [heh heh ]
28 Jane: [:But they] do they=
29 Phil: =.h "I know"
30 Jane: =So many people and it’s like (.)
31 Phil: "I know" .h but the thing is this brings
32 [something ( )]
Here, Phil does not provide any commentary on Jane’s previous turn of talk beyond the acknowledgement token “Yes” (line 1), but provides a continuation of his story, which details the ‘outcome’ in more practical terms (i.e., what happened in the shop after Phil’s ‘tantrum’). Phil then provides a summary formulation of the episode, which makes it clear that he was responsible for the embarrassing outcome. He then provides an upshot formulation that he “overreacted” (line 10) and invites Jane to provide a candidate explanation for such overreaction. Consider that ‘why would I overreact to that’ (i.e., lines 10-11) might invite a more psychological upshot from Jane, as opposed to the previous ‘what was the outcome of doing that’ (i.e., Extract 5.12A, line 7) which might invite more of a summary upshot concerning events.

Jane then offers a somewhat striking candidate explanation, that perhaps Phil has bipolar (“Because you’ve got bipolar?”), line 13), and while Phil offers an initial rejection (with some humour), he does provide for a display of some consideration that “that’s possible I s-” (line 18) which acknowledges that Jane could warrantably offer such an explanation (i.e., a client suggesting that a therapist might have a psychiatric condition). Leaving a detailed examination of this material to one side for the moment, Jane then displays stance alignment with Phil, with an assessment that acknowledges both the scenario Phil has described and his response, with “That f*uckin drives ya NUTS” (lines 19-20). Note how ‘drives ya nuts’ is again, like ‘mad bastard’, something that is entirely normal – it is a vernacular, idiomatic expression used to describe an entirely normal response. This precedes Jane’s telling of a ‘second story’ (Sacks, 1992a) that concerns walking into shops with a “credit card full of money” (line 22) and not getting service. Note that in providing the conclusion to her story, Jane’s talk details more-or-less the same kind of frustration and indignation that Phil describes in his story, which she has previously formulated as ‘going off the handle’, and is also prosodically a
display of such frustration (e.g., “FUCK! (0.3) WHAT ARE YOU DOING what aw:”, lines 25-26).

Phil’s laughter could be taken as ratifying an intersubjective alignment in regard to what he and Kate have described in terms of events (i.e., tardy customer service) – and their reactions to such events (e.g., yelling, shouting, and swearing), in that they are completely normal and expectable, albeit possibly problematic displays which might work counterproductively to getting good customer service. In this regard note Jane’s “↑But they do” (line 28) overlapping Phil’s laughter, to which Phil displays agreement at line 30 “I know”, and her “So many people and it’s like” (line 30) to which Phil again displays agreement “I know” at line 32. The point here is that, waiting for service, getting none, and acting in what could be regarded in an embarrassing manner, is something anyone can, and most likely has, experienced or witnessed.

Now, getting back to Jane’s “Because you’ve got bipolar?” at line 13. What is of interest here is that as an explanation of Phil’s ‘overreaction’, Jane’s invocation of the category ‘bipolar’, albeit in what appears to be a highly ironic and humorous fashion,13 might point to its possible omni-relevance as a categorisation in these interactions (Sacks, 1992a, p. 313).14 Here, such omni-relevance is taken to indicate that the category ‘bipolar’ might serve as an available categorical resource that might potentially have priority over others with regard to participants’ production/recognition of accounts, descriptions, and formulations regarding actions, events, and person identities (cf. Sacks, 1992a, p. 313). Consider that if one can provide for a description, a categorisation, as to the identity of persons involved with the production of an action, one can then provide for a characterisation of the action, in a kind of reflexive manner (Schegloff, 2007). Recall that in Extract 5.11A this works such that Phil can ask a

13 However, as Goodwin notes “once a speaker produces an action, he or she is responsible for all of the legitimate interpretations that others might make of that action” (1987, p. 128).

14 See also Sacks on ‘cover identities’ (1992a, p. 317) and McHoul and Rapley (2002).
somewhat presumptuous question of Mike (i.e., ‘What’s your gambling like?’) as such activities (i.e., gambling) are usually undertaken (at least in Phil’s account) by those categorised as ‘bipolar’. In the current extract, Jane can provide a description of Phil’s actions as being seen by others as possibly those of a ‘mad bastard’, and can offer the category ‘bipolar’ to further describe and moreover explain such actions.

And, ordinarily, if you have a singular recurring action, and you get a statement “we do that” or “they always do things like that”, what’s involved now is not simply that one is proposing to have categorized it as the action of such people, but to have explained it as well. If you can turn a single action into ‘a thing that they do’, it’s thereby solved. (Sacks, 1992a, p. 577, emphasis in original)

Now, while Phil ‘gets it wrong’ with Mike in Extract 5.11A and 5.11B, and Jane ‘gets it wrong’ with Phil in Extract 5.12B, nevertheless one can gain a sense that formulations that might have as their substantive components descriptions relating to possible symptoms of bipolar disorder, even those that are tendentious, can work reflexively such that symptoms can be explained as resulting from bipolar, and that bipolar can be explained as resulting from symptoms. Moreover, such formulations can be utilised in a range of therapeutic undertakings, such as establishing a ‘history’ concerning relevant problematic experiences (e.g., Extracts 5.1A, 5.4A-D, 5.5, 5.7A-C, and 5.8A), gaining some measure of what (for a client) might be matters warranting more sustained discussion (e.g., Extracts 5.3A-C), and establishing a shared sense of what any particular problem might be (e.g., Extracts 5.7A-C and 5.9).15

Conclusion

To gloss considerably, in this chapter I have examined the manner in which possible symptoms of bipolar disorder are produced in accounts and formulations involving what might be described as ‘ups’ (Extracts 5.1A-5.3C), ‘downs’ (Extracts

---

15 This matter will be given further examination in Chapter 7.
5.4A-5.4D), and ‘mixed’ or ‘unstable’ periods (Extracts 5.5 and 5.6). In addition, I have provided a detailed consideration of how accounts can be produced of a current ‘level of functioning’ by contrasting previous symptoms against current (or absent) symptoms, which can also be used to foreshadow future functioning (Extracts 5.7A-5.10). Finally, I have presented some analysis of how, with regard to ascriptions concerning categories and category bound activities involving symptom inferences, both therapist and clients can ‘get it wrong’ (Extracts 5.11A-5.12B). In broad terms, analysis of these extracts indicates that symptom-talk appears to come in and as accounts that justify putative symptoms, or at least make the symptoms intelligible as symptoms of some kind, both with regard to client and therapist accounts. Such accounts may embellish particular symptoms, and particular symptoms can serve to embellish accounts in a reflexive relationship (e.g., Garfinkel, 1967).

In some contrast to findings on the sequential structure of medical consultations (e.g., Heritage & Maynard, 2006), in psychotherapy sessions such as those detailed here descriptions and accounts of symptoms, the provision of detailed symptom ‘histories’, therapist produced formulations involving symptoms, and the provision of clinical advice and treatment recommendations, can occur at any point in a consultation session and are often overlapping. This, then, could be seen as one of the candidate features of psychotherapeutic interactions, in that work involving such things as symptom description, identification, and validation (i.e., symptom production-recognition) is ongoing throughout the sessions (e.g., Buttny, 1996). As others have noted, getting a history or ‘a sense of what the problem is’ in psychotherapeutic contexts may occur at any time (Antaki et al., 2005a), and that participants might best be described as building the interaction in a bottom up rather than top down manner (Silverman, 1997). In other words, the production-recognition of a bipolar disorder symptom involves more than just the observation, reporting, and identification of a range of experiences that a client
may provide to a therapist in discrete phases, as what counts as a symptom is subject to considerable revision.

Perhaps in undertaking psychotherapy, that is to say something that seems to have at the very least a family resemblance to something involving a ‘talking cure’ (as opposed to something like a ‘clinical assessment’ or a ‘psychological test’), symptom production requires that both a client and therapist recognise some description as being adequate for the purposes of symptom categorisation. That is to say, symptoms only count as symptoms when there is some agreement, they are collaborative productions – they are not unilaterally produced. This is not to say that, for example, a therapist or clinician might produce some description of a mentionable as a symptom in an ‘official’ account (e.g., Hak, 1998), or that there is never any contestation over symptom ascriptions (e.g., McHoul & Rapley, 2005a). In such cases, for the purposes of psychotherapy, unilaterally produced symptoms might best be seen as problems that will require some solution (e.g., ascriptions or avowals that will be subject to some contestation), in contrast to collaboratively produced symptoms which serve to furnish the solutions to problems. In this regard, one can consider that the action and event descriptions that are glossed as symptoms, are formulated and reformulated, chained together during and between therapy sessions, locally produced conjointly as solutions for problems that are themselves locally produced (Silverman, 1997, p. 78).

Here, I have provided some description of how the symptoms of a mood disorder may feature in talk-in-interaction as interactional products decoupled from moods themselves. This might then allow for an examination of moods in a radically different manner, not as the confluence of cognitive and affective factors that are instantiated within individuals that in some sense serve to produce various symptoms, but rather, as Sacksian ‘devices’ that serve to enable the production of accounts of actions and events. How ‘moods’ might be related to the ‘incarnate production of
ordinary social facts’ (Lynch, Livingston, & Garfinkel, 1983) will be explored in the next chapter.
CHAPTER 6
‘Moods’: Normatively Accountable Devices in Therapy Talk

It would appear to be an obvious and unremarkable observation that as persons go about their everyday affairs they experience a range of emotions, feelings, thoughts, and so forth that could be routinely described as comprising various ‘moods’. Indeed, one could avow such things as ‘being in a bad mood’, ascribe to another person a particular ‘mood’ such as ‘she is in a happy mood’, and even talk of events, objects, and various social phenomenon as having, exhibiting, or even being particular types of ‘mood’ without controversy. However, when such an open-ended, loose, and general term is deployed in specific, ostensibly technical contexts, one might fall victim to making what Ludwig Wittgenstein referred to as a conceptual confusion (Wittgenstein, 1967a).

For example, by undertaking empirical investigations to answer such questions as ‘how can one measure moods?’ ‘what causes moods?’, or indeed ‘what are moods?’, one essentially begins with logical-grammatical confusion about how the term ‘mood’ is used that cannot be resolved by empirical means. Further problems may arise when one considers, for example, that persons can be ascribed as having a ‘mood’ disorder. In this regard, consider that bipolar disorder is characterised as a relatively common and disabling psychiatric disorder that is principally a disorder of ‘mood’ (APA, 2000). Such a characterisation belies a rather curious state of affairs, namely, that what exactly a ‘mood’ is remains relatively unexplicated in both the extensive clinical literature on the disorder and in vernacular accounts.

However, this is perhaps unsurprising, as ‘mood’ appears to be a highly ramified and conceptually fuzzy term. Indeed, the *OED* provides entries for mood that range across a number of psychological categories (e.g., “mind”, “thought”, “will”, “feeling”),
in addition to providing specific examples of emotions (e.g., “anger”, “wrath”,
“passionate grief”) (OED, 2002, n.p.). But perhaps the entries most congruent with both
vernacular and technical usage are of mood as a “prevailing but temporary state of mind
or feeling; a person's humour, temper, or disposition at a particular time (later also
applied to a crowd of people or other collective body)” and an “unaccountable fit of
gloom or bad temper; a temporarily angry, irritable, or depressed state of mind” (OED,
2002, n.p.). The latter definition provides for an introduction to the clinical use of the
term, when one consults the latest incarnation of the Diagnostic and Statistical Manual
of Mental Disorders, the DSM-IV-TR (APA, 2000), to gain some purchase on how one
might understand a ‘mood disorder’.

Recall from Chapter 1, that according to the DSM-IV-TR the ‘bipolar disorders’
embrace four specific disorders (bipolar I, II, cyclothymia, and bipolar disorder NOS)
delineated by the occurrence or absence of particular ‘mood episodes’. With regard to
these ‘mood episodes’, the first diagnostic criteria for a manic episode in the DSM-IV-
TR requires that for diagnosis there must be a “distinct period of abnormally and
persistently elevated, expansive, or irritable mood” (Table A1, emphasis added). For a
major depressive episode, the initial requirement is that “at least one of the symptoms is
either 1) depressed mood or 2) loss of interest or pleasure” (Table A2, emphasis added).
For a hypomanic episode, what is required is “a distinct period of persistently elevated,
expansive, or irritable mood, lasting throughout at least 4 days, that is clearly different
from the usual nondepressed mood” (Table A3, emphasis added). And for a mixed
episode the criteria for both a manic episode and a major depressive episode are met
“nearly every day during at least a 1-week period” (Table A4).

What is of some interest is that an operational definition of ‘mood’ remains
unexplicated in the DSM-IV-TR, albeit it is ‘moods’ which are clinically describable as
‘elevated’, ‘expansive’, ‘irritable’, and ‘depressed’ that the DSM-IV-TR nomenclature
identifies as pertinent to a bipolar disorder diagnosis. These broad categorisations would subsume other categorisations, based on clinical report and observation, which might include descriptions such as ‘racing thoughts’, ‘distractible’, ‘active’, ‘outgoing’, ‘talkative’, ‘hyper’, ‘risky’, to mention several of a plethora (e.g., Hirschfeld et al., 2000).

Notwithstanding the lack of any clear definitions, it is important to note that in no clinical settings, be those associated with the various practices of psychiatry and psychology, does there exist any technique or device that can verify a particular person’s ‘mood’. Neurobiological, neurochemical, and neurophysiological theories and investigations concerning the physicality of such things as arousal, activation, and the like (and their putative psychological counterparts) have little, if any, practical overlap with, for example, declaring that a particular person has a ‘mood disorder’. That is to say, verification of a ‘mood disorder’ can only be undertaken by way of practices that involve such things as ‘clinical judgement’, which in the most part rest upon client reports of ‘moods’ and so forth (cf. Buttny, 1996; Coulter, 1973; Palmer, 2000).

It is important to note that this should not be taken as critique of psychiatry, clinical psychology, or related fields, but rather as providing a space in which investigations can be undertaken of the various undocumented practices that clinicians and clients engage in when ‘moods’ may feature as important matters of concern in therapeutic interactions. Moreover, while Palmer (2000) rightly points to the importance of ‘delusions’ as a central concern of psychiatry, I would suggest that ‘moods’ and their fluctuations are of equal, if not greater, import. Consider that the WHO ranks ‘unipolar depression’ as the leading cause of ‘years of life lived with disability’ (with bipolar disorder ninth) and fourth for ‘disability-adjusted life years’ in its estimates of the global burden of disease in 2000 (WHO, 2001).
‘Moods’ Respecified

Here, then, the investigative focus is on the situated, practical methods by which (for example) persons can be ascribed or avow disordered ‘moods’, and how such ascriptions and avowals may be contested in undertakings relevant to the treatment of a ‘mood’ disorder. Moreover, the focus is on the manner by which such practices are normatively accountable. That is, it is not to question the ontological status of any particular ‘mood’, but to question the notion that we can specify a priori how such terms, particularly as they relate to affect and emotion, are used in the performance of a diverse range of social practices (e.g., Edwards, 1999; Harré, 1986). Examinations of what people actually say and do may enable a better grasp of how ‘moods’ figure not as mere expressions or descriptions of particular dispositional emotional states (for example), but rather how they may be implicated in a wide range of social actions – as doing some kinds of work.

Given that technical definitions of ‘moods’ are not provided in the DSM-IV-TR, and that they are unrecoverable from the official guideline that specifies how disorders involving ‘moods’ are to be classified, recorded, and diagnosed, ‘moods’ presumably serves as a gloss for descriptions of conduct (and attendant practices) employed by clinicians and researchers as they go about their affairs. Further, ‘mood’ shares with other psychological terms a ubiquitous usage in both lay/vernacular and professional/technical domains (e.g., Coulter, 1973, 1979), and as such is perhaps hopelessly confounded with any particular scientific, psychological uses (Sharrock & Coulter, 1999, 2004). This presents significant conceptual and analytical problems in undertaking any empirical analysis of ‘mood-talk’, namely, by what procedures might one extract vernacular versus technical orientations to particular words, terms, or discourses associated with ‘mood’?
By way of offering a tentative (dis)solution, rather than point to where a professional may be deploying a term technically (e.g., ‘depression’ as referring to a particular cognitive and affective state) and to a client deploying a term vernacularly that may have some points of intersection (e.g., ‘depression’ as referring to not enjoying a family gathering), the analytic undertaking might focus on a term’s situated usage as vernacular. This position, while not entirely avoiding the possibility of ironising at least one participant’s usage of any particular term, might at least acknowledge what may be an irremediable constraint – that one cannot establish analytically what is or is not technical or vernacular from the materials at hand (McHoul, 1982). In this regard, the use of ‘vernacular’ as a gloss to describe any use here is presented as one, hopefully, without ironic connotation (e.g., McHoul, 1988a; McHoul & Rapley, 2003).

As a final caveat, what is not on offer in the present chapter is a theoretical contribution to the literature on ‘moods’, nor a ‘better’ description of what ‘moods’ actually are. Rather, the focus is on the manner in which ‘moods’ feature in-and-as practices involved in psychotherapy. We might speak of ‘moods’, then, as kinds of devices (Sacks, 1992a); as collections of various categories that are vernacularly rendered, reflexively organised, normatively accountable descriptions of conduct. Or, to put it another way, ‘moods’ here are ethnomethodologically respecified as reflexive ‘account production devices’.

While this description of what on first glance appears to be just ‘mood-talk’ may appear somewhat obtuse, it is provided in order to specify with some degree of precision an approach to ‘mood-talk’ that is not predicated on notions that ‘moods’ are in some sense independent from their descriptions. In other words, ‘moods’ here are not approached as being things (e.g., neurochemical and neurophysiologic states) that talk merely references. ‘Moods’ here are respecified as discursive devices that are indexical
and reflexive in the ethnomethodological sense (Garfinkel, 1967) that can serve to account for conduct.

Importantly, both conduct and descriptions of conduct are normatively accountable. For example, if one were to report ‘feeling terribly angry’ or ‘beside themselves with fury’ while engaging in such things as smiling, laughing, and joking, this would appear to be normatively problematic in terms of conduct (e.g., smiling and laughing are not normative displays for someone who is angry) and descriptions of such conduct (e.g., it would not be normative to avow or ascribe to a smiling and laughing person a description such as ‘they are terribly angry’, unless of course one was making a joke or irony, see Sacks, 1992b, pp. 478-494).

**Analysis Materials**

Now, an obvious starting point for the examination of where and how ‘moods’ might figure in psychotherapeutic interactions, is to note instances when a therapist asks a client a question such as ‘how is your mood?’ or ‘how has your mood been?’, or perhaps a more general question such as ‘how are you feeling?’ or ‘how have you been feeling?’. Indeed, questions of this general form could be regarded as canonical ‘therapeutic’ questions that essentially define, or at least make hearable, any subsequent interaction describable as a potential therapy session; particularly if one examines the sequential positioning of such questions (e.g., at the beginning of an interaction, multiple repeats of the question, and so forth).

Consider also that it is one of the critical tasks of a clinician to gain an evaluation of a client’s current, and recent, level of ‘mood functioning’ or ‘mood state’ (e.g., APA, 2002; RANZCP-CPGT, 2004), whether that be undertaken by talk with the client, obtaining written or verbal reports concerning the client from other sources, or perhaps by utilising a diagnostic screening instrument (e.g., Hirschfeld et al., 2000). Nonetheless, it can be assumed that for the most part, it is through talk that such an
evaluation can be formulated, allowing for putative ‘moods’ to be ascribed by a therapist to a client, or avowed and displayed by a client, in order to be treated as relevant topic for clinical examination and intervention.

In this regard, the data corpus was examined for such instances, and initial investigation revealed no therapist initiated questions that had as their substantive topic ‘mood’. With regard to therapist questions concerning ‘feelings’, these generally did not consist of client responses involving straightforward reports, categorisations, or concise descriptions of ‘moods’. Invariably, such questions marked the beginning of a sequence of utterances in which the conversational trajectory could encompass a wide range of topics, and as such, straightforward explications of ascriptions and avowals of ‘moods’ provides little analytic purchase on the how ‘moods’ might figure as matters of concern to participants.¹ The focus of the current chapter, then, is to provide for some consideration of instances (not necessarily perspicuous) in which ‘moods’ may feature as something more than just straightforward ascriptions and avowals of particular physiological and psychological states.

‘Moods’ and Account Production

Here, then, is an example of what could be describable as the rejection by a client of a possible ‘mood’ ascription by the therapist, where such a ‘mood’ might serve to invalidate the client’s account and its method of production.

Extract 6.1A

1 Phil: How depressed do you feel at the moment?
2 (8.2)
3 Dave: I just feel ↓sad that it’s just- (1.1) I’m cornered and no matter (0.9) ºwhat I ↑doº (0.5)
4 Phil: >ºYeah.º (0.3) Now. ºWhat am I-º I suppose my question is< (.). If you weren’t feeling s:ad, (0.7) and somewhat depressed, (0.4) would your perception on what’s happening be different or would it still be the same

¹ Such questions (e.g., “How are you feeling?”) are examined in more detail in Chapter 7.
269

This extract, taken from the first half of the session, follows an extended discussion concerning Dave’s difficulties with access to his daughter, his dealings with the Family Court, and problems with his ex-wife in regard to both. This particular sequence marks the first occurrence in this session of Phil directly turning to what might be glossed as a ‘how are you feeling’ topic, and begins with Phil ‘begging the question’ so to speak, by asking “How depressed do you feel at the moment?” (line 1). Note that Phil does not ask if Dave is depressed, rather the question is of a more leading nature in that it assumes that Dave is depressed — what is of interest is essentially the magnitude of the depression.

The question is followed by a significant pause, after which Dave provides an avowal, not in terms of a putative depression, but rather “I just feel ↓ sad” (line 3). At this point one might describe such an avowal of feeling ‘sad’ as providing a congruent response to Phil’s question, in that Phil can gain some metric on a putative ‘depressed’ state, however, there are some features that suggest otherwise. Note the use of the first “just” (line 3) as a limiting device, that may serve to prevent the conflation of the vernacular ‘sad’ to something more clinical, or to be precise, to stand as a counter to ‘depressed’. The use of ‘just’ also points to the unremarkable nature of the report of feeling ‘sad’, possibly in contrast to the more notable ‘depressed’ (Edwards & Potter,
In addition, “I’m cornered and no matter (0.9) “what I ↑do”” (lines 3-4) provides an account in terms of actions and events, not psychological dispositions.

In this sense, Dave’s account appears designed to pre-emptively head-off or undermine any possible reformulation provided by Phil that what is at stake here is in fact ‘depression’. This is oriented to as such by Phil, as evidenced with his noncommittal receipt “‘Yeah.’” (line 5), and use of the discourse marker “Now.” (line 5) that serves to highlight what appears to be a dispreferred answer to his initial question. Consider that if ‘well’, rather than ‘now’, was used to precede Phil’s response, such a response would be hearable as a kind of hedge, as opposed to something that here sounds like a disagreement (Schiffrin, 1982). This can be seen in Phil’s reformulation of Dave’s “just feel sad” as “somewhat depressed” across lines 6 to 7, and the presentation of the reformulated version to Dave that occurs across lines 10 to 11 (“are
you looking at this through .hhh rather depressed eyes at the moment.”). In sum, Phil suggests that Dave’s recent ‘mood’ (i.e., ‘depressed’) is implicative in his “perception” (line 7) being in some manner distorted.

This reformulation is given a clear and unambiguous rejection by Dave’s “No;” (line 13), which occurs with an absence of notable dispreferrence markers (Pomerantz, 1984a), which is then expanded across lines 13 to 18 to be hearable as both an affirmation of the previous rejection of ‘depression’ and a repudiation of the suggestion that Dave’s perception is somehow occluded as a result of ‘depression’ (“I’m looking at through the eyes that have experienced what I’ve ↑experienced,” lines 13 and 15). Further, such an experiential claim can serve to legitimise Dave’s avowal of feeling ‘sad’ as being consonant with having an essentially realist, more-or-less correct take on his problems (i.e., linking experience with objectivity) as opposed to being more-or-less mistaken (i.e., linking perception with subjectivity).2

---

2 See Hutchby (2005, pp. 324-325) for an example of a formulation shift involving ‘think’ to ‘know’.
That is to say, Dave is accountably ‘sad’ as the result of having to deal with real problems he has experienced, as opposed to dealing with merely the perception of problems as engendered by ‘depression’. Moreover, this preserves the status of Dave’s account retrospectively and prospectively, and the method by which his account has been produced, which would otherwise be essentially invalidated. ‘Mood’ as a device, here, can serve to allow or render as unwarrantable particular kinds of formulations, and specifically ones that might serve to produce alternate explanations of an account and its method of production.

Another way of approaching this extract, as a clinical interaction, is that Phil’s initial question might be seen in terms of what Maynard describes as the importance of ‘predicating a diagnosis as an attribute of a person’ (Maynard, 1991b, 2004) in order to avoid what could be a possibly confronting or challenging interaction. In this sense, if we consider Phil’s use of ‘depressed’ as hearable as a putative diagnosis, it is one that is essentially rejected by Dave. What is of some note here, that marks such a rejection as possibly different to rejection of diagnosis that may occur with other clinical interaction, such as those that might occur in general medical practice (e.g., Heath, 1992), one should consider that the ‘work’ of a psycho-therapist (and indeed client) is to essentially produce interactions that are recognisable as therapy (e.g., Turner, 1972).

With regard to therapeutic talk, the reformulation of something hearable as a kind of general ‘troubles telling’ into something essentially psychological by a therapist, by a variety of reproducible procedures, may allow ‘troubles’ to be heard specifically as ‘psychological troubles’ and thus interactions can be hearable as ‘therapy talk’ (e.g., Antaki et al., 2005a; Davis, 1986). Moreover, it may permit a therapist to control the floor so to speak, both with regard to topic and sequential positioning (e.g., Madill et al., 2001). Consider that getting ‘off’ talking about ‘troubles’ can be problematic (e.g.,

---

Footnote: See also Buttny (1996) for more discussion on such differences.
Jefferson, 1984b; Jefferson & Lee, 1981), notwithstanding that therapeutic talk is more often than not all about ‘troubles’.

In this case, Phil’s request for Dave to provide a report on what could be glossed as his current ‘mood’ (line 1) can be seen to be doing more than just that, as evidenced by Phil’s elaboration beginning in line 5 and Dave’s rejection in line 13. Consider, following from Maynard, that in the present case there may be additional problems associated with rendering a diagnosis as an attribute of a person, given that what is at stake is a putative ‘mood’ which is itself an attribute of the person.

In short, given that first-person avowals of a host of psychological terms occurs in the absence of verification (e.g., one not does not doubt that one is in pain; Wittgenstein, 1967), and given second and third-person ascriptions essentially provide for the descriptions, diagnosis, and objects of treatment for psychiatric/psychological illnesses, any putative diagnosis (or vernacular expression that is oriented to as one) may likely become a problematic topic when ‘mood’ is of prime concern.

Now, one description of this interaction might be that Phil has simply acknowledged Dave’s stance, and has then withdrawn his initial presumption that ‘depression’ is what is principally affecting Dave’s perceptions. In this regard, consider the following extract which immediately follows Dave’s “Y’know?” (line 18).

**Extract 6.1B**

```
1 Phil: =>So so so your [view] is this- this is<=
2 Dave: [Um ]
3 Phil: =absolutely accurate that .hh e:ven despite all the
4 efforts that are being made on your beha:lf .hh (0.4)
5 the family court (0.9) i:s: still going to essentially:
6 >act against you< (1.2)
```

This suggests that what is at stake here is clearly a contestation of a putative ‘mood’ state, which such contestation a matter of some consequence. Consider that if
Dave were to accept Phil’s so-prefaced upshot formulation (i.e., that it is unquestionably the case that the family court will act against him), it would position him as being unreasonable, exceptionally pessimistic, or perhaps even delusional. However, if Dave were to reject the formulation (i.e., the inevitability of the family court acting against him is something that is questionable) it would allow for the possibility that he may in fact be exaggerating, catastrophising, or perhaps (in line with Phil’s suggestion) that he is experiencing a ‘depressed mood’. Clearly, then, the matter of ‘depression’ versus feeling ‘sad’ is consequential to the interaction.4

This extract is provided in order to illustrate that this particular therapy session is hearable as an extended dispute over the nature of Dave’s account. That is to say, what is at stake is the foundation upon which Dave’s accounts are predicated; that he is having to deal with consequential issues concerning access to his daughter, and that he is facing what appears to be almost insurmountable odds. In short, the relevance of the category ‘depressed’ for Phil is one that is consequential for the doing of therapy, however for Dave it is a category that may serve to undermine the practical telling of his troubles as practical troubles.

Here, a putative ‘mood’ for Dave appears one by which he can produce an account that is congruent with his battle against the odds, but for Phil the ‘mood’ as a device enables the production of something of a decidedly different nature; and perhaps provides an opportunity to at some point undertake some therapeutic business (e.g., Antaki et al., 2005a). In this regard, let us turn to an examination of what transpires later in the session, following more ‘practical troubles telling’ by Dave.

Extract 6.2

1 Phil: .hh (0.2) But I’m interested- let me take you back to
2 the question °that° (0.8) why is helplessness (1.5) why

---

4 As it transpires, in the very next turn-of-talk (Dave’s), a mobile telephone rings, and following this interruption Dave initiates a topic-change to continue his previous ‘troubles talk’.
is it something you do what’s your take on why you do that.

Dave: “I’m depressed”

Phil: Yeah but lots of people get depressed not uh...

Dave: My experience that my wife was right she has managed to take Jessica from me. "and"

Phil: [Oh] I think it’s an older [thing]...

Dave: [and]

Phil: How is that something that’s way back (1.4)

Here, Phil delivers a repackaged version of a previously unsuccessful reformulation of Dave’s concerns across lines 1 to 4, which can be glossed as ‘why is helplessness something you do’.

This is met with Dave’s whispered “I’m depressed” (line 6) which appears somewhat surprising given Dave has previously worked against providing such an assessment (e.g., Extract 6.1A, lines 3 and 13). One might wonder whether Dave’s response is his (belated) acceptance that he is, in fact, ‘depressed’ or whether it is delivered as a possible sarcasm or irony. In other words, that his response is designed to defease Phil’s attempts to fit some kind of psychologised reformulation to his accounts.

---

5 Consider ‘doing being helpless’ versus ‘doing being depressed’ (cf. Sacks, 1984b).
Regardless of what such a turn might be implicitly designed to do (or not do), Phil’s next turn can be seen to adequately deal with any such contingencies, as he essentially rejects Dave’s answer with “not uh- not everyone who’s depressed gets helpless” (lines 8-9). Again, this is surprising as until this point Phil has spent considerable time attempting to offer ‘depression’ as a candidate explanation for why Dave might be producing invariably negative accounts and formulations. Why, then, does Phil appear to abandon ‘depression’ just when Dave appears to accept it as a possible explanation?

Consider that Dave furnishes another decidedly non-psychologised formulation (both in terms of its construction and its substantive content) that “my wife was right she has managed to take Jessica away from me” (lines 12-13). As this might appear to be developing as yet another unsuccessful attempt to get Dave to accept his reformulation, Phil changes tack and cuts-off Dave’s turn with “N::o I think it’s an older thing” (lines 14-15) which he further develops across lines 18 to 26 as a reformulation that speaks to perhaps a ‘powerlessness’ that might be associated with ‘childhood’. Phil’s assessment of Dave’s formulation “it’s an interesting psychologica::l position to take” (lines 18-19) constructs Dave’s accounts and formulations as entailing that Dave is adopting a position as a position, rather than it being Phil’s gloss of a range of particular, defeasible, claims and statements concerning Dave’s problems. In other words, while Dave appears to resist any psychologised reformulations concerning his troubles that Phil offers, Phil can now construct Dave’s accounts and formulations as being psychologised nevertheless.

To conclude, Phil’s reformulation of Dave’s ‘position’ as having something to do with ‘childhood’ enables a move away from the misalignment between Dave and Phil concerning immediate events (and their telling) and more towards the production of some other, more ‘productive’ talk. Consider that (for most people) there is always
something ‘in one’s childhood’ – it is a ‘stage of life’ category (Sacks, 1992a) that is available to all, and as such, offers a means by which any problem can be reformulated as being possibly related to something that has occurred in one’s ‘childhood’. This, then, gets away from the problems associated with ‘depression’, and indeed ‘helplessness’, as a kind of ‘mood’ that might allow or render problematic the production of particular kinds of accounts, and can allow for Phil to move the interaction away from being an extended and problematic contestation over the nature of Dave’s problems (i.e., an argument) and towards a more productive therapeutic interaction.

‘Moods’ and Moral Accounts of Action

By way of contrast, consider the following extract in which a client formulates their ‘mood’ as possibly pathological, which is rendered as accountably non-pathological by the therapist.

Extract 6.3

1 Phil: .hhhhh >Which is why you were feeling like shit
2 yesterday because you’ve suddenly been exposed and-
3 and- she’s gonna find out you’re a fuckwit.
4 (1.0)
5 ( ): .hhhhhh
6 Phil: Because you’ve exposed yourself.=
7 Mike: =(“Yeah”)  
8 (1.9)
9 Phil: Yes:.  
10 (1.0)
11 Mike: See that’s: (0.4) .hhh (0.4) it’s: in a way I’m glad, (.) I’m not glad that I’m feeling this way,
12 (0.3) .hhh cause I certainly was feeling better last week.
13 Phil: Hmm.
14 (0.8)
15 Mike: And I’m wondering if it’s also medication going in- up
16 and down >I don’t- I dunno if it’s that<
17 [I don’t- °w- w’s- w’s-o was me going up and down]
18 Phil: [Well it’s probably you going up and down b-but- but I]
also think that what you’ve done you’ve taken a large risk,

Mike: Yeah I did I have taken a risk.]

Phil: [you see.] An and and and I would (. ) put (. ) th- your low mood directly down [to the fact ]=

Mike: °Yeah I think°

Phil: =that (. ) .hhh you now have to trust her.

Mike: °Mm.° (0.2)

This extract is taken from a section of talk that concerns the client discussing a recent encounter with a woman that is a matter of some moral concern (i.e., on a first date the client spent the night at her house). The extract begins with Phil providing an explanation for why Mike, in previous interaction, has experienced a problematic ‘mood’; introduced initially as “feeling like shit” (line 1) and later specified as a “low mood” (line 27). The explanation Phil provides for the ‘mood’ is that Mike had “suddenly been exposed” (line 2) and “she’s gonna find out you’re a fuckwit.” (line 3).\(^6\) Note that the cut-off “and-” (lines 2-3) serves as a conjunction, such that ‘been exposed’ and ‘she’s gonna find out’ are not temporally ordered with respect to each other (and as such each can stand as explanation of the other).

Note that Phil modifies this formulation slightly, with “because you’ve suddenly been exposed” (line 2) being repackaged at line 6 in a slightly different form, “Because you’ve exposed yourself”. The change, from ‘been exposed’ to ‘you’ve exposed yourself’ is important, as it renders the act of exposure as volitional; as an action (rather than consequence) that Mike is accountable for. Thus, because Mike has ‘exposed’ himself, she will find out he is a ‘fuckwit’, and that provides the explanation for why he felt ‘like shit’.

This accountability is topical in Mike’s uncertainty with regard to his “wondering if it’s also medication going in- up and down” (lines 17-18) and if it “was

\(^6\) Note that ‘fuckwit’ here is a derogatory, vernacular term that can be paraphrased as ‘stupid’, ‘fool’, or ‘idiot’ (as in ‘she’s gonna find out you’re an idiot’).
me going up and down” (line 19), which stand as alternate candidate formulations. Mike’s ‘wondering’ might best be approached not as the direct reporting of some private, internal mental process (e.g., McHoul & Rapley, 2003), but can be seen to operate more as a rhetorical device that might allow for Mike to tentatively provide a formulation that minimises any personal responsibility for particular actions causally related to the ‘mood’. That is to say, rather than the ‘mood’ being the result of a potentially questionable moral action (i.e., spending the night with a woman on a first date) that may have consequences, the ‘mood’ can be, at least in part, attributed to medication effects or a dispositional factor (i.e., bipolar disorder).

Consider also that, as Gill (1998) suggests, patients may exhibit caution by providing speculative explanations that do not warrant a direct evaluation from a clinician. Note that Mike does not directly ask Phil to evaluate his formulation, rather, it is delivered in an uncertain and tentative manner with “And I’m wondering” (line 17), “I don’t- I dunno” (line 18), and “I don’t-“ (line 19). As Gill notes, patients’ explanations are subject to confirmation or disconfirmation by clinicians, and indeed Phil does a disconfirmation, albeit disagreeing in a way that shows this to be a dispreferred utterance as evidenced by the preface “Well” (line 20), the agreement “it’s probably you going up and down” (line 20), and the contrast term “b- but- but” (line 20), which precede the disconfirmation that occurs over lines 21 to 28.

In this regard, Phil partially acknowledges this explanation that it was indeed Mike (“you”, line 20) that was “going up and down” (line 20) in the form of a disclaimer. This pre-account attends to the possibility that, as an explanation, it could be taken as linking the accountability of the problematic mood with Mike’s ‘medication’ or perhaps ‘bipolar disorder’ (note also that this pre-account terminates with the adversative, self-repaired “but”). Phil then provides an account that directly posits Mike’s ‘mood’ as the result of non-pathological processes across lines 21 to 28. That is,
it is Mike who has “taken a large risk,” and as a result his “low mood” can be factually presented as being “directly down to the fact” that Mike has to now “trust her.”

In other words, Phil provides a reformulation of his initial explanation concerning Mike’s recent ‘mood’ (i.e., that Mike’s actions are accountably the cause) that is bolstered against possible challenge in the form of some subsequent interaction that could undermine such an explanation, notably, by either Mike’s suggestion that it could well be ‘medication’ or his very ‘mood’ disorder itself that is responsible. We see the transformation of Mike’s ‘mood’ from being the result of a consequence of an action for which he may be minimally accountable (i.e., ‘you’ve suddenly been exposed’) to being the result of actions that Mike is maximally accountable for (i.e., ‘you’ve taken a large risk’ and ‘you’ve exposed yourself’). In this instance then, ‘Mood’ can be seen as a device that can enable the production of moral (as opposed to pathological) accounts of actions.

‘Moods’ and Pathological Accounts of Action

Turning now to the next two extracts, in which a client provides an account of ‘mood’ as pathological, which is accepted and further elaborated upon by the therapist.

Extract 6.4A

1 Mike: =>I was like< it’s– it’s ↑amazing (.) the thought processes I liked. .hh (0.8) Okay I’ll go and spend this today. (.) No problem and I’ve >and look< a tiny little voice out of the darkness would say (0.2) Mike you realise this will probably kick you in the arse in about (.) a year’s time or six months time and like, but my over (.) arching elevated voice would be going (0.5) ↑fuck off:
2 Phil: Mm:
3 Mike: Excuse my language. >Let me do [whatever I like.<]
4 Phil: [↑Hm ]
5 Mike: >I know. I agree.< [And I ] accep-
6 Phil: [Y’know,]
7 Mike: (0.2)
Mike: >And that’s what I do.<
(0.2)
Phil: I’m a big boy:=
Mike: =Yeah.=
Phil: =I’ve got money [and I’m (earning)]
Mike: [>Ye- ye- ye- I’m<]
(.
Mike: Well ↑ yea:=h [mate,] nothings gonna= nothings gonna= Phil: [{( )}]
Mike: =hurt me:
Phil: Mm=
Mike: =And (.) it’s kicking my butt right now.

This extract is taken from a section of talk that concerns the client’s discussion of the signs and symptoms that he may be experiencing an ‘up’ (i.e., a manic or hypomanic episode), with specific attention directed towards problems associated with his spending excess amounts of money (see Extracts 5.1A-B and 5.3). The extract begins with Mike making what can be described as an extreme case formulation (Pomerantz, 1986) “it’s ↑ amazing (..) the thought processes I liked.” (lines 1-2), that also positions the actions and thoughts to be described as past events, something that Mike can provide a report on without implicating any current or future occurrences of the actions to be reported. Further, Mike’s self-assessment of his previous ‘thought processes’ serves inferentially to position his current ‘thought processes’ as unremarkable.

Mike then provides an account concerning these ‘thought processes’ and the manner in which they are linked to actions, the specific action being ‘spending money’ (“Okay I’ll go and spend this today.”, lines 2-3). However, he does not report on any specific instances of action or ‘thought processes’, rather, they are detailed in a kind of a ‘script formulation’ (Edwards, 1994) that presents both the actions and ‘thoughts’ as a kind of general type.
With regard to the ‘thought processes’, Mike describes two ‘voices’, a “tiny little voice” (lines 3-4) and an “over (. ) arching elevated voice” (line 7), that are positioned as being in some opposition. One might gloss these as the voices of ‘rationality’ and ‘emotion’, ‘reason’ and ‘impulse’, or perhaps ‘sanity’ and ‘mood disorder’. Note that ‘elevated’ stands as an interesting description of an ‘inner voice’, in that it sounds like ‘elevated mood’. In any event, the ‘tiny little voice’ provides what seems to be practical, commonsense advice, namely that spending money may entail some unpleasant consequences such that there may well be a day of reckoning (“probably kick you in the arse in about (. ) a year’s time or six months time”, lines 5-6). However, its apparent nemesis, the “over (. ) arching elevated voice” (line 7) with its admonishment to “↑fuck o:ff:” (line 8), appears to have been the more persuasive.

Indeed, if we jump ahead to the last line of this extract we can observe that the day of reckoning appears to have come, with Mike declaring that “it’s kicking my butt right now.” (line 26). Consider also that such an outcome appears to be produced as more or less inevitable in this account, with the voice of ‘rationality’ constructed as a ‘tiny little voice’ that comes from ‘the darkness’, in contrast to the other which is presented as ‘over-arching’.

In addition, Mike’s use of the modal “would” at lines 4 and 7 (Edwards, 2006b) here serves to construct a normative and generalised version of these ‘voices’, which might otherwise be approached as a kind of direct reported speech (Holt, 1996), in relation to spending. The interesting feature of the particular uses of ‘would’ here is that while they implicate descriptions of the ‘voices’ as internal, they are positioned as being possibly counter-dispositional to Mike’s own, non-pathological disposition(s).

Further, Mike’s “Excuse my language.” (line 10), while credibly serving to attend to a possible etiquette violation, might also be describable as performing some rhetorical function, possibly as a form of footing (Goffman, 1979) that distances Mike
from the ‘elevated’ voice. In other words, it is not Mike himself as the author of ‘fuck off’, he is just reporting what the ‘elevated’ voice would have told him. In this sense, the previous talk could be regarded as constructed to provide a more or less direct observational report concerning specific mental states and processes rather than reporting instantiations of problematic actions (Edwards & Potter, 2005).

Phil emphatically accepts this account “>I know. I agree.<” (line 12) and further extends this by providing a kind of direct reported ‘thought narrative’ of what Mike would be thinking, or what Mike’s ‘overarching elevated voice’ might be saying, beginning at line 17 with “I’m a big boy:” and extending to line 19 with “I’ve got money and I’m (earning)”. Note that this does not present any particular trouble for Mike (i.e., as might be evidenced with a pause or a query immediately following the sudden switch at line 17), with his latched “Yeah” at line 18, and his further overlapping agreement at line 20.

In other words, Phil’s talk is recipient designed to be hearable not as his ‘thoughts’ or ‘voice’ but Mike’s, and enables a demonstration of a considerable degree of affiliation and alignment. Mike then picks up the first-person ‘thought narrative’ at line 22, and then provides a kind of contrastive ‘punch-line’ at line 26 that “it’s kicking my butt right now”.

Extract 6.4B

1  Phil: But, that’s that beautiful slightly:=
2  Mike: =Mm=
3  Phil: =elevated mood state where .h nothing can hurt ;me::,
4            I’m ten foot tall and bullet proof,=
5  Mike: =That’s right=
6  Phil: =and y’know I’m king of the world, [and there]=
7  Mike: [Yeah yeah]
8  Phil: =ought to be enough juice in my system to pay
9            [for any ] big bill like this.=
10 Mike: [Correct.]
11 Mike: =That’s right.
In this extract, Phil provides a reformulation of Mike’s account across lines 1 and 3, which repackages Mike’s descriptions of his ‘elevated’ voice as being related to ‘mood’, and as something which clearly denotes pathology. Indeed, Phil’s “beautiful slightly:” (line 1) “elevated mood state” (line 3) could be given the clinical gloss of 'hypomania’. This is given further elaboration by Phil, who again delivers a kind of ‘thought narrative’ to provide present tense, first-person psychological descriptions of the ‘mood state’ such as “nothing can hurt ↑me::,” (line 3), “I’m ten foot tall and bullet proof,”(line 4), and “I’m king of the world,” (line 6). During this, Mike’s overlapping and latched responses and affirmations (e.g., “That’s right.”, line 5; “Correct.”, line 10) serve to bolster this description as being both relevant, and an appropriate description of Mike’s own experience.

In contrast to the previous analysis of Extract 6.3, in which ‘mood’ was described as serving as a device to produce a moral account of action, here ‘mood’ serves as a device to produce a pathological account of action. Furthermore, of interest here is the degree to which a ‘mood’ as a pathological account of action is produced by the client and therapist in a setting of agreement and mutuality; as something that could be characterised as utterly mundane, matter-of-fact, and unremarkable.

‘Moods’ and Conduct Prediction

The following extracts detail interaction in which there is an acceptance by a client of a ‘mood’ ascription provided by the therapist, although the status of such an ascription appears somewhat ambiguous (i.e., pathological/non-pathological).

Extract 6.5A

1 Phil: .pt So how do you feel in terms of control and .hh
2 (0.6) getting dangerous where are you on the* (.) in
3 control g- this is getting dangerous=
4 Kate: =.pt (0.2) U::m: .h °where am I on the in control
that’s getting dangerous I think I’m quite mellow.

(0.3)

Phil: °Okay.º

(0.3)

Phil: Yeah- y- you seem- oh look .hh to be honest, (0.4)

Kate: °Mm?ºº

(0.4)

Phil: Y’know your presentation is (0.5) is:: more centred

than it has been, y- you’ve got the occasional flights

of [being] a bit dissoc- of a little [bit]=

Kate: [Yeah ] [Yep]

Phil: =.hhhhh bit circumstantial is a >ch- ch- ch- ch- ch-<

[bet-]

Kate: [ Is] there? Yep.=

Phil: =The thinking’s a bit woolly ;but ah=

Kate: =Yep. (0.2)

This extract, taken from the final minutes of a session, begins with Phil asking

Kate to provide a self-assessment on where she feels in terms of being in “control”

(lines 1 and 3) versus “getting dangerous” (lines 2 and 3). As with Extract 6.1, while the

term ‘mood’ is not directly invoked in these materials, I would suggest it can be

approached as a pertinent gloss given that in the session (and indeed the entire corpus)

talk around ‘mood’ is ubiquitous. In this regard, the current extract follows a section of

talk concerning evaluations of Kate’s ‘mood’ (e.g., Phil asks Kate “so in terms of your

:anity: where are you on the nought to ten fruit loop scale.”). 7

Kate provides a repeat of Phil’s question, and provides a self-assessment that she

thinks she is “quite mellow” (line 5). On receipt of this (“Okay”, line 7) Phil then

provides a kind of summary assessment of Kate’s interactions with him during the

session, which is prefaced by both an oh-preface (Heritage, 2002) and an honesty phrase

(Edwards & Fasulo, 2006) “Yeah- y- you seem- oh look .hh to be honest” (line 9). This

serves to preface what may be a delicate, possibly negative assessment, and perhaps one

7 While additional material is not presented here in the interests of brevity, some fragments of this
material are presented in the next chapter (e.g., Extract 7.27).
that is to be delivered by Phil as a professional (e.g., Horton-Salway, 2004). In other words, it denotes a forthcoming assessment that should not be regarded as merely a negative assessment concerning Kate as a person, but rather as a sincere assessment in which Phil ‘shares’ some professional insight that might not normally be provided to a client.

In this regard, consider that the substantive detail of the assessment begins at line 12 with “y’know your presentation is (0.5) is:: more centred than it has been”. The use of the word ‘presentation’ is hearable as a kind of technical, clinical term, and speaks to Phil’s authority as someone who can provide (and is about to) a technical assessment, in contrast to one that might be hearable as a kind of ‘personal attack’ (Sacks, 1992b, p. 203). Additionally, the assessment infers a previous, presumably more ‘out of control’ presentation, with the ‘centred’ pointing to Kate’s relatively unremarkable, or more normal, presentation.

The assessment is then provided of Kate’s current ‘mood’ across lines 12 to 19, in the form of a three-part list (Jefferson, 1990) essentially “dissociative”, “circumstantial”, and having “woolly thinking”; all of which could be reasonably postulated as identifying candidate symptoms of a ‘mood disorder’. Note also the use of ‘softeners’ (Edwards, 2000) for these candidate symptoms, namely “occasional” (line 13) and a “bit” (lines 14, 16, and 19). In addition, consider the following features which further point to the delicate manner in which Phil constructs and delivers his assessment: the repairs/cut-offs at lines 9, 13, 14, 16, and 17; the use of softeners; the discourse marker “Y’know” (line 12) taken here as working in an affiliative sense (Schiffrin, 1987); and the shift from ‘you’, ‘your’, and ‘you’ve’ as predicates of the candidate ‘symptoms’ to “the” (line 19).

In this regard, note that the interaction could be approached as involving something akin to a ‘perspective-display series’ (Maynard, 1989, 1991b), followed by a
‘citing of evidence’ (Maynard, 2004), that might allow for a minimisation of potential disagreement in the delivery of a clinical assessment. In this sense, consider that Phil provides an initial invitation for Kate to provide her view on how in control she is (lines 1-3), Kate then provides her assessment (lines 4-5), and Phil provides a series of second assessments (across lines 12-19). Note that while Phil’s assessments are prefaced with the honesty phrase “to be honest” at line 9 (Edwards & Fasulo, 2006) which may project downgraded agreement, the “↑but ah” (line 19) does project for an upshot that returns to a more positive assessment of Kate.

Extract 6.5B

1 Phil: Y’know=
2 Kate: =>But y’know what< there’s a lot of nutters out there
3 .h there’s not- you can’t not- you can still get a job,
4 >that’s what I’m saying< you can [run ]=
5 Phil: ↑↑Yeh
6 Kate: =and work [behind ] a bar like this and people will=
7 Phil: ↑↑Oh yeah]
8 Kate: =think I’m a nutter and that’s ↑↑it [y’know and-]
9 Phil: [ I know] but
10 you’d be a jolly- [look I mean]
11 Kate: [ Yeah a] JOLLY GOOD NUTTER (.)
12 [y’know aHAAH HAAH]
13 Phil: [I- you’d be- ] you’d be- look if I walked in to the
14 local pub and you were behind the [bar ]=
15 Kate: [Yeah]
16 Phil: =it’d be fun at the moment.
17 Kate: Yeah. [Sure. ]
18 Phil: [Alright] because people (they’d) have a banter
19 with you, you’re not gonna take any offence .h you’re
gonna be easy and you’re gonna be (. ) y’know (. ) .hh
20 you’re gonna [be ]
21 Kate: [Mm hm]
22 (0.2)
23 24 Phil: Y’know (0.3) reparteeing back again so=

8 As a ‘clinical assessment’ I mean to suggest that it might or could be hearable as such, notwithstanding the previously raised issues with such things as determining a ‘diagnosis’ in a psychotherapy session (cf. Buttney, 1996). Nonetheless, it would appear to hold for Maynard’s description of an ‘assessment’.
Note that Kate repackages both the “but” (line 17, Extract 6.7) and the “Y’know” (current extract, line 1) in a single turn in line 2, and by adding to Phil’s turn rather than developing her own turn, her talk is hearably continuous with his. At this point, Kate begins to provide a kind of disclaimer with “>But y’know what< there’s a lot of nutters out there” (line 2). This could be approached as Kate accepting the details of Phil’s assessment, with Kate orienting to the explicated details of the assessment as ‘natural predicates’ (Watson, 1978) of the invoked category ‘nutter’ (to which it can be inferred she belongs; as seeably an incumbent of the category which she makes explicit in lines 6 and 11) as opposed to broadly rejecting it (the discourse marker but latched with y’know here appropriately described as a turn transition device, e.g., Schiffrin, 1982).

However, Kate works towards discounting any possible inference that the presence of any of these particular predicates in some sense precludes doing something perfectly ordinary; such as to “get a job” (line 3) in “a bar” (line 6). Kate asserts that even if people were to categorise them as a ‘nutter’, it would be of no practical significance in such a context. Not only are there “a lot of nutters out there” (line 2), you can “work behind a bar like this” (line 6), and it is of no great import that “people will think I’m a nutter” (lines 6 and 8). In short, working behind a bar could be category-bound to ‘nutter’, such that a ‘nutter’ working behind a bar is unlikely to garner any particular attention as a ‘nutter’ (cf. Sacks, 1984b).

Alternatively, while the category ‘nutter’ may not be conventionally linked to the category ‘bar worker’, Kate’s account could be seen as working towards establishing that membership of both would not (or should not) be seen to violate conventional expectations. This, then, could be understood as Kate making a moral
claim with regard to her capacity to work behind a bar, regardless of what anyone else might impute as being reasonable or expectable activities associated with being a ‘nutter’.

Phil responds to this with multiple overlapping agreement tokens at line 5 (“↑↑Yeh”), line 7 (“↑↑Oh yeah”), and line 9 (“I know”), that reinforce the notion that this is a rather delicate interaction, and can attend to minimising the possibility that his assessment was in some sense providing a negative assessment of Kate. Phil’s self-repair at line 10 occurs with Kate’s overlapping, ironic self-categorisation of being a “JOLLY GOOD NUTTER” (line 11), which further establishes Kate’s moral claim to being quite able to work behind a bar, regardless of any possibly negatively construed characteristics (which could be glossed as involving some problematic ‘mood’).

Phil then provides a decidedly non-technical, vernacular assessment, that not only attends to how Kate is presently, in terms of ‘mood’, but one that can also be approached as kind of meta-narrative comment on their current interaction. Phil’s assessment begins with what Kate would be like as a bar worker, “it’d be fun at the moment.” (line 16), which is then justified with four characteristics across lines 18 to 24 that could be seen as involving natural predicates and activities both of Kate in the present interaction as a ‘client’ and as a ‘bar worker’ (i.e., “banter”, “not gonna take any offense”, “easy”, and “reparteeing”).

Additionally, Phil’s assessment that it would be ‘fun at the moment’ is significant, in that appears to be slightly destabilising Kate’s account by attending to the possibility of change, or perhaps mood ‘cycles’. However, if one considers that Phil’s initial assessment (Extract 6.5A) is framed in terms of where Kate is now given some previous level of functioning, it does serve to provide a warrant by which Phil can provide an assessment concerning Kate’s future functioning (cf. Extracts 5.7A-5.10)
This works to reconfirm Phil’s previous assessment in a manner that is attentive to both the local, interactional demands (involving the delicate nature of his assessment), and as a way of downplaying any possible negative implications of Kate’s ‘mood’ in relation to future activities. In this regard, Phil’s closes off this somewhat complex interaction at line 26 with an assessment that he is “sure you can do that job”. In contrast to the previous extract, one might say that ‘mood’ as a device can here serve to enable the prediction of conduct.

**Conclusion**

The present chapter has provided some brief descriptions of how ‘moods’ might feature in talk-in-interaction between a clinical psychologist and clients for whom ‘bipolar disorder’ has demonstrable relevance. It is suggested that accounts of ‘moods’ are constructed, produced, and assembled through ascriptions and avowals, accounts and formulations, detailing particular thoughts, feelings, and actions. They are operative as causes and effects, as predictors and things to be predicted, and as explanations and things requiring explanation. Evaluations of ‘moods’ does not take place in a manner such that a clinician can in some sense ‘inspect’ a client, who can then furnish textbook definitions of particular ‘mood states’ drawn from a well defined inventory. Rather, the status of any particular ‘mood’ is worked up in-and-through interaction, and is potentially subject to a considerable degree of contestation and co-production, both to its epistemological status as a ‘mood’, and moreover any practical clinical significance.

In this chapter, we have seen ‘moods’ operative as kinds of devices; as collections of various categories that are vernacularly rendered, reflexively organised, normatively accountable descriptions of conduct. Examples were presented of ‘moods’ as ostensibly pathological (Extracts 6.4A-B), non-pathological (Extract 6.3), and as contestedly pathological or non-pathological (Extracts 6.1A-6.2, 6.5A-B). ‘Moods’ can be seen to be operative as devices that can enable explanations of account production...
‘in-flight’ (Extract 6.1A-C), produce decidedly moral accounts of actions (Extract 6.3), and enable predictions of conduct (Extracts 6.5A-B).

One might consider that the meaning of any specific ‘mood’ in any specific setting is always contingent upon the practices in which the specific ‘mood’ is taken up (McHoul, 1996). For example, a ‘mood-checklist’ (e.g., Beck et al., 1961; Hamilton, 1967; Hirschfeld et al., 2000) used by a clinician to evaluate a client, an avowal of a problematic ‘feeling’ in psychotherapy, or the provision of a ‘mood stabilising’ medication; all involve various practical matters by which ‘moods’ are made relevant, not as entities in their own right, but as relating to a range of other practical activities.

In this sense, and following from the examination of ‘symptoms’ in Chapter 5, I would suggest that inquiries, particularly those of a ‘critical’ flavour, that focus on the seemingly obvious shortcomings of such things as psychiatric nosologies and diagnostic methodologies, invariably fail to appreciate that such things as the DSM diagnostic criteria for bipolar disorder can only ever be loose, informal, and provisional in actual clinical psychiatric and psychological practice. What is not needed are better definitions of what ‘moods’ are, but rather, more thorough investigations of the practices that any definitions are claimed to be informing.

Consider the importance attached to ensuring that persons can and do engage in accurate monitoring of their ‘mood states’ (e.g., Dell’Osso et al., 2002; Yatham et al., 2006). What might be the implications of such monitoring be, given that one may be required to provide avowals that ones ‘mood’ is essentially ‘disordered’? The clinical literature employs terms such as ‘mood-congruent’ and ‘mood-incongruent’ (e.g., APA, 2000), which points to the importance of the public ratifiability of given ‘moods’. Notwithstanding that one could make an error in ascribing to oneself a particular mood description, and another person could reasonably challenge an avowal of such a description by citing particular criteria (Buttny, 1986), does it make sense to speak of
one’s own ‘moods’ as ‘congruent’ or ‘incongruent’? Or, in doing so, does one render one’s own ‘moods’ as highly problematic, ostensibly psychological states, that stand in need of both verification by ‘outer’ criteria and also constant ‘inner’ scrutiny? (cf. Wittgenstein, 1967a). Perhaps, taking a different tack, one could understand such practices as entailing a kind of self-surveillance in accord with the issues raised by Foucault (e.g., Faubion, 2000; Foucault, 1967; Rose, 1999), such that individuals as a practical matter are required to constantly maintain a kind of surveillance of the ‘self’; a policing of ‘moods’ that are, in some sense, produced as being instantiated within individuals.

Consider that in settings such as the one examined here, ‘moods’ serve not only as normatively accountable devices that persons can utilise in the performance of a range of diverse practical actions, but are also the very things which are subject to investigation, clarification, and remediation. In this sense, further detailed examinations of the practices by which ‘moods’ feature in such clinical settings may be of some interest to both mental health professionals and the consumers of their services, notwithstanding that they themselves are, no doubt, the ones to determine the relative merits of any proffered descriptions of their own practices.
CHAPTER 7

Some ‘Thoughts’ on ‘Thoughts’ as ‘Thoughts’

In this final analytic chapter, I will be focusing on the manner in which mental predicates and psychological terms are used in psychotherapeutic interactions. Following from the consideration of psychological terms usage in Chapter 3, I take the position that when one considers the use of psychological terms in actual use, such use cannot merely be taken as referential. That is to say, utterances involving terms such as ‘think’, ‘remember’, ‘understand’, ‘feel’, ‘thought’, ‘perceive’, and so forth should not by default be taken as substantives that map referentially on to inner, hidden, cognitive processes or states. Given that a strong counter-cognitivist position would suggest that when such things as ‘thoughts’ (for example) are invoked in talk-in-interaction they cannot operate referentially, what can one analytically say about invocations of ‘thoughts’ that appear to be at first glance unambiguously presented as ‘thoughts’? In addition, how might one approach talk that pertains to ‘feelings’?

In addition, my focus on ‘thoughts’ and ‘feelings’ follows from the consideration and respecification of what counts as a ‘mood’ presented in Chapter 6. Consider that when one consults the OED one finds entries for mood that notably make reference to ‘thought’ and ‘feeling’ (e.g., “Mind, thought, will, Also: heart, feeling”, OED, 2002, n.p.). In this regard, my general aim in the current chapter is to take a circuitous route to ‘lead up’ to some analytic considerations of what might be regarded as some ‘unambiguous’ usage of such terms in relation to their common association with matters pertaining to ‘moods’, and hint that “‘having a cognition’ [or ‘feeling’] is, in spite of traditional psychological conceptions, defined by the (various) projects

---

1 Operate as an ontological, rather than epistemological, position.
people get up to – including, of course, the various projects of Psychology itself” (Antaki, 2006, p. 14).

Moreover, how might one proceed with empirical investigations of such materials in sites where the status of any particular ‘thoughts’ or ‘feelings’ may be highly contested, and massively consequential? While the consequentiality of such ‘thoughts’ and ‘feelings’ may well elude direct appreciation, I would suggest that the psychotherapy sessions in the current examination represent interaction which occurs in-and-as a specific, massively consequential setting or site for the doing of a range of psychological business. And, in this regard, such a site is likely to be rich with psychological terms usage. Indeed, this might well be unsurprising given that “using talk to find the psychological in the mundane is the stuff of therapy” (Antaki et al., 2005a, p. 3).

‘Cognition in the Wild’

Now, I present this material not in order to embark on a wide ranging critique of forms of psychotherapy, or indeed, to evaluate the relative merit of individual clinicians. Regardless of any cognitive or behaviourial models that are presumed to inform, or underlie, the types of therapy that professional psychotherapists may engage with (e.g., ‘cognitive behaviour therapy’, ‘rational emotive therapy’, ‘client centred therapy’, ‘psychodynamic therapy’, and so forth), ethnomethodologically informed investigations can elucidate the techniques employed by therapists as practical skills and the products of their work as demonstrable achievements (e.g., Antaki et al., 2005a; Hutchby, 2005; Madill et al., 2001; Peräkylä, 1995; Silverman, 1997).

In regards to examinations that are focused on psychological language use, in a sense, one might consider such work as the study of ‘cognition in the wild’. How are thoughts produced as thoughts in naturalistic settings? How are feelings produced as feelings in naturalistic settings? I would suggest that these terms often feature in the
social scientific literature as variables and factors with operational definitions, where such usage occludes the situated and highly specific deployment of such terms in situ. Following from Lynch (2006) I would like to make the point that, whatever else things such as ‘thoughts’ may or may not be, they are words, and as such one can examine how such words feature in-and-as situated displays of conduct, pragmatic actions or performances, as *practices*.

For example, we could begin with an examination of the practices involved when persons go about establishing what other persons ‘know’ (Antaki, 2006), or indeed the practices by which persons can *not* ‘know’ (Edwards & Potter, 2005). Other practices that could be examined might include the practices by which persons ‘forget’ or ‘not remember’ (Lynch & Bogen, 1996, 2005), or perhaps display ‘forgetfulness’ or ‘uncertainty’ (Goodwin, 1987), or the practices by which people *attend* to intentional, goal-directed activities (e.g., Kidwell & Zimmerman, 2007). In the current analysis, what is of primary interest is an examination of what could be seen as some basic building blocks of psychological *discourse*, and one might suggest the basic objects of interest in *any* psychotherapeutic interaction. That is, it begins with a focus on the psychological terms ‘think’ and ‘feel’, in their various grammatical guises (e.g., ‘thinks’, ‘thinking’, ‘thought’, ‘thoughts’, ‘feels’, ‘feeling’, feelings’, ‘felt’), and then broadens to encompass the way in which such terms feature as matters of concern in the therapeutic interactions.

The following is not presented as a complete and exhaustive empirically derived taxonomy, or survey of the grammar, of how such terms feature in every, and any, interaction. It is undertaken to suggest that in psychotherapeutic interactions, perhaps counter intuitively, psychological expressions that involve ascriptions, avowals, or displays concerning ‘thoughts’ and ‘feelings’ generally *do not* refer to events that occur
in some hidden realm, such that they can only be taken as descriptions of mental or emotional events.2

As Hacker makes clear, while something of the form ‘I think that X’ is commonly an avowal of a belief or an opinion, it might also be used as something akin to an admission or confession, or indeed as a statement (Hacker, 2006). Nonetheless, one should be cautious in providing generalisations as to how such statements might operate, and bear in mind the importance of adopting a Wittgensteinian orientation towards such investigations by way of undertaking detailed examinations of the particular case (Hacker, 1990b, 2006). After all, as Wittgenstein reminds us, thinking is indeed a “widely ramified concept” (Wittgenstein, 1967b, §110).

In this regard, what is on offer is analysis of instances of what appear at first glance to be fairly straightforward uses of such terms in order to develop more detailed analysis of how such terms may feature as significant matters of concern for participants engaged in decidedly therapeutic interactions. This involves an initial examination of the practices where such terms might be used in the performance of a variety of mundane activities, such as in giving an opinion or evaluation, demonstrating affiliation, and constructing a story. I will then consider usage that might be relevant in the reporting of problematic cognitions and troublesome emotions, and in-and-as situated displays involving ‘thoughts’ and ‘feelings’.

**Occasioned Use of Psychological Terms**

Hutchby, in an examination of ‘feeling-talk’ (amongst other things) in child counselling settings, provides an analysis of some talk in which four siblings are talking with a counsellor about visiting their father’s home. Hutchby suggests that, subsequent to a question concerning the frequency of the children’s visits, a counsellor question

---

2 And while my initial exposition will cover familiar territory with regard to the grammar of such terms, consider that “the work of the philosopher consists in assembling reminders for a particular purpose” (Wittgenstein, 1967a, §127).
“What bits o’ that do y’ like an’ what bit o’ that don’t y’like.” (Hutchby, 2005, Extract 1, lines 14-15, p. 311) works as a counsellor produced reformulation that “seeks to relate that news back to the children’s feelings about events” (Hutchby, 2005, p. 312, emphasis in original). However, there is nothing in this extract that points categorically to feelings, or indeed thoughts, in terms of how participants orient to such terms as categories; rather, it speaks to relating some prior news talk to children’s opinion or stance towards those events.

In other words, the use of ‘feelings’ here is an analytic gloss (as is ‘opinion’ or ‘stance’), as Hutchby no doubt suggests when stating that “formulations have been shown to be a key resource by means of which children’s concerns or feelings about events in their family life are rendered into publicly available topics of talk” (2005, p. 326, emphasis added). My point here is not to suggest that the analysis is in some sense incorrect, or that one should be overly pedantic about particular analytic glossing practices, but rather to highlight my concern that one can make a firmer case in relation to such things as ‘feelings-talk’ (and ‘thinking-talk’) by providing an explication of feelings and thoughts when those terms are occasioned in the interaction. In other words, when the terms themselves feature demonstrably as participants’ concerns.

As previously discussed in Chapters 5 and 6, in much of the talk clients provide accounts of troublesome matters, of problems, and the therapist provides for candidate psychologised formulations, or reformulations (Davis, 1986), of these problems. My earlier focus was on the manner in which such reformulations could serve in the production of what might count as a symptom of bipolar disorder (Chapter 5), and how ‘mood’ might operate as a kind of account production device (Chapter 6), and while there is considerable overlap with those themes here I would like to suggest that not only are reformulations of clients’ accounts produced and constructed using psychological terms (e.g., ‘think’, ‘thought’, ‘feel’, ‘feeling’), but that such terms may
themselves feature as the objects which are the topic of such psychologised formulations.

**Basic Assessments and Evaluations**

Utterances of the form ‘I think $X$’ occur routinely in the data corpus, operative in a range of fashions, generally involving assessments and evaluations, involving agreement and disagreement, and in providing extensions to the utterances of prior speakers. These may occur in a sequence that does not have the typical prosodic features of a question requiring a response; rather, each speaker provides what could be approached as a kind of rhetorical question. For example, consider the following extract.

**Extract 7.1**

1    Phil: Ah so it’s stress related.
2       (.)
3    Luke: I think it is stress related.
4       (.)
5    Phil: Yeah. (.)

Here, Phil provides an evaluation concerning some previous talk that something is “stress related” (line 1), to which Luke provides a kind of stand-alone response “I think it is stress related” (line 3). Or, to put things another way, Phil provides an upshot formulation concerning the indexical ‘it’, to which Luke provides a congruent second assessment (Pomerantz, 1984a). Consider also that Luke provides for a confirmation with an almost identical utterance, in a sense ‘confirming an allusion’ (Schegloff, 1996). This is followed by Phil providing an acknowledgement token “Yeah” (line 5), which can serve as both a receipt of Luke’s statement, and as a kind of confirmation of his own, initial formulation.

As Buttny has outlined, this type of structure has three turns: 1) therapist ascription or recommendation; 2) client response or evaluation; and 3) therapist evaluation of client response (Buttny, 1996). Additionally, it can serve as an *assessment*
by Phil, following Luke’s second assessment, of what the expected or anticipated assessment from Luke was going to entail – if one considers that with such an adjacency pair there is a preference structure for agreement (Heritage & Watson, 1979).

Nonetheless, here a formulation is provided by one party, acknowledged and repeated by the second party, and then ratified by the first party – and it is via ‘think’ in this instance (other psychological terms could of course serve this function) that both parties can construct a kind of stance alignment concerning the matter at hand.³ While this is not something that is solely to be found in the provenance of therapeutic interactions, with considerable attention directed towards third turn and third turn repair notably by Schegloff (1992b, 1997a), in such interactions such a third turn may provide a means by which a therapist can “not only assess or correct, but also explain, clarify, or elaborate given the clients’ uptake of the therapeutic position” (Buttny, 1996, p. 143, emphasis in original). It is to this ‘therapeutic position’ that I will be directing my attention towards for the remainder of this chapter.

Extract 7.2

| Phil: | Where are we it’s May: the fifth: (.) I have no doubt that (0.9) at least by the end of the month and possibly before (0.8) you’ll be back up thereººº= |
| Mike: | =ºYeah I think so tooººº= |
| Phil: | =Mm (0.2) |

Here, we have a similar sequence to the previous extract (Extract 7.1), with Phil’s assessment “ººººyou’ll be back up thereººº” (line 3) latched with Mike’s second assessment “ººººYeah I think so tooººº” (line 7), followed by Phil’s latched acknowledgement token “Mm” (line 8). Phil’s “I have no doubt that” (lines 1 and 2), “at least” (line 2), and “possibly before” (line 3) provide for a positive assessment (also

³ I note also that Schegloff comments on the use of ‘I think’ preceding a repeat, in a brief footnote (Schegloff, 1996, p. 179).
displaying affiliation and alignment) that relates to ‘when’ rather than ‘if’ Mike will be
‘back up there’.

The use of ‘I think’ often occurs following extended sequences where some
version of events may be in dispute, and can serve to introduce an upshot formulation
that is likely to entail a range of psychological terms that can serve to soften the
rejection of a claim or inference. Consider the following extract which is taken from a
section of talk in which there has been a lengthy account provided by a client
concerning the details (and implications for the client’s current situation) of a third-
party story.

Extract 7.3
1   Phil:   Now (0.5) I think a story like that makes me very
2          suspicious because I <wonder what he ↓ did.>
3 (0.5)

In this extract, Phil provides for his take on a story delivered by his interlocutor,
and in doing so uses a variety of psychological terms, such as “think”, “suspicious”, and
“wonder” (lines 1-2). Note that Phil does not directly reject his interlocutor’s story
outright, rather, he provides for an assessment concerning the story in terms of his own
psychological reactions, and he delivers this with some degree of conviction. He
“think[s]” it is a “story like that” that “makes” him “very suspicious” (lines 1-2). And
‘stories like that’, for Phil, are ones that make him “wonder” about what the person
involved in the story actually “↓ did” (line 2).

The ‘wonder’ here serves as a kind of invitation to consider the veracity of the
story, more specifically, the intentionality of its original author and not the current teller.
Nevertheless, the description provided by Phil does moral work with regard to a
negative evaluation of the original ‘story’ and what its author ‘did’, and may well be a
'veiled' moral evaluation of the telling of the story by his current interlocutor (Bergmann, 1992).

In this regard, consider that ‘wondering’ might work towards establishing affiliation concerning such a description with a current interlocutor (Drew, 1998), and while Phil’s take on the ‘story’ certainly appears likely to be tendentious, consider that such an invitation provides for Phil’s interlocutor an opportunity to provide for a more extended treatment of the ‘story’, not just as a moral matter, but perhaps in a manner conducive to the doing of therapy (rather than an argument, for example). In this regard, consider that ‘think’ can be seen to be working in these extracts as a means by which interlocutors can emphasis subjectivity (e.g., Schegloff, 1992b) and sometimes to soften a claim (e.g., Edwards, 2000).

Extract 7.4

1 Dave: They used .h you’d think (0.8) And she said yes because
2 you’re a regular we put these other people in °and I’m
3 like well you’d think because I was regular
4 [you could say° .hh]
5 Phil: [Yeah you’d get more] (0.3)

Here, ‘think’ is used with the modal would (Edwards, 2006b) in the form “you’d think” (i.e., ‘you would think’) in line 1. In this form, ‘think’ attends to normative expectations, that given certain events, contexts, actions and so forth, one could reasonably assume some particular type of outcome. Here, to ‘think’ is specified as a normative practice, that is to say, an evaluation concerning what one could normally be expected to ‘think’. Note also the overlap across lines 4 and 5 which might work as a joint turn completion (e.g., Jefferson, 1984a), featuring Phil’s upshot formulation, that further bolsters the notion that ‘what you’d think’ is something that anyone would ‘think’ – here, one could say Phil provides for just such a demonstration.

---

4 Consider also Sacks’s comments on the use of ‘you’ as a way of “talking about ‘everybody’ – and indeed, incidentally, of ‘me’” (Sacks, 1992a, pp. 348-353).
**Interrogatives**

Apart from providing an evaluation or assessment, speakers can of course use ‘think’ and ‘feel’ in direct questions. That is, clearly interrogative questions with regards to semantic content, sequential position, and intonational features. One common way in which the term ‘think’ is used in the corpus is in such questions, commonly at the beginning or at the end of utterances. At the beginning of an utterance, an utterance that constitutes a first turn-at-talk, ‘do you think’ enables a current speaker to maintain turn-at-talk until the completion of a hearable question, whereas at the end of an utterance it acts to foreshadow the positioning of a transition relevance place. Examples of the former include:

**Extract 7.5**
1 Mike: Do you think that might be a good thing to do?

**Extract 7.6**
1 Phil: Do you feel that you overreacted?

Examples of the later include:

**Extract 7.7**
1 Phil: >So it was methamphetamine you think?<

**Extract 7.8**
1 Phil: Look h the question at the end of the day is how do you feel about your drinking?

Parties can provide more-or-less direct answers to such questions, with ‘think’ or ‘feel’ packaged in a response that can serve as a show of agreement and affiliation (e.g., ‘Yes – I think/feel X’). Now, while these discrete turns are indeed hearable as questions, and could be analysed as such, given they occur in sequentially organised talk it is more profitable to examine them embedded in interaction. Notwithstanding
conversation analytic concerns with regard to analysis of question-answer sequences as adjacency pairs, as Coulter makes clear, what might at first glance appear to be a straightforward ‘question’ can often be approached as a “pre-sequence constraint on inference-potential” (Coulter, 1991, p. 38).

In short, this points to the manner in which question and answer sequences often serve to enable the production of joint actions (i.e., Garfinkel & Sacks, 1970) that can be undertaken following the initial question and answer sequence. The kinds of joint actions that are of interest here, are those we might wish to gloss as involving therapeutic concerns, and to which I will begin to direct my analytic comments towards.

Extract 7.9

1 Phil: How does that sound?
2 (0.5)
3 Dave: You think they’d send one to me, put in the post?=
4 Phil: =Or they’ll give it to Jessica and Jessica can give it
to you (1.1)

In this regard, here we have one of only two instances in the data corpus where it is a client asking the therapist a question using the term ‘think’ (at line 3), the other instance being Extract 7.5 (cf. with the modal usage in Extract 7.4). Notably, there were no instances involving a client initiated question using the term ‘feel’. Moreover, in the current corpus, there were very few instances involving therapist initiated questions of this form (e.g., ‘what do you think?’). Rather, ‘think’ and ‘thought’ commonly occur as part of utterances that provide an evaluation in the absence of a direct question.

This was not the case with the terms ‘feel’, with questions featuring the term commonly asked, but notably, such questions were always asked by the therapist. This could be taken as pointing to the particular institutional features of the talk, with questions in general being asked mostly by the therapist (cf. Frankel, 1990; Heath, 1992). After all, one might not expect to observe clients to routinely quiz their therapists.
on their ‘feelings’. In this regard, the therapist may ask questions and offer advice concerning particular troubles, while clients generally restrict their actions to talk about troubles (e.g., Jefferson & Lee, 1981; Peräkylä, 1995; Silverman, 1997).

In regard to such troubles, which often feature accounts concerning third parties, consider the following extract in which an attribution is made of a knowledge claim by a speaker to a third-party (i.e., the reporting of a third-person assessment), with a request for an evaluation of the knowledge claim by a present speaker.

Extract 7.10

1 Jane: My mum reckons that she used to play with me lots when
2 I was a kid (0.2) ‘Cause I was (0.9) ‘Never sit still’ (1.1)
3
4 Phil: >And what do you think?<
5 (1.8)
6 Jane: .pt I can’t remember it but she reckons um
7 (0.7)

Here, Jane provides an account of what her “mum reckons” (line 1) concerning events that occurred when Jane “was a kid” (line 2). Phil’s question, “And what do you think?” (line 4), is non-specific with regard to an object of ‘thought’, rather, it entails that Jane provide a re-assessment of her account of her mum’s tendentious claim, and as a tendentious claim concerning her mum. Consider that Jane’s answer “I can’t remember it” (line 6) serves to index both the claim, attributed to her mum, that “she used to play with me lots when I was a kid” (lines 1-2) and the attributed reason given to support the claim “Never sit still” (line 2). In other words, both come packaged together.

This is followed on line 6 by a disclaimer “but” and a repeat of “reckons” as a sort of qualified psychological/knowledge term (i.e., to attribute to someone that ‘they reckon X’ is to bring into question the veracity of X – in other words, it has the status of an opinion as opposed to a fact). As noted by Pomerantz in the reporting of third-person
assessments, affiliation or disaffiliation with such assessments may be made by the
current speaker (Pomeranz, 1984a). Here, then, ‘think’ can provide for the teasing out
of the implications of a reported claim of action (‘play with me lots’) and the reported
evidence that supports the claim (‘never sit still’), such that the status of both are subject
to disputation as a matter of fact (‘I can’t remember it’) and as a disaffiliative stance
towards the third-person (‘but she reckons’).

Extract 7.11
1 Phil: <↑What do you think it could’ve bee*n** (0.2) that the
2 experience of being in her bed has triggered for you>
3 (0.2)
4 Mike: .pt (0.2) °°Oh okay°° (0.3) U:m: (0.3) .hh Sense of
5 ↑guilt I suppose?
6 (0.2)
7 Phil: Guilt because?

In this case, ‘think’ relates to the dispositional characteristics of the person asked
to provide the assessment. Note that Phil’s question appears designed to project for an
answer that may feature some kind of psychological account, with Phil’s use of
“could’ve” (line 1) working as a kind of ‘back-dated predictability’ (Edwards, 2006b)
on what the “experience of being” (line 2) has “triggered” for Mike. Sure enough, the
question elicits an account of a psychological nature, with Mike offering a tentative
“sense of ↑guilt” (lines 4-5) as the thing which has been “triggered” (line 2). Phil can
then move to draw out the implications of such ‘guilt’ on the third-turn.

‘How do you feel at the moment?’

Extract 7.12A
1 Phil: >How vulnerable do you feel at the moment?<
2 (0.9)
3 Phil: >To exposure by her?<
4 (2.5)
5 Mike: °Pretty vulnerable° (0.2)
Switching now to an examination of ‘feel’, in this extract Phil’s question does not appear to warrant a response that relates to some form of overtly affective account, rather it seems designed to elicit an answer that relates to the likelihood of some kind of outcome. Here, the question of how “vulnerable” (line 1) Mike may “feel” (line 1) to “exposure” (line 3) projects for some kind of evaluation – in much the same way as if ‘feel’ were replaced with ‘think you are’, or just ‘how vulnerable are you at the moment’.

Consider how this plays out in the next extract (which follows directly from Extract 7.12A).

Extract 7.12B

1 Phil:  >So what do you think she might do?<
2 (1.5)
3 Mike:  hhhhhh >“Tell her friends”< (1.1) °Y’know I got this-
        went out with this nutcase°

In this form, ‘think’ can serve to provide a term by which a person can be asked to provide an account concerning a third-person disposition. What is established by Phil in the first instance is that Mike feels pretty vulnerable to the actions of a third person, and then that Mike thinks this third person will engage in particular actions. Across these two extracts we can observe a particular kind of sequential organisation, the occurrence of a first question-answer pair in which the question features the term ‘feel’, followed by a second question-answer pair in which a follow-up question features the term ‘think’. And, in the data corpus questions concerning ‘feel’ often appear to be designed to produce evaluative accounts that do not have emotion as their substantive topic, and for which ‘think’ appears as an entirely appropriate term for questions in the second question-answer pair.

For example, consider the following extract.
Phil: But at the end of the day your drinking.

(0.2) Let's go back to your drinking. How do you feel about your drinking at the moment?

Luke: I feel much better about it.

Phil: Oh I feel like I feel much more in control.

Luke: Okay. Last Saturday when we were at this party and I had a beer.

This type of sequence, involving a ‘feel’ question, is typical of such adjacency pairs in the data corpus. That is, the therapist may ask a ‘feel’ question that relates specifically to a current topic of talk (e.g., “drinking”, line 3), followed by a client evaluation or assessment (e.g., ‘feel much better about it’ and ‘feel much more in control’ lines 6 and 9), which may develop toward the provision of some form of therapeutic advice on the part of the therapist. For example, following Phil’s question on how Luke ‘feels’, and Luke’s ‘feel’ assessment, Phil then moves to establishing when Luke would ‘know’ (“And when would you know”, line 10) that he might have a problem.

With regard to how think and feel might feature in terms of the sequential position of questions such as ‘what do you think’ and ‘how do you feel’, and how these might function as therapeutic devices, Hutchby provides analysis of a child counselling session (Hutchby, 2005, Extract 5, pp. 317-318) in which “the ultimate formulation of a segment of feelings-talk is presented as the climax to a set of ‘discoveries’ that the counsellor makes” (2005, p. 317). While I will not examine this material in detail, of
interest is a question asked by the counsellor “D’you think she’d prefer to smack dad.”
(line 33, p. 318) which is later followed by the ‘ultimate’ formulation “So::, so ‘f she
smacks you::, (. ) sometimes it might feel better cuz it means that mum and dad don’t
have a row.” (lines 45-46, p. 318). Here, an initial formulation is provided that features
think (as in ‘Do you think …’), and following some client talk a reformulation is
provided that features feel. This might enable a shift, from the provision of something
hearable as an opinion, to something that might allow for a more delicate account to be
produced concerning a problematic event.  

Or, to put it another way, it might involve something along the lines of ‘that is
what you think – now tell me what you really feel’ or ‘how does that make you feel’.
And, as one might imagine, questions featuring ‘feel’ can be, and are, designed to elicit
accounts concerning emotions. However, this is not simply a matter of a therapist
asking directly what a client ‘feels’, with a client providing a clearly enunciated
description of a particular ‘feeling’. Rather, such questions can function to elicit a
reformulation from the client rather than a therapist.

That is to say, rather than the therapist working towards providing
reformulations that may be accepted by a client as a prelude to providing some kind of
advice, a client can produce reformulations of their own descriptions, and this may well
be a canonical feature which marks such interactions as psychotherapeutic interactions.  

However, this does not always go to plan, as we shall see with the following two
extracts. These are taken from the end of a session, over which there has been
considerable misalignment between therapist and client concerning the psychological
implications of the client’s accounts.

5 Consider the substitution of ‘sometimes you might think it’s better’.

6 Or, to be more accurate, those that are often regarded (by therapists) as ‘successful’, with clients
claiming credit for therapeutic insights rather than attributing them to therapists.
Extract 7.14A

1 Phil: Right we need to stop but ah o< (0.6) now I know you got frustrated in the middle of this that we were all going around in circles
2 Dave: [ºMº]
3 Phil: >So so so< how do you f::º (0.3) How are you feeling at the moment.
4 (1.1)
5 Dave: That it was a waste of time that I was desperate to find something .hh For Christ’s sake it’s the start of the holidays, (1.0) I’m gonna feel (0.6) really alone and really dissatisfied that I can’t (0.8) give Jessica what she wants (0.5)

Following Phil’s move to foreshadow the closing of the session, and after he provides a summary formulation concerning the session (and Dave’s take on the session itself), he moves to ask Dave “How are you feeling at the moment” (lines 5-6). Note that Phil’s repair of “how do you f::º” to “how are you feeling” across lines 5 and 6 projects for a report of how Dave is ‘feeling’ now. That is, it moves away from something like ‘how do you [feel]’ or ‘how do you [feel about X]’ which might project for a possible uptake that what is being requested is some kind of evaluation or assessment (i.e., the provision of an opinion likely related to the utility or merit of the session) rather than something like an affective report. Consider that an extension, addition, or expansion to the statement ‘how are you feeling at the moment’ such as ‘[about X]’ would likely project that what is not required is some form of affective or emotion report.

It would appear that (if one were to accept this decidedly tendentious analytic claim) this is unsuccessful in this instance, as Dave provides an account for what he is “gonna feel” (line 6), rather than providing for a kind of affective report of how he might be ‘feeling’ ‘at the moment’. Regardless, if one considers the negative projection

---

7 Note also the use of a prefatory so in the initial position of Phil’s turn-at-talk (Hutchby, 2005).
that Dave provides of how he is ‘gonna feel’ (“really alone and really dissatisfied”, lines 6-7), this might provide a warrant for Phil to take this as an opportunity to have another ‘go’ and work towards getting a more positive upshot formulation.

Consider how this plays out in the next extract (which follows directly from Extract 7.14A).

Extract 7.14B

```
1  Phil:  °Okayº (0.7) This year.
2          (2.4)
3  Dave:  °Yep,º
4          (1.0)
5  Phil:  °But next year could be different.º
6          (1.3)
7  Dave:  ↑Whoo ↑Hoo
8          (1.9)
9  Dave:  °That’s how I feel.º
10         (0.3)
11  Phil:  °Hmº (.)
```

Here one could well describe Dave’s “↑Whoo ↑Hoo” (line 7) and “°That’s how I feel.º” (line 9) as being petulant, or sarcastic responses to Phil’s turn at line 5, which projects that Dave might (or should) ‘feel’ better given some time. Regardless, Phil’s attempt at providing an upshot formulation of a more positive nature (perhaps as a means to end the session on a ‘good note’) that will be accepted by Dave is clearly unsuccessful.

At this point, I would like to draw attention to a particular kind of use of the terms ‘feel’ and ‘feeling’ when packaged in a therapist produced question of the general form ‘how do you feel at the moment?’ (e.g., Extracts 7.12, 7.13, 7.14A, also 6.1A and 6.5A). That is, these might be approached as involved in the production of a therapist initiated perspective-display series (Maynard, 1989, 1991b), in which the therapist solicits an opinion from a client, and following the client’s account (or ‘perspective’ on
the initial topic) the therapist provides a subsequent report or opinion in a manner that takes the client’s ‘perspective’ into consideration.

In this sense, a question such as ‘how do you feel at the moment?’ can serve as an initial perspective-display invitation which might ‘open up’ or enable a more general range of responses by a client that can then be incorporated into a subsequent therapist report or account, rather than (for example) questions featuring ‘think’ which may project for more specific, and possibly problematic, responses.

However, that is not to say that such ‘feel’ questions are not without potential problems, as I will demonstrate in the next two extracts.

Extract 7.15A

1 Phil: Okay so what’s the essential message of that?
2 (1.7)
3 Phil: Well how does it feel
4 (4.1)
5 Jane: Hurtful?
6 (0.4)
7 Jane: I dunno [ºI just wanted to fuckin kill] herº
8 Phil: [ºYeah yeah yeah< hurtful because?] (0.7)
9
10 Jane: ↑Cause she’s a bitch.
11 (.)
12 Phil: ↑You (0.2) ↑Yeah yeah yeah okay okay< (0.4) Let’s let’s stick to the cycle [( )]
13 Jane: [And] because she was wrong (0.2)
14 I [dunno]
15 Phil: [Yes ] (. So how was her: (1.0) comment to you, how
16 f:air: did it feel
17 (0.7)
18 Jane: ºNot fair at allº (.)

Phil’s first turn appears designed to invite Jane to provide an upshot reformulation of some previous talk (in which Jane provides a lengthy account concerning a problematic interaction with her sister, with whom she reports being “of
fuckin pissed off”). However, no response is immediately forthcoming from Jane (i.e., she does not take a turn-at-talk, by way of some substantive talk concerning Phil’s question of by way of a ‘turn holder’ such as an ‘um’ or ‘ah’), and Phil reworks the question at line 3 as “Well how does it feel” (cf. Hutchby, 2005). Now, such a question might be approached as an initial perspective-display invitation, which might enable Phil to take a more circuitous and delicate approach to exploring the events, and in particular, to possibly generate some ‘raw material’ that could be used in a subsequent reformulation.

However, it would appear that Jane provides an evaluation that is clearly not packaged in a manner that is amenable for further exploration by Phil. It would seem that Jane has provided some description of what she wanted to do, where Phil seems more interested in her providing some account of how she felt prior to any kind of action, or what underlies such action (i.e., a psychological cause). Phil essentially discounts Jane’s extended answer, “I just wanted to fuckin kill her” (line 7) with its explanation “Caus:e she’s a bitch” (line 10), as it does not fit into ‘the cycle’ (lines 12-13).

In other words, there are constraints on the type of formulation that Jane can provide, which we might infer have something to do with previous talk concerning a ‘cycle’. Here, what might count as a ‘feeling’ is something that stands in need of some form of explanation with regards to a previously established framework; something that sounds like it might involve some kind of therapeutic technique or technology to ‘solve’ a problem (i.e., Jane’s somewhat extreme reaction to her sister).

Extract 7.15B

1    Jane: >Like I’d< (1.2) Y’know I mean I wanna help her with it but I was like if s:he’s gonna be like that she can stick it up her arse [I ]
2    Phil: [Okay] >so so< it felt (0.4)
unfair?

(0.2)

Jane: Yeah.

(.)

Phil: What else did it feel

(1.7)

Jane: “I dunno”

(3.5)

Phil: There’s something else going on here isn’t there, there is something else, so it’s unfair

(8.6)

Phil: >“What is it what is it what is it come on” .hh (0.6)

I- she hh .hh You’re doing something for her (2.0) and you’re feeling she’s (0.4) exploiting you.

(2.0)

Phil: >That’s a question not a:<

(1.0)

Jane: pt !Ah:=

Phil: =No no it’s not right.

(1.4)

Phil: You’re [feel]

Jane: [Well] I just (0.5) I’m doing it for her and I think (. [that ] she could’ve (. [got ]=  

Phil: [She’s not] [Yeah]

Jane: =up off her [fat arse] and got me ith

Phil: [>Yeah yeah<]

(0.8)

Here, Phil works toward establishing a reformulation concerning Jane’s account, with so-prefaced formulations at lines 4 and 14 (Hutchby, 2005). Following the first, with Phil’s question “it felt (0.4) unfair?” (lines 4-5) and Jane’s receipt and acceptance (“Yeah.”, line 7), Phil moves towards obtaining more information and asks “what else did it feel” (line 9). To this, Jane provides “œI dunnoœ” (line 11), which can be seen to effectively ‘close off’ such open-ended ‘feel’ questions, and as such does not furnish Phil with materials by which he might construct a candidate formulation that incorporates Jane’s ‘perspective’. Phil might now have to pursue a different line of enquiry, or he can provide the raw materials and invite Jane to reflect on these. In this
regard, Phil muses that there is “something else going on here isn’t there, there is something else” (lines 13-14) which is suggestive of an attempt to construct a more psychologically oriented reformulation that might account for Jane’s reactions, which further extends across lines 16 to 18.

One possible description of this is that Phil embarks upon a kind of ‘fishing’ (Pomerantz, 1980), in which he casts about for some kind of response that might provide some clue as to an underlying cause for Jane’s feeling of unfairness (which can, in turn, explain Jane’s behaviour concerning to the dispute). Interestingly, such a ‘fishing expedition’ does not appear predicated upon any suggestion that Jane, in some sense, knows what the causal underpinnings are and is choosing not to disclose them. Rather, Phil (as therapist) and Jane (as client) are engaged in a kind of collaborative forensic exercise where they are attempting to uncover the relevant information.

Phil offers a candidate formulation that Jane feels her sister “exploiting you” (line 18) as a candidate feeling. With Jane not taking a turn at talk, Phil provides a self-initiated repair (“>That’s a question not a:<”, line 20) which makes his previous turn clearly hearable as a question. However, as Jane begins her turn in the absence of a clear acceptance (e.g., Pomerantz, 1984a), Phil undertakes repair of the projected disaffiliative response with the latched “=No no it’s not right.” (line 23). Phil then has another (unsuccessful) attempt at providing a formulation, with Jane interrupting to provide a recycled version of her account (across lines 26-29) which provides for a present tense description of her actions in relation to the problem incident and a back-dated account of what her sister should have done given Jane’s actions (Edwards, 2006b).

While Phil continues in his attempts to generate an acceptable reformulation with regard to Jane’s ‘feelings’ (in interaction not detailed here), I would like to present
one final extract in this sequence that occurs a few minutes after Extract 7.15B, in order
to illuminate some previous analytic comments.

Extract 7.16
1    Phil:   >Ah no no no I’m not I’m not< (0.7) it’s not your
2            sister per se I’m [interested in the event .h]=
3    Jane:   [ºº    ((inaudible))     ºº]
4    Phil:   =as a psychological event=
5    Jane:   =ºMmº (.)

Here, after several more failed attempts to work up a reformulation that Jane
might accept, Phil makes explicit the nature of his questioning. That is, it is clearly
psychological; he is “interested in the event .h as a psychological event” (lines 2-4).
Here, then, is some confirmatory evidence regarding my previous analytic descriptions
of Phil working towards constructing a decidedly psychologised account (i.e., a
reformulation) concerning Jane’s dispute with her sister. Moreover, given his
unsuccessful attempts to do so, he now makes clear what would (presumably) remain an
otherwise unstated constraint (i.e., his interest in psychological events) to Jane in order
to get such a practical undertaking underway.

Just Having a Thought

Extract 7.17
1    Mike:   An(w)- she was holding me y’know it was three in the
2            morning she was holding me we were all cuddled up and I
3    just said- thought to myself this is w:onderful all
4    my problems have gone away (0.4)

Consider the insertion repair of “I just said-“ to “thought” (line 3), which moves
from producing a kind of direct reported speech account (e.g., Buttny, 1998; Holt, 1996)
concerning an interlocutor to a kind of direct self-reported thought, makes Mike’s
assessment “this is w:onderful all my problems have gone away” (lines 3-4) as one that
is private; one that was not provided to Mike’s interactant, but is rather an assessment
that is now being revealed to the current talk participant (Phil). In other words, the grammar of the term ‘thought’ is sensitive to temporal deployment (e.g., Goodwin, 2002), such that what one might ‘think’ about a particular event during its occasion (e.g., that cuddling up with someone has made problems go away) is what one might ‘say’ about such an occasion on a telling (cf. Sakita, 2002). In the provision of an account, self-reported speech is likely to involve a report of thinking as opposed to saying or indeed some other private, psychological process as opposed to some other publicly available resource (e.g., Goodwin, 1996).

Now, in further consideration of the manner in which a speaker may come to ‘just have a thought’, consider that Sacks (Sacks, 1970?) suggests that such phrases are ‘on topic’ topic markers that are “routinely used where it may be that the utterance they are part of is both extended and more than a possible complete sentence, and where also it might from its beginning otherwise not seem on topic” (Sacks, 1970?, p. 45). This idea, that the work of utterances that feature psychological terms such as ‘I just had a thought’ do is anything but referentially index some kinds of cognitive, psychological mental states or processes, is developed by Coulter (1983b) and more recently McHoul and Rapley (2003). They (McHoul & Rapley) argue that such phrases, rather than working retrospectively to reference some private, metal event, work prospectively to configure some future talk (2003, p. 512).

Goodwin (1996) provides for some explication of the practices involved with ‘having a thought’ that draws from Goffman’s notion of ‘response cries’ (Goffman, 1981). Goffman suggested these as “signs meant to be taken to index directly the state of the transmitter” (1981, p. 116) that “externalize a presumed inner state” (1981, p. 89). In this sense, one can approach the use of such terms as enabling a storyteller to report on events and as providing a means by which the storyteller can demonstrate a
particular stance towards the reported events (Goodwin, 1996). For example, consider the following extract which occurs at the end of a story (introduced as a “personal story”) provided by Phil to Mike.

Extract 7.18

1 Phil: =.hhhh "And I suddenly thought" (0.3) "Jesus." (0.4)
2 .hhh And the responsibility of it, (0.3) I mean twenty
3 nine, A B C consultant >duh da duh da duh da duh.< .hh
4 And they were paying me quite a lot of money [in those] days. .hhhh >And I suddenly had a sense=
5 Mike: [Mm.]
6 Phil: =that< (0.2) I really don’t ;like this. (0.3) .hh And
7 that six weeks (0.2) >and I had to do it.= The only way
8 I could do it was to pretend I’d got- been sentenced to
9 ;jail< (.)

Here, we have an instance of “And I suddenly thought” (line 1) and “I suddenly had a sense” (line 5) which appear to combine a ‘thought’ and something of a more affective nature. As Goodwin notes, such an “affective loading” (1996, p. 395) can serve to establish that a particular event, and a storyteller’s orientation to it, is in some sense so obvious and yet so remarkable that it has warranted some utterance, and may further warrant some subsequent explanation.

What is interesting, almost all examples of ‘suddenly thought’ occur in interaction where it is Phil, the therapist, who is providing a story to a client, and generally occurs after either a brief preface or more detailed ‘set up’ or for the story, with the introduction of relevant actors, situations, and precipitating events; or more often, immediately after the substantive detail of the story has been covered (as with the current extract). That is to say, in the telling of a story, ‘and I suddenly thought’ occurs at a point in which an upshot or gist formulation can be provided by the story’s teller which serves to make the point of the story, and the telling of the story, relevant.

See also Sacks on storytelling (1992b, pp. 222-268).
Now, while these sequences are often quite lengthy and detailed, which precludes providing extensive examples of transcript in the current account, I will present a number of extracts that feature some of the more interesting components of such interactions.

Extract 7.19

1 Phil: Now. (0.9) .pt .hhh There was a celebrated evening (0.5) where I was (. ) cooking one night and my partner was sitting (. ) opposite me: and it was just her and my ( ) (. ) .hhh >And as I was cooking she was ºnibbling.º< (0.5)
3 (0.4)
4 Phil: The next night, (0.6) she’s cooking I come ↑in glass of ↑wine sit down on the other side of the ↑counter .h she’s (. ) cooking Thai fish cakes. (. ) .hh I go oh they’re delicious aren’t they so- and they really are good.
5 Luke: Hu huh=
6 Phil: =And I lent across and stuck my finger into the (. ) the mix and [went] mm that’s delicious >and she said< (. )=
7 Luke: [Yeah]
8 Phil: =Don’t do that. (.)
9 Luke: <Heh heh> heh heh heh .hhh=
10 Phil: =ºSo I thought (. ) You: ↑fucker [( )º]=
11 Luke: [Heh heh heh]
12 Phil: =So she turned around to go to the stove (0.6)
13 Luke: °Heh heh°=
14 Phil: =>I took a second< (. ) Whereupon she threw the whole thing at me, and stormed off (0.5)

In this story (previously prefaced by Phil’s question to Luke “Did I tell you my fish cake story”) “So I thought” (line 21) acts to both situate and highlight the salience of some preceding event and to enable the development of a formulation of the event that can allow for a range of possible moral inferences concerning participants’
orientations. Consider how the interaction would appear with line 21 deleted. Here Phil’s ‘so I thought’ provides for an insertion, in the narrative sequence of the story and its telling, of his attitude (e.g., Sakita, 2002) or his stance or stake (Edwards & Potter, 1992) with regard to the matter-at-hand; namely, the act of sampling some food while a partner is preparing a meal.

In other words, it provides a way of introducing the subjective experience of the teller into an account of events. It makes the description of events relevant and understandable given his actions, involving taking a second sample of food when his partner has explicitly told him not to, and makes the somewhat problematic and questionable consequences of such actions something that are his partner’s responsibility (i.e., throwing the mix at him and storming off). In short, Phil’s thought of “You: ↑fucker” (line 21) makes relevant a range of moral positions that would otherwise be problematic to extract.

Extract 7.20

1 Phil: =Said oh I’ll have a (0.2) a*– a beef pie or a stockmans pie or whatever it was .hhhh And I sat out on the sun halfway up the hill where they’re doing all the .hhhhh renovations (0.2) And it was just beautiful the wind was just blowing lightly [but] I wasn’t in it=
2 Mike: [↑Mm]
3 Phil: .hhh And I just sat there (chewing it) I see I had a good morning’s teaching and y’know I’d earnt some good money .hhh And I thought we’ll the world’s not a bad pla[ce ]
4 Mike: [↑Ye]ah (0.2) Absolutely.
5 ()
6 Phil: Y’know but it was simple it [was ] sitting on a= 7 Mike: [Yeah]
8 Phil: =mountain eating a meat pie (.)

In this extract we can see a more reflective ‘having a thought’ with Phil’s “And I thought” (line 9) appearing as less a surprising revelation, and more as a smooth preface
(e.g., with an absence of notable intonation features) for his upshot formulation
(involving an idiomatic expression) that “the world’s not a bad place” (lines 9-10). Note
that this is met with Mike’s overlapping and unqualified agreement “↑Yeah” (line 11)
which he further ratifies with “Absolutely” (line 11). Phil then accounts for the
unremarkable, utterly mundane, way in which he came to have such a ‘thought’, that “it
was simple it was sitting on a mountain eating a meat pie” (lines 13-15).

Extract 7.21

1   Phil:   And I suddenly thought yeah I don’t fit in.
2       (0.3)
3   Mike:   [Yeah
4   Phil:   [I’m not a bloke.
5       (0.2)
6   Mike:   Yeah.
7       (0.5)
8   Phil:   >Cause I- I just don’t get it.<

This extract follows an extended storytelling by Phil (introduced as a “funny
story”), concerning a fishing trip (not detailed here due to length), which can be glossed
as involving his provision of an account of not ‘fitting in’ with decidedly ‘blokey’
activities that occurred (e.g., catching fish, talking about boats and engines, killing a
bird, using knives). During the telling of the story, Phil prefaces a number of utterances
with present tense mental state avowals including: “and I’m thinking”; “and I just
thinking”; “and I just thought”; “had a thought”; and “I thought”. At the end of his story,
presented in this extract, he provides an upshot formulation, prefaced with “And I
suddenly thought” (line 1), that he does not “fit in” (line 1) as he is “not a bloke” (line
4). This is then followed by a lengthy ‘second story’ (Sacks, 1992a) produced by Mike
(not detailed here), in which he details not ‘fitting in’ with ‘blokey’ activities involved
with hunting.
Now, while these story tellings by Phil and Mike are too lengthy to present here, consider the following extract which features most of the substantive elements of the conclusion to a first story and the telling of a second.

Extract 7.22

Phil: .hiiiiiiii >ºShe was exhausted and she wants to ↑kill him."< (0.5) .tch >And she says I want to turn his ventilator o(h)ff:: (0.4)
((possible restrained laughter 0.6 secs))
Phil: And (. ) I said to her- and she- she said but why does he want, (0.4) do [live?
Mike: [Mm. ºMmº (0.6)
Phil: ºAnd I said. (0.8) Because it’s better than the alternative.º
Mike: Mm.
(0.3)
Phil: ºAnd I said. A- because, (0.8) he’s actually ↓enjoying itº
Mike: °It’s amazing.º°
(0.6)
Phil: .hh °And I suddenly thought.= That’s ↓it. (0.3) And (0.5) I ↓know (0.4) from being seriously ill some time ago, .hiiii That what struck me once I knew ooh fuck you’re dying, .hhh was, (0.3) not that I wanted to climb Mount Everest .hh >but I wanted to wake up to the dog for a walk around the reserve again.º<
Mike: It’s amazing isn’t it.
(0.3)
Phil: .hhh And the mundane becomes enormously important.
Mike: .pt (0.5) So there’s a lesson in that.= Obviously >I mean< .hhh A*** even this morning taking the dog for a walk just down the beach=
Phil: =Yeah.
Mike: It was just lovely.

This extract is taken from the end of a story told by Phil (again introduced as a “funny story”) concerning a client who struggles to cope with looking after her husband
(who is described as being paralysed except for his head). Here “And I suddenly thought” (line 18) prefaces “That’s ↑it.” (line 18) which acts as a kind of ‘revelation’ that projects for a possible story moral, a therapeutic punch-line, as foreshadowing an imparting of some kind of advice (cf. Silverman, 1997). Now, while these stories are often prefaced with prospective indexicals (e.g., Goodwin, 1986, 1996, 2002; Sacks, 1974), for example ‘personal’ (Extract 7.18), ‘fish cake’ (Extract 7.19), and ‘funny’ (Extracts 7.21 and 7.22), which provide an interpretative framework by which a hearer can coparticipate in the unfolding story, consider that the subject of the ‘thought’ in these extracts might also be regarded as prospective indexicals (“That’s ↑it.” in the current extract).

Phil then elaborates on this across lines 19 to 23, in that he links this to his own experience and previous revelation or insight (“what struck me”, line 20) concerning his experience of “being seriously ill some time ago” (lines 19-20) that “the mundane becomes enormously important” (line 26). This could be taken as related to the indexical ‘it’ that Mike’s acknowledges first at line 16 (“ººIt’s amazing.ºº”) and again at line 24 (“It’s amazing isn’t it”), which relate to Phil’s usage at line 10 (“Because it’s better than the alternative”), lines 14 to 15 (“he’s actually ↓enjoying it”), and the ‘revelatory’ “That’s ↑it.” at line 18.

In such extracts we can get a sense a structure by which such utterances might be organised, beginning with Goodwin’s (1996) suggestion that storytellers can design their utterances so that instead of a story character (which may be the storyteller) *speaking* a response, they can be reported as *thinking* the response. Now, while the instances here include response cries (e.g., “ººJesus.ºº”), plosive utterances (e.g., “You: ↑fucker” and “That’s ↑it”), and idiomatic expressions (e.g., “we:ll the world’s not a bad place” and “yeah I don’t fit in”), in general they fit in a similar type of structural arrangement as outlined by Goodwin (p. 394):
[Triggering Event] + [Response Cry] + [Elaborating Sentence]

Now, if one respecifics these structural components in light of the examples presented, with a response cry as a kind of ‘insight marker’, and any elaborating sentences involved in the construction of a kind of ‘story moral’, when packaged in a broader storytelling framework (Sacks, 1972c, 1974, 1992a) we have an arrangement of the form:

[Story Preface (with Prospective Indexical)] + [Story (with Triggering Event)] + [Insight Marker + Response Cry)] + [Formulation/Moral]

Now, not only does the provision of a story by one speaker invite a story telling by a second speaker, as a kind of ‘second story’ (Sacks, 1992a), but a self-disclosure by a first speaker may invite self-disclosure by a second (Antaki et al., 2005b). Consider that across lines 27 to 31 Mike provides a second story, which notably incorporates the moral (or “lesson”, line 27) of Phil’s story. Now, this gets at something which might appear to be quite striking about the extracts presented – the stories produced by the therapist involve considerable self-disclosure. Such self-disclosure ranges from accounts that could be regarded as relatively innocuous (e.g., eating a meat pie in the sun), to things that are somewhat more disclosive such as talk about a personal relationship (e.g., a dispute with a partner while preparing a meal), to decidedly delicate and personal matters such as health status (e.g., suffering a serious, life threatening illness).

In other words, as a practical way of doing therapy, a therapist might provide a disclosive story with an embedded ‘story moral’ or ‘formulation’ prefaced by ‘suddenly thought’, which may in turn allow for a client produced self-disclosive story that in

---

9 Consider also Sacks’s suggestion that “if the teller of the first figured as a character in her story, then the teller of the second will figure as a character in her story” (Sacks, 1970?, p. 34).

10 In commenting on the ‘magnitude’ of therapist initiated self-disclosure, I wish only to draw attention to the notion that one might find this to be at odds with claiming that asymmetries should be present in psychotherapeutic interactions as a form of institutional talk-in-interaction, such that one might assume as normative clients’ self-disclosure and not therapists.
effect ratifies, extends, or otherwise incorporates the therapist’s moral or upshot. Of course, this might work the other way around, with a client producing a first story and a therapist ‘fitting’ a self-disclosive story and moral to the client’s telling. In this regard, consider that in the extracts presented, it might not be entirely clear how one might make any categorical ascriptions concerning who is the therapist and who is the client in the absence of my analytic categorisations. That is to say, I am not claiming that the ‘suddenly thought’ device is something that is inextricably tied to particular types of talk, or particular institutional identities. However, given that I do make categorical ascriptions concerning who is a ‘client’ and ‘therapist’, and as an empirical observation it is Phil that uses the ‘suddenly thought’ device routinely, I would suggest that something like ‘I suddenly thought’, working as an extended ‘on topic’ topic marker embedded in a therapist produced, self disclosive story, can work prospectively to configure some future talk that involves the furnishing of some kind of therapeutic product.¹¹

Moreover, in the current corpus, it is often the case that client stories routinely ‘drag on’ and seemingly require a therapist upshot formulation to work in such a fashion. Additionally, there is a notable absence of sequences in which a client ‘teases out’ the implications of a therapist produced second story,¹² which does speak to an obvious and perhaps fundamental asymmetry in such interactions; one involving the differential rights and obligations (i.e., who has rights to do a troubles telling, and who has rights to do the provision of advice) of therapist and client (e.g., Sacks, 1972a).

¹¹ One last example (which refers to some earlier materials). Following the interaction previously detailed in Extracts 5.12A and 5.12B, in which Phil provides an ‘embarrassing’ self-disclosive story relating to not getting service in a shop, following the telling of a second-story he introduces (with the use of ‘And I suddenly thought’) a formulation that he had ‘tantrums in his childhood’.

¹² Compare this with the client’s use of ‘I thought’ in Extracts 5.1B, 5.4A, 5.4B, 5.4C, and 5.4D which are not followed by self-disclosive story from the therapist.
**Displays of ‘Thoughts’ and ‘Feelings’**

While the notion that one can engage in ‘emotion’ discourse, that is to make avowals and ascriptions that carry a kind of illocutionary force, for example by proving an ‘angry retort’, a ‘teary confession’, or a even a ‘stunned silence’ (e.g., Buttny, 1993; Edwards, 1997; Harré, 1986) seems unproblematic as a kind of general observation, what might one say about displays of cognition? After all, what counts as cognitive (e.g., thoughts, beliefs, intentions, memories) would appear to be ubiquitously presented in a kind of contrast to what counts as emotive (Edwards, 1999).

Consider that, as a commonplace experience, we can forget the name of a song, an author’s name, the title of a popular movie, or more consequentially we might encounter difficulty when pressed to recall a child or partner’s birthdate. An action oriented report of something like ‘it’s just on the tip of my tongue’ would appear to speak directly to questions of some kind of ‘cognitive’ processes, that whatever we might want to call such failures, they seem to involve something describable as thoughts. However, consider that when such failures occur, inevitably it seems they are given a considerable degree of attention, that is to say they are ‘mentionables’ – they are accountable whatever their ontological status.

That is to say, one does not routinely in conversations have a failure of recall, for example, and make no utterance (or display) until the matter is resolved. To do so, one risks being declared socially inept, or worse, one may have one’s status as a rational, possibly sane, member questioned. We regularly comment on such failures, joke about them, and indeed display expressions of pain at our failures. In other words, our failures are accountable – for whatever else might be ‘going on’ (or not) in our ‘heads’, ‘hearts’, or other conceptual ‘beetle boxes’ (e.g., Coulter, 1979; McHoul & Rapley, 2003) it

---

13 Or, as demonstrated in Chapter 3, we may ‘lose’ our ‘thoughts’. 

324
would appear there is a requirement that we provide demonstrations that something is ‘going on’.

Now while such demonstrations might be taken as revealing of “cognitive capacities that underwrite (and sometimes confound) talk-in-interaction” (Kitzinger, 2006, p. 80), or that one can elucidate cognition as emergent from such social interaction (e.g., Levinson, 2006), or that such social actions are produced through cognition (e.g., Graesser, 2006), I take the position that what counts as a cognition and what does not count is entirely bound up in members’ displayed practices (e.g., Goodwin & Goodwin, 2000; Lynch, 2006). Now, with regard to members’ discursive practices in talk-in-interaction, saying something like ‘I think X’ or ‘I feel Y’ (to gloss considerably) for-all-practical-purposes always comes packaged in-and-as a witnessable (i.e., social) display.

Extract 7.23

1 Phil: “Okay”
2 (0.8)
3 Phil: And where was she born?
4 (0.5)
5 Mike: A:h: ↑think was born- Marystown.
6 (0.6)

This extract demonstrates features of talk that could be termed as hearably cognitive, that is to say, in the provision of an answer to a question a speaker may provide the substantive detail embedded within a number of discursive actions that serve as demonstrations of various psychological processes. In line 5, where Mike provides an answer of “Marystown” to Phil’s question “where was she born?”, it is provided in a manner which seems suggestive that he is having to think about the correct response. Notwithstanding the delay at line 4 which could, in the absence of any other features, provide a display to Phil that Mike is doing something involving
‘thinking’ (e.g., remembering, visualising, mentally sorting), consider the “a:h” (Heritage, 1984a; Hutchby, 2005), rising intonation on the psychological term “↑think” (line 5), and the cut-off which immediately precedes the answer “born-” (line 5). In other contexts, such features might be hearable as providing a response in a hesitant, uncertain, or perhaps hedging manner. Here, I would suggest, they serve as a display of the psychological term ‘think’ – they embed the term in the socially recognisable activity of thinking. Or, to be more precise, the activity of thinking ‘on one’s feet’ while engaging in conversation.

Extract 7.24

<table>
<thead>
<tr>
<th>Phil:</th>
<th>&gt;Are you gonna catch up?&lt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike:</td>
<td>↑I think so.</td>
</tr>
</tbody>
</table>

Now, one might want to analytically characterise the pause at line 2 as prefacing a dispreferred response, however, I would suggest that the delay – whatever else might be occurring in the interaction – is the kind of thing that is expectable, and clearly congruent, with providing a response to a question that may accountably require something in the way of ‘thinking’ (e.g., Wootton, 2006). Now, that could be glossed as ‘weighing up the consequences’, ‘considering the alternatives’, or indeed something as intractable to analysis as ‘not wanting to give a response and selecting something that will count as one’. Regardless of what might be happening in Mike’s ‘head’, of what Mike may ‘really think’, or what Mike’s ‘intentions’ may or may not really be, Mike displays that he thinks so. His display (i.e., the pause and the utterance “↑I think so”) that follows a question that concerns his future conduct, is produced as something that has been given some (or something like) ‘thought’.
Now, one might suggest that such (admittedly speculative) analytic comments should be reserved for interactive sequences in which participants *themselves* make overt and explicit the status of any putative mentation that may or may not be occurring with the use of particular terms. In this regard, consider the following extract in which such a display is demonstrably remarked upon by participants.

**Extract 7.25**

1  Phil:  So how acceptable are you.
2     (1.5)
3  Kate:  Well I think I’m just getting away with it *just* by the
4          skin of my teeth (.). Probably saying too much *already
5          ↑no:* y’know *I* feel *like* .hhh I’m completely open
6  Phil:  *I*’m not open with people *like this* this *[is]* =
7  Phil:     [Mhm]
8  Kate:  =very: (0.2) unusual for me* to* be*=
9  Phil:  =Mhm=
10 Kate:  =thi*s ope*n=
11 Phil:  =Mhm=
12 Kate:  =.hh Y’know.
13      (0.5)
14 Phil:  The** (1.4) >And that< (0.4) acceptable I– I’m– I’m
15      only (0.3) *just* getting away with it what’s that like
16      (0.3) *just* being good enough (0.6) >Is that what you’re
17      saying< (.).
18 Kate:  ↑Yeah (.). Yeah (0.2) ↑U::m
19      (17.2)
20 Phil:  Where have you gone? What’s gone through [your head?]]
21 Kate:   [It just– ]
22      (0.3) I just– (0.5) U:m (3.4) Feel that– (0.6) That–
23      (0.7) That it’s um (0.5) It’s ↑oka:y: y’know I’ve gotta
24          good family an– (. and um (0.8) .pt (1.8) And I don’t
25          know if I’m any better person myself (0.6) .pt Y’know I
26          think– I think that’s what it really comes down to is–
27          is– (1.0) I could be just like her (2.5)

Now, one description of this interaction might be that the lengthy pause occurring at line 19 marks a ‘slot’ following a possible turn completion unit in which
Phil has rights to speak, but does not immediately take up a turn. Another description is that Kate has delayed her turn completion with the “↑U::m” (line 18), and she is possibly ‘confused’ (e.g., Drew, 2005) about the nature of Phil’s reformulation delivered across lines 14 to 17.

However, I would suggest that Phil clearly orients to the absence of some kind of expectable response, and deals with the contingency (e.g., Wootton, 2006) as something other than merely some kind of confusion or misunderstanding concerning the question. Phil’s questions “Where have you gone? What’s gone through your head?” (line 20) appear to be oriented to something involving hidden, private, psychological (pace cognitive) activities displayed by Kate as such. Further, Kate orients to this by providing a kind of hesitant, reflective response before concluding (and notably by packaging the conclusion in terms of ‘think’) that she could be “just like her” (line 27).

Extract 7.26
1 Mike: =Why would it be any different for me and anybody else? (0.2)
2
3 Phil: .hhhh I- °I********° I- I think you just want to make
4 a statement to her you just say: (1.6) I don’t find
5 this perspective helpful (0.3)

In this extract, Phil’s turn at line 3 (“.hhhh I- °I********° I- I think”) could be described as demonstrative of the manner by which speakers attend to providing dispreferred responses and so forth, particularly given it is the therapist who is required to attend to a client question (e.g., Frankel, 1990). However, I would suggest that the delivery of such responses with delays, false starts, extensions of vowels and so forth, that occur with the use of psychological terms involving ‘thoughts’, does the work of displaying to an interlocutor that some work is being undertaken.

That is to say, consideration is being given to what has been asked, and what is being provided in response, in a manner that such consideration may be accountably
recognised as such. To do this, I would suggest, requires some performance (e.g., Goodwin & Goodwin, 2000). And here, Phil clearly provides for such performance, and possibly one that denotes a degree of ‘professional’ consideration.

Extract 7.27

1 Phil: =The ↑law is the ↑law (0.4) .pt Okay (0.2) .hh So in
2 terms of your s:anity: where are you on the nought to
3 ten fruit loop scale with ten being totally fruit loop
4 to nought being (0.2) totally sane.
5 (.)
6 Kate: .hhhh Well hhhh I think that I: a:::m::::: (1.1)
7 Six.
8 (0.4)
9 Phil: °Okay°
10 (0.4)
11 Kate: [°°M°° ]
12 Phil: [°Okay°]

Here, Phil asks for Kate to provide an assessment of her “s:anity:” (line 2) on a ten point “fruit loop scale” (line 3), with Kate providing her assessment as “Six” (line 7). Of note here is the manner in which Kate produces her self-assessment, in that she does not immediately respond with a number between nought and ten. Consider that an immediate response might possibly appear to be produced in the absence of any serious consideration (i.e., ‘thought’), and in this sense Kate designs her response to be clearly ‘thought out’ on line 6: with a long inhalation and exhalation punctuated by “Well”; the use of “I think” followed by the elongated “I: a:::m:::::”; and then the significant pause which precedes the numerical assessment itself.

Now, one might argue that these are features which indicate Kate may be having some difficulty with the question, nonetheless, I would suggest such features are tied up with the practice of producing a reasoned assessment in response to an interlocutor’s question that accountably requires some consideration. After all, immediate responses
to questions may very well entail the sense that the answers have not been given *enough* thought.

This suggests a general kind of advice on how to show an interlocutor or observer that you are clearly a ‘thoughtful’ person, or that you ‘consider your feelings’, or simply that you pay due consideration to matters put to you by others; namely, pause before an utterance. Of course, pausing extensively before answering questions such as ‘what is your name’ and so forth may likely lead to an ascription that one has deficiencies in such things as ‘thinking’. On the other hand, consider that an immediate response to a psychologically oriented question in one setting may be considered a display of ‘certainty’, while in another it may well be taken up as a display of something of an entirely different nature.

Consider the idiomatic expressions ‘think before you speak’ and ‘engage brain before putting mouth into gear’. I would suggest that these point to *practices* that entail a demonstration of ‘thinking before speech’, a demonstration of ‘engagement of brain before putting mouth into gear’, and so forth. That is, what is important is not ‘thinking’ per se, but rather, some demonstration or display that is normatively accountable as involving *something* akin to ‘thinking’ or ‘feeling’ (or some other psychological process, function, or capacity) where whatever is being done is tied to the practical features of the local setting.

Extract 7.28

1 Phil: .pt .h Okay .hh (0.9) What would you say is the
2 difference is now than when we met (0.4) two weeks ago
3 (. ) cause y- y** you’re you’re :s: (0.7) ((swallow))
4 You’re presenting slightly differently so wh- where- w-
5 where are you feeling what’s it- what’s it like being
6 you today.

14 On setting and ‘timing rules’, consider that “the tactics advisable for an accused who can answer the charge as soon as it is made are in contrast with those recommended for one who had to wait out the denunciation before replying” (Garfinkel, 1956, p. 424). See also Lynch and Bogen (1996).
(0.2)
Kate: .h.m. (0.8) ↑U::m:: (2.1) °t’s alright°
(1.3)
Phil: .pt .h >Give me more o*n tha*t< .hh
(0.3)
Kate: °↑U::m::°=
(0.2)
Phil: =How sad is it (usually living) underneath?
(0.2)
Kate: °How sad am I feeling?° .hh °U::m° (6.1) ↑Ther- there’s
definitely (.). °there’s definitely pa*i*n i*n the*re°
°°the*re’s de*finit*ely pai*n i*n the*re de*finitely°°
(0.4)
Phil: And what’s that about?
(0.5)
Kate: °↑Mm::° (1.4) Not wanting to accept everythi*ng
(0.6)

After a few false starts, Phil initially asks Kate at line 5 “where are you feeling” and across lines 5 and 6 “what’s it like being you today” (cf. to ‘how are you feeling at the moment’ Extracts 7.12, 7.13, and 7.14A). Importantly, Phil’s request for Kate to provide a self-assessment is in relation to how she was “two weeks ago” (line 2), and the use of the term “presenting” (line 4) is suggestive of some kind of clinical take on the matter. Note that Phil does not ask if there is a difference, rather he asks what is the difference. This question is made warrantable as Kate is “presenting slightly differently” (line 4). In other words, Kate is to provide a self-assessment that provides for an explanation of Phil’s evaluation that something is different, and Kate is to provide an explanation in terms of feelings.

Kate’s response is delayed, and stands as a minimal response to Phil’s query “°↑t’s alright”° (line 8). This is hearably an answer to “what’s it like being you today” (lines 5-6) rather than “where are you feeling” (line 5). Phil then requests Kate to elaborate on her response, and as Kate begins her turn “°↑U::m::°” (line 12) he then extends his turn to provide some specificity to his question by asking Kate to provide for an assessment of how “sad is it” (line 13). Kate’s uptake is clearly that the question
involves providing a self-assessment of how she is feeling ‘at the moment’, as evidenced by her “How sad am I feeling?” (line 15). Across lines 15 to 17 Kate provides both a display of some kind of ‘inner search’, with a lengthy pause (line 15) prefacing her croaky and progressively quieter assessment that there is ‘pain in there’.

This kind of ‘inner search’ display is also evident in the following extract.

Extract 7.29
1 Phil: =Okay so- and that- that’s emptiness feeling ↑today
2 because its brought up your not special stuff.
3 (2.5)
4 Phil: >How you feeling?<
5 (1.7)
6 Phil: .pt [Okay ]
7 Mike: [Pretty] rotten today b- (.)
8 Phil: >Okay no no no how are you feeling just at this moment<
9 (0.2)
10 Mike: .h ↑OH .hhhhhhhhhhhhhh hhhhhhhhh average.
11 (0.5)
12 Phil: Did we hit a spot there?
13 (.)
14 Mike: .hh ↑Oh yeah (.). Definitely.
15 (0.4)
16 Phil: What was the spot that got hit=
17 Mike: =°Was the° (0.9) °worthlessness the specialness°
18 (0.2)
19 Phil: Yes=
20 Mike: =°(Kind of) things°
21 (0.2)
22 Phil: °°Yes°° (0.5)

Following the provision of a reformulation (lines 1-2) Phil asks Mike “>How you feeling?<” (line 4) to which Mike begins to produce an answer relating to how he is feeling “today” (line 7; cf. Extract 7.28, lines 5-6). Phil then undertakes a third-turn repair at line 8 with “>Okay no no no how are you feeling just at this moment<” (cf. Extracts 7.12, 7.13, and 7.14A). In response, Mike’s “.h ↑OH .hhhhhhhhhhhhhhhhhhhh average” (line 10) serves as a display not only of some kind of ‘real time’
scanning of his psychological interior, but also projects that this is a matter Phil can
(and perhaps should) investigate further (as a ‘downgraded conventional response’,
Jefferson, 1980).

The ‘oh’ here might be approached as denoting something akin to a ‘change of
state token’ (Heritage, 1984a) rather than a ‘surprise token’ (Wilkinson & Kitzinger,
2006), as Phil’s question does not appear to be designed to elicit surprise, rather, it
clarifies his previous question of ‘how you feeling’. Regardless, it serves to make more
salient Mike’s lengthy inhalation and exhalation which precede his self-assessment of
“average”. That is, it demonstrates that Mike is not just ‘average’ – his assessment is
produced in such a manner that such a measure of ‘average’ is something that may
invites further attention. This is evidenced by Phil’s remark “did we hit a spot there”
(line 12) and Mike’s “↑oh yeah (.) definitely” (line 14), which is further explored across
lines 16 to 22. Clearly, then, persons may have ‘spots’ that can be ‘hit’, and such
matters may be of crucial concern in therapeutic interactions.

What I would suggest is that interactions that might occur in the absence of any
‘displays’ such as those presented are problematic – indeed they may be characterised
as not being human. That is, if one takes a view that to be ‘human’ is to be-in-the-world
as a cultural being, with interactions revealing “the reflexive relation of producability
and recognizability as a condition for cultural action” (McHoul & Rapley, 2001, p. 445,
emphasis in original). While my contention is that there may be nothing underlying
such displays in terms of cognitive processes, mechanisms, structures, resources and so
forth (cf. Kitzinger, 2006), to act always on the basis that this is the case is entirely
problematic.

To suggest that persons do not, and cannot, ‘have thoughts’ is as incoherent as
adopting a stringent cognitivist position that persons must ‘have thoughts’ that in some
sense underlie every meaningful behaviour (McHoul & Rapley, 2003). As Wittgenstein
suggests “so we do sometimes think because it has been found to pay” (Wittgenstein, 1967a, §470). Or, to paraphrase Heidegger, the practical understanding of a ‘thought’ is the capacity to use the ‘thought’ in a diverse range of settings and situations (Heidegger, 1982; Okrent, 1988). In short, what counts as a ‘thought’ must always be tied to the local, occasioned circumstances by which such ‘thoughts’ can be produced and made recognisable as ‘thoughts’.

**Misalignments**

Let us now turn to a consideration of how psychological terms may feature as matters of considerable concern to those engaged in therapeutic interactions, when the status of such terms appears to be subject to some degree of contestation. I will turn now to an examination of two extended sequences of interaction, in which there may be some disconfirmation on the part of clients concerning the putative status of ‘thoughts’ and ‘feelings’. In these sequences, the therapist provides for reformulations of clients’ problems, however, for these reformulated versions to ‘work’ they require input by clients which can become problematic if there is some misalignment concerning the basic psychological terms.

The first of these sequences (Extracts 7.30A-7.30E) features an emotion display in which there is some misalignment concerning what the client might ‘need’ as a result. The second (Extracts 7.31A-7.31F and Extracts 7.32A-7.32B) details misalignment relating to a client’s repeated avowal of ‘thoughts’ rather than ‘feelings’.

**“And what do you need?”**

**Extract 7.30A**

1 Phil: °°Yeah°° (0.6) °And the answer is of course
2 (1.0) She’s being emotionally invalidated because (0.6)
3 >If you’ve got a three year old that’s crying itself to
4 sleep< (0.2).h What that child needs is ↑mum (.) .h And
5 it needs a ↑cuddle and it needs to be told it’s
6 ↑special (.) And it needs to feel safe and secure and
7 ↑loved (0.4) .h Whereas (0.3) If you’re allowed to just
cry yourself to sleep. You end up feeling no one gives a fuck. And you also know it’s not fair.

Phil: How are you feeling?

Jane: I’m alright.

Phil: When you feel like this and I’m not really buying if you’re alright, how sad are you feeling?

Jane: Like I’m about to cry.

Phil: Yes. Isn’t it interesting I ask you how you were and you said I’m alright. Whereas in fact what you meant was I’m about to cry. And you can’t cause there aren’t any tissues.

Jane: hhh

Phil: Now=

Jane: Nah she’s right.

This sequence begins with a lengthy turn by Phil, in which a formulation is provided that implicates aspects of Jane’s childhood experience within her current life. Specifically, Phil provides a formulation that Jane had been “emotionally invalidated” (line 2) by her mother as a young child, with her mother letting her cry herself to sleep. To bolster this formulation, Phil provides two sequential three-part lists (Jefferson, 1990), the first comprising a list of things that “a three year old that’s crying itself to sleep” needs, including “↑mum” (line 4), “↑cuddle” (line 5), and to be “told it’s ↑special” (lines 5-6). Note also the prosodic features of this list (e.g., Selting, 2007). The second, shorter list builds upon the first and details three additional things that a child needs; to “feel safe and secure and ↑loved” (lines 6-7).

In other words, the first list details what the child needs in terms of the pragmatic actions of another person, whereas the second details what the child herself
needs in terms of ‘feelings’. In the absence of these, Phil suggests across lines 8 to 9 that “you end up feeling” that “no one gives a fuck” and “you also know it’s not fair”. Note the shift to the use of the pro-term ‘you’, which serves to index the category of ‘child’ as being Jane.

This packs together considerable information, and as such, it is perhaps not amenable as a kind of straightforward formulation that can be accepted or rejected. Now, while the formulation about Jane is presented in the present-tense, third-person (“She’s being”, line 2), following the formulation Phil does not ask ‘how did that make you feel’, or ‘how would that make her feel’, but at line 11 asks Jane “How are you feeling” (cf. Extracts 7.12, 7.13, and 7.14A) to which Jane provides an almost inaudible “I’m alright” (line 13).

Then, Phil essentially rejects Jane’s evaluation that she is ‘feeling’ anything other than ‘sad’. Clearly, for Phil, Jane is displaying that she is sad, and Phil’s recycled question projects a turn in which Jane can give some measure of how sad she is feeling, and likely some overt display of such a feeling. Jane then provides a description of how sad she is feeling “Like I’m about to cry” (line 19) in contradistinction to her previous answer of ‘I’m alright’.

However, consider that such an assessment attends less towards what she has previously said (‘I’m alright’) and more to the manner in which Phil implies she has been saying it, with his “I’m not really buying if you’re alright” across lines 15 and 16 (cf. Davis, 1986, p. 57). Phil then provides for an additional reformulation across lines 21 to 24, that what Jane ‘meant’ when she said she ‘felt alright’ was that she was ‘about to cry’. Such a reformulation might be argued to incorporate both discursive and non-
discursive actions, in that Phil’s comment concerning tissues seems to speak to elements of the interaction which are unrecoverable from the audio record.\textsuperscript{15}

Bergmann notes that a clinician may seek information not by way of asking a client, but by indirectly telling a client something about themselves (Bergmann, 1992). This draws upon the notion of a ‘my side telling’ (Pomerantz, 1980), in which a person can ‘fish’ for, and make relevant, information to which they may have limited knowledge.\textsuperscript{16} Now, while Bergmann’s paper deals with psychiatric intake interviews, and notably features examination of instances in which recipients produce responses in the absence of direct questions (cf. Phil’s direct question at line 11), consider that after Phil’s initial extended turn is a potential transition relevance place (Sacks et al., 1974) at line 10 (at which Jane does not take a turn) which precedes his direct question.

In other words, Phil has indeed indirectly told Jane something about herself (across lines 1-9) prior to directly telling Jane what she meant “Whereas in fact what you meant” (line 23) which speaks to Phil having direct knowledge of what Jane is feeling, in spite of her claim of being ‘alright’. That is, Phil confirms his own position while disconfirming Janes. One might consider this an invitation for Jane to make a confession, particularly after Jane has offered something that could count as a kind of lie (cf. Bergmann, 1992, p. 145-146).

Extract 7.30B

<table>
<thead>
<tr>
<th></th>
<th>Phil:</th>
<th>Now (0.2) when you feel like this (0.7) &gt;and you stay with the sad feeling (0.2) + the know you want to cry feeling: (0.2) .hh what do you need?&lt; (2.6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Jane:</td>
<td>°°A tissue°°</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>(0.6)</td>
</tr>
<tr>
<td>7</td>
<td>Phil:</td>
<td>°Yeah° (.) [What do you need emotionally]</td>
</tr>
</tbody>
</table>

\textsuperscript{15} Note that Jane’s “Nah she’s right” (line 29) functions here as an idiomatic expression (i.e., “It’s ok”) rather than referring to a particular person.

\textsuperscript{16} For another example, see Extract 7.15B.
Jane: [.h .h .h .h]hh

(0.9)

Jane: hhh

(2.7)

Jane: (°°Dun know°°)

(7.5)

Jane: I suppose a hug would’ve done but I- (0.4)

Phil: Mm.

(0.3)

Jane: No I just (3.7) I ( ) push (0.6) push it away (0.3)

[(when)]

Phil: [°Yeah°]

(0.7)

Phil: .pt °°Yeah°° .hh °And why would you push people away when they go to°

(1.0)

Jane: °Because I’m not used to it°

(0.3)

Having specified that Jane is feeling ‘sad’, and after encouraging Jane to maintain the sad “you want to cry feeling↑” across lines 1 to 3 (something that is perhaps only likely to be advocated in a therapeutic setting), Phil asks “what do you need?” (line 3). Here, ‘sad feeling’ serves as a category that Phil can do some therapeutic work with, namely, it can serve to enable the production of some normative actions that are associated with the category. In other words, as Jane is categorised as ‘sad’, and given explanation for why she is sad has been provided by way of Phil’s formulations, Phil’s question ‘what do you need’ projects for an answer from Jane in which some normative action/s linked to such a category are described. What does one need when one is ‘sad’, when ‘one wants to cry’?

Jane’s answer “°°A tissue°°” (line 5), while perhaps understandable as a normative literal action is clearly not adequate for Phil, who while providing an agreement token (“°°Yeah°°”, line 7 ) does so in a dispreference structure (with a delay preceding turn, the recycled question, e.g., Pomerantz, 1984a). Phil then has another go
at the question with “What do you need emotionally” (line 7). The specification of something that counts as ‘emotional’ projects for a less literal uptake (e.g., ‘a handkerchief’, ‘to blow my nose’, ‘to wipe my face’), and might allow for Phil to provide some kind of decidedly psychologised formulation (e.g., Antaki et al., 2005a; Davis, 1986).

Here I would suggest that Phil’s formulations and questions concerning what Jane ‘needs’ project a particular answer, specifically ‘a hug’. Now, while Phil is asking overt questions of Jane (cf. Bergmann, 1992, p. 151) consider that his questions do not explicitly contain the term ‘hug’ (e.g., ‘do you need a hug?’). In this regard, Phil can solicit a response that relates to ‘hug’ in a round-about manner, that is, as a hintable inference (e.g., Sacks, 1972b; Sacks, 1992a, p. 583). Now, what such an answer may enable Phil to do remains unclear, however one can postulate that it in some sense ties in with some therapeutic undertakings.

Note that Jane does, eventually, provide for “I suppose a hug would’ve done” (line 14), however it is with considerable disclaimers: several gaps (across lines 8-14); the disclaimation of a knowledge state (“dun know”, line 12); and packaged as a supposition (“I suppose”, line 14) with a disclaimer (“but”, line 14). In other words, while Jane provides for an acknowledgement of the projected ‘correct’ answer (i.e., as an expectable, hearable, normative answer) it is delivered as a non-preferred response. One might suggest it is produced in an activity sequence that could be characterised as indicating client resistance (treatment of such interactions in terms of ‘power asymmetries’ can be found in Peräkylä, 1995; Rapley, 2004; Silverman, 1997).

Extract 7.30C

1 Phil: °Mm° °°Cause you can’t trust the fuckers°° (0.6) °And
2 you don’t (0.2) believe it (1.4) .hh Cause it didn’t
3 happen in your childhood° (3.1) Okay I want you to
4 imagine the following, (1.1) .pt You’re walking through
a park (2.0) "Okay" (0.5) th- the adult you so you as
you are now you’re walking through a park (0.4) .h
(0.2) You’re on your own (0.8) and you realise that the
park’s quite empty. (0.3) .h (0.2) As you walk around
>there’s a bit of a< curve in the: (0.4) pathway and
you see a set of swings (0.5) .hh () And you notice
that there’s a child on one of the swings but there’s
no adult around (0.2) .h (0.2) And as you get closer .h
(0.2) you see that (0.3) the child is about six years
old .h () and is crying (0.5) .pt (0.2) >What would
you do<
(2.2)
17 Jane: "Go up to it and ask it if it’s okay"
18 (0.4)
19 Phil: "Okay" [( )]
20 Jane: "What’s wrong."
21 (0.3)
22 Phil: "Okay" (. ) "And it says I’m sad I’ve lost my mummy
23 no one cares about me (0.8) >What would you do<
24 (2.4)
25 Jane: "Tell em I’m sure that’s not right"
26 (0.9)
27 Phil: "Okay, (0.2) and?"
28 (0.6)
29 Jane: "And we’ll go and (0.4) find (1.0) its momma"
30 (0.4)
31 Phil: .h
32 (0.2)
33 Jane: "Its mum= 
34 Phil: =And would you give that kid a hug?
35 (1.1)
36 Phil: "Okay"
37 (0.2)

This extract begins with Phil providing some candidate formulations across lines
1 to 3 – “cause you can’t trust the fuckers”, “and you don’t believe it”, and
“cause it didn’t happen in your childhood” – as a kind of summary. This summary
serves as a preface to a story, in which Jane is invited to “imagine” (line 4) that she is
walking through a park, and that she comes across an unaccompanied child on a swing, who on closer examination is “about six years old” (lines 13-14) and “crying” (line 14).

Now, I would suggest that such a story is prospectively designed by Phil to enable the asking of a specific question “what would you do”, which projects for an answer that features ‘a hug’. In other words, given Phil’s previously unsuccessful attempts to elicit this as a response to his question ‘what do you need’, he can continue the pursuit of a such a response (Pomerantz, 1984b) by utilising a different modality; in this case, by constructing an ‘imaginary’ story that features the client as main protagonist, and as such, one that invites a client dénouement. Again, such a story or scenario is built using a range of categories (e.g., ‘child’, ‘adult’) and category bound activities (e.g., ‘crying’). What might an “adult” (line 5) do (or be obligated to do) when coming across a solitary “crying” (line 14) “child” (line 11)?

Jane’s initial answers, “ºGo up to it and ask it if it’s okayº” (line 17) and “ºWhat’s wrong.º” (line 20), while acknowledged by Phil (“ººOkayºº” at lines 19 and 22) appear to be insufficient, with Phil providing an insertion of some additional materials in a recycled question at line 23 (“ºAnd it says I’m sad I’ve lost my mummy no one cares about me º”, lines 22-23). Jane’s subsequent answer, “ºTell em I’m sure that’s not rightº” (line 25), again appears to be insufficient with Phil providing an acknowledgement and an invitation to elaborate (“ººOkay, (0.2) and?ºº”, line 27). Jane then provides for an addition with “ººAnd we’ll go and (0.4) find (1.0) its mommaºº”

After repeated failed attempts to elicit the answer that the story is designed to produce, Phil moves to asking the question directly with “And would you give that kid a hug?” (line 34). Given there is no answer forthcoming, it would appear that Phil’s adoption of an alternative strategy in pursuit of the response has not guaranteed success. However, Jane may have provided some form of non-verbal acknowledgement to Phil’s

---

17 While I do not explicitly provide an analysis of the (considerably) more technical features of such stories, see Sacks (1972a, 1972c).
question (e.g., a nod) to which he provides an acknowledgment token at line 36
(ººOkayºº). On the other hand, this could be Phil acknowledging no response and/or
acting as a topic-change initiator (e.g., Button & Casey, 1984; Maynard, 1980). Given
the lack of any confirmatory materials (i.e., as might be obtained with a video record of
the interaction) let us leave this to one side and see how the interaction plays out.

Extract 7.30D

1    Phil:   .hh (.) ºThat six year old is youº
2            (3.6)
3    Jane:   ººMmºº
4            (0.9)
5    Phil:   ºWhat would you do if it was youº
6            (4.1)
7    Jane:   ºWhat do you meanº
8            (0.3)
9    Phil:   .h (0.2) The six year old on the swing is you (.)
10           There’s a adult you passing by the swing and there is
11           six year old you on the swing (.) .h (0.2) What would
12           you do for crying six year old you
13            (3.1)
14    Jane:   I myself would (0.4) h (0.8) pick me u (0.3) p:=
15    Phil:   =Mhm.
16            (.)
17    Jane:   And tell (0.5) that (1.0) >I love em<
18            (0.5)
19    Phil:   ºMmº
20            (1.7)
21    Phil:   .h (0.2) ºAnd that’s what you need to do (0.3) >And I
22           know that sounds a bit weird< .h (0.2) But that’s what
23           you need (.) to doº
24            (10.0)
25    Phil:   And how does that sound
26            (4.8)
27    Jane:   ººProbably ↑rightºº
28            (1.0)
29    Phil:   ººSorry?ºº
30            (0.9)
31    Jane:   ºProbably ↑rightº
32            (0.4)
Now, regardless of whether Jane did or did not acknowledge Phil’s question ‘And would you give that kid a hug?’, consider that such a question relates to whether Jane would give a child a hug (in an ‘imaginary’ story) and not if Jane needs a hug (as was the case with Phil’s previous questions). What is important is that, sans Jane’s acknowledgment, Phil has at least established that ‘a hug’ is in some manner a relevant concern (i.e., an expectable response), and one that he can continue to pursue.

Phil then presents a scenario in which the previous story roles are reversed, or one in which the roles of ‘adult’ and ‘child’ are essentially collapsed. That is, Jane is invited to be both ‘child’ and ‘adult’. Now, such a hypothetical question (i.e., what would you do as an adult if you came across yourself as a crying six year old child) appears to present some difficulty for Jane (i.e, the gap at line 6 and Jane’s “What do you mean?” at line 7), and might be considered somewhat conceptually confused if one adopts a ‘strong Wittgensteinian position’ (see Chapter 3, and McHoul & Rapley, 2003, 2006). Nonetheless, this enables Phil to establish a link between Kate (as an adult) giving ‘a hug’ (to a child) and Kate (as a child) receiving ‘a hug’ (from an adult).

Now, while Jane does not use the term ‘hug’, she certainly provides something much closer than her previous responses, and something which may stand as a candidate client generated reformulation with ‘pick me up – and tell I love em’ (lines 14-17). This is met with Phil’s acceptance, and his repeated suggestion “that’s what you need to do” (lines 21-23). Note that Phil also provides for an account that attends to the somewhat odd and confusing nature of the ‘imaginary’ scenario, “And I know that sounds a bit weird” (lines 21-22). Phil then does a kind of ‘upshot checking’ with “And how does that sound” (line 25) which is met by Jane’s delayed, tentative, and barely audible “Probably right” (line 27). Phil’s “Sorry?” (line 29) can be approached as an open class repair initiator (Drew, 1997) in which repair is done by Jane with a
louder repeat of “Probably ↑right” (line 31), which marks the trouble source as Phil’s difficulty in hearing what Jane had said.

Nevertheless, there remains a degree of ambiguity concerning Jane’s uptake of Phil’s suggestion, which Phil further explores in the final extract in this sequence.

Extract 7.30E

1 Phil:  °°Yes.°°
2 (2.1)
3 Phil: .h °And what are you feeling at the moment?°
4 (3.3)
5 Jane:  °°Sad°°
6 (0.5)
7 Phil:  °°Mm°° (0.6) .pt (.) >°And what do you need°<
8 (18.8)
9 Jane:  °A tissu:e° >h .shih<
10 (.)
11 Phil:  >What do you need emotionally<=
12 Jane:  =.shih
13 (0.6)
14 Phil:  I’ll get you a tissue hang on.
15 (.)
16 Jane:  (°°O:ka:::y°°)
17 ((clattering sounds 1.4 secs))
18 (5.1)
19 Jane:  .shih (2.6) .shih (5.4) .shih (4.9) hh (0.2)
20 .shih (0.7) .hh (2.1) hh (0.5) .shih (5.9)
21 ((clattering sounds 1.4 secs))
22 (1.6)
23 Jane:  .hh (0.9) .shih (2.4)
24 ((louder clattering sounds 1.1 secs))
25 Phil:  We’ve got everything but a tissue here you go.

We are now in a better position to evaluate my claim concerning Phil’s pursuit of a specific response (‘a hug’). Following Phil’s “°And what are you feeling at the moment?” at line 3, Jane indicates that she is feeling “°°Sad°°” at line 5 (cf. Extract 7.30A, line 13). This is followed by essentially a repeat of an earlier interactional sequence (Extract 7.30B, lines 3, 5, and 7) with Phil’s question “what do you need”
(line 7), Jane’s literal response “a tissue” (line 9), and Phil’s recycled and extended question “what do you need emotionally” (line 11). In other words, Jane again declines to provide an answer of ‘a hug’, at which point Phil abandons his pursuit with “I’ll get you a tissue hang on.” (line 14).

How Jane is feeling, how Jane should feel, and the significance to which Jane might attach displays of feeling to such accounts, is clearly a matter of therapeutic importance. Collecting together some of the hints alluded to in some of the previous analytic musings, it would seem that it is warrantable (although not without risk) for the therapist to tell a client what they are in fact feeling, whether that is in the form of a direct assertion (e.g., Extract 7.30A, lines 15-17; Extract 7.30B, lines 1-3) or by way of a more ‘veiled’ delivery (e.g., Extract 7.30A, lines 1-11), in order to make such feelings ‘fit’ a therapist produced formulation. Moreover, overt displays may offer an additional source of materials by which such formulations can be, in a sense, made confirmatory for both therapist and client.

More generally, a therapist can provide descriptions of the client, to the client, using psychological categories, to which the client may be encouraged to generate candidate category bound activities related to such psychological categories. What can occur however, either as a matter of some ‘misunderstanding’ or as a matter of deliberate ‘resistance’, is that the psychological categories can be fitted with more-or-less literal actions by the clients. Another way of putting this, is that attempts to psychologise things by a therapist, in order to do therapy, can be waylaid by clients – deliberately or not, such formulations can ‘misfire’ (Antaki et al., 2005a; Bergmann, 1992).

“That’s just my internal thought”

The following extracts detail interaction that occurs in the context of a discussion where Luke is providing an account of returning home from work, wanting
to talk to his partner, and being frustrated that his partner was involved in a lengthy telephone conversation with her sister. In addition, he mentions his concern with the ‘level of disclosure’ that the conversation between his partner and her sister entailed, and suggests this occurs routinely.

Extract 7.31A

1 Phil: >Right so so< Stephanie (.) probably won’t even be
2 conscious that her way of doing it is very different
3 from yours (0.3) .hh unless you say (0.2)
4 Luke: I- wha- e- (0.2) hhh (0.2) What I am gonna say is that
5 I think she’s overcompensating=
6 Phil: =Careful.
7 (0.6)
8 Phil: That was a you statement.
9 (0.4)
10 Phil: I think you are .hh is a you statement.
11 (0.4)
12 Phil: .pt Give me your experience of it.
13 (0.4)

This extract begins with Phil providing a formulation that Luke’s partner is likely unaware (“probably won’t even be conscious”, lines 1-2) that the manner in which she has lengthy and disclosive telephone conversations with her sister is a problem for Luke, and that Luke needs to “say” (line 3) something. Luke then declares that what he is “gonna say” (line 4) is that he thinks his partner is “overcompensating” (line 5), to which Phil provides a caution that this is a “you statement” (lines 8 and 10). Now, that there may be problems with using a ‘you statement’ is something that has been previously flagged by Phil, namely that “the trouble with you statements h is that most people will resist them” (in transcript not presented here).

Phil then invites Luke to provide his “experience of it” (line 12). Note that Luke provides his evaluation in terms of ‘thought’ (i.e., “I think she’s”, line 5) and he does not provide his evaluation using the term ‘you’. Phil’s formulation that this is a ‘you
statement’, then, suggests that Phil’s uptake on Luke’s statement is as a first-person, present-tense statement to his partner (i.e., ‘I think you are overcompensating’). Note that in Mike’s initial evaluation, and Phil’s subsequent formulation, ‘I think’ serves as a common expression with ‘she’s’ given a temporal transform by Phil as ‘you’. I briefly draw attention to this now, in order to foreshadow later analytic commentary concerning this distinction.

Extract 7.31B

1 Luke: Well (1.0) her parents, never (1.0) Well in my opinion
2 her parents sort of abandoned her a little bit in South America (0.5)
3 Phil: Yes=
4 Luke: =And (moved down) to Southtown (0.7) she was
5 hospitalised a [couple] of times with depression as=
6 Phil: [ºYepº ]
7 Luke: =you [know ]
8 Phil: [ºYepº]
9 (1.0)
10 Luke: They didn’t come up to see her.
11 (.)
12 Phil: ºYeahº
13 (0.5)
14 Luke: And (0.7) >and it was just a-< I mean they’re all
15 (1.0) y’know at fault (0.7) and (0.2) she’s trying to
16 overcompensate for that now.
17 (1.9)
18 Phil: >That’s an explanation and an interpretation.<
19 (0.7)
20 Phil: Whadda you feel
21 (0.6)

Consider that Luke’s “Well in my opinion” (line 1), in addition to foreshadowing the telling of a possibly tendentious account, could be seen as designed to retrospectively account for Phil’s correction and to prospectively head-off a possible correction. After providing an account detailing the manner in which his partner was
treated by her parents, Luke then provides essentially the same evaluation concerning his partner that he offered previously (cf. “I think she’s overcompensating”, Extract 7.31A, line 5) with “she’s trying to overcompensate for that now” (lines 16-17). In other words, Luke’s account provides for an explanation, and makes warrantable, his initial evaluation.

However, Luke is again admonished by Phil, who provides a formulation that he has provided an “explanation and an interpretation” (line 19). Here, it would appear that the problematic phrase is “she’s trying to overcompensate for that now” (lines 16-17). Phil then clarifies his previous request for Luke to give his ‘experience of it’ by asking Luke “Whaddya you feel” (line 21). This, then, marks a shift way from a focus on any potential ‘you statement’, to a focus directed towards how Luke ‘feels’.

Extract 7.31C

1 Luke: .pt (0.6) I feel that (1.0) that she tries too hard
2 with her sister.
3 (0.7)
4 Phil: Stick with what you feel. Not with what she’s doing, stick with what you feel.
5 (0.3)
7 Phil: |>No no no no.< That’s a thought. That’s a thought. You’re thinking she overcompensates. What do you feel?
8 (2.9)

Here Luke begins to provide what might be considered an appropriate ‘feel’ response by prefacing his evaluation with “I feel” (line 1), in contrast to a ‘non-feel’ preface such as ‘I think’ (e.g., Extract 7.31A, line 5). However it is clear that this is not appropriate as evidenced by Phil’s continuing admonishment to “Stick with what you feel” (lines 4-5). This is followed by Luke asserting that it is indeed what he feels (“Well I feel that”, line 7) with Luke’s laughter projecting a dispreferred response, and
possibly designed to counter Phil’s pursuit of the topic (Jefferson, 1979; Pomerantz, 1984a). However, Phil makes it plain that this is not valid as a feeling (“>No no no no.”, line 8), but rather “That’s a thought. That’s a thought. You’re thinking” (lines 8-9). Phil invites Luke to try again with “What do you feel?” (line 10).

Luke’s ‘thought’, if one examines the utterances that could stand as candidate markers or referents for any particular display of mentation, could be specified as “she tries too hard with her sister” (lines 1-2). In other words, we can consider that a ‘thought’ in this context is an assessment or evaluation concerning a particular action or event (e.g., an opinion) rather than a direct statement concerning the assessor’s psychological (and more specifically emotional/affective) disposition concerning the action or event that is of topical import. What is at stake in this interaction, then, is the status of particular evaluative utterances. One might say that there is an interactional problem to be resolved here, which at its core involves an elucidation of what counts as a ‘feeling’ versus a ‘thought’.

To examine how this problem is resolved, let us consider how the interaction further plays out in the following extracts.

Extract 7.31D
1 Luke: Aw it comes back down to the possession thing.
2 (0.4)
3 Phil: >Go on. Tell me about it.<
4 (0.6)
5 Luke: U::m (0.2) I just feel it’s intrusive
6 (1.1)
7 Phil: Y::[
9 (0.8)
10 Phil: Y::[es]
11 Luke: [ti]me=
12 Phil: =.hh That’s a thought so what do you feel?
13 (2.1)
Here, rather than providing a direct evaluation in response to Phil’s question, Luke provides for a more general response; one that appears to index some previous talk. This is not met with an immediate correction or challenge by Phil, but rather an invitation to provide some further elaboration (“Go on. Tell me about it.”, line 3).

Again, Luke has another go at producing something that on first inspection appears to count as a ‘feeling’, with the preface “I just feel” (line 5) attached to his evaluation “it’s intrusive” (line 5). While this is not initially met with a correction by Phil, at the point at which Luke completes (over several turns) his evaluation ‘I just feel it’s intrusive on my time’ (at line 11) this is again met with Phil’s formulation that “That’s a thought” (line 12) and another request that Luke furnish something that counts as a ‘feeling’ (“so what do you feel?”), line 12).

Extract 7.31E
1 Luke: A*h* I guess you could feel jealous?
2 (0.4)
3 Phil: Yes, jealous an::d
4 (0.4)
5 Luke: U::m (1.2) °Possessive as I said,° (0.2)
6 U:[::m ]
7 Phil: [>Yeah,] yeah, yeah,< that’s a behaviour, come on
8 what do you f:eel.
9 (0.6)

Here, note that Luke now frames his response in terms not of what he might report directly, as in the previous extracts with his use of the first-person pronoun ‘I’ packaged in a preface such as ‘I just feel’, but provides a kind of hypothetical or rhetorical question “A*h* I guess you could feel jealous?” (line 1). In other words, Luke attempts to ‘fit’ his response to Phil’s repeated formulations. This attempt is undertaken with some degree of hesitancy (i.e., the extended ‘ah’, equivocal ‘I guess’, switch from the first-person ‘I’ to the second person ‘you’, and the questioning
intonation), and could perhaps also be understood as a perspective-display invitation (e.g., Maynard, 1989).

Note that while Luke’s use of the first-person pronoun ‘I’ can operate to provide a kind of privileged position by which Luke can speak authoritatively about what he in fact ‘thinks’ or ‘feels’, such authority is of course defeasible (e.g., Hacker, 2006) and is indeed repeatedly challenged by Phil. In this sense, Luke does maintain a kind of epistemic authority (‘I guess’), but by way of delivering his answer using a second-person pronoun (‘you could feel jealous?’).

Such a delicate delivery appears to be warranted, and while Luke’s initial offering of ‘jealous’ is met with acceptance by Phil, following Luke’s addition of “possessive” (line 5) Phil again rejects Luke’s response, this time as being “a behaviour” (line 7). Now, at this point one might suggest a gloss that Phil is becoming somewhat impatient or exasperated (e.g., Phil’s “>Yeah, yeah, yeah,<” and “come on what do you feel.”, lines 7-8) with Luke’s continued failure to provide something that is warrantable as a ‘feeling’.

Extract 7.31F

1  Phil: ↑Jealous,
2          (0.9)
3  Luke:   Angry,
4          (0.3)
5  Phil:   Yeah ↑angry::,
6          (0.3)
7  Luke:   ↑Um::
8          (1.4)
9  Luke:   Resentful,
10         (.)
11  Phil:   ↑Resentfu::l, bit left out,
12          (0.2)
13  Luke:   M*m*
14  Phil:   Bit ↑ignored,
15  Luke:   Resentful probably be the=
16  Phil:   =Resentful. Okay.
In this extract, Luke and Phil work towards coproducing a suitable ‘feeling’ term that can fulfil the requirements of Phil’s request. Of interest, note that it is Phil who provides the first (previously ratified) term (“↑Jealous,” line 1), and offers in response to Luke’s suggestions several others (“bit left out”, line 11; “bit ↑ignored,”, line 14), before both agree on “Resentful” across lines 15 and 16 (note that this is initially offered by Luke at line 9 and repeated by Phil at line 11). As with previous analysis involving interaction between Phil and Jane (Extracts 7.30A-7.30E), it would appear that a therapist can present candidate psychological categorisations to a client (e.g., ‘sad’, ‘jealous’, ‘angry’), and these in turn can become ‘fitted’ with the particular formulation and subsequent recommendation for action that the therapist may present.

The import of this is that once the problem of a suitable feeling term is resolved, Phil can then provide Luke with a clear recommendation as to what action should be undertaken with regard to the initial problem (i.e., Luke’s concern with his partner’s telephone conversations). That is, Luke should tell his partner how he ‘feels’ (“I’m feeling resentful”, lines 19-20, 26) and avoid delivering such ‘feelings’ in likely
problematic ways (i.e., packaged in a ‘you statement’). To sum up, Luke should not tell his partner what he thinks, or frame this account in terms of thoughts; rather, he should tell his partner what he feels. And importantly, he is required to frame his current account in such terms.

In the following extracts, that occur a few minutes later, we see some further contestation over the status of ‘thought’ that may bear on the matters at hand.

**Extract 7.32A**

1. Luke: =Yeah. (0.2) And, (1.5) yeah but hhh (0.7) I think she thinks I’m being: (0.4) probably she thinks that y’know I’m being smart .hhh (0.2) Because y’know oh you (.)
2. you’re not making him .hh (. ) y’know– (0.2) not making me not drink anymore therefore y’know he thinks that y’know I don’t need any clothes we don’t go out anymore .h (now) >I’m basically making a statement that we don’t go out anymore<
3. Phil: (And there’s a) sort of passive aggressive [( )]
4. [Yeah] it’s going back to that thing. [U::m ]=
7. Luke: =It’s ↑sort of a bit of both=
8. Phil: =Yeah. (1.1)
9. Phil: I just heard you say (. ) I think she thinks .hh (0.3)
10. ah::: : °°a- (. ) i- i-°° (0.3)
11. Luke: No. But I’m just- that’s just my internal thought=
12. Phil: =>I know it is h but I’d be careful of that< (. )
13. Luke: (Uh**)=
14. Phil: =>Y- see what I’m< hear:ing is you °don’t say how you feel°
15. (2.9)

Of note here is Luke’s “No. But I’m just- that’s just my internal thought” (line 18) which attends to both the status of his previous accounts and Phil’s unfinished query “I just heard you say (. ) I think she thinks” (line 16). Now, one could argue that Luke is making clear a distinction between the thought he has as an internal, private process,
and the thought as an inappropriate referent that needs to be replaced with an avowal of a feeling. After all, much of the interaction appears to be about what Luke should say, and involves Phil’s attempts to correct Luke on his avowing thoughts rather than feelings.

However, an alternative description is that whatever the status of Luke’s thoughts, by making his most recent thoughts ‘just’ and ‘internal’, Luke can preserve the status of his account. In other words, Luke can make a particular point, by referring to ‘thoughts’, regardless of the inappropriateness or correctness of talking about such ‘thoughts’ (as opposed to ‘feelings’) in this interaction. Here, one might suggest, that he provides for an authoritative, non-defeasible claim (in the sense that he is making a statement to an interlocutor that he will not consider any challenge) concerning his ‘internal thought’. And note that while Phil does caution Luke on this matter “>I know it is h but I’d be careful of that<” (line 19), he does not discount that it is, indeed, an ‘internal thought’.

This is important, as the gist of Luke’s account is concerned with another person’s disposition towards him – which could be glossed as ‘I think this person thinks that I think’. However, while Phil does not dispute Luke’s privileged access to his own ‘thoughts’ he does provide a reformulation that Luke’s problem is that “you ‘don’t say how you feel’” across lines 21 to 22 (cf. to the therapist’s reformulation of the client’s ‘problem’ as ‘not able to express her feelings’ in Davis, 1986). In other words, a therapist’s caution on ‘internal thoughts’ could be seen as a marker that denotes this interaction as one of a particular type, that is it is clearly some form of therapeutic interaction. An interaction in which various forms of psychological business gets done, and in which people can and do orient to ‘thoughts’ and so on as internal, private things.

Here, the client explicitly makes the claim that the ‘thought’ he is referring to is indeed ‘just internal’. However, I would suggest this can and does work to defease an
implication that he has somehow failed to attend to the therapist’s instruction regarding a *problematic* use of such statements concerning ‘thoughts’. The ‘thought’, then, is not to be *only* regarded as *actually* ‘internal’. Rather, it functions to draw an intelligible, normative contrast with a proposed misguided use of the term, one which has been the subject of some discussion (indeed *disputation*) between the therapist and client.

Another way of approaching this, and much of the interaction, is simply as an instance whereby one can discern a therapist’s rejection of a client’s evaluations and assessments (and formulations), with therapist attempts to guide the client towards adopting more ‘correct’ (i.e., therapist produced) formulations. However, in the current case, the objects of the formulations are of a fundamental importance as they involve the specification and respecification of the *very things* that may well underpin the machinery or apparatus involved in the future production of formulations of any kind. Namely, that ‘thoughts’ and ‘feelings’ become constituted for all-practical-purposes as kinds of local *reality* production devices, and *not* just as potentially correct or incorrect ways-of-speaking.18

Regardless, it is important to examine how this might play out in order to establish what the pragmatic import of such a claim regarding a ‘thought’ might have.

In this regard, consider the final extract.

**Extract 7.32B**

1 Luke: No I don’t. I’m not- my dad hasn’t either, that’s
2 what I’ve been taught.
3 (.)
4 Phil: .hhh >Yeah I know. I understand that.< .hhh And I
5 suppose what I’m trying to do is l- °u-° is- is to say
6 to you, (0.4) ((sniff 0.3 sec)) (1.5) Your partner,
7 (1.0) °any partner° (1.3) any () f:female partner
8 prefers to know what’s going on and what’s

---

18 ‘Local’ as referring to “the heterogeneous grammars of activity through which familiar social objects are constituted” (Lynch, 1993). Familiar social objects, such as a ‘thought’ or a ‘feeling’, for example.
Here Luke appears to accept Phil’s formulation that he does not ‘say how he feels’ (line 1), and Phil suggests that Luke should not tell his partner what he thinks (or at least, he should not exclusively tell her what he thinks) he should tell her what he feels. Moreover he should not be concerned with what she may feel about what he feels (“if she gets upset that’s her business”, lines 19-21). The notion that Luke is only responsible for his emotions, and not his partners, is interesting as it could be suggested to fly in the face of a kind of everyday ‘lay’ knowledge that one’s feelings are very much influenced by the feelings of others.

Note also how the recipient design features of Phil’s formulation, involving a kind of practical, general advice that ‘women partners need to be told feelings’, works from the specific case (“Your partner”, line 6) to a generalisation (“any partner”, line 7), to a kind of ‘specific generalisation’ (“any female partner”, line 7) involving gender categorisation. This, then, could be glossed as Phil furnishing a reformulation (involving generalisation) that is constructed using decidedly vernacular terms, that provides for both a recommendation and a justification for action (“telling her how you feel.”, line 13).
What counts as a ‘thought’ here, then, is something that is exquisitely dependent upon, and consequential to, features of the talk-in-interaction. Indeed, what counts as a ‘feeling’ as opposed to a ‘thought’ is something that is highly consequential for the participants. In this instance, ‘thoughts’ are things that need to be treated with some degree of caution, as things which one should perhaps not invoke in interactions with a partner. On the other hand ‘feelings’ are to be, in a sense, reported directly.

Here, the reporting of a ‘feeling’ is presented as being essentially protected against disputation, at least in terms of the accountability of such reporting, in that Luke can (and should) provide a report of ‘how he feels’ to his partner without having to provide an account for any such ‘feelings’, while the reporting of a ‘thought’ is likely to require considerable accounting (in addition to engendering problematic interactions). Whether by omission or commission, Luke is positioned as someone vulnerable to a charge of being reserved with regard to avowals of ‘feelings’, and Phil’s suggestion is that he should make attempts to avow ‘feelings’ rather than ‘thoughts’.

**Conclusion**

The current chapter has provided an empirical account of mental predicate and psychological term usage in psychotherapeutic interactions, with a focus on the terms ‘think’ and ‘feel’. Following an examination of such terms’ usage in the provision of assessments and evaluations (e.g., Extracts 7.1-7.4), a more detailed examination was provided of therapist initiated interrogatives, with considerable attention directed towards questions of the general form ‘how do you feel’. Such questions were analytically presented as designed to facilitate therapeutic business (e.g., Extracts 7.13, 7.14A-B), notwithstanding that the pursuit of such business might engender particular interactional difficulties (Extracts 7.15A-7.16).

Following this, consideration of a how one might come to ‘just have a thought’ was undertaken (Extracts 7.18-7.22), in which a detailed account was provided of how
this might figure as a therapeutic practice. After examination of how ‘thoughts’ and ‘feelings’ are displayed in interaction (Extracts 7.23-7.29), the chapter concluded with an analysis of potential misalignments between therapist and clients, with regard to eliciting accounts and displays of ‘feelings’ (Extracts 7.30A-E) and in ‘correcting’ a client’s avowal of a ‘thought’ rather than a ‘feeling’ (Extracts 7.31A-7.32B).

Analysis of these extracts serves to demonstrate the manner in which ‘thoughts’ and ‘feelings’ are worked-up in-and-as particular accountable practices, and that participants attend to such matters as what is warrantably a ‘feeling’ versus a ‘thought’ with a considerable degree of sophistication. Moreover, in therapeutic interactions between a professional clinical psychologist and clients for whom ‘bipolar disorder’ has demonstrable relevance, issues pertaining to what counts as a ‘thought’, of what counts as a ‘feeling’, are likely to be massively consequential. While such consequentiality may be impervious to direct elucidation, when one considers that such a ‘mood disorder’ is characterised as involving problematic ‘thoughts’ and ‘feelings’, I would suggest that interactions such as those detailed here can at the least provide some hint as to how such consequentiality might ‘play out’ in a wider range of settings and practices.

In other words, what I would like to suggest is that undertaking detailed examinations of the work that such terms do, even when such projects may at first glance appear to be entirely trivial and unrewarding if approached from the dominant cognitivist perspective, that one may gain some sense that “even with the best models, the most sophisticated technology, and systematic empirical examinations, immense amounts of behavior go unaccounted for” (Maynard, 2006, p. 106). In this regard, if one approaches the study of mental predicates, psychological terms, the stuff of cognition and affect, not as hidden, inner states and processes, but as phenomena that are readily accessible and publicly available for participants in-and-through interaction, one can get
a radically different appreciation of what might be worthy of investigation when one undertakes studies of ‘bipolar disorder’. 
CONCLUSION

The thing is to try to talk in such a way that a task of analysis is involved. The success of that analysis provides the lack of need of an account of why you came to say it. (Sacks, 1992a, p. 545)

The current dissertation has, as its topical concern, been focused on multiform discursive practices by which persons who warrantably can be ascribed or avow membership of the category ‘bipolar disorder’ demonstrate and display in their talk matters relevant to such a categorisation. These practices have been examined in a massively consequential setting involved with the doing of psychological business – the psychotherapy session. As its central thesis was the claim that the practices by which bipolar disorder gets done as bipolar disorder are invariably absent in most formal accounts of the disorder, and to address this the dissertation has provided an empirically grounded description of a range of discursive practices associated with the doing of bipolar disorder in psychotherapy. This has been undertaken from a discursive psychological orientation, drawing extensively from ethnomethodology, conversation analysis, and Wittgensteinian philosophy.

With regard to these broader domains of inquiry, the dissertation makes a number of significant contributions. Firstly, the dissertation represents the first systematic conceptual and empirical discursive psychological examination of work undertaken in the delivery of health care services related to bipolar disorder. The dissertation represents an original and detailed examination that specifically attends to how professionals, and clients ‘with’ bipolar disorder, might manage their interactions ‘at the coal face’ of mental healthcare delivery, notably by a focus on how psychological terms feature in situated psychotherapeutic discourse.

Secondly, the dissertation provides a sustained consideration of the difficulties in establishing when logical-grammatical investigations and empirical investigations of
Various psychological practices may have critical purchase, and presents an argument that there is in fact room for a fruitful collaboration between those conducting conceptual investigations into the use (and misuse) of grammar, and for those undertaking empirical examinations of talk-in-interaction.

Thirdly, it provides for an addition and extension to previous ethnomethodological and conversation analytic work that has explored the practices of psychotherapeutic interactions since the pioneering work done by Sacks on emergency telephone hotlines (e.g., Sacks, 1967) and group therapy sessions (Sacks, 1992a, 1992b); Turner’s examination of how therapy, and in particular therapy talk, gets produced and recognised as therapeutic (Turner, 1972); and Davis’s work on therapists’ reformulations of clients’ troubles-talk into matters more amenable to psychological remedy (Davis, 1986). For one example, in Chapter 7 it provides a detailed explication of how a therapist produced utterance such as ‘I suddenly thought’, working as an extended ‘on topic’ topic marker, when embedded in a therapist produced, self disclosive story, can work prospectively to furnish some kind of therapeutic product.

Finally, it has provided an alternate examination, by way of respecification, of several of the key concepts that underpin the majority of contemporary conceptualisations of bipolar disorder, to produce a radically different view of what might be ‘at stake’ in such interactions. For example, by an examination of the practices by which ‘symptoms’ of bipolar disorder are produced and recognised as symptoms, how ‘moods’ can be profitably examined as account production devices, and the methods by which psychological terms (such as ‘thought’ and ‘feel’) operate in-and-as situated practices involved in psychotherapeutic business.

In Chapter 1 I provided a brief overview of how ‘bipolar disorder’ has come to be regarded as a medical disease entity, and reviewed the development of the DSM in order to gain some appreciation of what an ‘official’ description of the disorder might
comprise. I demonstrated the problematic nature of adopting such an ‘official’ description as a basis by which one could undertake empirical investigations of bipolar disorder, and further demonstrated that such an ‘official’ description is one subject to considerable contestation. For example, while bipolar disorder was at one time considered a kind of ‘gold standard’ as a psychiatric disease, the concept of the disorder has broadened considerably to include a host of other conditions. However, rather than focus on what appear to be obvious shortcomings with such ‘official’ descriptions of bipolar disorder, I suggested that consideration of such matters alone may provide little purchase on what it is that people actually do when they routinely engage in a variety of consequential practices (e.g., diagnosis, treatment, and research participation) in which ‘bipolar disorder’ may be of principle concern.

I then turned to an examination of two disparate positions with regard to psychological, psychiatric, and sociological conceptualisations of insanity; the critical Foucaultian inspired historical scholarship of Nikolas Rose, and the strongly ethnomethodological informed Wittgensteinian scholarship of Jeff Coulter. This was undertaken in order to suggest the utility of undertaking a respecification of questions such as ‘what is bipolar disorder’, ‘how do we identify bipolar disorder’, and ‘how do we diagnose bipolar disorder’, into something like ‘what are the practices by which bipolar disorder gets done as ‘bipolar disorder’? In short, rather than attempting to provide some kind of ‘objective’ description of bipolar disorder derived from a diverse and contested literature, my focus here was to suggest that bipolar disorder could be profitably examined as being produced in-and-through numerous, multiform practices.

In then moving to a consideration of such practices, in Chapter 2 I presented an overview of ethnomethodologically informed approaches to doing social science, by which one might seek to uncover the practices by which (for example) ‘bipolar disorder’ is produced, recognised, and otherwise assembled as an ‘objective’ and ‘real’
social fact. This was to suggest that traditional studies of bipolar disorder invariably fail to provide for descriptions of the work by which bipolar disorder is produced as bipolar disorder. I argued that an ethnomethodologically informed investigation of bipolar disorder might seek to examine and describe such work as members work, rather than leaving it as a kind of unacknowledged resource from which social scientific accounts are constructed.

I further undertook a detailed review of conversation analysis and membership categorisation analysis, and examined distinctions between ‘institutional’ versus ‘non-institutional’ settings to demonstrate the considerable difficulties in providing descriptions of social life that are non-ironic with regard to members’ practices. In addition, throughout the chapter I touched upon Wittgensteinian themes in order to sketch out problems associated with providing descriptions of categorisation practices involving overtly psychological concerns. In outlining how one might profitably undertake providing descriptions of such work, I suggested that in undertaking ethnomethodological and conversation analytic investigations one can draw upon a range of disparate approaches to investigations of the ‘obvious’, such that one might gain a clearer view of the ubiquitous discursive nature of various practices.

In consideration of such discursive practices, in Chapter 3 I presented an overview of an approach to undertaking ethnomethodologically informed investigations of ‘the psychological’ from within the discipline of psychology, that of discursive psychology. I presented a version of discursive psychology that features a strongly ethnomethodological and Wittgensteinian approach to providing descriptions of how psychological terms and categories feature in situated use.

More specifically, I considered in detail the difficulties in establishing when logical-grammatical investigations and empirical investigations of various psychological practices can be profitably undertaken, and further examined issues
surrounding the provision of non-ironising descriptions of the discursive, psychological practices that members’ engage with. This was undertaken in order to provide a principled stance towards examination of interactions in which there may well be a priori disputation concerning members’ competence to engage in such practices. In this regard, I positioned discursive psychology as being both interested in, and useful for, conceptual and empirical investigations of ‘the psychological’.

In moving towards analysis of the empirical materials of the investigation proper, in Chapter 4 I further elaborated on the focus of my empirical investigation, the mundane, ordinary, practical discursive work that might get done in professional-client interactions when bipolar disorder is of topical concern. Further, my investigation was directed toward an examination of individuals’ talk-in-interaction in a setting which, for those identified as having bipolar disorder, may be massively consequential – the ‘psychotherapy session’.

I then provided an initial examination of the empirical materials, comprising a corpus of audio recordings of seven, two-party psychotherapy sessions recorded by a clinical psychologist and involving five client participants. Rather than presenting a synoptic description of bipolar disorder that might be tested or otherwise examined for its validity, or a range of possible associated categories, this was left as a matter for participants. Nonetheless, I showed that for the purposes of the present investigation, ‘bipolar disorder’ was a category that could be demonstrably shown to be a members’ category.

In addition, I provided a brief examination of issues relating to ‘openings’, that is, the coordination of talk that occurs at the beginning of each of the recordings that comprise the data corpus, in order to demonstrate that participants oriented to the recording as a practical activity. Additionally, I presented analysis demonstrative of the relevance of the category ‘bipolar’ to participants (and related matters such as talk
pertaining to symptoms and treatment), and considered the issue of a possible ‘hidden’ participant in the interactions (i.e., the researcher).

In undertaking a more detailed examination of the corpus, in Chapter 5 I examined how bipolar disorder ‘symptoms’ get produced in talk-in-interaction, and I argued that ‘symptoms’ might best be approached as serving as a kind of gloss for a range of subtle and highly sophisticated interactional phenomena that are firmly rooted in ordinary, mundane practices. In consideration of clinical and vernacular understandings of what might comprise a ‘symptom’, I showed that it may be unclear the extent to which ‘symptoms’ stand as discrete entities from problematic ‘moods’. In that regard, I provided descriptions of how the symptoms of a mood disorder may feature in talk-in-interaction as interactional products *decoupled* from moods themselves, and provided analysis of the practices by which symptoms are *made to be obvious* by-and-for participants in talk-in-interaction.

I examined the manner in which possible symptoms of bipolar disorder are produced in accounts and formulations involving what might be described as ‘ups’ ‘downs’, and ‘mixed’ or ‘unstable’ periods. In addition, I provided a detailed consideration of how accounts can be produced of a current ‘level of functioning’ by contrasting previous symptoms against current (or absent) symptoms, which can also be used to foreshadow future functioning. With regard to ascriptions concerning categories and category bound activities involving symptom inferences, I demonstrated the manner in which both a therapist and a client can ‘get it wrong’.

In broad terms, I demonstrated that symptom-talk appears in-and-as accounts that justify putative symptoms, or at least make the symptoms intelligible as symptoms of some kind, with regard to client and therapist accounts. Such accounts may embellish particular symptoms, and particular symptoms can serve to embellish accounts in a reflexive relationship. That is to say, I argued that in psychotherapy, symptoms are
collaborative productions and not unilaterally produced, and that symptoms might only count as symptoms when there is some agreement. I further suggested that unilaterally produced symptoms might best be seen as problems that will require some solution (e.g., ascriptions or avowals that will be subject to some contestation), in contrast to collaboratively produced symptoms which serve to furnish the solutions to problems.

In Chapter 6, I further explored the distinction between a ‘symptom’ of a mood disorder and a ‘mood’ itself. I argued that while ‘mood’ remains relatively unexplicated in both the extensive clinical literature on the disorder and in vernacular accounts, that this is perhaps unsurprising, as ‘mood’ appears to be a highly ramified and conceptually fuzzy term. In this regard, I outlined an approach to investigating ‘moods’ by which one might consider how ‘moods’ are used in the performance of a diverse range of social practices. I then provided a respecification of ‘moods’ as kinds of devices; as collections of various categories that are vernacularly rendered, reflexively organised, normatively accountable descriptions of conduct. That is, I presented an account of ‘moods’, not as intraindividual affective ‘states’, but as reflexive ‘account production devices’.

I then presented examples of ‘moods’ as ostensibly pathological, non-pathological, and as contestedly pathological or non-pathological. In addition, I provided some description of ‘moods’ as operative as devices that can validate or invalidate an account and its method of production, produce decidedly moral accounts of action, and that can enable predictions of conduct. I argued that in consequential psychological settings, ‘moods’ serve not only as normatively accountable devices that persons can utilise in the performance of a range of diverse practical actions, but are also the very things which are subject to investigation, clarification, and remediation.

In the final analytic chapter, I examined the manner in which mental predicates and psychological terms are used in psychotherapeutic interactions. My focus here was on the psychological terms ‘think’ and ‘feel’ and related grammatical terms (e.g.,
‘thinks’, ‘thinking’, ‘thought’, ‘thoughts’, ‘feels’, ‘feeling’, feelings’, ‘felt’), given that bipolar disorder, ostensibly a disorder of ‘mood’, presumably involves problematic ‘thoughts’ and ‘feelings’. Moreover, given the previously developed position that psychological terms in actual use cannot be merely taken as referential, my focus was on providing descriptions of such terms when the status of any particular ‘thoughts’ or ‘feelings’ might be highly contested and indeed, massively consequential.

I provided an empirical account of mental predicate and psychological term usage in psychotherapy, beginning with an examination of such usage in the provision of assessments and evaluations, in particular therapist initiated interrogatives of the general form ‘how do you feel’. I demonstrated that such questions facilitate a variety of therapeutic business, notwithstanding that such business might entail interactional difficulties. I provided analysis of how one might come to ‘just have a thought’, in which a detailed account was provided of how this might figure as a therapeutic practice. Additionally, I provided a detailed account of how ‘thoughts’ and ‘feelings’ are displayed in interaction related to psychotherapeutic business. Returning to issues of contestation, I concluded my analytic treatment of psychological terms use with detailed analysis of the manner in which misalignments might occur with therapist and clients’ use of such terms, with the production of an emotion display involving elicitation of ‘feelings’ by therapist, and the contestation of what counts as a ‘feeling’ versus what counts as a ‘thought’.

In my analyses I demonstrated the manner in which ‘thoughts’ and ‘feelings’ are worked-up in-and-as particular accountable practices, and that participants attend to such matters as what is warrantably a ‘feeling’ versus a ‘thought’ with a considerable degree of sophistication. Moreover, I suggested that exhaustive examinations of such interactions might provide some hint as to how the consequentiality of such interactions
might be observed in a wider range of settings and practices in which psychology has some stake.

At this point it is appropriate to turn to an examination of the limitations and weaknesses of the dissertation. The first relates to the absence of an explication of the methods of analysis employed, with the most obvious and significant omission occurring with the use of a formal conversation analytic transcription notation and the rendering of participants' utterances into particular kinds of product. That is to say, the dissertation imposes a particular orderliness on the work that participants are engaged in. And, to revisit Sacks’s comments in the Exergue at the beginning of this dissertation, while I have undertaken the current investigation to see if there might be some order to a ‘bunch of stuff’ that I have collected, in the actual undertaking of my investigation any perceived orderliness might be less the result of an examination of the practices by which participants get their work done and more a feature of a host of undocumented practices by which the analyst of the materials has imposed a particular kind of order (i.e., the application of particular transcription notation, formatting, selecting of extracts, and so forth) in order to produce something that is accountably a social scientific work product (e.g., Crabtree, 2000; Lynch & Bogen, 1994).

In this regard, I could provide a retrospective account of my struggles, as a novice with regard to ‘transcribing audio data’, to provide what might count as ‘authentic’ transcripts. I could provide descriptions relating to such activities as listening to the audio, my initial attempts at transcribing the audio into text, correcting and recorrecting transcript in light of new discoveries concerning how other researchers use particular symbols, and so forth. In short, the practices by which I came to produce something that might appear to be authoritative, scholarly, and congruent with canonical social scientific accounts; as something that might appear to be ‘just like the stuff in the journal articles’.
These tensions can be somewhat resolved by a consideration that to undertake such work would represent an entirely different sort of project, one which (could it even be undertaken) would occlude the kinds of detailed descriptions provided in the current account. While I have clearly not provided for a kind of ‘purist’ ethnomethodological account of my own work practices, I have nevertheless sought to undertake the investigation with a kind of ethnomethodological attitude that, while not accounting for practices involved in the production of the dissertation as a formal account, some sensitivity towards such tensions might be seen to be ‘built in’ to the final product.

Turning to a second explicatory absence, which concerns the production of the dissertation as an account which seeks to not privilege particular discourses over others, but which nevertheless is clearly produced as a social scientific, psychological, work product. For example, while one could well argue that the setting examined (the psychotherapy session) and its attendant practices and concerns could be described as ‘engines of the psy complex’ (e.g., Rose, 1996a), so too can the dissertation’s account of the setting and its activities be so regarded. In other words, both can be seen to trade heavily on psychologised words, terms, and concepts which are associated with a vast range of unexplicated psychologised practices. In short, perhaps one cannot obtain a privileged position outside the ‘domain’ of psychology, which would appear to be more-or-less now the domain of ‘everyday life’, such that one could critically evaluate its claims and practices while remaining untouched by them.

To partially address such concerns, having providing a detailed consideration of Foucaultian themes with reference to the work of Rose in Chapter 1 in which I suggested that such critical historical perspectives on psychological research and practice would serve to ‘trouble’ the dissertation, here it might be more appropriate to suggest that while remaining relatively unexplicated, such a perspective nevertheless ‘haunts’ the analyses. That is, while I am deeply troubled by various conceptual and
theoretical underpinnings of the psy disciplines which I take to be often conceptually flawed and inchoate, and to which my own endeavours are certainly not immune, I suggest that in undertaking empirical examinations of the practices that might be associated with such disciplines, such as counselling, psychotherapy, and so forth, one can at least be wary of offering social scientific correctives, as I would suggest this is a moral and political undertaking.¹

For example, my descriptions of the participants in the current dissertation are not undertaken in order to point to how (for example) the role of ‘therapist’ is representative of a form of institutional control, or that ‘clients’ are in some sense unwitting participants in a vast psychologised network of repression and subjugation. Rather, my focus has been on providing non-ironising descriptions (at least in relation to how contemporary psychology might provide such) of a variety of psychological practices that appear to make perfect and obvious sense to participants engaged in psychotherapeutic discourse. In that sense, is the present account concerning bipolar disorder, the psychotherapy session, the use of psychological terms and so forth, in some sense qualitatively better or more correct than others available?

I would suggest that my descriptions are at the very least novel, given that to my knowledge there are no commensurate examinations of bipolar disorder undertaken from an ethnomethodological, conversation analytic, or discursive psychological orientation. I would suggest that beyond that, such a question is best left for the reader to answer. On the other hand, what if my descriptions are in some sense just plain wrong? Such a question might also serve as an opportunity for some comment on the relative practical significance of my ‘findings’ to a broader readership. For example, would my descriptions of the psychotherapeutic interactions make much sense to those

¹ And as Kessen writes in regard to the central contribution provided by those undertaking projects which seek a reconstruction of psychology: “the sum of the assessment is scaldingly simple. For all its spectacular achievements of the past centuries, positive social science is only one other way of solving human problems” (Kessen, 1996, p. 270, emphasis in original).
working in the area of applied mental health? Could I confidently position my ‘findings’
as being relevant to practitioners, to add to their considerable ‘stocks of professional
knowledge’ (e.g., Peräkylä & Vehviläinen, 2003)? In considering the potential value of
the proposed project in broad terms, at the core of the delivery of health care services
are the interactions between health professionals and clients (e.g., Heritage & Maynard,
2006), with such interactions critical to such concerns as the formulation of appropriate
diagnosis, the adherence of clients to medication and treatment advice, and in
establishing both professional and client satisfaction with health care practices. In this
sense, I could suggest that for health care professionals, the current dissertation
represents a unique and novel approach to investigating how both professionals working
in the area of mental health and clients with bipolar disorder manage the complex
business of interactivity in a health related context.

I could further draw upon ‘findings’ and suggest ways in which both
professionals and clients might participate more effectively in the context of mental
health consultations. For example, by pointing to ways in which professionals might
take into consideration otherwise unnoticed features of interactions with clients, which
may have implications for such things as training, improving client adherence to
treatment recommendations, reducing unnecessary treatment, and other improvements
in health care outcomes; particularly those pertaining to client satisfaction with services.

However, I take the position that “we might say that no professional
conceptualization can have much effect as far as on-the-ground members’ actional
methods are concerned” (McHoul, 2004, p. 435, emphasis in original). Or, by way of
offering a more detailed explication, and one that reprises the recurring theme of this
dissertation, I further quote McHoul (necessarily) at length, when he suggests that:

… quotidian occurrences (from boiling eggs to world wars) are not to be grasped via
exogenous technical concepts. Rather, they are methodically produced and achieved by
the local (endogenous) productional cohorts responsible for them: but such that the actual (‘lay’) methods in question are a necessarily missing topic for almost every technical (Garfinkel would say ‘classical’ or ‘formal’) analysis. (McHoul, 2004, p. 441)

Moreover, in consideration of the issues raised in Chapter 3, where I review Wittgenstein’s notion of ‘conceptual confusions’ and his promise of a ‘therapy’ for such confusions, consider that this does not entail a program for the ‘healing’ of ordinary language use. While his cautionary arguments concerned how those practices when taken on holiday yield confusions for philosophy and social science, his therapies were undoubtedly provincial to those pursuits. In that regard, my overriding concern has been on providing descriptions that may stand in some contrast to those provided by social science theorists, but not members as they go about their ordinary affairs. In providing a somewhat less trenchant response, and to reprise the conclusion presented in Chapter 6, I would suggest that while my detailed examinations of interactions occurring in such clinical settings might be of some interest to both mental health professionals and the consumers of their services, they themselves are the ones to determine the relative merits of my descriptions of their own practices.

Some brief comment is perhaps also warranted concerning what could be taken as perhaps a more obvious limitation of the dissertation, that being the validity, replicability, and generalisability of its findings, given what at first glance might appear to be a rather meagre ‘sample’ of empirical materials.\(^2\) Firstly, rather than having presented any clear formal proofs by which particular claims can be in some sense tested and found to be valid or not, in this dissertation I have provided some ‘thinkings’ and considered ‘re-thinkings’ concerning a selection of practices that appear to be relevant for the doing of ‘bipolar disorder’ in psychotherapy.

\(^2\) That is to say, obvious for a reader with a strong commitment to quantitative research methods, or a reader unfamiliar with discursive psychological, ethnomethodological, or conversation analytic investigations.
Secondly, while the dissertation does represent a tentative first-step towards providing descriptions of some practices associated with bipolar disorder in its consideration of psychotherapeutic interactions, one might also consider seriously Sacks’s insight concerning ‘order at all points’ previously discussed toward the conclusion of Chapter 2. That is, the likely discoverability of order, an accountable order, an order that is put there to be found, in any empirical fragment (McHoul, 2001, 2004; Sacks, 1992a, pp. 483-488; Sharrock, 1995, p. 4). In this sense, while recommendations to pursue further generalisability in the form of building more extensive corpora might of course yield additional practices for observation and analysis, I would suggest that the materials examined in the current dissertation, limited as they might appear to be, do provide for a sense of how bipolar disorder is indeed made ‘real in the world’ (McHoul & Rapley, 2005a). That is, while my descriptions might (and should) be subject to contestation, they nevertheless attend to providing some description of interaction occurring in a domain which has remained relatively unexamined, and might serve as an initial point for undertaking further inquiry.

I would like to think that studies, such as the one presented here, might provide for a gentle corrective, or more appropriately a reminder, to social science practitioners interested in investigating such things as mental illness that we are, after all, involved in investigations of phenomena – and not merely investigations of (for example) words about phenomena. Further, we must attend to furnishing adequate descriptions of particular phenomena prior to providing detailed explanations. Moreover, my overriding issue with what can be broadly glossed as overtly ‘critical’ approaches is simply that they appear to be concerned with possibilities rather than with actualities. My focus has been on examining things as they are now, that is to say, things in their “local, in situ processes of coming-to-be” (McHoul, 1998, p. 15, emphasis in original) rather than how they might ‘come-to-be’. That, it would seem, is an entirely different proposition, and
while not without considerable merit (and challenge) to revisit a theme that has infused much of the dissertation, it seems far to premature to be concentrating on explanation, and setting about explaining things that much of the time the social sciences appear to have a priori explanations for. Instead, the social sciences should be focused on obtaining adequate descriptions, as these seem to be in short supply. The strategy advocated and applied in the current dissertation for accomplishing, or at least making a start on this project with regards to ‘bipolar disorder’, is to undertake sustained and exhaustive examinations of practices as practices, and not as (for example) some folk-psychological analogues to what might take place in a laboratory.

In conclusion, analyses such as those provided here may provide some further demonstration that social scientific conceptualisations of various psychological terms – which posit a form of ‘lay’ usage as mostly involving members’ provisions of (often flawed and inaccurate) descriptions, and which understand the ‘technical’ usage (i.e., by psychologists) of psychological terms as referentially indexing psychological states (of which the ‘owners’ of such states do not fully grasp how they actually operate) – will invariably fail to provide for adequate descriptions of how such terms may actually feature in-and-as situated practices. For, as I have demonstrated, it is in a detailed examination of such practices as involved with ‘having’, ‘displaying’, and ‘recognising’ thoughts and feelings that one may gain a sense of the indisputably social nature of such practices.
APPENDIX A

Table A1

DSM-IV-TR Diagnostic Criteria for a Manic Episode

A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week (or any duration if hospitalization is necessary).

B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:
   1) Inflated self-esteem or grandiosity
   2) Decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
   3) More talkative than usual or pressure to keep talking
   4) Flight of ideas or subjective experience that thoughts are racing
   5) Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)
   6) Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation
   7) Excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)

C. The symptoms do not meet criteria for a mixed episode.

D. The mood disturbance
   1) is sufficiently severe to cause marked impairment in occupational functioning, usual social activities, or relationships with others,
   2) necessitates hospitalization to prevent harm to self or others, or
   3) has psychotic features.

E. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g., hyperthyroidism).

Table A2  
DSM-TR-IV Diagnostic Criteria for a Major Depressive Episode\textsuperscript{a}

A. Five (or more) of the following symptoms have been present nearly every day during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either 1) depressed mood or 2) loss of interest or pleasure:

1) Depressed mood\textsuperscript{b} most of the day as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful)
2) Markedly diminished interest or pleasure in all, or almost all, activities most of the day (as indicated by either subjective account or observation made by others)
3) Significant weight loss when not dieting\textsuperscript{c}, weight gain (e.g., a change of more than 5\% of body weight in a month), or a decrease or increase in appetite
4) Insomnia or hypersomnia
5) Psychomotor agitation or retardation (observable by others, not merely subjective feelings of restlessness or being slowed down)
6) Fatigue or loss of energy
7) Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional)\textsuperscript{d}
8) Diminished ability to think or concentrate or indecisiveness (either by subjective account or as observed by others)
9) Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or previous suicide attempt or a specific plan for committing suicide

B. The symptoms do not meet criteria for a mixed episode.

C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

E. The symptoms are not better accounted for by bereavement (i.e., after the loss of a loved one) and have persisted for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.

\textit{Note.} \textsuperscript{a}Mood-incongruent delusions, hallucinations, and symptoms that are clearly due to a general medical condition should not count toward a diagnosis of major depressive disorder. \textsuperscript{b}In children and adolescents, mood can also be irritable. \textsuperscript{c}In children, can also include failure to make expected weight gains. \textsuperscript{d}Symptoms extend beyond mere self-reproach or guilt about being sick. From \textit{Diagnostic and statistical manual of mental disorders: DSM-IV-TR (4th ed.)} (p. 356), by American Psychiatric Association, 2000, Washington, DC: American Psychiatric Association. Copyright 2000 American Psychiatric Association.
Table A3

DSM-IV-TR Diagnostic Criteria for a Hypomanic Episode

A. A distinct period of persistently elevated, expansive, or irritable mood, lasting at least 4 days, that is clearly different from the usual nondepressed mood.

B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:
   1) Inflated self-esteem or grandiosity
   2) Decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
   3) More talkative than usual or pressure to keep talking
   4) Flight of ideas or subjective experience that thoughts are racing
   5) Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)
   6) Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation
   7) Excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)

C. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the person when not symptomatic.

D. The disturbance in mood and the change in functioning are observable by others.

E. The episode
   1) is not severe enough to cause marked impairment in social or occupational functioning,
   2) does not necessitate hospitalization, and
   3) does not have psychotic features.

F. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g., hyperthyroidism).

Table A4

DSM-IV-TR Diagnostic Criteria for a Mixed Episode

A. The criteria are met both for a manic episode and for a major depressive episode (except for duration) nearly every day during at least a 1-week period.

B. The mood disturbance
   1) is sufficiently severe to cause marked impairment in occupational functioning, usual social activities, or relationships with others,
   2) necessitates hospitalization to prevent harm to self or others, or
   3) has psychotic features.

C. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g., hyperthyroidism).

APPENDIX B

Glossary of Transcription Symbols

(.) Micropause (pause less than 0.2 seconds).
(0.5) Pause in tenths of seconds.
CAPITALS Capitals denote louder speech.
°quieter° Degree signs bracket quieter speech.
°°whisper°° Double degree signs bracket whispered speech.
underlines Underlines denote emphatic delivery.
dash Dash – marks cut-off speech.
Full stop. A period marks final, falling intonation.
Comma, A comma marks slight fall-rise intonation.
Question? Question mark denotes ‘questioning’ intonation.
The [bracket Brackets mark speech overlaps between interlocutors.
[marks
(guess) Text in single brackets is transcriber ‘guess’.
( ) Single bracket with no text for unhearable word.
{{comment}} Text in double brackets is transcriber comment.
Exclamation! Exclamation marks denote dramatic emphasis.
↑up arrow Upwards arrow marks rising pitch.
↓down arrow Downwards arrow marks falling pitch.
Latched= Latches link speech across lines of transcript, and within single lines.
=speech
>faster< Carets pointing ‘inwards’ mark faster delivery.
<slower> Carets pointing ‘outwards’ mark slower delivery.
.pt  Lip smack sound.
.tch  ‘tch tch’ type sound.
.h   Inbreath (each h denotes duration in tenths of seconds).
    Outbreath (each h denotes duration in tenths of seconds).
.shih Various ‘crying’ aspirations.
colon:::  Colons denote run-on of preceding sound (in tenths of seconds).
Aster***  Asterisks denote ‘croaky’ delivery of preceding sound (also used in same manner as colons for extension).
Tilde~  Tilde used to denote ‘wavering’ delivery.
??:  In left margin for speech/sound unattributed to specific speaker.
HAH heh HOH  Various forms of laughter.
he he aHAHA
tha(h)t’s  Bracketed h’s denote laughter particles in words.
fu(h)nn(h)y
“quotation”  Quotation denotes reported speech which is markedly different from speakers usual prosodic speech.
REFERENCES


Structures of social action: Studies in conversation analysis (pp. 102-128).
Cambridge: Cambridge University Press.


practice consultation. In P. Drew & J. C. Heritage (Eds.), *Talk at work:*
University Press.

Bloomington: Indiana University Press.

Hepburn, A. (1999). Deconstruction and its ab/uses in critical and discursive

J. Gubrium & G. Gobo (Eds.), *Qualitative research practice* (pp. 180-196).


J. M. Atkinson & J. Heritage (Eds.), *Structures of social action: Studies in
conversation analysis* (pp. 299-345). Cambridge: Cambridge University Press.


agreement/disagreement. In C. Ford, B. A. Fox & S. A. Thompson (Eds.), *The
language of turn and sequence* (pp. 196-224). New York: Oxford University
Press.

between primary care physicians and patients*. Cambridge: Cambridge
University Press.


Leo, J., & Joseph, J. (2002). Schizophrenia: Medical students are taught it’s all in the genes, but are they hearing the whole story? *Ethical Human Sciences and Services, 4*(1), 17-30.


Pomerantz, A. (1980). Telling my side: “limited access” as a “fishing device”.

*Sociological Inquiry, 50*, 186-198.


*Human Studies, 12*(3-4), 185-209.


*American Journal of Sociology, 102*(1), 161-216.


