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Client Attitudinal Stance and Therapist-Client Affiliation: A View from Grammar and Social Interaction

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Abstract. Although it is widely acknowledged in psychotherapy research that the development and maintenance of positive relational bonds are central to the therapeutic process, the ways that therapists and clients become affiliated through discourse and interaction has not received very much attention. Taking up this concern from a conversation analytic perspective, this paper explores how therapists and clients negotiate affiliation around clients' affective and evaluative talk or attitudinal stance. In order to illustrate the application of our method, we have chosen to analyze audio- and video-recordings of two clinically relevant interactional contexts in which client stance constructions frequently occur: (1) client narratives; (2) client disagreements with therapists. We show that therapist responses to client attitudinal stances play an important role not only in securing affiliation and positive relational bonds with clients, but also in moving the interaction in a therapeutically relevant direction.

Keywords: affiliation, attitudinal stance, conversation analysis, therapeutic collaboration

In psychotherapeutic settings, much of client talk has an affectual or evaluative component: Clients express their emotions concerning certain personal events and they make judgements about own and others' behaviour. These personal life episodes thus become permeated with evaluative meaning, which in linguistic terms is called a *stance* (Biber & Finegan, 1989). In conversation, a stance may be realized in various parts of the grammar (e.g., adjective, adverb, verb), but it may be realized non-verbally as well through gestures and facial expressions. Communicating one's stance through evaluative or affectual displays can have therapeutic significance. In fact, many psychotherapy researchers have already been exploring client emotional expressions or themes from a variety of theoretical perspectives (e.g., Greenberg & Paivio, 1997; Lepper & Mergenthaler, 2007). The expression of specific emotions, at certain points during therapy and in certain discursive contexts, may be indicative that a positive change process is underway (Greenberg & Angus, 2004). But a client's stance display may have additional relevance. Social interactional research has shown that stance displays create potential points of affiliation with others (Stivers, 2008). For example, when clients convey sadness in relation to a personal event, this creates an opportunity for the therapist to affiliate with the client's affectual stance (i.e., sadness) and, thus, to create or intensify the relational bond between them. Although the quality of affiliation may vary for different contexts, many therapy approaches advocate therapist responses that convey understanding and acceptance or *empathy* (Rogers, 1951, 1957).

The general perspective we adopt on stance and therapist-client affiliation for this paper is *social interactional*. Special focus is placed on *language use* and how language and other semiotic resources construct and negotiate social realities (Atkinson & Heritage, 1984; Garfinkel, 1967; Goffman, 1967; Halliday, 1978; Sacks, 1992). As Schegloff (2006) has recently argued, interaction is a primordial site of sociality: The ordered ways in which speakers take turns and organize their social actions into sequences do not just reflect a structured method in achieving a common ground for understanding. Above and beyond that, ordered practices of interacting construct

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Table 1. Typical stance markers for style expressing personal affect

Stance marker category	Examples of grammatical markers	Example from data
Explicit affect markers (positive/negative)	Adjectives: *pleased, disturbed* Verbs: *adore, regret* Adverbs: *gladly, unfortunately*	"After the last session I was re:ally like **frustrated**"
Emphatics	*So, very, definitely*	"It's **really** horrifying."
Certainty verbs	*Concur, contends*	"But I **know** where this all dose s(h)ings come from."
Doubt verbs	*Seems, appears*	"I **think** it's okay to be lo:ud or quiet,"
Hedges	*Maybe, kind of*	"An this h's always **sort've** bothered me too."
Possibility modals	*Might, could, may*	"Certain situations **might** make me: angry?"

social relationships, identity and culture from "the ground up," through our deployment of linguistic and other communicative resources.

Seen from a linguistic vantage point, language is used, albeit not exclusively, in the service of negotiating and securing interpersonal relations (Enfield, 2006; Halliday, 1978, 1994). Our use of lexis and grammar or *lexico-grammar*, for instance, plays a decisive role in conveying our attitudes. It is through specific lexico-grammatical selections that we make affectual displays of sadness, happiness, surprise and so on, or pronounce judgements that sanction our own or others' behaviour (Martin, 2000). Attitudinal displays, whether they are affectual, judgemental or evaluative, are deeply interpersonal not only because they often implicate others, but because they make a response from others relevant.

For this paper, we use the methods of conversation analysis (CA; Schegloff, 2007; Stivers, 2008) to examine how clients display an attitudinal stance and to explore how therapists and clients achieve affiliation around a given stance. This paper, therefore, serves as an illustration of how CA may be applied to shed further understanding on how therapeutically relevant interactional sequences are managed by clients and therapists. To begin, we provide an overview of *stance* and *affiliation* and show how these constructs may be identified in conversation. In this section, we discuss how stance can be realized through a range of interactional resources, including prosody, lexico-grammar and "larger" discursive units. Further, in order to make more fine-grained, lexico-grammatical distinctions between different attitudinal stance types, we draw from the work of corpus linguistics (Biber & Finegan, 1989) and systemic functional linguistics (Martin, 2000). Second, using a diverse set of data involving different psychotherapy treatments (i.e., couples therapy, client-centred therapy and process experiential therapy) we show two applications of our method to psychotherapy research: (1) client stance displays during storytelling; (2) managing disaffiliation around a client's stance. Finally, we conclude by discussing future directions and limitations of stance research in psychotherapy.

Attitudinal stance

The conceptualization of stance, as it is used in this paper, draws its origins from lexico-grammatical and semantic-focussed work in linguistics. Very influential in this regard were Biber and Finegan (1989), who defined stance as "the lexical and grammatical expression of attitudes, feelings, judgments, or commitment concerning the propositional content of a message" (p. 93). Taking grammar as a point of departure, their studies aimed to provide a comprehensive, quantitative account of how stance is expressed through grammatical markers of attitude in English. Drawing on four relevant categories (verbs, adjectives, adverbs and modals), Biber and Finegan further described clusters of typical markers for particular stance styles, identifying *Emphatic Expressions of Affect* as a cluster of markers encompassing the direct expression of personal affect and evidentiality.[1] Table 1 illustrates the different stance markers of this style mentioned in Biber and Finegan (1989), along with specific examples of their use taken from client talk during psychotherapy.

These markers illustrate the various ways in which we can build an attitudinal stance word by word through lexical and grammatical means. According to Biber, Johansson, Leech, Conrad and Finegan (1999), "attitude adverbials tell of the writer's or speaker's attitude toward the proposition typically conveying an evaluation, value judgment, or assessment of experience" (p. 856). In the excerpts given of client talk from our data, it is clear that these markers usefully indicate rather overt stances created by

[1] While "stance" for Biber and Finegan (1989) also includes the lexical and grammatical expression of evidentiality (p. 94), attitudes towards knowledge (later given the term "epistemic stance" by Biber et al. [1999] and "engagement" by Martin and White [2005]) are not focused upon in this paper, but rather the expression of personal attitude is treated exclusively as our concern in psychotherapeutic interactions. Similarly, Biber et al.'s (1999) third domain of "style stance" will also not be covered in this paper.

clients as they relay their experiences to therapists. Thus, this method provides a lexico-grammatical profile of clients' and therapists' attitudinal stance towards people and events.

Since Biber and Finegan's (1989) classic work, other linguists have been developing the notion of stance by considering how various lexico-grammatical expressions specifically relate to semantics. For example, although the expressions "I feel really sad" and "she's really selfish" both convey attitudes, the semantics of each is different. Whereas the first expression conveys affect the second conveys a judgement about someone's character. It was to account for these kinds of differences that led researchers from a systemic functional linguistic (SFL) tradition to consider the different semantic types that stance adverbials tend to express. The result was a division of stance across three semantic domains: *affect* (expressing emotion), *judgement* (evaluating a person's behaviour or character), and *appreciation*[2] (evaluating things and abstract phenomena [Martin, 2000]). Other features deemed important for stance construction were also considered such as a stance's *valence* (positive vs. negative),[3] the nature and target of the evaluation (e.g. *who* is being judged, *what* is being assessed) as well as the up/downgrading of intensity of these categories. These different semantic stance types may undergo further refinement: *Affect* may be considered in terms of un/happiness, in/security and dis/satisfaction; *Judgements* may orient to such general oppositions as praise/condemnation or admiration/criticism; and *appreciation* may concern our emotive reactions to ("wow") or assessments of ("that was an elegant and detailed story"; "what you said was very significant") things and events. Martin and White (2005) explain that when we make different choices between these categories, we can interpret the ways that "writers/speakers approve and disapprove, enthuse and abhor, applaud and criticise, and with how they position their readers/listeners to do likewise" (p. 1). The linguistic approaches indicated above provide an impressively detailed method for identifying stances through the grammar or semantics, but our interest in stance is broader; that is, we want to explore attitudinal stance that not only takes the grammatical-semantic level into account, but also (1) other interactional resources such as prosody and non-verbal expressions; (2) interactional units other than the clause; and (3) the context through which action sequences are realized.[4] An approach that takes appropriate stock of these dimensions is CA (Sacks, 1992; Schegloff, 2007; Stivers, 2008). By using the methods of CA, we will not only be able to examine attitudinal stance with regard to a wide range of interactional resources (including its grammatical design), but also with regard to how a client's stance may develop throughout sequences of talk, and how client stances are taken up by therapists and further negotiated. Stivers' (2008) study on storytelling in everyday situations provides the most current view of attitudinal stance within CA. She characterizes stance in terms of the interactional means through which events are given an affective treatment. For Stivers, lexico-grammatical resources hold a central place in how speakers construct stances. However, special focus is also given to the role of prosody (e.g., stress and intonation) and also "larger" interactional units such as story prefaces (e.g. "I have a friend who became depressed a long time ago").

In order to illustrate how our method may be used to identify client stances realized within therapy, we consider a short interaction involving the client Bonnie and her therapist.[5] The example we show has been transcribed according to CA conventions and involves some detailed prosodic information (e.g., stress placed on word or word segments, rising or following intonation, etc.; see Appendix A for explanations of the symbols and their meanings); although our examples have been simplified to make them more accessible for readers not accustomed to these transcriptions.[6]

The example in Table 2 shows how Bonnie draws from a variety of attitudinal markers that target herself and her Aunt Fern. Just prior to this example, Bonnie recounted to the therapist that her Aunt had accused her of stealing from her. Bonnie's stance markers are highlighted in bold.

For the first part of our analysis, we consider Bonnie's use of lexico-grammatical stance markers that target. Her attitudes are expressed through various kinds of negative affect and judgement, as seen from the following lists.

Expressions of affect:

I **rese:nted** it
I felt **guilty**
I think I ∩**REAlly** felt **guilty**
I **didn't like** her.
but I **really didn't like** her

[2] As stated in the introduction, in the psychotherapy context, clients often express emotions about events in their lives and judge their own and others' behaviours, but appreciation of things does not seem to take on such a strong role. However, it will be shown in the following section that appreciation (or "assessment" in CA terms) comes into play more in the therapists' response to a client display of stance.

[3] Biber and Finegan's (1989) model also makes this distinction.

[4] We would add that it is not our aim to compare different linguistic or discourse analytic approaches with regard to how they handle attitudinal stance. That would far exceed the scope of this paper. Readers wishing to learn more about some of the similarities and differences between CA and SFL should consult Muntigl (2004a, 2010) and Muntigl and Ventola (2010).

[5] This example is taken from the York I Depression Study (Greenberg & Watson, 1998). Clients from all the examples used in this paper have been given pseudonyms. All identifying information has been removed from transcripts to preserve anonymity. The therapist's approach in this example was client-centred.

[6] Transcription conventions modified from CA notation in Jefferson (2004). See Appendix A for outline.

Table 2. Lexico-grammatical stance markers in Bonnie session

01	Bonnie:	and of course I was getting this from Aunt Fern.
02		and (0.4) I think in a way I **rese:nted** it mainly becau-
03		well first of all I wasn't doing it [(h) hehhehhehhehheh hehheh]
04	Ther:	[↑right! I mean it sounds like y-you]
05		had a right to resent it [if it was]
06	Bonnie:	[.hhh] right. .hh but- an I think I w's (.) I felt
07		**guilty**. (0.4) because I felt I **should be more understanding**
08		because she was an old lady, [she was] confused(h) ya(h) know.
09	Ther:	[I see]
10	Bonnie:	but at the same time I thought .hh I'm ↑doing **my (level) best** for you.
11		you have ↑**never bothered** with me. you have ↑**never wanted anything to do**
12		with me ↑or my children,
13	Ther:	h:m.
14	Bonnie:	and (0.2) I'm trying to do it because you're an old lady, an ↑then.
15		(0.4)
16	Bonnie:	I think I ↑**REAlly** felt **guilty** (0.4) because quite frankly, I **didn't like** her.
17		(0.5)
18	Ther:	°mm hm.°
19		(0.4)
20	Bonnie:	naw- I mean that sounds **awful**.
21	Ther:	mm hm.
22	Bonnie:	but I **really didn't like** her [she was] a **very very selfish** woman.
23	Ther:	[mm hm]
24	Ther:	mm hm.

Expressions of judgement:

I felt I **should be more understanding**
you have ↑**never bothered with me.**
you have ↑**never wanted anything to do with me ↑or my children,**
that sounds **awful.**
she was a **very very selfish** woman

With regard to affect, Bonnie feels resentment, guilt and dislike. Her judgements involve criticisms of herself and her Aunt Fern. For instance, whereas Bonnie "should be more understanding," Aunt Fern never showed interest in Bonnie or her children and is very selfish.

In addition to identifying all the single expressions of attitude, we also want to get a better handle on how these attitudes cohere with one another, how they are built up throughout Bonnie's turn and what kinds of discursive work they are enacting in the process. To perform this kind of analysis, we also need to take slightly larger textual units of Bonnie's utterances into account. The following textual units show some interesting ways in which affect and judgement interrelate:

I think I w's I felt **guilty**. because I felt I should be **more understanding**
I think I ↑**REAlly** felt **guilty** because quite frankly, I **didn't like** her

To begin, Bonnie feels guilt (*affect*) because she should have been more understanding (*judgement*). Thus, her guilt is constructed as deriving from not having shown more compassion to Aunt Fern. Her guilt is then further intensified due to various attributes of her aunt such as being "old" and "confused," while simultaneously evoking the negative judgement or criticism that her Aunt is less capable and is not in possession of all her faculties. Then, as Bonnie develops her utterance we note a shift in stance. She begins to justify her resentment towards her aunt and, at the same time, shifts the focus of her guilty feelings towards her great dislike of her aunt, rather than her own lack of compassion. Bonnie accomplishes this by contrasting positive judgements of self ("I'm ↑doing my (level) best for you") with negative judgements towards her aunt ("you have ↑never bothered with me. You have ↑never wanted anething to do with me ↑or my children"). After having begun on a trajectory in which Bonnie begins to highlight her aunt's negative attributes, she continues by altering the object of her guilt: "Because quite frankly, I didn't like her." She then continues by justifying her dislike of her aunt by stating that "she was a very very selfish woman," using emphatic and prosodic markers to upgrade the force of her attitude, and lending even more to her justification.

Thus, by considering these different forms of attitudinal stance displays and how these displays cohere and interact within an utterance, we are able to show how speakers justify their stance and how stance develops over time. In this example, Bonnie began by justifying her own guilt with a negative judgement of self. But, as

Table 3. Inclusion of non-verbal information in Bonnie example

01	Bonnie:	and of course I was getting this from Aunt Fern.	
02		and (0.4) I <u>thi</u>nk in a way I **rese:nted** it <u>mai</u>nly becau-	
03		well first of all I wasn't <u>do</u>ing it	[(h) hehhehhehhehheh hehheh]
04	Ther:		[↑right! I mean it sounds like y-you]
			B: fast multiple nods----------->
			T: fast double nod, smiles at B
05		had a <u>ri</u>ght to resent it	[if it was]
06	Bonnie:		[.hhh] right. .hh but- an I think I w's (.) I <u>fe</u>lt
			B: fast nod
			T: shallow double nod. T: shallow double nod

she continued with her turn, she gradually revealed her dislike for her aunt and, as a result, changed the object of her guilt and her portrayal of her aunt: from "old" and "confused" to "uncaring" and "selfish."

We have also only considered Bonnie's displays of attitudinal stance and not the therapist's. However, in order to determine how the client's stance is being taken up by the therapist and negotiated, the therapist's interactive contributions need to enter into our analysis. We address the issue of stance and its interactive management in the next section.

Affiliation around stance

In her work on storytelling, Stivers (2008) argues that a teller's stance provides the recipient of the telling with insight into the teller's specific attitude about a given event. Returning to the Bonnie example, we have shown how Bonnie built up a complex interplay of affect and judgement concerning how she felt about her Aunt's apparent indifference towards Bonnie and her family as opposed to Bonnie's guilt because she feels dislike for her aunt. According to Stivers, these stance displays serve as potential points of *affiliation* for the recipient to respond by supporting or endorsing the teller's perspective or stance. By incorporating Stiver's view of affiliation into our stance analysis, stance work may be considered within a context of unfolding talk between speakers and, more specifically, as the interplay between a teller's display of stance and a recipient's response in terms of endorsing, modifying or even rejecting teller's stance.

Affiliation may be conveyed in a variety of ways, verbally and non-verbally. For example, an agreement may be expressed through the word "yes," but also through a nod. In fact, non-verbal expressions such as nodding and smiling have been found to be very important for securing affiliation. Research in CA has shown that simultaneous or sequentially produced nods can reinforce affectual bonds between speakers in everyday (Kita & Ide, 2007; Stivers, 2008) and psychotherapy contexts (Muntigl, Knight, & Watkins, 2012).

In order to illustrate how stance negotiation and affiliation during therapy may be accomplished verbally and non-verbally, let us revisit the first six turns of our previous example with Bonnie, as shown in Table 3. Non-verbal information is added within the lines of the transcript here (in italics below the concurrent verbal text) to illustrate how these resources play an important role in affiliating with Bonnie's expressed attitudes.

As can be recalled, Bonnie begins her turn by communicating her resentment towards her aunt for having accused her of stealing and then justifies her resentment by denying any wrongdoing, thus implicating that she has been wrongly accused ("well first of all I wasn't <u>do</u>ing it"). The therapist's response is strongly affiliative: First, she expresses agreement ("↑right!"); second, she echoes Bonnie's innocence by underscoring Bonnie's right to feel her emotion; and third, her agreement occurs immediately and in partial overlap with Bonnie's turn. The contiguous production of a next turn has been argued to express strong affinity with the prior turn (Pomerantz, 1984).

The non-verbal level, however, also plays a very important role in securing affiliation between the speakers. Notice that Bonnie and the therapist nod simultaneously and the therapist also smiles (line 04), presumably in response to Bonnie's laughter. Further affiliation is realized when Bonnie confirms the therapist's move by uttering "right" and when the two speakers again nod in unison. It may then be that, as a result of the strong mutual affiliative displays between the speakers, Bonnie was then offered a 'secure' context through which to keep developing her stance concerning her relationship with her aunt.

Thus, by considering the therapist's responding utterance, we can see how the client's stance is affiliated with both verbally and non-verbally. Martin (2000) contends that "all appraisal involves the negotiation of solidarity-you can hardly say how you feel without inviting empathy" (p. 170), and here the therapist provides an empathic response that demonstrates her understanding of, and agreement with, Bonnie's feeling as a point of bonding and solidarity between them; that is, the response confirms Bonnie's "right" to have a feeling of resentment and reiterates Bonnie's explicit affectual verb "resent" to open up this stance as an interpersonal negotiation of their solidarity together. As shown in the example with Bonnie, stance

Table 4. Story involving negative stance by Wendy

01	Wendy:	well I think that uh (2.0) Fred just gives up now hh heh .hh
02		I think that secretly he still wants to win the argument
03		he wants to prolo::ng
04		Fred is a: uh
05		he likes to lecture? (1.2) on any: any subject
06		that he feels even mildly uh uh y'know animated abou::t
07		he likes to lecture
08		and and go on and on and on and on about it
09		and I- there wuz one this morning or yesterday or something
10		that .hh that I thought well its deci:ded
11		but Fred still had to:: really make sure
12		that I knew what wuz going on uh
13		that that uh he had he had pressed his point
14		[he has] done that all uh all my my years with him
15	Ther:	[what I'm]
16	Ther:	.hh what I'm starting tuh see here is a pattern uh um
17		as a couples therapist um I'm always looking for patterns?
18		that people get into that they get stuck in .hh
19		and I'm I need your agreement
20		as tuh whether or not what we're seeing here is this particular pattern
21		umm which is leading tuh the kinda communication
22		that (both) you're talking about

is not a matter of the speaker conveying a fixed attitude, but instead is composed of a host of attitudinal meanings that develop and shift over time. For example, Bonnie was shown to often account for her feelings and judgements. By providing more discursive detail to her attitudes, Bonnie places her hearer, the therapist, in a better position to share or empathize with her strong stances. Thus, when the client talks through her experiences in this way, it is part of a process of negotiation, a 'back and forth' interaction that involves the therapist's responses as key elements in the expansion of talk. Furthermore, these responses do not necessarily add to the attitudinal content of the talk—they may be minimal or even non-verbal in nature and thus work primarily as affiliative devices; non-verbal displays have also been shown to be especially significant in the psychotherapy context (Bänninger-Huber, 1992, 1996; Muntigl, et al., 2012), particularly with respect to achieving strong affectual bonds between therapist and client.

Applications to psychotherapy

Thus far, we have shown the importance of examining stance work interactively within a sequence of turns and how non-verbal resources are important for accomplishing mutual affiliation between a therapist and client around a client's attitudinal stance. In this next section, we provide some examples of how the CA method for analyzing stance and affiliation may be applied in different psychotherapy contexts. It should be emphasized that our approach is not limited to certain kinds of therapy (e.g., client-centred, cognitive-behavioural, experiential, etc.). Clients in all types of therapy formulate stances and therapists will respond to these stance displays in some manner, whether they affiliate with the stance or not. What we are interested in is *how* this is accomplished and the kinds of consequences stance management has for the ensuing therapeutic conversation.

In order to showcase our CA method for examining stance, we will examine therapeutic interactions taken from diverse forms of therapy; the first from couples therapy and the second from one-on-one therapy with a depressed client. We have chosen these examples in order to demonstrate how stance management is important in different clinically relevant contexts involving (1) client narratives and (2) client disaffiliation with therapist interventions. Our aim is to show that, by analyzing a range of therapy contexts, CA can show how therapy-relevant constructs such as "relational bonds" and "therapist-client collaboration" are realized at the level of talk, through the moment-by-moment interactional processes between clients and therapists.

Client narratives: Attitudinal stance and affiliation

There has been an interest in client narrative production among therapy researchers for some time now (see Angus & McLeod, 2004). It has been argued, for instance, that narratives are important discursive resources for identity construction and for forming and negotiating interpersonal connections (Angus & McLeod, 2004; Bruner, 1986; Labov, 1972; Labov, & Fanshel, 1977; Labov & Waletzky, 1967; McLeod,

1997; Muntigl, 2004a, 2004b; Muntigl & Horvath, 2005). There is also growing interest in the actual 'content' of the narrative, to what degree of detail or specificity clients tell their stories. Angus, Lewin, Bouffard and Rotondi-Trevisan (2004) have suggested that, for process experiential therapy, "clients' disclosure of personal stories, and the subsequent elaboration of the dual landscapes of narrative action and consciousness, are fundamental to the facilitation of significant client shifts and personal change" (p. 99). The details (or lack thereof) of how a client stories personal experience is also therapeutically relevant for the following reasons: The degree of detail may show how clients construct elaborated attitudinal stances to underscore the significance of the narrative (Labov & Waletzky, 1967), and also how they interweave emotional expressions or "themes" to give prize to their anger, grief, happiness and so on (Greenberg & Angus, 2004). But specificity of degree of elaboration is not the only relevant issue pertaining to client narratives. It is important to also consider the kinds of discursive work the client's stances are doing (e.g., complaining about others, conveying new emotions in specific life contexts, etc.) and how the client's stance may provide a certain relevant next response from the therapist (e.g., empathy).

In this section, we show how attitudinal stances are conveyed in client stories and how changes in stance can be detected by using our CA method. Story examples are taken from previously published work involving couples therapy and particular focus is given to the client Wendy (Muntigl, 2004a, 2004b).

We provide two examples: one from the beginning of therapy in which Wendy tends to produce stories that over-generalize or *script formulate* (Edwards, 1995) personal experience and criticize her husband's lecturing; the second is from the end of therapy in which Wendy stories a unique episode of experience in which she is able to overcome feelings of depression and confusion.[7] We not only show how Wendy constructs stories to realize different attitudinal stances, but also how these stance displays implicate different kinds of uptake from the therapist.[8]

Early therapy: Scripting experience. In the early stages of therapy, the couple Wendy and Fred were found to script their experience through stories that mainly involved overt negative judgements, especially criticisms, of self or spouse. In the example in Table 4, Wendy produces an extended turn at talk in which she elaborates on Fred's excessive lecturing.

During her turn, Wendy conveys an attitudinal stance in which she criticizes her husband Fred. Her stance is mainly realized as a series of extreme judgements that cast Fred as an incessant lecturer. Wendy uses various linguistic resources to upgrade the magnitude, duration and scope of his lecturing such as lexical repetition (*any: any* subject; and *go on and on and on and on*), adverbs (*even mildly*, *really* make sure), verbs (*pressed* his point), and plural deictic-terms (*all* my my years). Wendy's judgemental stance is further developed through a short story in lines 9-14 that serves as an example of Fred's lecturing. Through this story, Wendy portrays Fred's lecturing as extremely harsh and as intentionally so. By lecturing, even though Wendy considered the discussion finished ("well its deci:ded") and by going above and beyond what would be considered necessary (*really* make sure; *pressed* his point), Fred is depicted as merciless and unrelenting, as someone who enjoys subjecting others to his lecturing and who has always done so ("he has done that *all uh all my my years with him*").

Wendy's stance displays that characterize Fred's lecturing as extreme and repetitive, within the context of a story or narrative, have the function of generalizing her experience of her husband's actions. Modes of talk that generalize people's behaviours in extreme ways have been described by CA researchers as script formulations (Edwards, 1995) and by psychologists and psychotherapy researchers as overgeneral autobiographical narratives or memories (Boritz, Angus, Monette, & Hollis-Walker, 2008; Singer & Moffitt, 1992). Wendy's stance thus works to construct a 'life script' pertaining to Fred: He has a tendency to behave in a certain way (i.e., lecture) and this behaviour is judged as strongly negative.

It is important to point out that no relation is being drawn here between Wendy's tendency to script formulate her experiences in the early stages of couples therapy and depression (see Boritz et al., 2008); that is, no implication should be drawn that these narrative types will signal that the client is depressed. In fact, because we have observed these scripts to commonly occur in many other cases involving different couples, we would argue instead that these scripts are a general feature of the beginning of couples therapy in which spouses position themselves vis-à-vis each other, often to criticize or complain about other's behaviour.

Turning now to the therapist's response, we note that the therapist does not affiliate with Wendy's criticisms of Fred. For instance, he does not respond with confirmation (e.g., "yes, he does") or with a move that summarizes or reworks Wendy's stance (e.g., "so how does his lecturing make you feel?"). Instead, the therapist's response to Wendy's stance displays is strongly interpretive (Peräkylä, 2005; Stiles, 1992), involving the therapist's rather than the client's perspective. This is shown from expressions that highlight the therapist's point of view ("what *I*'m starting tuh see;" "*I*'m always looking for patterns"). This move from the therapist performs a variety of actions. First, by not displaying affiliation with Wendy's stance, talk that negatively judges Fred is brought

[7] Examples were taken from a corpus of couples therapy data collected by Adam O. Horvath (see Muntigl & Horvath, 2005).

[8] White and Epston's (1990) *narrative therapy* was used as the treatment modality.

Table 5. Wendy display of positive stance in storytelling

01	Ther:	so wuz that an example of you being assertive against the
02		[problem.] is that
03	Wendy:	[ye:s]
04	Ther:	how ya did it. you you became assertive again.
05	Wendy:	I I vuh verbally (1.0) d uh u::m:: god (1.0)
06		I spoke it. [out ward. stop it.]
07	Ther:	[uh huh. uh huh.]
08	Wendy:	[jus] sto::p it.
09	Ther:	[uh huh]
10	Ther:	mhm.
11	Wendy:	a::n I sto::pped (.) feeling (.) depressed. (.)
12		an I stopped feeling (1.0) uh confused. (0.8)
13		an I got I ma- did something work in the kitchen
14		or I:: did something
15		went outside for a little while
16		an .hh and uh felt good about that.
17		I felt good enough about it .hh
18		tuh tell Fred about it a couple've times.
19		thet thet I had done that.
20	Ther:	okay uh I like tuh stop people
21		when they say things that are stand out as
22		signifi [cant].
23	Wendy:	[y(h)eah]
24	Ther:	so you said I:: stopped (.) feeling (.)
25		d'you hear what you're saying.
26	Ther:	I stopped feeling depressed.=
27	Wendy:	=yeah.
28	Ther:	I simply said STOP IT.
29	Wendy:	yeah.
30		(1.0)
31	Ther:	you really became assertive against the problem.=
32	Wendy:	=mm hm=
33	Ther:	=an you stopped feeling de[pressed.]
34	Wendy:	[yeah]
35		(1.5)
36	Wendy:	I did.

to a halt. Using CA terms, the *progressivity* of this line of stance construction is disrupted (see Stivers & Robinson, 2006). Second, by not directly affiliating with Wendy's activity of criticizing Fred, he is able to shift the direction of talk by focussing on his own therapeutic agenda of identifying communicative patterns and relationship problems (for a more detailed discussion of this process see Muntigl, 2004a). In sum, the therapist was able to recast the client's stance involving negative judgements into talk that was more relevant to the aims of narrative therapy: identifying problems and (not shown in the example above), later on, exploring the effects of the problem on the clients' lives.

Later sessions: Stories of agency and positive affect. In the final sessions of therapy, Wendy began to produce stories that focused on single, positive change events. Wendy's construction of attitudinal stance in these stories is vastly different from her scripts; that is, she would display positive affect and agency in relation to specific events. Also, the therapist's response to these stories tended to be strongly affiliative and would attempt to maintain progressivity of talk regarding the client's positively expressed attitudes (see Table 5).

Towards the beginning of this example, the therapist prompts Wendy into explaining how she became assertive against *the problem* (i.e., feeling badly or feeling that she is letting Fred down when she feels she is not meeting his expectations). As a response, Wendy produced a narrative explaining how she was able to overcome her feelings of confusion and depression. Her stance construction is interwoven with specific actions and events in which she takes on an agentive role. To begin, she verbalizes commands ("jus sto::p it"), ordering an end to her depressed feelings. The manner in which she does so also suggests a state of heightened affect: vowel lengthening, repeated stress on whole lexical items, emphatic terms ("god"). Subsequent to that, she describes a certain action trajectory in which she works to overcome negative affect and, as a result, to begin to feel good about it.

There is another important aspect to the way in which Wendy constructs her attitudinal stance: She contrasts the absence of negative affect with the onset of positive affect (i.e., feeling good):

Absence of negative affect

a::n I sto::pped feeling depressed.
an I stopped feeling uh confused.

Onset of positive affect

I felt good enough about it .hh tuh tell Fred about it a couple've times.

By emphasizing that she "stopped" having certain emotions, Wendy presents these "facts" as highly newsworthy and significant. The newsworthiness of not being depressed or confused is further strengthened when she announces that she relayed this information to her husband not just once, but "a couple've times".

The therapist's response to Wendy's story is vastly different from his response in Table 4. Rather than interpret Wendy's narrative, he displays strong affiliation with what Wendy had said in a number of ways: First, he positively assesses Wendy's talk as "significant;" second, through his assessment he reinforces Wendy's prior claim that stopping to feel depression and confusion is newsworthy; third, he mirrors back Wendy's utterances by repeating not only her lexical and grammatical choices, but also her intonation. Thus, by preserving the linguistic construction of her utterances, the therapist makes a strong empathic connection with Wendy's positive affect displays and, in doing so, marks their significance as actions in their own right and as actions that signal that a change process may be occurring.

The therapist's displays of affiliation were important practices for maintaining progressivity on the topic of Wendy's newly felt emotions. In fact, subsequent talk became devoted to further exploring Wendy's agency and affect in other contexts of her life (see Muntigl, 2004a for a detailed discussion of these activities). The therapist's affiliative response, therefore, was important in setting the stage for future relevant therapist work. What we want to stress in these examples, however, is that stance takings and responses to stance are interactive achievements. Thus, what is important is not just whether the client has produced a detailed story about her personal experiences or whether the therapist has affiliated, but how these two actions unfold together and the possibilities they make available for taking further action. The client initiated the sequence by sharing a story with the therapist about her ability to stop having certain negative emotions and her ability to feel good about that. The therapist, in turn, affiliated with and thus continued to share and develop Wendy's positive affect. It is this kind of interactive process of negotiating affect that our method allows us to describe in a detailed way.

Client disaffiliation: Achieving re-affiliation with a contrasting stance

Constructing and managing stance expressions in psychotherapy can be a delicate and risky task for therapists. For example, when therapists seek to affiliate with a client's stance by reflecting back or interpreting various affectual meanings of a client's utterance, clients may choose to disaffiliate with these attempts. This is because clients may find the therapist's response to be an inaccurate representation of their felt experience; thus, in order to re-affiliate, therapists must then work to restore their standpoint of empathy and re-connect around the client's perspective or stance.

We have found that, for person-centred therapists, when clients rejected the therapist's construction of their stance, therapists would retreat from their prior position so that affiliation—and the therapeutic track—would not be placed further at risk (Muntigl, et al., 2012; Muntigl, Knight, Watkins, Horvath, & Angus, 2012). Therapists often worked instead to re-affiliate with the client's stance—and 'let go' of their own prior position—through a range of verbal and particularly non-verbal practices. For instance, therapists sometimes named the client's newly expressed feelings in order to display empathy and to affiliate together with those feelings instead.

They also would respond minimally to the client's talk so as to not impede upon their stance construction, often displaying affiliation only non-verbally such as through nodding. In fact, therapists were found to use nodding at key moments in the client's stance construction (such as after the expression of an attitudinal stance marker) to direct their affiliative display towards this content without interrupting the client's process of telling. Affiliating with a teller's explicit stance displays through nods has also been observed by Stivers (2008) for everyday storytelling contexts. Thus, nodding is usefully employed by therapists in our psychotherapy contexts to display token understanding of the client's divergent stance in response to disaffiliation.

Consider example in the Table 6, which shows a short sequence of process experiential therapy with the client Paula (non-verbal information is once again represented in italics below lines of speech).[9] Here, the therapist's attempted recasting of Paula's stance is rejected, resulting in disaffiliation. The transcript illustrates how the therapist secures re-affiliation with Paula by producing nods in direct response to Paula's stance displays and, later, by reflecting back Paula's divergent position.

Paula begins by providing an affectual stance that highlights her dissatisfaction with her current boy-

[9] This example was also taken from the York I Depression Study (Greenberg & Watson, 1998), but involving a different client.

Table 6. Nodding in response to Paula's stance display

01	Paula:	and it's just **really hard**, (0.8) to say oka:y (1.3) this person,
		T: slow double nod-------->
02		(2.0) doesn't make me feel **good**, (3.4) a:n- (.) like jus- (.) just
		T: slow shallow double nod
03		to ↻leave it like just to sa::y, like f::- (.)↶f:orget it. like just drop it an- and
		T: shallow nod
04		move o:n. like it **doesn't work**.
05		(2.5)
06	Ther:	and is there (.) a feeling of somehow, (0.9) I **fa:iled** if tha- I do that or I-
07		(1.1)
08	Paula:	.hhh::: hhh:::
09		(8.8)
10	Paula:	I- euh no:. like- (.) w- what ↶I'm wondering about like wis this- (0.8)
11		particular man. like why: (.) am I **so: hung up** (0.3) on him. like why do
		T: shallow multiple nods. *T: slow double nod→*
12		I have to **try**:, (1.2) ↶**so hard**, (0.5) and at the same time like it's almost
		T: nod---------> *T: shallow nod*
13		like he **doesn't ca:re**. (1.5) and why do, (0.4) why do I keep, (3.9) ↶running.
		T: deep nod. T: slow nod. *T: slow nod*
14		[(1.6)]
		[*T: multiple nods→*]
15	Paula:	uh(hh) (.) and why does he say certain things, (0.3) which kind of make me
		T: nods --->
16		↶thi:nk (.) that he **cares**, but then (0.8) in his behaviour he doesn't really- (.)
		P: double nod
17		**live up to it**. uh(hh)
		P: smiles
		T: nod
18	Ther:	so you feel **very confused** by his behaviour
19		(1.0)
20	Paula:	oh ↶yeah. (h)he he he!
		P: rolls eyes to side
		T: shallow nod

friend and the relationship. This stance is realized with the help of adverbials that are framed by negative particles (i.e., "not"), as shown in the following clauses:

> this person, **doesn't** make me feel **good**
> like it **doesn't work**.

Furthermore, the client also conveys a sense of hopelessness and frustration about the relationship. This stance is not conveyed by explicit lexical expressions of "hopelessness" or "frustration" terms or their synonyms, but rather through activity-type terms that directly express a *reaction* to end the relationship:

> to ↻leave it like
> just to sa::y, like f::- ↶f:orget it.
> like just drop it
> an- and move o:n

It should be noted, however, that the client's stance of dissatisfaction, hopelessness and frustration is framed by her initial upgraded assessment of "it's just really hard to say [...]". Her stance is also consistently upgraded through various prosodic features (i.e., word stress, rise/falling intonation, syllable lengthening). In sum, Paula's message to the therapist is that the major inadequacies concerning her relationship get compounded through her expressed difficulty in taking concrete action on these relationship issues.

The therapist's response, in turn, *formulates* an upshot of the client's prior talk (see Antaki, 2008 on therapist formulations). She thus picks up on and engages with her client's affectual stance further, to drive the conversation forward on these terms. What the therapist does is draw attention to a possible reason that could explain the client's difficulty in taking action: "is there (.) a feeling of somehow, (0.9) I **fa:iled** if tha- I do that." By turning the focus on the client's potential feelings of failure, the therapist also subtly shifts the focus of stance talk towards an implicit judgement. Thus, talk moves from expressions of negative affect towards the boyfriend and relationship to a hypothetical context in which the client might blame herself if the relationship failed.

That the stance proposed by the therapist is a crucial point to their affiliation is made clear by the client's response: She disaffiliates with the therapist's position and instead expands with more attitudinal

talk to clarify her stance viewpoint. Her disaffiliation is realized through a deep in- and out-breath (".hhh::: hhh:::"), followed by a long pause and ending with an explicit disagreement ("no:."). After this, Paula continues by constructing a stance in which criticisms of self (i.e., her excessive feelings for the boyfriend and her effort in keeping the relationship going) are contrasted with a criticism of the boyfriend's lack of interest:

Negative judgements/criticisms of self

I **so: hung up** on him
I have to **try**:, ↶**so hard**
I keep, ↶running

Negative judgements/criticisms of boyfriend

he **doesn't ca:re**

Paula's stance is further strengthened through her repeated use of "why" prefacing her self-criticisms (e.g., "why: (.) am I **so: hung up** (0.3) on him"). The implied response for each of these constructions is that there is no convincing reason for her to do this; there is no payoff because the boyfriend does not return her feelings in kind. Contrast is expressed further at the end of her turn when she asserts that although the boyfriend tells her things to make her think that he cares, his words do not live up to his actions ("but then (0.8) in his behaviour he doesn't really- **live up to it**."). Through her turn, Paula avoids making any links to the therapist's previous allusions to "failure" or self-blame, and instead proceeds to focus more explicitly on the contrasting attitudes between her positive feelings and resolve and her boyfriend's lack of interest.

During this time in which Paula rejects the therapist's suggestions that failure might motivate her lack of action, the therapist does not remain inert, but instead displays affiliation non-verbally through nodding. These nods also occur at specific places in Paula's turn; at the end of a clause that contains an explicit stance. Note the direct sequential alignment of these nods with Paula's stance expressions highlightened in the segment shown in Table 7.

The therapist's nods seem to be strategically placed within Paula's turn, with each nod following the completion of a stance expression that indicates her direct support of what Paula is expressing. The therapist's nods thus affiliate directly with the content of Paula's new, divergent stance and foster the expansion of this stance until she reaches the point where she can offer another verbal response to secure their re-affiliation. Instead of reiterating the feeling of "failure," as in the therapist's initial proposition, she encourages the expansion of this new stance and offers a stance for Paula once again to confirm. This time the therapist provides a formulation that forms a closer tie to Paula's expressed stance: "so you feel **very confused** by his behaviour." She subtly transforms Paula's contrasting assessments of herself and her boyfriend into a stance that is realized by the affect term "confused." On the positive side, the therapist is able to effect successful re-affiliation with her client, as evidenced by Paula's response of confirmation. On the negative side, however, the therapist was not able to get Paula to consider some of the implications (i.e., feelings of failure) evoked through her stance displays. Thus, this interaction may be interpreted as a mixed success: Although mutual affiliation between therapist and client was achieved, the therapist's goal of developing the client's stance in a more therapeutically relevant direction was not.[10]

Contexts of disaffiliation between therapist and client are particularly telling of how important stances are to the psychotherapeutic interaction; that is, we can see that when the therapist puts affiliation at risk by delivering a version of the client's own attitude towards an event, and the client deems the formulation inaccurate, both therapist and client work to rectify their shared understanding of the client's stance meanings expressed.[11] Thus, by paying close attention to overt and more implicit expressions of stance, the rather intricate interactional work that therapists do may be revealed; that is, therapists are shown to utilize a range of verbal and non-verbal resources at their disposal to achieve re-affiliation when affiliation is at risk of breaking down, and thereby avoid rupturing the track of therapeutic progressivity with clients. The progression of turns between client and therapist when disagreements occur exhibits how a stance can go from being a resource through which affiliation may be secured and a positive therapeutic relationship may be developed to a potential point of contention between them, requiring a delicate and immediate recourse by therapists to recapture positive affiliative bonds.

Future directions

Our goal in this paper was to illustrate the utility of analyzing clients' attitudinal stances and the dynamics of therapist-client affiliation from a conversation analytic perspective. Examining therapy dialogue using the tools of CA offers a detailed view of the "micro" interactional processes through which clients link important affective qualities to their personal experiences, and provides a novel window to explore how therapists' verbal and non-verbal responses to these stances affect the quality of the therapists' relational bond with the client at the discursive, turn-by-turn, level (see Peräkylä,

[10] Examples that show how, following client disaffiliation, therapists and clients are able to negotiate the client's stance in ways that orient to both the client's and therapist's perspectives may be found in Muntigl et al. (2012).

[11] Readers interested in seeing a broader array of examples that focus on the different practices through which therapists secure re-affiliation with clients or, more generally, how disaffiliation around a client's stance gets negotiated over longer sequences should consult Muntigl et al. (2012).

Table 7. Nodding sequentially aligned with Paula's stance displays

01	Paula:	like why: (.) am I **so: hung up** (0.3) on him. *T: slow multiple nods*
02		like why do I have to **try**:, (1.2) ↶**so hard**, (0.5) *T: slow double nod------>* *T: shallow nod*
03		and at the same time like it's almost like he **doesn't ca:re**. (1.5) and why do, (0.4) *T: deep nod. T: slow nod*
04		why do I keep, (3.9) ↶running. *T: slow nod*

Antaki, Vehviläinen & Leudar, 2008 for an overview of CA applications to psychotherapy).

We argue that CA offers a practical, systematic method to explore the fine-grained realizations of attitudinal stances and the ways in which affiliations with stance between the therapist and client are an ongoing achievement. The specific benefits for psychotherapy research are that we can get a more detailed understanding of (1) how the interactional resources used to manage attitudinal stance play a part in constructing the Bond components of the therapeutic alliance (Bordin, 1979, 1994; Horvath & Bedi, 2002); and (2) how certain activities occurring in therapy (i.e., storytelling, disaffiliation sequences) provide the relevant sequential contexts through which relational bonds—via the interactional resources mentioned in (1)—are accomplished. Further, our focus extends prior CA work on how collaborative rapport in therapy may be achieved through talk (Lepper & Mergenthaler, 2007); that is, our work provides another angle on therapist-client *collaboration* by focussing on how therapists and clients affiliate around a client's attitudinal stance (Table 7).

We now turn to some of the limitations of this sort of interactional-based work: To begin, the CA perspective and methods are not meant to replace or obviate other forms of detailed analyses of the therapy process commonly used in psychotherapy research; CA should be seen instead as a complementary perspective that provides a detailed account of how therapeutic interactions are talked into being. There are also certain limitations to stance analysis. First, attitudinal stances are not always overtly expressed through the lexico-grammar (Martin, 2000; Stivers, 2008). These implicit stance displays are not always easy to identify and so some important client stance displays may be missed. As well, attitudinal stances and practices for affiliating with stance may be realized on many semiotic levels: prosody, lexico-grammar, larger discourse units and non-verbal (nods, facial expressions, body position, gesture). Identifying stances and affiliation can therefore be a very time consuming process, especially if larger stretches of talk or multiple sessions are analyzed. This, however, is a practical limitation and not a limitation of the analytic framework per se. Finally, we have only chosen and presented excerpts that illustrate the process and utility of our approach. This paper, therefore, should be viewed as a first step in exploring the range of practices therapists have at their disposal for managing affiliation around stance. Much more work needs to be done.

The work we have presented here is part of a programmatic investigation of therapy process at the micro-interactive level. As part of this program, we are presently collaborating with Lynne Angus by examining narratives of depressed clients using York Depression Study data. Here, we will be exploring constructions of client attitudinal stance and how client stances may develop and change over the course of therapy. We are also just beginning to examine in more detail how disaffiliation is realized during therapy, how clients perform resistive acts, how resistance persists or becomes resolved and how attitudinal stance may play a role in this process. Some work is already being prepared for publication (Muntigl et al., 2012; Muntigl & Horvath, 2012). Finally, although we have already considered many of the linguistic and non-verbal resources (e.g., nodding) that play a deciding role in stance construction and securing affiliation around stance, we plan to devote our attention to other resources such as facial expressions and vocalizations such as laughter (see Bänninger-Huber, 1992; Ruusuvuori & Peräkylä, 2009). Our general aims for this work are to further our understanding about important aspects of the therapist-client relationship and, on a more practical note, to help therapists to reflect on their practices in terms of how certain actions (verbal and non-verbal)—in certain contexts at specific *locations* within the interaction—may be more successful at achieving affiliation with their clients.

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Appendix A: Transcription notation

[	Starting point of overlapping speech
]	Endpoint of overlapping speech
(1.5)	Silence measured in seconds
(.)	Silences less than 0.2 s
wo:rd	Prolongation of sound
(word)	Transcriber's guess
wo-	Speech cut off in the middle of the word
WORD	Spoken loudly
°word°	Spoken quietly
word	Emphasis
.hhh	Audible inhalation
hhh	Audible exhalation
wo(h)rd	Laugh particle (or outbreath) inserted within a word
heh	Laugh particle
.	Falling intonation at end of utterance
?	Rising intonation at end of utterance
,	Continuing intonation at end of utterance
↺word	Fall-rising intonation
↻word	Rise-falling intonation
italics	Non-verbal behavior (actor indicated by initial)
bold	Highlighted markers of stance

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