Negotiating Family Troubles in the context of Parental Depression: A study of the performance of a preventive family intervention in and through talk at an institutional setting.

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Abstract

This study applies conversation analysis (CA) methodology for examining how talk is organized between clients and professionals at a social welfare setting, where the institutional task is to deliver a preventive intervention for a group of depressed parents. The intervention itself is designed to alleviate the risk of intergenerational transmission of depression and to promote family resilience through mobilising protective factors in the family life. It was of interest to examine how the parents, in collaboration with the group facilitators, make sense of important issues and negotiate problem constructs in and through talk, while being informed by the core aims and beliefs of the intervention. Attention was also paid to the ways in which the participants are sensitive to the institutional context and their role within it. The most striking feature of the social interaction between the participants was the parents’ reluctance to comply with the intervention protocol. This was typically managed through rejecting topic shifts, maintaining long silences, or responding only minimally. Certain ways of asking questions attracted tension and defensive behaviour in the parents. The advantage of CA is its ability to elucidate problems in conversation at the level of interactional detail, through which various reasons for the parents’ passive participation are explored. This study also looked at conversational strategies used by the participants for accomplishing peer support, or the sense of sameness in experiences between the parents. It became evident that the construction of peer support was a collaborative accomplishment in which the group leaders played a major role, as they invited the parents to construct their personal stories in such manner that produced mutually relevant experiences between them. The wider implications of these findings are discussed in relation to the importance to pay attention to language organization when delivering interventions. Recommendation is made to utilise those conversational strategies which are designed to help accomplish emotional support, alignment, and trust between speakers. This paper demonstrates the potential for applied CA to be in a position to both inform practice, and to support efforts to develop and improve similar intervention models within the social sector.

Key words: Conversation analysis, preventive intervention, depression, parents, families, peer support, support group, institutional roles, institutional interaction.
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1. Introduction

This study applies conversation analytic methodology in order to examine talk-in-interaction in a social welfare setting where the task is to deliver a psycho-educative preventive intervention programme aimed at parents who suffer from depression. The purpose of this study is to consider the ways in which participants work through and accomplish the intervention protocol through verbal interaction in collaboration with each other in this particular institutional setting.

The main aim of the intervention itself is to open a dialogue between parents and their children, so that depression and other worries can be discussed openly in order to increase mutual understanding between family members. The intervention is called Vertti (Inkinen & Söderblom, 2005), which is a name that is derived from the Finnish word “Vertaistuki”, meaning peer support in English. The name Vertti thus reflects another major purpose of the intervention, which is to present a site for depressed parents and their children to establish peer support. For this reason, the intervention is delivered in a group setting. Separate parent groups and children groups operate side by side and co-operate with each other. The groups meet ten times and the meetings are structured around specific themes which run parallel in parents’ and children’s groups. Topics are introduced for discussion through carrying out small exercises and tasks.

The data for this research was gathered through observational fieldwork method, as I participated in the parents’ group over the course of ten weekly sessions and tape-recorded the meetings. The aim of this study is two-fold: First of all, as mentioned above, it is of interest to examine how the task of delivering the intervention is accomplished in the talk-in-interaction between the group facilitators and the group members. The second goal of this study stems from the importance that is placed on the peer support aspect of the Vertti approach. Therefore, it is of interest to examine how peer support becomes achieved through verbal interaction between parents who suffer from depression, and what are the differences in the social organization of language in accomplishing peer support as opposed to accomplishing professional support.
In order to make the conversational analysis of the interactional data presented in this paper understandable, this introductory chapter presents the prerequisite background information about the aims and objectives of the Vertti intervention. This introduction can be divided into two parts. The first part contains information about the theoretical underpinnings of preventive interventions targeted at parents who suffer from mental health problems. These interventions typically share key concepts and they have similar working methods as the intervention agenda is derived from what is known about the impact of parental mental illness on children. The second part of the introduction offers the reader information about conversation analysis as a methodological tool with a specific focus on applying conversational analysis in institutional settings, in particular those institutional settings that involve counselling interaction.

In the first part of the introduction, it will become evident to the reader that a large body of research has established a strong knowledge base concerning risk and protective factors in families with parental mental health problems. This understanding of risk and protective factors, in turn, has offered a solid theoretical foundation on which the key concepts and methods that underlie preventive family interventions, including the Vertti peer group approach, have been developed. A key characteristic of these preventative interventions is to educate parents about protective factors and risk factors for children whose parents suffer from mental health problems. A major actor in this field in Finland is the Effective Family project developed by Tytti Solantaus at the National Institute for Health and Welfare. The Effective Family programme provides working methods for supporting parenthood and child development when a parent has mental health problems. One of the working methods under the umbrella of the Effective Family programme is the Vertti peer group model, developed by Matti Inkinen and Bitta Söderblom. It should be emphasized that the effective family methods, including the Vertti peer group method, provide a psycho-educative approach to helping families rather than therapy. Thus the group facilitators do not need to be trained counsellors. These methods are designed to be flexible so that they can be implemented in various social care contexts and delivered by various different types of professionals within the social care sector. Facilitators undergo training and receive a manual that provides detailed guidance on how to carry out the intervention. However, the Vertti peer group
programme is not a strictly certified intervention, but allows flexibility in the manner in which the intervention protocol is applied and delivered.

1.1 The Medical Model of Mental health problems

Before proceeding with the introduction any further, it is important to mention a few words about the currently prevalent medical model of mental illness in order to place the family interventions discussed in this paper into their wider societal context in which they are embedded. The basic assumptions and methodology of the psychiatric discipline have experienced major changes during the past four decades. The formerly prevalent psychoanalytic discourse has been replaced with a biological discourse, or the medical model (Good, 1992). The medical model is particularly prevalent in the Western world, and it divides mental illnesses into various diagnostic groups. Each psychiatric condition is understood to be a heterogeneous disorder which has a distinctive pathophysiology, symptomatology, and a specific medical treatment form (Good, 1992). The scientific discourse also influences the ways in which mental health problems are conceptualized and understood by the general public. People frequently perceive depression as a disease in medical terms nowadays (Good, 1992). Similarly, the effective family methods also draw on the medical model as their inferential framework when making sense of depressive illness and its impact on family lives.

1.2 Children with a Mentally Ill Parent Belong to a Risk Group

A large body of research has shown that children of parents with a psychiatric condition are in higher risk of developing psychiatric and other related problems compared to children of healthy parents (e.g. Beardslee et al., 1998; Beardslee et al., 2007; Mathai et al., 2008; Maybery et al., 2005). According to one review of several longitudinal studies, the risk of developing a mental disorder for children with a parent with a mental health condition ranges from 41% to 77% (see Hosman et al., 2009). Parental mental illness does not only render children vulnerable to developing psychiatric problems, but also places them in risk for other related adverse outcomes, including stress reactivity, suicidal tendencies, identity problems, academic difficulties and problems in developing intimate relationships (Hosman, et al., 2009).
1.3 Potential Contribution of Qualitative Studies on Understanding Parental Mental Illness

Although quantitative research on parenting practices of parents who suffer from a psychiatric condition have identified many risk factors, these tend to be isolated facts removed from their context and lack consideration of the sequential and structural features that constitute life events (Solantaus, 2007). There is a shortage of qualitative research that captures the parents’ own personal experiences of living with a psychiatric condition while simultaneously coping with the hurdles of parenthood. Furthermore, Solantaus (2007) stresses that since quantitative research on parental mental health issues typically focuses on parenting problems, this may create a biased picture of poor parenting skills among mentally ill parents. Solantaus (2007) points out, that clinicians’ experiences of working with mentally ill parents suggest a more positive picture of parenting regardless of mental health problems. Similarly, experiences from Vertti peer groups have demonstrated that parents with a psychiatric condition are often concerned about their children, motivated to reflect on their parenting practices and eager to seek help when the issue is raised constructively (Inkinen & Söderblom, 2005). The present study also offers a contribution to the qualitative knowledge base about the lived realities of families with parental depression.

1.4 Risk and Protective Factors in Families with Parental Mental Disorder

In an attempt to gain greater understanding of the mechanisms by which mental disorders are transmitted over generations, several authors have identified risk and protective factors and related risk and protective processes that are associated with families where a parent has mental illness. Risk and protective factors are located both in the child and the parents, operating at multiple domains, such as genetic and biochemical influences, prenatal influences, parent-child interactions and the wider family situations, including the family’s socio-economic circumstances. Other important factors are characteristics in the child and chronicity and severity or comorbidity of parental illness as well as modelling of parental behaviour, including pathological coping styles. (Beardslee et al., 1998; Solantaus, 2007; Hosman et al. 2009.) In addition, parental mental illness is often associated with other adverse circumstances that may pose a risk for the child, including marital conflict, domestic
violence, substance abuse, neglect, unemployment, poverty and social isolation (Solantaus, 2007; Manning & Gregore, 2009). Thus there exists an enormously complex interplay between the ways in which risk and protective factors influence outcomes, and while it is difficult to predict which children succeed in spite of adversity, the level of risk for negative outcomes increases with a build-up of several risk factors in one child’s life. Indeed, Solantaus (2007) states that it is not always the parental mental health condition itself that makes the family vulnerable, but the circumstances associated with the illness are crucial. This highlights the issue that the problems are closely linked also with the availability of support within communities. Moreover, given the prevalence of problems in families with parental mental illness, the need for preventive family interventions becomes well-founded.

1.5 Protective Processes and Resilience Factors

In their search for knowledge about protective factors, researchers have discovered many resilience factors that children who thrive despite of risk share in common (e.g. Beardslee and Podorefsky, 1988; Beardslee et al., 2003; Walsh, 1996). These refer mainly to the opposite of risk factors, and include such qualities as positive self-esteem; personal temperament that elicits positive responses from caretakers; safe attachment; sense of security and stability in everyday life; good care by the other parent; and positive role models outside the family (Beardslee and Podorefsky, 1988; Beardslee et al., 2003; Walsh, 1996; Solantaus, 2001a). Furthermore, it is known to protect a child if the child receives help in order to develop an understanding of parent’s psychiatric condition, and if the child has an ability to think and act distinctively from parents (Solantaus, 2001a).

1.6 The Rationale Behind Prevention Programmes Targeted at Families with Parental Mental Health Problems

Preventive family programmes, such as the Effective Family programme in Finland, have translated knowledge about the mechanisms of transmission of psychiatric problems from parents to children into various family interventions. These interventions are designed to interrupt risk processes and prevent the problem by promoting
protective processes. Mapping out the child’s social circumstances in terms of family situation, school, hobbies, relationships with friends and other social support networks helps to reveal factors that can be considered as strengths or vulnerabilities for the child’s healthy development. This information provides the basis for forming an action plan to help the child cope better with the presence of parental psychiatric disorder. (Solantaus et al., 2007.)

One of the key goals of the Effective Family methods is to advocate positive parent-child interactions. The reason for this is that the very nature of the symptoms of depression often poses severe challenges for positive social relations and interactions between parent and a child. Symptoms of withdrawal and continuous low mood in a parent can be highly distressing for children. Depression frequently causes irritability and lack of tolerance of others, which can be detrimental for children, especially if the anger is targeted at them. Indeed, research among parents who suffer from depression has revealed parenting problems in terms of maladaptive interpersonal patterns and communication problems, including insensitive responsiveness, low involvement, rejection and negative affective style. (Field et al., 1990; Hamilton et al., 1993; Beardslee et al., 1998; Hosman et al., 2009.) If children lack the relevant knowledge about their parent’s depression, the risk for self-blame and role reversal whereby child acts as a parent to their own parent increases, and children may also interpret the parent’s withdrawal as lack of love (Solantaus, 2002; Solantaus et al., 2007; Hosman et al., 2009). Sometimes children of mentally ill parents try to control their parent’s symptoms by adjusting their own behaviour according to their parent’s mood. The children may have learned to hide and deny their own feelings and needs, and they may be over-protective of their parent. (Solantaus, 2002; Crittenden, 2008.)

Regardless of our current knowledge of protective factors, research findings reveal that very frequently no one raises the issue of parental mental illness with the child (Kinsella & Anderson, 1996; Riebschleger, 2004). This may reflect a culture of considering mental illness as an adult topic of conversation. Solantaus (2002) writes that it is common for parents to believe they are protecting their children by not sharing information about their psychiatric condition with the child. Parents may think that the knowledge would be a burden for the child and make them more anxious, or that they
are too young to be told. Solantaus (2002) emphasizes, however, that children tend to draw their own conclusions about the situation, which can be based on false assumptions and can be far worse than the actual reality of the situation is. In a similar vein, Rita Jähi (2001; 2004) interviewed adult children of parents with psychiatric disorder and her research findings revealed that parental mental health problems are often surrounded by secrecy and silence. The stigma of mental illness is learned in childhood and still maintained in adulthood. Without receiving accurate information about their parent’s illness in childhood, the interviewees recalled frequently remaining very confused and frightened about their parent’s behaviour. When reflecting back on their childhood experiences many interviewees felt that their childhood would have been better, if they had received adequate support and knowledge about their parent’s illness.

1.7 Key Concepts and Methods of the Vertti Peer Group Intervention

The benefits of talking to children about parental mental illness at an age-appropriate level have been well established (Kinsella & Anderson, 1996). Encouraging open communication about parental depression is thus one of the key objectives of the Effective Family methods, including the Vertti peer group intervention. They are based on the idea that appropriate information about depression increases the child’s sense of security, because an understanding of the ways in which depression influences the parent’s behaviour enables predictability and sense of empowerment (Solantaus et al., 2007; Söderblom, 2005). The idea is not so much to give children factual information about psychiatric conditions, but to relate the information to the child’s own experiences and find explanations to the parent’s behaviour. Explanations given to children should be designed to be solution focused; this gives children hope about the situation improving and places the responsibility of action appropriately to adults. (e.g. explaining to a child that doctors help the parent with depression and it is not the child’s responsibility to make the parent feel better). (Solantaus et al., 2007; Söderblom, 2005.) This approach implies that when problems are confronted and addressed and when a child is allowed to communicate her questions and concerns freely, the child is more likely to be able to deal positively with the presence of parental psychiatric disorder. Vertti meetings provide opportunities for parents to develop and practise ways (opening
lines) to initiate discussion about depression. The aim is to give parents the tools to support their children and empower the family. (Inkinen & Söderblom, 2005.) This approach follows the principles of family systems theory whereby positive changes in the family dynamics are evoked and made more sustainable through targeting the whole family rather than focusing on any individual member of the family alone. The idea is that if one member of the family experiences difficulties, the rest of the family is also affected and the entire family should receive support in order to alleviate distress and nurture mutual understanding within the family. (Crittenden, 2008.)

1.8 The Procedure of Carrying Out the Vertti Intervention

Vertti intervention programme begins with initial interviews with the clients. The Vertti group facilitators meet all parents individually before mutually deciding whether the family would benefit from joining the group. The parents are explained in great detail of what happens in each meeting. The family’s current situation and any concerns the parent may have about the child are thoroughly discussed. Vertti groups are based on voluntary interest of the clients, but the facilitators must also be sensitive to the parents’ current state of health and levels of energy, so that the intervention is not carried out in a situation where the parent is not ready for it. In such case the starting date of the meetings can also be postponed. In addition to having adequate mental and physical resources to join the group, a crucial aspect for ensuring a successful intervention process is the parents’ motivation to understand the family situation from their children’s perspective. For the sake of the children, the parents’ commitment to the project is essential and avoids any disappointment that could emerge if the parent decided not to complete the programme. If there are any particular concerns about the family after they have completed the ten weekly Vertti meetings, Vertti group facilitators can also suggest future support for the family through signposting or referring them to other relevant social support services. (Inkinen & Söderblom, 2005.)

1.9 Family Outcomes from Previous Vertti Groups

No systematic evaluation studies of the family outcomes after participating in the Vertti groups have been carried out. However, feedback from parents and children who have participated in Vertti peer groups has been positive. A worry about the impact of
parental mental health condition on children has been a common reason for joining the group. Parents have reported that attending Vertti meetings have decreased their feelings of guilt and increased their confidence as a parent. Indeed, according to Inkinen and Söderblom (2005) parents who suffer from depression frequently tackle with feelings of guilt about not being able to look after their children as well as they feel they should. Consequently, the theme of alleviating feelings of guilt plays a large role in Vertti meetings. (Inkinen & Söderblom, 2005.)

Further points arising from the feedback from the parents have been that peer support has been highly valued. Parents have also reported positive changes in their children’s behaviour, including sense of relief, being able to show emotions and concerns more freely, and increased happiness (Inkinen & Söderblom, 2005). An evaluation study of another Effective Family working method, which has similar objectives to Vertti groups, revealed that 81% of the parents reported understanding their children better after completing the intervention (Solantaus et al., 2009).

**1.10 Characteristics of Peer Support**

As mentioned earlier, the group context of the Vertti meetings is designed to nurture peer support. Support and self-help groups are composed of ‘peers’ who usually share a common concern, such as parental depression, and hope to accomplish mutual support. Support groups are typically characterized by an ethos that promotes personal empowerment. Sometimes, as is the case of the Vertti intervention, support groups are facilitated by professionals and the meetings may follow an agenda that is designed to help members gain insight about their difficulties and learn new skills and coping mechanisms. The code of conduct usually involves members speaking from their own experience and avoiding explicit advice giving to others. (Kurtz, 2004.) Indeed, during the first Vertti meeting, the rules of the group are outlined and parents are informed about confidentiality issues and encouraged to speak only from their own experience. The Vertti meetings are also designed to provide an arena for parents to construct two parallel stories: On the one hand the focus is on supporting parenthood through the sharing of concerns and experiences about raising children with other parents. On the second hand the parents are encouraged to construct personal narratives in relation to their depressive illness. The idea is that self-reflection gives rise to self-understanding
and through the construction of a coherent personal narrative parents are in a better position to discuss their illness also with their children. (Inkinen & Söderblom, 2005.) The peer group context can provide a fertile ground for such self-development through the opportunity to learn from each other’s experiences. In a similar vein, Kurtz (2004) reviews literature examining the benefits and helping factors of support groups. It seems that support groups are helpful because they offer a normalizing experience. Meeting similar others promotes a sense of belonging and acceptance. Transformation is mobilized through receiving advice, empathy, positive reinforcement and catharsis. (Liebermann, 1979; Levy, 1979; Kurtz, 2004.)

1.11 General Introduction to Conversation Analysis

This section introduces the basic concepts and methodological tools of conversation analysis (henceforward referred to as CA). The discipline is driven by a desire to understand what people do when they talk, and how people accomplish specific actions through talk in an organized and meaningful fashion. At the essence of CA is curiosity about how people establish inter-subjectivity and mutual understanding in verbal interaction. It emphasizes the dynamically created nature of social context as participants in conversation make sense of the world around them through mutual collaboration and orientation to the situation at hand (Heritage, 2004). The practise of carrying out CA research involves unfolding the procedures through which speakers organize talk and coordinate talk-in-interaction. This is done through a highly detailed turn by turn analysis of transcripts of naturally occurring talk where all aspects of interaction, including the length of pauses, sighs, tones of voices and so on, are recorded and treated with significance. (Hutchby and Wooffit, 2008.)

CA was initially developed by Harvey Sacks (1992a; 1992b) and his colleagues (see e.g. Sacks, Schegloff & Jeferson, 1974) at the University of California in the 1960s and early 1970s. CA is closely connected to the sociological tradition known as ethnomethodology (Garfinkel, 1967) which is concerned with the everyday thought mechanisms and practises through which people construe their social surroundings and confer meaning from the world around them. (Peräkylä, 1995; Hutchby & Wooffitt, 2008.) Harvey Sacks (and his colleagues) were keen to develop CA as a ‘pure’ science and they studied language organization in an extraordinarily great detail in order to
reveal the systems of rules that govern the production of naturally occurring talk. Sacks’ pioneering work examined everyday-conversations as well as institutional interactions, (such as helpline calls received at suicide prevention centre), motivated by the wish to discover and conceptualize the underlying structures and properties of all social interaction and social life. Later CA was also ‘applied’, in the sense that it was of interest to discover how interaction is socially organized in institutional settings and how specific institutionally ascribed tasks become accomplished in and through talk. (ten Have, 2007; Pain, 2009.) However, let us first examine the basic operations and the methodological tools of CA research, before moving on to describing the field of applied CA research in more detail.

1.12 Basic Operations and Methodological Tools of CA Research

Paul ten Have (2007) illustrates key concepts in CA research by excerpting them into four analytically distinguished but interlocking organizations. These are turn-taking organization; sequence organization; repair organization; and the organization of turn-design (ten Have, 2007). Each one of these four organizations is described in the paragraphs below.

Turn-taking refers to the moment of ‘getting the floor’ in a conversation. This is treated as an organized activity in CA research. An examination of turn-taking procedures consist of analysing the various ways in which speaker change can occur: a next speaker may be selected by the previous one, a speaker may self-select, or the present speaker can continue speaking. The management of speaker change involves collaboration between all the participants in the talk-in-interaction. During this process participants are sensitive not only to each other’s verbal and nonverbal cues (or body-language) but also to the properties of the context in which the interaction takes place. Another feature of the turn-taking system in talk-in-interaction is that each turn can be characterized in terms of the actions they perform, such as proposing, requesting, accepting, inviting, declining, and so on. (ten Have, 2007.)

A second core idea of CA is that talk-in-interaction is sequentially organized. A moment by moment analysis of what is happening in each speaker turn reveals a sequence of actions that the participants are trying to achieve through talk. Thus the
purpose of an utterance cannot be derived from a single speaker turn treated in isolation. It is only by looking at the sequences of interaction that we can appreciate the dynamically created nature of language and its social context: It is often the case that an utterance emerges from what has been said before it, and each utterance tends to give rise to what the subsequent speaker shall say after it. In this fashion, the meaning of an utterance becomes known from the subsequent actions that follow in a sequence of interactions, as the participants in conversation demonstrate understanding through an acceptance or rejection, for instance, of what has been said before. These understandings are then confirmed or can become the objects of repair at any third turn in an on-going sequence. (Heritage, 2004.)

The analysis of sequence organization involves the identification of sequence-like structures, such as question – answer, or greeting – response sequences. Sacks studied these ‘paired action sequences’ in an exceptionally great detail and came to call them adjacency pairs (Sacks, 1992, Vol.2: 521-70). Adjacency pairs refer to utterances in which given first pair parts require particular normative second parts, such as invitations which should be followed by acceptances or declinations. The concept of preference is also related to adjacency pairs, as Sacks (1987) observed that paired actions which display alignment are preferred actions and they are typically performed immediately in a straightforward manner. In contrast, dis-preferred actions that display misalignment, such as refusals or disagreements, are delayed and accompanied with an explanation. (Sacks, 1987; Hutchby & Wooffit, 2008.)

The standardized nature of adjacency pairs stem from powerful behavioural norms that give rise to speakers’ social expectations of what constitutes an appropriate response to any first pair part of an adjacency pair. This normative framework for adjacency pairs becomes strikingly apparent especially in the event of a failure to take a turn when one is required to do so. (For instance, when greeting someone is not reciprocated). Since speaker turns are a matter of accomplishing actions; inferences can also be drawn from the action of withholding a relevant second part to a pair (Hutchby & Wooffit, 2008). (For instance, the person did not hear the greeting, or is being intentionally rude). The non-take-up of aspects of prior talk in a subsequent speaker turn is referred to as a ‘noticeable absence’ in CA terminology (Hutchby & Wooffit, 2008). When a speaker
notices the absence of a relevant response by a prior speaker s/he may try to hold them accountable for the missing part. (For instance, by repeating the greeting). (Hutchby & Wooffit, 2008.)

Repairs are conversational devices which are used for correcting our own and each other’s speaker turns. The need for repairs occur when there is trouble in conversation, such as overlapping talk; difficulties in understanding; errors in the contents of what someone has said; or problems in hearing. Importantly, repair illustrates speakers’ orientation to the turn-taking rules, as in the case of the violation of the one speaker at a time rule in overlapping talk. Repairs can be seen as an organized way of correcting turns and they can be self-initiated or other-initiated. (Hutchby & Wooffitt, 2008.)

The last one of the four organizations, as listed by ten Have (2007), is turn-design. The term refers to the notion that there are many alternative ways to express any given idea, and a speaker has a power to compose, in a meaningful and conscious manner, the way in which an action is performed in an utterance. In designing an utterance that is appropriate for the occasion and understandable for its recipient, a speaker draws on situational cues in the social context as well as on the presumed prior knowledge that the speaker believes the recipient to hold. (ten Have, 2007.)

From this outlining of CA, it has become apparent that an inspection of sequences of interaction provides an ample opportunity for unravelling not only how speakers accomplish actions and manage context through talk, but also their conscious or unconscious motives, and the ways in which joint understanding is produced (Heritage, 2004; Hutchby & Wooffitt, 2008). The normative framework for talk-in-interaction means, that any departure from the standard code of conduct in social interaction creates moral accountability for the participants. As a consequence, inferences can be made from both violations of (as well as compliance with) the normative procedures of talk-in-interaction (Heritage, 2004).

The next section discusses applied CA in institutional settings. After providing a general introduction to applied CA, a particular focus will be paid on applied CA research on psychotherapy sessions as well as CA research on peer support in
Alcoholics Anonymous meetings due to the relevance and usefulness of these studies to the interests of the present study.

1.13 General Introduction to Applied Conversation Analysis

From the late 1970s onwards, the discipline of CA research has brought forward all the learning about the underlying properties and structures of social interaction and applied this knowledge to various institutional settings, including court-room proceedings, primary health care settings, and social work or psychotherapy meetings, to mention but a few. The analytic aim was to build understanding of how social and institutional activities become accomplished in a sequence of interaction; or how these “institutions are talked into being”, to use a much quoted phrase coined by John Heritage (1984a:290). (Peräkylä, Antaki, Vehviläinen & Leudar, 2008.)

John Heritage (2004) provides an insightful overview on CA and institutional talk. He argues that the same basic organizations of talk-in-interaction are still operative in institutional settings, that context is still dynamically created and recreated in and through talk. However, building on his earlier work with Paul Drew (Drew & Heritage, 1992), Heritage argues that institutional interaction is characterized by the following three specific features, all of which pose limitations to the range of interactional scenarios that are available for participants in institutional settings (Heritage, 2004: 224-225):

“Institutional interaction normally involves the participants in specific goal orientations which are tied to their institution-relevant identities: doctor and patient, teacher and pupil, etc.

Institutional interaction involves special constraints on what will be treated as allowable contributions to the business at hand.

Institutional talk is associated with inferential frameworks and procedures that are particular to specific institutional contexts.”

It should be emphasized, however, that the focus in CA is on participants’ orientation to the business at hand. This means that no preconceived or fixed assumptions about the
relevance of institutional roles, and power relations, are taken as given, but the goal is to infer from the formal data analysis how participants themselves orientate to the situation at hand. The minute by minute data analysis renders visible how participants themselves relate to any particular institutional roles and relationships, and how they allow the structures of the institutional context influence their interactions. (ten Have, 2007; Madill, Widdicombe & Barkham, 2001.)

Heritage (2004) describes six interrelated dimensions through which these three specific features of institutional interaction become manifested and thus identifiable for research purposes. These are: turn-taking organization; overall structural organization of the interaction; sequence organization; turn design; lexical choice and epistemological and other forms of asymmetry.

Turn-taking systems in institutional interaction can impose constraints on the participants’ opportunities for action. Pre-allocated speaker turns, as is the practice in Alcoholics Anonymous meetings, are one example of this. Once having investigated whether (or not) specific turn-taking organization is taking place in the data, the next analytic step, as proposed by Heritage (2004), is to map the overall structural organization of the interaction through paying attention to typical phases or sections in the data. This enables the researcher to determine the task orientation that typically characterizes any particular institutional interaction. Sequence organization reveals how institutional encounters are generally managed, how particular actions are initiated and carried out, or hindered and avoided. Each speaker turn is designed to perform specific institutional actions and the manners in which these actions are performed are selected from a set of alternatives and are in this sense highly designed. For instance, research has revealed conversational devices that participants can utilise in an attempt to undermine the “expert-novice” stance (Heritage & Sefi, 1992), or institutional agents may ask questions in such way as to attract minimum resistance and avoid arguments (Schegloff, 1986). Lexical choice is another important factor through which institutional roles within any particular institutional setting are accomplished and maintained. Research has shown that participants are sensitive to the institutional context and their role within it as they design their lexical choices to be appropriate for the occasion. Sacks (1979) used the following example to illustrate this point: using the word cop
instead of a police officer is unlikely in a court room while suitable in ordinary conversation. Another example of the context sensitivity of lexical choice in institutional interaction involves adopting the word ‘we’ instead of ‘I’ when speaking on behalf of an organization (Drew and Heritage, 1992). (Heritage, 2004.)

Finally, Heritage (2004: p. 236 - 240) identifies four types of interactional asymmetries that may occur in institutional interaction. These are: participation; know-how about the interaction and the institution in which it is embedded; knowledge; and rights to knowledge. Asymmetries of participation in lay-professional encounters are often tied to the particular set of institutional roles, identities and tasks. For example, institutional agents typically hold the right to ask questions and require the lay participants to answer them. As a consequence, institutional agents are often able to direct the interaction in ways that would not be possible in ordinary conversation: Through the design of their questions, institutional agents are able to choose which topics are relevant for the occasion, or when one topic is concluded and a new one introduced; thus shaping the form the new topic will take. Furthermore, from the organizational point of view, clients are frequently perceived to represent ‘a routine case’ but the experience for the client is personal and unique. This difference in perspective gives rise to, what Heritage (2004) calls, asymmetries of interactions and institutional “know-how”. Research has also revealed that the professional objectives in some psychiatric and social service encounters are not at all clear to the clients, thus illustrating another significant relational gap that may exist in institutional talk. (see Heritage and Sefi, 1992; Peräkylä, 1995; Heritage, 2004.)

Lastly, Heritage (2004) uses the expressions of epistemological caution and asymmetries of knowledge for describing the tendency of professionals to be cautious in terms of avoiding taking firm positions. Yet at the same time professionals are perceived to possess superior knowledge. Heritage (2004) discusses findings from previous CA research which has revealed the ways in which the ‘expert’ versus ‘layperson’ stance becomes commonly co-produced by professional agents and their clients in and through talk in many different ways. This asymmetry of knowledge does not only refer to lay people’s limited resources for accessing expert knowledge but also to their limited resources for what they are entitled to know and whether they have
come to possess the knowledge in a legitimate way. There are numerous examples from CA research demonstrating the ways in which clients hide some relevant knowledge they possess because they lack the ‘right to know’ (e.g. patients appearing to be ignorant about their health and letting the doctor to own all medical knowledge), or when sharing their knowledge they tend to reference the source of their knowledge to another professional (e.g. referring to another doctor in order to validate any particular information regarding health concerns) (Halkowski, 2004). (Heritage, 2004; ten Have, 2007.)

1.14 Applied CA in Psychotherapy Meetings

Anssi Peräkylä has conducted pioneering research in the 1990s that has demonstrated the applicability of CA in the study of interaction during counselling sessions when the counsellors’ activity is informed by a solid theoretical framework. For instance, Peräkylä’s (1995) study of Aids counselling in Britain provides an excellent example of a study of interactional practises between professionals and their clients while operating in a Family Systems Theory framework. Peräkylä examines the ways in which professionalism and conscious theory-building influence the design and delivery of questions by the counsellors when their goal is to help clients and their family members to construct a narrative that orientates them to owning their experiences. In particular, Peräkylä’s analysis explicates how specific counselling techniques (including “circular questioning”, “live open supervision” and “future-oriented hypothetical questions”) influence turn design and sequence organization in such ways that they can be strategically employed to encourage clients to talk about sensitive issues, including fears and worries, or sexual behaviour in relation to HIV. Peräkylä further emphasizes that the general interactional skills of both the counsellors and their clients are also equally important for the functioning of family systems theory approach in the context of counselling activity. (Peräkylä, 1995; Peräkylä, 2008.)

While Peräkylä’s (1995) study looked at very specific theory-based questioning techniques in the context of aids counselling, the group facilitators who deliver the Vertti intervention do not operate within such strict theoretical framework but they have flexibility in designing the interactional practises and techniques through which they work through the intervention agenda. Secondly, it should be emphasized that Vertti
meetings do not offer psychotherapy for clients. However, Vertti sessions do share various kinds of interactional practices in common with other theory orientated psychotherapy counselling sessions. The interactional processes of meaning making work that characterize psychotherapy, including problem formulations, delivering questions, eliciting talk, coping with resistance and reinterpreting experiences are also a highly crucial part of the Vertti intervention activities. The goal of promoting change in the clients’ behaviour, perceptions and social relations is also shared. Peräkylä et al. (2008) emphasize that different types of therapies have specific key interactional practises for promoting such change, but both therapists and their clients also rely on ordinary interaction practises and ordinary skills in social interaction when conducting counselling activities. CA methodology is able to illustrate, in minute by minute detail, both the generic interactional practises as well as the theory-based counselling activities that occur during sessions, and to examine the distinctive features of therapy in relation to ordinary skills in social interaction. (Peräkylä, 1995; Peräkylä et al., 2008; Vehviläinen, Peräkylä, Antaki & Leudar, 2008.) Therefore, for the purpose of unravelling the ways in which the Vertti intervention is delivered and received, it is beneficial to look over recent CA research that contributes new knowledge base into the dynamics of psychotherapeutic practise, which is the topic of the paragraphs below.

Since the ground breaking CA studies on counselling interaction in the 1990s (e.g. Peräkylä, 1995; Kinnell & Maynard, 1996; Silverman, 1997), a large body of CA research has focused on unfolding the dynamics of psychotherapeutic practise, thus illustrating the valuable contribution of CA for psychotherapy research (Peräkylä, et al., 2008; Madill et al., 2001). Peräkylä (1995) points out that CA has the potential to offer novel insights about psychotherapy interaction, because CA systematically elucidates every detail in a sequence of interaction, as opposed to counselling practitioners’ own theory texts which consider interaction at an abstract level. Thus, CA research is able to complement psychotherapeutic approaches by unfolding therapist’s abstractions and bridging the gap between theory and practise through the highly detailed explication of therapeutic exchanges. (Streeck, 2008; Peräkylä, 1995; Peräkylä et al., 2008; Stiles, 2008.)
As discussed earlier, CA research has been able to establish a systematic description of interactive practises in various institutional settings, such as medical consultations or court room proceedings. However, Peräkylä et al. (2008) point out that CA research on psychotherapeutic interaction is far behind from the precision and detail with which an understanding of what happens during a doctor’s surgery, for instance, has been reached. A particular challenge in explicating psychotherapeutic action in an orderly manner is the lack of uniform structure in therapeutic encounters that characterize medical consultations and other similar, more rigid, institutional encounters. In an effort to remedy this void, Vehviläinen et al. (2008) set out to map out and summarize the CA research results on psychotherapeutic interaction, as reported in Peräkylä et al.’s (2008) volume, in order to describe a number of key actions in therapeutic encounters. As part of the process of building a more precise understanding of therapeutic interaction, Vehviläinen et al. (2008) created an analytical framework which focuses on sequence organization in terms of initiatory and responsive actions. Furthermore, by looking at the actions that each utterance is designed to accomplish, Vehviläinen et al (2008), distinguish between local consequences and therapeutic functions of interactional work in therapy sessions. Local consequences refer to the moment by moment consequences of initiative or responsive actions in the immediate environment while therapeutic function refers to the contribution that a particular action may make towards achieving or resisting the wider therapeutic goal. Vehviläinen et al. (2008) point out that while some recipient actions are more therapy-type specific than others, there exist striking parallels between key actions in therapeutic encounters across different therapeutic approaches. Some of these key actions in therapeutic encounters, as described by Vehviläinen et al (2008), as well as by Jean Pain (2009) in her research on psychotherapeutic interaction, are outlined below because they also provide the analytic framework that contributes to understanding the conversational data described in the present study.

1.15 Key Interactional Practises in Therapeutic Encounters:

Lexical substitution is a form of repair where the therapist substitutes client’s expression of a prior talk with alternative words. For instance, Rae (2008) demonstrates
how therapist can use lexical substitution to enhance client’s emotional connection to his or her personal narrative in psychotherapeutic encounters.

Formulation refers to the action of doing interpretative work in order to unpack the meaning of what client is trying to communicate. Antaki (2008) and Bercelli et al. (2008) examine the sequential properties of formulations and point out that formulations serve the specific purpose of paraphrasing client’s prior turn in a manner that requires the client to refuse, accept, or partially accept the formulation, thus ensuring mutual alignment to the topic at hand. Formulations also reveal therapist’s strategies, because by selecting certain aspects of client’s prior turn the therapist reshapes and directs the narrative with the overall objectives of the therapy in mind. For instance, Antaki (2008) identifies how therapists’ formulations can orientate participants to focus on some focal point or draw attention away from a specific issue in accordance with the agenda of the therapeutic approach.

Extension is a recipient action which consists of the therapist’s utterances that are produced to continue the client’s prior turn. CA research in Peräkylä et al.’s (2008) volume illustrate how extensions and repairs allow the therapist to claim ownership of knowledge of the client’s experience in such fashion that is not possible in many other interactional contexts. Through extensions therapists can confront the client by claiming entitlement to recognize what the client’s experience really means, or display mutual understanding by confirming the client’s emotional experience as accurate. (Peräkylä et al., 2008; Vehviläinen et al., 2008.)

Candidate elaborations are therapist’s interpretations of some underlying meaning that is left unexpressed in the client’s story. They are typically presented to help the client to unpack the meaning of their utterances when the client is having difficulty to articulate concerns clearly. The term upshot is used in CA to describe the action of offering a candidate elaboration. (Pain, 2009.) Candidate elaborations differ from formulations because while formulations paraphrase what the other speaker said in his or her prior talk, candidate elaborations entail the therapist’s own reasoning concerning the client’s experience. For instance, Vehviläinen (2008) analyzes client resistance in psychoanalytic therapy sessions and shows how therapist’s reinterpretations challenge
patients’ current understandings and propose new understandings of patients’ unconscious mind and actions.

Question – answer sequences are common features in therapeutic interaction. Pain (2009) has examined the different purposes that open and closed questions serve in therapeutic interactions. Open questions allow the client to respond freely without constraints while closed questions place a strong constrain on the client to respond in a specific way. Pain’s (2009) findings show that open questions tend to feature in the beginning of counselling sessions but become followed by closed questions where clarification is needed. Interestingly, Pain (2009) discovered that open questions may in fact cease the flow of talk as clients may find it problematic to know where to start. The greater constraints of closed questions in contrast seem to elicit talk by offering a specific topic. Pain also shows that clients often begin to expand freely beyond the constraints of the closed topic suggested to them by the therapist.

Lastly, an important interactional practise in the counselling context involves giving emotional support to clients. The term an affiliative response is used in CA to mark the emotional tuning by the therapist into the client’s story. Affiliative responses include continuers (i.e. utterances, such as ‘yes’ and ‘uh huh’, which demonstrate to the speaker that the recipient is listening actively); change-of-state tokens (i.e. displays of positive reinforcement, such as laughter to mark amusement or approval) (Atkinson & Heritage, 1984); and paralinguistic responses (i.e. non-verbal communications including tone, volume and speed of the voice). (Pain, 2009.)

1.16 Previous Research on the Characteristics of Peer Support

Previous conversational analytic research on peer support, including Ilkka Arminen’s (1998; 2004) and Mia Halonen’s (2002) research on the nature of mutual help in Alcoholics Anonymous meetings, has identified conversational practices and methodological tools provided by the members for achieving social support and the sense of sameness in experiences during group meetings. This research has demonstrated that peer support is not naturally given as something that automatically exists between group members merely on the basis of them sharing a common uniting factor such as alcoholism or depression. Instead, group members must actively orientate
toward the co-construction of their experiences as being reciprocally relevant in order to accomplish the sense of intimacy that characterizes peer support, and this process of building mutual support can be traced by paying detailed attention to language. (Arminen, 1998; Halonen, 2002.)

Both Arminen (1998) and Halonen (2002) analyze various techniques that speakers have for managing and displaying their relationships with previous speakers. For instance, one may use a strategy known as the “as x-said device” to demonstrate identification with a prior speaker. To create affinity and closeness one may display alignment through the use of “also” or “too” (I’ve also had that experience or I’ve experienced that too), which indicate to the listeners that the forthcoming story is told in relation to a prior story. By uttering the words “too” or “also” a speaker can demonstrate to the listeners that s/he has paid close attention to the previous turn and found something personally meaningful in it. The use of alignment markers enables the speaker to orientate toward building a commonality between speakers and establishing a reciprocal relevance for both speakers and recipients. (Arminen, 1998; Arminen, 2004.)

Ilkka Arminen’s (2004) article expands on previous research examining the therapeutic relevance of storytelling and the social construction of identity in mutual help groups. In agreement with previous research, Arminen (2004) acknowledges that an important aspect of the healing process in AA meetings is to build a coherent personal narrative, which allows AA members to make meaning for past and future events. However, Arminen emphasizes that a focus on individual narratives only is an inadequate method for analysing peer support, because when individual narratives become isolated from their wider social context crucial information is lost. Individual narratives are unable to capture the key point that talk is context-shaped and mutual help is an interactional achievement. He illustrates this point by explicating the importance of a particular type of interpersonal communication process, called “second story”, in constituting mutual help and support.

Second stories are told in a sequence in which they are designed to achieve a topical linkage and a clear similarity to the first story. Second stories are the means by which speakers can show alignment and identification with previous speakers. In addition to establishing a reciprocal relevance of stories, the telling of a second story enables the
subsequent speaker to focus on particular problems in the prior story. In this fashion, new insights about these problems can emerge, as the original story becomes recontextualized and reinterpreted in the second story. Arminen (2004) emphasizes that this phenomenon constitutes the helping factor in AA meetings, as through the interpersonal reshaping and co-construction of the meaning of stories, a sense of empowerment can take place.

Arminen (2004) also demonstrates that AA members tend to manage disagreement in a very diplomatic manner in order to maintain harmony within the group. It would be a rare event for an AA member to produce an overtly challenging second story. Instead, disagreement is displayed implicitly, and one way of doing this is to refrain from producing a relevant second story. For instance, Arminen illustrates how an AA member’s speaker turn that contained references not only to drinking alcohol but also to drug abuse, caused annoyance in some members who also struggled with drug addiction as well as alcoholism, but who were keen to keep these two topics strictly separate. In subsequent speaker turns, this annoyance was discreetly displayed through a refusal to build a topical linkage to drug abuse, while simply mentioning that narcotics anonymous was the appropriate place to talk about their own drug addiction. In this fashion, the indirect management of disagreement enables AA members to routinely orientate towards maintaining mutual solidarity and support (Arminen, 2004.)

1.17 The Purpose of this Study

Thus far, this paper has described the prerequisite background information about the key concepts and theoretical underpinnings of the Vertti peer group model as well as the CA methodology. Being familiar with the Vertti ideology and CA approach will help the reader to understand what the Vertti group facilitators are trying to achieve, in the details of their talk, when working through the intervention agenda. In particular, it is of interest to examine how the group facilitators orientate to the institutional task of talking into being the core aims and beliefs of the intervention. Since the group facilitators are informed by the Vertti ideology, the group sessions are heavily influenced by this particular type of theory-driven interaction and understanding of family life in the context of parental depression. Therefore, it is interesting to examine how the intimacies of the group members’ home-lives are interpreted by the institutional agents conveying
the interventions’ theoretical approach, objectives, and formulas for change. Furthermore, through the study of the details of verbal interaction in the group sessions, it is possible to examine whether the parents taking part in the intervention find the objectives of the Vertti model relevant to their own family life. Conversation analysis provides the methodological tools to analyse how family troubles and the objectives of the intervention are defined and co-constructed by the participants through verbal interaction.

On the basis of what is known about the characteristics and helping factors of peer support (as discussed above), it is of interest to examine the ways in which peer support becomes established in talk-in-interaction between depressed parents during Vertti meetings: How is the sense of sameness, mutual reciprocity, and sense of belonging accomplished in the talk-in-interactions between group members? Do the professionals play a role in facilitating the construction of peer support? Finally, this study examines how the group facilitators and group members orientate to their differing roles in this institutional setting, and what the differences are between constructing peer support as opposed to constructing professional support and advice.

1.18 Research Questions

Let us now conclude this introductory chapter with a summary of the research questions, before moving onto presenting the research findings from this study:

Research questions relating to the Vertti peer group intervention:

How is the task of delivering the intervention achieved in the talk-in-interaction between the group facilitators and the group members?

How are the intimacies of the group member’s home-lives interpreted by the institutional agents conveying the interventions’ theoretical approach, objectives, and formulas for change?

How are family troubles defined and co-constructed? Is there a difference in the ways in which family troubles are constructed by the group members on the one hand and by the institutional agents on the other hand?
Research questions relating to the peer support aspect of the Vertti intervention:

How is peer support and mutual help achieved in the talk-in-interaction between the group members? How is the sense of sameness in experiences accomplished? What kind of conversational strategies are used in this process?

What are the differences in the social organization of language in accomplishing peer support as opposed to accomplishing professional support?

How are the participants sensitive to the institutional context? And how are the differing institutional roles between professionals and lay people accomplished and maintained in the talk-in-interaction?

2. Method

2.1 Participants

The participants were four parents (two mothers and two fathers) who suffer from depression, and therefore completed a psycho-educative family intervention called Vertti peer group intervention. Three of the parents were single parents after being separated from their partners and one of the parents was experiencing difficulties in his marriage. All except one of the parents were unemployed due to their depressive illness. The parents were in their 40s with two or more children, aged between seven and twelve years old, as well as adult children. Informed consent to take part in this study was obtained from the parents prior to completing the intervention. Furthermore, to preserve the participants’ anonymity, all names used in this study are pseudonyms. The following names were given to the participants to mark their speaker turns in the extracts: Liisa, Paula, Kai and Matias. Liisa’s daughter is called Sofia and Paula’s son is called Thomas. The letters FW are used in abbreviated form in the extracts to mark speaker turns by the family worker. Similarly, the letters FT and R in the extracts point out speaker turns uttered by the family therapist and the researcher.

2.2 The Institutional Setting for the Family Intervention

The Vertti peer group intervention consists of ten one and a half hour weekly sessions, and is targeted at parents who suffer from depression and their children. The parents’
and the children’s groups are run separately in a parallel fashion while co-operating with each other. The sessions took place at a local community social security centre in one of the municipalities of the capital region in Finland. The service professionals delivering the intervention included a family worker who is employed by the social security unit in the area of child-protection, as well as a family therapist who was not a permanent member of staff in the institution but was hired on a sessional basis from elsewhere. While the parents’ group was facilitated by the family worker and the family therapist, the team of professionals also included a psychologist, social psychologist and another family worker, all of whom facilitated the children’s group and reported back to their colleagues and the children’s parents.

The clients for the intervention were selected by the family workers on the basis of a depression diagnosis in the parent as well as the families’ previous contact with the social welfare agents or child protection agents. Therefore the clients and the family workers already knew each other prior to attending the family intervention. However, participation in the intervention was voluntary.

While the social security office building in which the Vertti intervention took place may be described as a typical institutional setting, characterized by long narrow corridors and waiting areas with plain seating facilities and plain grey coloured walls; the actual room where the Vertti meetings were held was called the ‘family room’, which offered an atmosphere that was much more warm and homely. The room was furnished with comfortable sofas and armchairs and decorated with soft rugs on the floor and colourful curtains in the windows. There was also a little play area for children as well as a kitchenette for making snacks. Therefore this room was able to provide a pleasant and a more informal setting for the meetings, thus lessening the sense of being in an institution.

2.3 Methods for Data Gathering: Participant-Observation and Tape-Recordings of Verbal Interactions

The Vertti intervention was delivered within a research context whereby the researcher (myself) carried out a participation-observation methodology through attending all of the ten weekly sessions in the parents’ group. Each session was also tape-recorded and transcribed. Informed consent to use the audiotapes of this intervention for research
purposes was obtained from the parents prior to completing the intervention. In the
beginning of each session the parents were also reminded that the tape-recording may
be stopped at any point if they so wish or they may state in the audiotape recording that
they do not wish particular comments to be used for research purposes. However, it was
never necessary to follow this procedure.

The fieldwork period proved to be a highly beneficial learning experience during which
useful insights about the group dynamics and the general atmosphere in the Vertti
meetings could be built. This is particularly true in the absence of a video recording of
the Vertti meetings which would have captured the non-verbal gestures and other
unexpressed signals that are only visible through body language. In this respect it was
essential to rely on field-notes reporting observations about significant aspects of non-
verbal communication, such as lack of eye contact between participants or the turning
away of a gaze.

Ethnographic information was also gained from talking to professionals delivering the
intervention. The content of these discussions mainly involved the sharing of any
concerns about the clients or general feedback from previous meetings as well as the
planning of strategies for facilitating future meetings. Through these discussions it was
also possible to gather background information about the clients’ life circumstances that
were not discussed during the Vertti group meetings in the presence of the parents.

The ethnographic information gained from the fieldwork phase of this research are
treated as supportive observations only, because the main analytic focus in this study is
on the conversation analysis of the tape-recorded and transcribed verbal accounts of
interactions between participants. Nevertheless, some key ethnographic information is
included in the analysis due to the highly essential part this information plays when
trying to build an understanding of what is happening in the interactional patterns
between the participants during the Vertti meetings.

During the field-work period I adopted a strategy for carrying out participant-
observation that consisted of an intention to maintain an appropriate level of interaction
with the participants while still keeping distance from them. In this fashion, the aim was
to incorporate these two opposing approaches in a balanced manner. Distance was
maintained through using observation and keeping interaction with the group members to a minimum in order to not influence too much the group proceedings or the direction that the trajectory of talk between the participants should take. However, due to the delicate issues discussed in the group, the presence of a distant researcher who was simply observing what was happening in the group might have created suspicion and tension in the parents. This could potentially have had a negative impact on the group process as a whole in terms of making participants uneasy about the situation and preventing them from talking freely. For this reason I believe it was essential to invest my own personality in the interaction in an effort to become part of the group and hoping to establish a relationship of trust with the participants. The most natural way of achieving this goal was to adopt the role of a friendly and empathetic listener in ensuring that the participants felt comfortable enough about disclosing personal and sensitive information in the presence of a researcher. During the meetings, I sometimes provided reassurance and encouragement through affiliative comments (e.g. ‘that must have been tough’, ‘sounds like you have been through a lot’), as I felt the need to acknowledge the difficult experiences the participants shared with the group. Sometimes I shared my own thoughts with the group members, especially when taking part in group tasks that involved self-reflection as part of the intervention. On such occasions my aim was to find a common ground with the participants through an attempt to identify with their parenting concerns by drawing on my own learning experiences from working with children in care. Furthermore, throughout the participant-observation phase of this study, I engaged in self-reflexive work by way of keeping a fieldwork diary in which my intention was not only to note my general observations about the group, but also to raise self-awareness of the ways in which my own personal background and past experiences might influence the ways in which I relate to the participants’ experiences, and try to make sense of what was happening in the group.

Indeed, in a similar vein to the fieldwork approach adopted in this study, the establishment of an intimate relationship between the researcher and the participants is often considered an ideal basis for data and theory building in reflexive anthropology (Davies, 1999). A positivist orientation in ethnography has been replaced with an interest in reflexivity among anthropologists since 1970s. While the ethnographer was
eliminated from research findings in classic ethnographic texts, it has now become standard practise to acknowledge that all researchers are connected to or part of their study. The aim in reflexive anthropology is to attempt to ensure objectivity through an awareness of the connection with the research subject and the effect that the researcher has upon it. This involves accepting the researcher’s essentially subjective stance while being aware of the ways in which the researcher’s personal history as well as disciplinary and sociocultural circumstances may influence the research. (Davies, 1999.) This also brings to light the notion of research as a social process, during which knowledge is constructed in collaboration between the participant and the researcher (For a detailed discussion on this, see Holstein and Gubrium, 1995).

2.4 Conversation Analytic Procedure and the Selection of Extracts

2.4.1 The Analytic Exploration of Data

The practise of CA involves building a data-based argument about patterns of interaction without being influenced by pre-formulated ideas about what the phenomena should look like (ten Have, 2007). In accordance with this protocol, the first stages of the analysis in this study may be described as what Psathas (1995:45) called “unmotivated looking”. Thus, the intention was to be as open as possible to discovering phenomena regardless of any pre-given research questions and practical interests directing this study. In this manner, all the transcribed interactional episodes were systematically read through several times, and the initial reading of the data was guided by the four broad CA organizations, as proposed by Paul ten Have (2007), including paying attention to turn-taking organization; sequence organization; repair organization; and the organization of turn-design. (ten Have, 2007.)

From the detailed turn-by-turn investigation of the transcripts a few interesting features in the patterns of interaction during the Vertti meetings became clearly noticeable. One of the most striking features that emerged from the data was the high frequency of gaps or long pauses in the interaction and other disturbances in the smooth flow of the turn taking system. The group facilitators also consistently addressed the group members with direct questions but these attempts did not seem to be successful in getting participants to talk at any length. The next analytic step was then to systematically
check these first impressions against what is available in the data, as well as to elaborate on any remarkable phenomena observed. (ten Have, 2007.)

In order to contextualize the first impressions of the data and explicate the significance of the long silences and other striking features in the talk-in-interaction, a detailed search for patterns of turn construction was carried out. Attention was paid to pauses, and to the ways in which speaker change occurs, as well as the ways in which openings and closings of sequences are managed. (ten Have, 2007.) The investigation of the features of adjacency pairs and sequence structures was guided by a detailed attention to the action being done in each turn, as well as an acknowledgement of the relationship between these actions, for instance as initiatives and responses of some kind. This involved systematically trying to answer the question “What is the speaker doing in this turn?” for all the turns that make up the sequence. (ten Have, 2007; Madill, 2001.)

On the basis of the more detailed analysis it was possible to structure the sequences of interaction in terms of their typical phases and identify some general patterns in the interaction taking place during the Vertti meetings (Heritage, 2004). This general phase structure could then be summarized and described in terms of the parents’ reluctance to engage with the intervention protocol and the group facilitators’ attempts to overcome client resistance. Once this particularly interesting phenomenon had emerged from the data, it was also possible to ask the data the research questions motivating this study. The aim was to examine how the research questions relate to the findings regarding parents’ resistance strategies and the group facilitators’ responses to it, while simultaneously keeping the analysis in context in terms of the four CA organizations. (ten Have, 2007.)

Since the purpose of this study was to look at the ways in which the objectives of the Vertti intervention are verbally negotiated between the welfare agents and their clients as well as the ways in which peer support, as opposed to professional support, becomes accomplished through talk-in-interaction, it was of interest to focus on all of those instances in the transcripts that directly dealt with these matters. Particular attention was paid to turn design in order to determine how utterances become meaningfully tailored in such ways that serve the purpose of accomplishing specific actions relating to the Vertti intervention. (ten Have, 2007.) This is interesting as the speakers always choose
from a set of alternative ways in which something can be expressed. The analytic procedure involved identifying the types of conversational devices adopted by the speakers as well as the functional significance of their usage in order to achieve certain actions (e.g. contrasts, noticeable absences and gists). (Madill, 2001; ten Have, 2007.) Furthermore, through a detailed attention to turn design, it was possible to reveal how the institutional context of the Vertti intervention was made consequential for the interaction between the participants. Consideration was given to the ways in which the participants orientated to and maintained their institutional roles and identities. Typical patterns of institutional interaction, as identified and categorized by Heritage (2004), were clearly noticeable in the data, and some of the research findings from this study are organized and presented in the results section in accordance with Heritage’s (2004) categorisation of the six dimensions of specific features of institutional interaction.

**Selection of Extracts**

Several sequences were selected for more detailed analysis because they were able to illustrate well the distinguished interaction patterns in relation to the research interests (Madill, 2001). This method for selecting extracts followed the principles of theoretical sampling (see Strauss and Corbin, 1998) whereby the goal was to select instances in the data for their maximum similarity and their theoretical relevance in order to provide good examples of the identified interaction patterns. Consequently the extracts that were chosen for further analysis are confirmed by other similar cases in the data and are in this sense representative. (ten Have, 2007; Heritage, 2004.)

All selected extracts were transcribed. This provided nine extracts varying from a few lines to a few pages of transcript. The transcription conventions used in this study are standard in conversation analysis, and were developed by Gail Jefferson (Jefferson, 2004; Hutchby & Wooffitt, 2008) (See Appendix 1).

Since the language of the present publication is English, the materials in the extracts are presented first in translation into English, with the original transcript in Finnish given immediately next to it, as a separate block of text. The ideal principle in conversation analytic research is to follow the original talk as closely as possible in translations. However, the language systems in Finnish and in English are very different from one
another, which makes it more challenging to provide readers with highly detailed information on the original interaction. Consequently, the English translations produced do not always flow as naturally in English language as one would desire, but they are still comprehensible. When it was not possible to catch a lot of the original interaction in an almost word-for-word translation, the extracts contain morpheme-by-morpheme glosses, which are immediately followed by a free translation that is encompassed in double brackets. (ten Have, 2007.)

The analysis of the nine extracts selected for detailed inspection is presented in full in the following section.
3. Results

This chapter presents the analysis of the research results which are divided into two parts: The first section looks at how the institutional task of delivering the Vertti intervention is achieved by the group facilitators and how the intervention is received by the group members in talk-in-interaction. The focus of the second part of the results section is on the peer support aspect of the Vertti intervention. The analysis investigates the ways in which peer support becomes co-constructed by the participants through turn design and the sequential organization of language. It is also of interest to examine the differences in the social organization of language in accomplishing peer support as opposed to accomplishing professional support.

Before presenting the reader with the extracts and their subsequent analysis, a few general comments about the basic organizations of talk-in-interaction in the institutional context of the Vertti intervention should be made. Examining the management of turn-taking is one important area through which the impact of the institutional context on interaction is revealed. Vertti meetings present a relatively informal institutional setting whereby no strict turn-taking procedures occur. Instead, all group members are free to join in and contribute to the discussion at any point. Nevertheless, the participants’ orientation to their institutional identities seems to have the consequence that the group members are reluctant to open and close encounters but this activity is mainly left to the group facilitators. Similarly questions and requests for information are mainly performed by the institutional agents. This behaviour suggests that the Vertti group members orientate to the institutional situation at hand in terms of the “expert-novice” framework by adopting the “inexpert” position. (Heritage, 2004.) This may partly explain one of the most striking findings from this research, which was the parents’ reluctance to talk freely while maintaining long silences and replying to questions with only a few words. The structural relation between the parents and the group facilitators whereby questioning is mainly left to the institutional agents creates interactional asymmetries, as identified by Heritage (2004), that typically characterize institutional interaction: Vertti group facilitators tend to choose which contributions are allowable and relevant, which direction a topic should take, as well as when to conclude one topic and move on to the next. (Heritage, 2004.)
3.1 Results Examining the Institutional Task of Delivering the Vertti Intervention:

Strategies of Resistance

The data revealed that the parents were often reluctant to engage with the intervention protocol. There may be many different reasons for this, including difficulty to confront and engage with such a sensitive topic. It is not easy to consider how parental depression might cause pain for children. The extracts included in this section illustrate some of the conversational devices parents adopt in order to avoid difficult topics of conversation, as well as the conversational strategies the facilitators resort to in an attempt to overcome client resistance and encourage clients to engage with the task at hand.

The following extracts also demonstrate how the tasks and goals of institutional interaction can sometimes be unclear to the clients. Furthermore, in this case, the fact that the Vertti intervention is delivered in an institutional setting which is associated with a child protection agenda seems to instil suspicion in at least one of the clients, which is apparent in the manner in which she orientates to the institutional encounters described below.

Before proceeding with the analysis, let us briefly describe some background information that clarifies the context of the extracts to follow: Each Vertti meeting begins with all group members discussing their own state of mind and their children’s state of mind since the previous meeting. This is facilitated through the medium of picture cards that contain illustrations of different types of weather (sunny, rainy, stormy etc.), all of which symbolize different moods and feelings. Each parent chooses one card to describe their own mood and another card to describe their child’s mood.

In the extract below Liisa talked about the card she picked for herself and disclosed to the group that she has been feeling down. However, she did not pick a card to talk about how her daughter has been. The extract starts where the family worker reminds parents to pick a card also for their child:
3.1.2 Extract 1, Vertti Session 4: Denial of Negative Feelings in a Child

1 FW: .hhh should we also take a card? .hhh otettaisko sit vielä kortti? (. ) et
2 (. ) to show how the child is millasella mielessä lapsi on myös
3 feeling also (1.0) is it always the (1.0) onks se sama mieli aina
4 same state of mind in children?= lapsella?=
5 Liisa: = NO (.) no matter how I am = EI (.) vaikka mä olisin millä
6 feeling Sofia always has this tuulella niin Sofialla on aina tämä
7 ((Liisa picks up the sunny card ((Liisa valitsee kortin, jossa on
8 and shows it to the group.)) auringon kuva, ja näyttää sen
9 ((Liisa valitsee kortin, jossa on
10 ryhmälle.))

In lines 1-4, the family worker reminds parents to take a card which represents their child’s mood and encourages parents to think about their children’s feelings. She does this in a subtle way, without directly drawing attention to Liisa’s reluctance to pick a card for her daughter, which is an action on Liisa’s behalf that in itself reflects reluctance to engage with the topic.

In lines 5-6, Liisa immediately rejects the family worker’s question of whether children always have the same mood as their parents. This rejection is uttered firmly with a raised tone of voice, which reveals that Liisa does not treat the family worker’s question of how her child is doing in neutral terms as a casual inquiry, but the institutional context where the question takes place has the impact that Liisa interprets this question with some suspicion and seems to perceive a hidden agenda behind it. Consequently her response is defensive as indicated by Liisa’s denial of Sofia having any negative feelings as opposed to what Liisa perceived the family worker to implicitly suggest. Instead Liisa claims Sofia is always happy, as expressed by the selection of the sunny card. Liisa’s turn is met with disaffiliative laughter (line 10) by the group members,
which may be interpreted as conveying disbelief in Liisa’s comment: It is highly unlikely that someone is always in a good mood. However, no one confronts Liisa on this matter explicitly at this point, but the conversation moves on to the next person. (Heritage, 2004: 232.)

The next extract presents a similar encounter between Liisa and the family worker which took place in another meeting the following week:

3.1.3 Extract 2, Vertti Session 5: Challenging the Avoidance of Child’s Feelings

1 Liisa: Sofia sat next to me hhh (.) Sofia istuossa mun vieressä hhh
2 when we were waiting in the (.) kun ootettiin aulassa (0.3) ja mä
3 lobby (0.3) and all of a suddenly rupasin itkee ihan yhtäkkiä (0.8)
4 I started to cry (0.8) People Ihmiset kat:to ja mä en nii:nku
5 were looking and I didn’t like vialittany ollenkaan (1.0) mä vaan
6 care at all (1.0) I just cried ( ) itkin ( )
7 (1.0) (1.0)
8 FW: I wonder what Sofia thought mitähän sofia mahtoi ajatella siitä
9 about it [that ] [että
10 Liisa: [N:::O I told her that [E:::I mä sanoin sille et mul on huono
11 I am having a bad day (.) päivä (.) se jotenki ymmärsi (.) ja
12 somehow she understood (.) and laittoi pään mun olkapäälle.
13 placed her head on my shoulder.
14 (0.3) (0.3)
15 FW: She is comforting you! Se oli hänen lohdutus!
16 ( Few lines omitted) (Muutama puheenvuoro poistettu)
17 Liisa: I have asked Sofia (.) if she mä oon kysyny Sofialta (.) et
would like to talk little about my stuff. .hh(.)but she just replies asioista. .hh(.) mut se vastaa vaan et
that `<I can’t be bothered now>` <en mä ny jaksa > (1.0) Vähän se (1.0)She’s a bit like (0.5) or if niinku (0.5) tai jos joku
some socialworker (.) has asked sosiaalityöntekijä (.) on kysyn
how she feels about her mother et miltä sust tuntuu kun äitillä on
being like that (0.2) tom:mosta (0.2) ja se sanoo vaan et
and she just says that I do:n’t E:n mä nyt osaa sano:o (1.0) Ei se
know what to sa:yy (1.0) it doesn’t oikeen tunnu miltään. (1.5) En mä
really feel like anything. (1.5) tiipi (.) hh sillä on varmaan
I don’t know? (.) hh I guess niin paljon kiirettä kavereiden
she is so busy with her friends? kanssa? niillä on aina paljon
they’ve always got lots to do. (.) tekemistä. (.) Se ei oo niinku? en mä
She hasn’t like? I don’t know osaa sanoo
how to put it
FW: It is left to see that .hhh Se jää nyt sit nähtäväks että .hhh
whether through this group (.) alkaako tän ryhmän (.) myötä tulla
more starts to come out (0.8) enemm:än ulos (0.8 ) ehkä tulee?
((Well it is left to see whether jotenkin lupa puhua siitä asiasta
attending this group will help her enemmän.
to open up?)) Perhaps there
will somehow be a permission
to talk about it more.

Liisa: = Oh::h? YE::S yeah = Nii::n? JO::Q niin

FW: = Or hopeful:ly will be = tai toivot:tavasti tulee

(0.5) (0.5)

Liisa yeah niin

This extract conveys a very similar scenario to the one discussed earlier. Liisa has talked about her sad moods that make her weepy (lines 1-6) and when the family worker draws attention to how Sofia might experience her mother’s depression (lines 8-9), Liisa becomes defensive. She perceives the question as some sort of accusation. This is evident in the manner by which Liisa interrupts the family worker’s turn (line 8) with an extended ‘no’ that is uttered much louder than the words following it. In this fashion, the beginning of Liisa’s turn is designed to reject any implicit suggestions by the family worker about Sofia experiencing difficulties. Then Liisa continues by providing an explanation whereby she claims that her daughter understood she was having a bad day and placed her head on her shoulders (lines 11-13). This explanation is part of the on-going implicit sequential negotiation that is designed to prove that her daughter is coping well regardless of her depression.

At this point the family worker formulates an affiliative response which acknowledges Liisa’s daughter’s behavioural response to her mother’s depression as being one of compassion and comfort (line 15). She does this with an empathetic tone in her voice and her turn signals acceptance of Liisa’s prior turn. The family worker’s softer response may reflect sensitivity to Liisa’s uneasiness with the situation and may be seen as an attempt to alleviate Liisa’s distrust towards the underlying motives of the on-going institutional interaction.

Liisa’s comments on lines 17-32 reopen her endeavour whereby the course of action is to prove that Sofia is not troubled by her depression. Liisa does this by declaring that she has tried to talk to Sofia about depression (like a good mother should), and states that even social workers (with expertise on the matter) have opened up discussion with
her daughter, but according to Liisa, Sofia is not interested. Liisa emphasizes positive aspects in Sofia’s life by pointing out how busy she is with her friends. However, her turn also includes expressions of uncertainty as manifested by the repeated usage of the term “I don’t know”. This may be seen as an invitation for an expert opinion on the subject matter.

Indeed, the uncertainty in Liisa’s turn helps the family worker to make use of the institutional imperatives which grant her the permission to challenge Liisa’s construction of her daughter as being unaffected by her depression. The family worker manages Liisa’s defensive encounter with an extension which allows her to claim a greater recognition of what Liisa’s experiences with Sofia entail. The family worker points out that attending the meetings may help give permission to talk about issues more (lines 34-41), thus undermining Liisa’s attempt to suggest that there are no issues to address. One of the main aims of the Vertti intervention is to help children to be able to share their feelings and concerns openly with their parents. The reasoning behind the Vertti approach assumes that it can be an alarming sign if a child always appears to be happy. The child may feel that it would be too difficult for the parent to deal with the child’s negative emotions and therefore hiding feelings can be an attempt to protect the parent. As part of this sequential negotiation, the family worker designs her turn in a manner that conveys this message to the group members in a very subtle manner through placing the emphasis on giving children the permission to talk about their concerns.

Liisa’s reply follows seamlessly from the family worker’s prior turn and contains an emphasized and extended ‘Ohh yes’, followed by ‘yeah’ (line 42). This communicates an acceptance of the new insight about her daughter’s situation, as offered by the family worker. It is a response to the family worker’s expert position as someone who knows better. The family worker then adds a repair with the emphasis on the word hopefully (line 43) in order to convey the positive and desirable nature of initiating and developing conversations with children. Liisa replies with another sign of approval (line 45) and thus concludes the business they have together.

The following extracts provide further demonstration of parents’ reluctance to engage with the intervention protocol. However, before proceeding to the analysis, it is again
necessary to explain some background information in order to help the reader understand the context of the interaction: The topic of the third Vertti meeting is “What is mental illness?”. Both children and their parents explore this topic in their own groups. The topic is approached through a letter exercise: the children receive an imaginary letter from a pair of siblings called Tuomas and Tuulikki who do not understand that their mother is depressed (see table 1 below for the letter). Tuomas and Tuulikki ask for help and advice from the children’s group in order to shed light on their mother’s unusual behaviour. The family worker reads the same letter to the parents in the parents’ group. The letter from Tuomas and Tuulikki is designed to help parents to relate to a child’s perspective and think about how children might experience parental depression. The family worker explains that the children’s group is going to complete an exercise that involves writing a reply letter to Tuomas and Tuulikki and suggests that the parents should complete the same exercise, as this will be good practice for talking to their own children about depression and provide them with experience. Extract 3 below contains the parents’ responses after the family worker has introduced the letter-writing task.
“Hello children’s group

We need your help and advice! We think that our mum has changed. She is sometimes odd and different from other mums. She doesn’t go to work in the morning anymore, but often stays in bed in a dark room. Nowadays she is often grumpy and gets angry for really stupid reasons. Then she shouts a lot. It makes us confused about what is going on…and we are scared. Sometimes, when mum thinks that we cannot hear or see her, she cries quietly. She seems lonely. It makes us feel sad too. Mum seems extremely tired. She doesn’t want to meet anybody, play with us or cook food for us. We don’t want to invite our friends to our home, because we cannot disturb mum, because she is just sleeping all the time.

What is the matter with her? She wasn’t so tired before, angry, or sad all the time. And why does she shout for almost no reason? It almost feels like it is our fault…

We are too scared to tell anyone what is happening. At school and with friends we pretend that everything is fine and nobody notices how worried and upset we are. Sometimes mum’s behaviour really frightens us. It feels like no-one really understands, because others don’t have these kinds of difficulties. What should we do? Are there other families who experience similar problems?

Please be so kind and reply to our letter!

Tuomas & Tuulikki”

### 3.1.4 Extract 3, Session 3: Resisting Talking about Depression

Parents responses to the letter writing exercise:

1. FW: It was a thought provoking letter Se oli ajatuksia herättävä kirje (0.2)
2. (0.2) could we as parents voitaisko me nyt vanhempina
3. now write a reply to Tuomas and kirjoittaa et mitä me vastattais
Tuulikki?

Tuomakselle ja Tuulikille?

(0.5)

(0.5)

Liisa: Terribly difficult

Kauheen vaikeeta

(1.0)

(1.0)

FW: Would it be difficult?

Oisko se vaikeeta?

(2.0)

(2.0)

Liisa: Now all of a sudden

Nyt äkiseltään yhtäkkiä

(0.5)

(0.5)

Matias: hhh. well ‘cos I’m just asking

hhhh. no kun täs just kysyy noita

myself those same things

samoja asioita iteltään Niin

(0.2)

(0.2)

so then it’s difficult?

se on sit vaikeeta?

(0.8)

(0.8)

FW: Ye:s they are those same

Ni:in ne on ni:itä samoja kysymyksiä

questions (.). yeah? (.). if it would

(.). joo? (.). Jos se aut:tais tässä et

be helpful here so it would

ois varmaan helpomi (0.2) kun

probably be easier (0.2) since the

lapset mietttiä nyt näitä asioita. hh jos

children are now thinking about

me mietittäis yhessä niitä (.). niin ehkä

these issues. hh if we thought

teiän ois helpomi vastata (0.5)

about this together (.). perhaps it

Koska tän ryhmäkerran jälkeen

would be easier for you to reply

Ne saattaa tulla teiltä kysymään.

(0.5) because after this group

(1.0) tai jos ei kirjoita sitä kirjettä

session they might ask you

niin mu:uten tässä yhessä keskustella

questions. (1.0) Or if we don’t

= 
write the letter then other-wise

discuss it here together =

Liisa: = >That suddenly, by the way, = > mul tuli tost, muuten, mieleen
reminded me < Sofia told me,
yhtäkkiä < Sofia kerto mulle, et hän
that she doesn’t un-der-stand how ei ym:mär:rä kun kaikkien hänen
all her friends’ mums, they are kavereidensa äidit, ne on ihan
complete ner-vous wrecks .hh hermotautisia .hh Ne huutaa ja
They shout and scream all the raivoo koko ajan kotona, ja mä en osaa
time at home, and I can’t huutaa sille (.) Siis mä en e:es hu:uda
shout at her (.) So I don’t Sofialle koskaa vaik se viiittelis mun
even shout at Sofia ever even kans (0.5) öö hm mä aattelin et onks
if she was arguing with me mus joku vika ku mä en osaa ees
(0.5) err hm I was wondering huutaa sille (.) ja ne ei oo ees
whether there is something masentuneita (0.2) Ne on norma:aleja
the matter with me since (0.5) tai mistä mä ° tiiän.°
I don’t even know how to
shout at her (.) and they are
not even depressed (0.2) They
are nor:mal (0.5) or how
should I ° know. °
(2.0) (2.0)
FW: Mmh (.) that was an important Mmh (.) toi oli tärkeä viesti et
message that shouting can also be normal, but it is also possible that there is depression involved. (0.2) We can’t always know that there is depression involved.

Liisa: I wonder since I can’t even shout like. (1.0) We can’t always know that there is depression involved.

R: How is that a weakness, isn’t it? A good thing not to shout? (1.5) We can’t always know that there is depression involved.

((Heh heh hee)) ((Heh heh hee)) ((Ryhmän jäsenet nauravat))

Matias: = “yeah” and there is also that, = “joo” ja onhan siinä sekin, että ei that there is not always energy to shout

FW: Do you mean that there is a need to be more firm or? (0.5) (0.5)

Liisa: Yeah I have been told that I am too kind to my children. Yeah I have been told here that I am too kind to my children. (0.2) (0.2)

I am too kind to my children. Joo mulle on tällä sanottu et mä oon liian kiltti mun lapsille
In lines 1 to 4, the family worker invites the group to complete the letter exercise. This request is met by Liisa’s immediate strong negative reaction (line 6), which reveals how difficult the topic is for her. This is particularly highlighted by her lexical choice of the adjective “terribly” to describe how difficult she finds the task. The family worker repeats Liisa’s utterance in a question form “Would it be difficult?” (line 8) and feeds it back to the group, inviting Liisa to elaborate further, or the other group members to join in. Liisa’s response “Now all of a suddenly” (line 10) indicates that she feels unprepared and not ready to engage in the letter writing exercise at the time being. Matias joins in and aligns with Liisa (lines 12-14) with the revelation that he also finds the exercise difficult. Matias explains that he is asking himself the same questions as the children in the letter, which implicitly communicates that the underlying factor in the difficulty with this task for Matias is his own confusion about his illness. It is difficult to explain to others something you do not understand yourself.
The family worker begins her response by paraphrasing some aspects of Matias’ prior turn (lines 16-17) with the acknowledgement that the questions are the same questions the children are asking. She then moves on to giving a persuasive and motivational talk designed to encourage parents to cooperate (lines 17-26) and her reaction reveals that she interprets the prior turns as resistance to engage in the letter exercise. She offers a solution to the parents’ sense of difficulty in completing the exercise by suggesting that they should all think about these issues together to make it easier to reply to the letter. She also points out that children might ask them questions after the session, thus implicitly emphasizing the real-life relevance of the exercise and the importance of the parents being prepared. Her response is somewhat muddled which may be the result of the interactional challenge she is facing. The family worker cannot force the parents to engage with the task, but it is important for her to make sure the parents carry forward the intervention agenda. She employs non-assertive words, including “if”, “probably” and “perhaps”, throughout her persuasive account, which allows her to communicate a softer pledge. Finally, in her last utterance (lines 26-28), she responds to the parents’ reluctance to complete the task by resorting to a technique of offering them a choice between writing a letter or just talking about it, the latter is portrayed to be an easier option. In this way, she is trying to combat the non-cooperation perceived and salvage the appropriate delivery of the intervention agenda, without coming across as too forceful.

Liisa takes the floor quickly (lines 29-46) without referring at all to the family worker’s prior turn regarding the letter exercise, but she manages a topic shift with the opening utterance “That suddenly, by the way, reminded me”. Liisa’s use of the word “that” does not refer to what the family worker has just said, but it refers to the letter from Tuomas and Tuulikki as the source of her being reminded of something else. This allows Liisa to introduce her own agenda, a topic regarding mothers shouting at their children. Liisa’s behaviour does suggest reluctance to engage with the intervention protocol and her responses are in accordance with a framework called Client Non Compliance code (CNC), which is a five category coding system that was developed to measure client resistance in the context of parent training sessions and family therapy. These five categories describing client noncompliance are “interrupt”, “negative attitude”, “confront”, “own agenda” and “not tracking”. (Chamberlain, Patterson, Reid,
Kavanagh and Forgatch, 1984.) Liisa’s utterances display three of these client resistance categories, including expressing a negative attitude, which was evident when Liisa found the letter task “terribly difficult”; not tracking or pursuing the family worker’s prior turn, and introducing her own agenda regarding not shouting at her daughter, which is a topic that she may find safer to explore rather than engaging with the letter writing exercise. Furthermore, Liisa’s action to compel herself as patient mother who does not get angry seems to stem from a motivation to create distance between her own behaviour, and the way in which the letter exercise constructs the category of depressed parents. In lines 30-43 Liisa tells that her daughter Sofia cannot understand the way in which her friends’ mothers shout at their children, and consequently Liisa constructs these mothers as “nervous wrecks”. Liisa’s utterances reveal that neither she nor her daughter considers this kind of behaviour desirable. Yet, Liisa then constructs her problem as an inability to shout at her daughter. She compares herself with what she considers as “normal mothers” (lines 43-46) who are not depressed but still shout at their children. This suggests that the implicit meaning in her utterances is that she finds it even odder that she does not shout at her daughter, since she is the one who suffers from depression, which is a condition that often makes people irritable. Finally she points out that she cannot know for sure whether the other mothers are “normal” or “depressed”. The apparent contradiction in Liisa’s turn between constructing shouting at children as something that is both undesirable as well as desirable makes it difficult to make sense of Liisa’s problem formulation.

In lines 48-52, the family worker formulates a reply that selects the following aspects of Liisa’s prior turn: “Mmh that was an important message that shouting can also be normal, but it is also possible that there is depression involved. We cannot always know that.” In this way, the family worker rejects Liisa’s topic shift by not taking up Liisa’s problem formulation regarding her inability to shout at her daughter. Instead, the family worker focuses on other aspects of Liisa’s prior turn which allows her to interpret Liisa’s utterances in a way that transforms their meaning from a problem formulation to acknowledgement that the boundaries between normality and depression are not always clear cut. Liisa’s problem formulation regarding her inability to shout at her daughter represents a first part of an adjacency pair that normatively would require a relevant second pair. The non-take-up of Liisa’s problem formulation where the normative
framework for adjacency pairs would require it constitutes a “noticeable absence”, which itself can be interpreted as accomplishing particular actions. (Hutchby & Wooffit, 2008.) It seems that by not pursuing Liisa’s problem formulation, the family worker may have misunderstood the point Liisa was making, or she may not be willing to go along with it, as she may try to maintain her own agenda and shift the topic back to the letter-writing exercise.

In lines 54-55, Liisa reacts to the noticeable absence in the family worker’s prior turn by reasserting her problem formulation: “I wonder since I can’t even shout like.” Liisa’s response reveals that she perceives the family worker to have failed to make sense of her problem formulation and by repeating it Liisa is trying to accomplish mutual understanding. The way in which Liisa reasserts her prior case makes it very difficult to ignore her problem formulation since her turn is clear and precise, including nothing else but the problem of not being able to shout at her daughter.

At this point the researcher takes the floor (lines 57-58) and questions the validity of Liisa’s problem by commenting: “How is that a weakness? Isn’t it a good thing not to shout?” Pointing out the somewhat ludicrous nature of Liisa’s problem and implicitly implying that Liisa is turning her positive parenting assets into negative ones has the impact of a joke and the group members respond with a joint laughter.

Liisa’s problem formulation has been meaningful for Matias which becomes apparent when Matias returns to the serious mode in the talk-in-interaction with the following remark (lines 61-63): “Yeah, and there is also that there is not always energy to shout.” Matias’ reintroduction of Liisa’s problem formulation transforms the meaning from not being able to shout at children to not having the energy to do so. Matias’ version of the problem formulation relates to the context of parental depression which makes it easier to comprehend.

The family worker intervenes with a lexical substitution of Liisa’s and Matias’ prior turns in which she suggest a more appropriate term for describing child discipline rather than the term “shouting” (lines 65-66): “Do you mean that there is a need to be more firm or”. In this way, she is trying to establish coherence by making sure that everyone is aligned to the topic, thus agreeing that they are talking about the same thing. She is
also implicitly communicating the unacceptable nature of shouting at children while portraying firmness as the appropriate approach. The family worker’s formulation places the recipients in the position to accept, partially accept, or reject her proposition regarding firmness. Thus, formulation and its recipient turn constitute an adjacency pair in which confirmation would be the preferred response, while disconfirmation would be problematic and would require justification.

In line 68, Liisa accepts the family worker’s formulation about being firm with a simple and quick “yeah” utterance. She then reasserts her problem formulation for the second time: “they have told me here that I am too kind to my children.” (lines 68-69). This time she adds more detail to her story and reveals the real source of what is troubling her. In the light of this new information, Liisa’s concern can be perceived as genuine and the upshot of Liisa’s original problem formulation suggests that she feels confused about what the social workers meant when they suggested she should be less kind to her children. The contradiction in her original problem formulation may indicate that Liisa disagrees with the social workers’ opinion, but is careful not to explicitly confront the family worker on this.

The family worker is not satisfied that consensus has been reached with regards the terms used to describe child discipline and therefore she reasserts her prior case (lines 71-74): “Hmm, so it is certainly not wrong not to shout at them with a red face, but you probably also mean being firm?” In this way, the family worker responds to the underlying confusion in Liisa’s problem formulation by making it clear that Liisa should not assume that “being too kind to children” means that it is advisable to shout at them, but to be firm with children when necessary. The family worker’s repetition of the lexical substitution “but you probably also mean being firm?” creates a strong constraint on Liisa to accept the family worker’s formulation. As someone who works in child protection, it is clearly important for the family worker to make sure everyone understands that it is not desirable to shout at children. The family worker is therefore concerned about the ways in which Liisa and Matias articulate their problem formulations rather than the actual problems themselves. She does not address any specific aspects of the problem formulations, but assists in the expression of the problem with appropriate terms. By not inviting Liisa to elaborate on her concern about
Liisa replies with the utterance (line 76): “Yes a bit like firmness”, thus confirming they are properly aligned to the same topic. However, Liisa only partially accepts the family worker’s formulation which is evident in her choice of the words “a bit like”. This gives the feeling that Liisa is not quite satisfied that mutual understanding has been accomplished but there is still something else Liisa would like to address. However, she does not reassert her prior problem formulation a third time.

At this point the family therapist takes the floor and responds to Liisa’s problem formulation about being too kind to her children. The family therapist does this by offering a relevant second pair to the original adjacency pair concerning Liisa’s problem formulation (lines 78-80): “It is possible to have that type of nature, that it is somehow not easy to feel anger.” The family therapist’s interpretation of Liisa’s problem can be seen as a normalizing account, where she suggests that it may be in Liisa’s nature not to get easily angry.

The following extract also takes place during the third Vertti session and begins with the family worker reopening the letter-writing exercise in an attempt to bring the discussion back on the topic in order to carry out the intervention appropriately. The following extract further illustrates the strategies of resistance by the clients as well as the conversational devices utilised by the family worker in order to facilitate talk that is relevant to the topic at hand:

3.1.5 Extract 4, Session 3: Strategies for Overcoming Resistance

1 FW: What other thoughts did this letter evoke?

2 evoke?

3 (9.0) (9.0)

4 Matias: Somehow it did sound a bit jotenki kuulosti vähän tutulta

5 familiar
FW: Which part?

Mikä sielälä?

Matias: Well, at least the lazing about and other stuff.

No ainakin toi lõhööminen ja muuta.

Liisa: = Yes, lazing about

= Niin lõhööminen

FW: What would you like to tell the children about it? (.). If we were now to answer Tuomas and

Mitä te haluaisitte siitä lapsille kertoa? (.). Jos nyt tuomakselle ja tuulikille

vastais, niin se vois olla vähän niinku

Tuulikki, it could be a bit like the way in which you would answer these questions to your own child.

miten te vastaatte omalle lapsellenne

.nhhh < What is the matter with mum, she wasn’t so tired and

vääsynyt ja itkunen, onko se meiän vika,

ei uskalleta kertoa kenellekkään, mitä weepy before, is it our fault, we are too scared to tell any:body,

me tehdään? > (0.5) Mitä siihen vois what should we do?> (0.5) What could you answer to that?

Matias: that guilt should at least be somehow taken off the children.

toi syyllisyys ainakin pitäis saada jotenki pois lapsilta.
It is probably easily with children that, if I do this and that, so that is the reason for mum or dad to feel tired and angry. And often it happens so, that children have done something and then you like get angry more easily. (0.2) But how could this depression be discussed more? (.) On masentunut. So that depression is not the children’s fault. (11.5) (11.5) 

What will it be (0.2) Shall we write a letter or just talk = vai jutellaanko vaan = let’s talk = jutellaan (.) (.)

Okay, let’s talk “yeah” (0.8) If we were to get started with the question that what do you think mental illness is, and how do you understand it, or what are your own symptoms in a way, lähdetään sillä kysymyksellä liikkeelle, et mitä teidän mielestä psyykkinen sairaus on, ja miten te ymmärrätte sen, tai minkälaisia ne omat oireet on tavallaan, miten se masennus
in what way is depression näyttäytyy teiän kotona? (0.2)

visible in your home? (0.2) What Mitä lapset näkee teiän

do the children see from your elämästä? (. ) Jos ajattelee niin

lives? (. ) If we think in such yksinkertaisesti, et mitä se

simple terms that what it is konkreetisesti on? Mitä ne ehkä

concretely? What might they <näee, kuulee, haistaa?>

hear, or smell?>

(0.8) (0.8)

Well the thing that comes to mind No se mikä tulee nyt päällimmäisenä

most is exactly that why I laze mieleen on just se, että mikä mä

about so much. löhöööön niin paljon.

(.) (.)

So what could you reply to that? No mitä si:ihen vois vastata? Onks

Is it the same for others? = muilla sama juttu? =

= yeah, lazing about = joo, löhööminen

= what could you answer to that = mitä siihen voi vastata et miks

why do you laze about? löhööt?

(0.5) (0.5)

I say directly that I am tired mä sanon suoraan et mä oon väsynyt

(0.2) (0.2)

you say that you are tired = sä sanot et sä oot väsynyt =

Then I say to Thomas that I was = Sitten mä sanon Thomakselle et mä

Matias: Well the thing that comes to mind

most is exactly that why I laze about so much.

(.)

FW: So what could you reply to that? Is it the same for others? =

Liisa: = yeah, lazing about

FW: = what could you answer to that

why do you laze about?

(0.5)

Matias: I say directly that I am tired

(0.2)

FW: you say that you are tired =

Paula: = Then I say to Thomas that I was =
at work today and Thomas just says so what, I too was at school
((Hah hah)) Then the bigger sister said that, OHH you were at work
today NICE (0.2) And at first he was like I'm not going to school
either since you're here too (.) So that then was a difficult thing to handle

(1.8)

FW: so have you then talked to the big sister or Thomas overall about why you have not been at work?

(.)

Paula: yes

(0.5)

FW: So (.) that you have told about your depression. Would you like to tell tips to others about what you have told your children?

(.)

Paula: = <WELL I CAN'T> = <NO EN MINÄ MISTA> En mää REMEMBER> I haven't been talking lately.

nyt oo puhunut.
95  FW:  Yeah, well what could you say about it?

96  (1.0)  Joo, no mitä siitä vois sanoa?

97  (2.8)  Ööö että mä (1.5) Että on nyt niin

98  errr that I (1.5) that things are so heavy just now, that I am exhausted

99  (2.8)  raskasta, että mä en jaksa

100  (1.0)  Ööö että mä (1.5) Että on nyt niin

101  (1.0)  Ööö että mä (1.5) Että on nyt niin

102  (1.0)  Ööö että mä (1.5) Että on nyt niin

103  (1.0)  Ööö että mä (1.5) Että on nyt niin

104  FT:  Sometimes adults can get tired and sometimes adults may feel exhausted.

105  Aikuinen välillä voi väsyä ja välillä voi olla että aikuinen ei jaksa.

106  exhaustend.  exhaustend.

The family worker’s invitation for parents to take the floor by exploring their thoughts on the letter writing exercise (lines 1-2) is met with a strikingly long nine second silence. This is a clear indication of how challenging the situation is for the group members. Finally Matias replies (lines 4-5) by tentatively saying that “somehow it did sound a bit familiar”. The family worker encourages him to add more detail in his account with a specifying question (line 7). In response (lines 9-10) Matias identifies that having to laze about is a similar behaviour to what was discussed in the letter, but he leaves his turn short without exploring the issue any further. Liisa then joins in the conversation (line 11) with a short statement whereby she agrees with Matias about having to laze about.

In lines (13-24) the family worker tries to initiate conversation by repeating key points from the letter. Her strategy involves talking slowly and emphasizing certain words when repeating the children’s questions from the letter. In this way, her turn is designed to help parents become focused on the topic and to make it easier for parents to find answers to the children’s questions.
Matias takes the floor in lines 26-27. His utterance is a formulation that draws attention to one of the key points identified by the family worker’s prior turn: the feelings of guilt. Matias places an emphasis on the word “somehow”: “that guilt should at least be somehow taken off from the children”, which suggests that he does not feel confident about how to go about doing it.

In response, the family worker (lines 29-39) gives a few concrete examples of typical scenarios where children may feel guilt when their parent is depressed. Her turn seems to be designed to help parents understand the dynamics of guilt for children in order to make it easier for them to explain to children that the parent’s depression is not their fault. The family worker ends her turn with a specific question in which she also offers the “right” answer she is seeking; about depression not being the child’s fault: “how depression could be discussed more, so that it is not the child’s fault?” Her question is met with a very long, 11,5 second silence. The parents’ reluctance and hesitation to explore the topic any further has the consequence that the family worker repeats her earlier question (lines 41-42) whereby she gives a choice between writing a reply letter or just talking, in an attempt to get parents to engage with the topic in one way or another. Liisa then immediately chooses the seemingly easier option of just talking (line 43).

In order to salvage the appropriate delivery of the intervention, the family worker resorts to a series of simple questions (lines 45-57), which are designed to help parents to think about depression in concrete terms from the child’s point of view. The family worker thus addresses the conversational challenge she is facing by inviting parents to consider how depression is made visible in parent-child interactions and their family lives.

In response to this (lines 59-61), Matias repeats his utterance about having to ‘laze about’ and Liisa repeatedly shares this concern with him (line 65). The family worker then invites them to construct an answer explaining to children why they laze about so much. Matias replies shortly by stating that he just says he is tired (line 69). The family worker then simply recites Matias’ words from his prior turn without exploring how the issue of depression could be discussed (lines 71).
In lines 72-81 Paula takes the floor and responds to the family worker’s invitation to consider how depression is made visible in concrete terms in the group member’s family lives. Paula does this by referring to recent events that took place when Paula’s children discovered that she had gone back to work. (Paula disclosed in the beginning of the meeting that she has returned to work two days ago, after a 6-month sick leave. She has entered a ‘back to work-scheme’ that allows her to work on part-time basis and gradually build her working hours to full-time employment.) Paula begins her turn as follows: “Then I say to Thomas that I was at work today and Thomas just says that so what, I too was at school. Hah hah.” With this utterance, Paula reveals that her son does not really appreciate the significance of her being able to return to work and Paula laughs nervously at the end of the utterance, which suggests that she finds her son’s attitude problematic. Paula then creates contrast to her son’s response by comparing it to the “more appropriate” response she received from her older daughter: “Then the bigger sister said that, ohh you were at work today. Nice.” Paula’s emphasis on the words “ohh” and “nice” (in contrast to her son’s words: “so what”) highlight the way in which her daughter was positively surprised to hear she was at work, which seems to be the reaction Paula was expecting. Paula then offers background information that sheds light on the reasons behind her son’s negative response, as she explains previous trouble she was experiencing with him when Thomas refused to go to school because she was at home. Paula finishes her turn with the statement “So that was a difficult thing to handle.”, thus introducing a problem formulation, which suggests that she would like to explore this topic and receive advice on how to deal with her son’s behaviour.

The family worker responds with a clarifying question (lines 83-85): ”So have you then talked to the bigger sister or Thomas overall why you have not been at work?” This question reveals that Paula’s turn was lacking key information that is relevant for understanding the underlying dynamics with regards to her problem formulation. By proposing this particular question, the family worker can implicitly display what was missing in Paula’s prior turn as well as point out the direction Paula’s story should take.

In line 87, Paula answers with a “yes” without elucidating further the reasons she has given her children for not going to work. Her short answer is sufficient because it is the preferred answer to the first adjacency pair containing the question, while answering
“no” would have required an explanation. Paula’s short answer does not reveal what she has told her children, but it only agrees that she has told them something. However, the implicit assumption is that she has told them about her depression, because that is the reason for her being off work.

The family worker orientates to the implicit assumption in Paula’s turn by making it explicit and invites her to tell more (lines 89-92): “So that you have told about your depression. Would you like to share tips with others about what you have told your children?” When the family worker invites Paula to elaborate on what she has told her children, she directs attention away from Paula’s problem formulation. In this way, the family worker reveals that she is motivated to maintain her own agenda in order to proceed with the intervention protocol, with the consequence that she disregards Paula’s concern about how to deal with her son.

Paula does not comply with the family worker’s invitation to share with the group the ways in which she has discussed depression with her children. She rejects the invitation by loudly saying (lines 93-94): “Well, I can’t remember.” This is not the preferred response to the first adjacency pair containing the invitation and therefore her rejection of the invitation requires an explanation, which she gives with the utterance “I haven’t been talking lately” (lines 94-95) to account for not remembering what she told her children about depression. When Paula claims a failure to remember at the beginning of her turn, she does so with a louder voice that sounds somewhat agitated, suggesting that Paula may feel uncomfortable with the situation, or perhaps even annoyed as a result of the non-up-take of her problem formulation by the family worker. Previous conversation analytic literature has not treated the utterances “I don’t remember” or “I don’t know” in purely cognitive terms as referring to lack of knowledge, but as interactional strategies for accomplishing particular actions, and the meaning for their usage has been inferred from analysing the context of the talk-in-interaction (Drew & Heritage, 1992; Hutchby, 2002). For instance, the utterances ‘I don’t know’ or ‘I don’t remember’ do not necessarily imply not knowing, but they can display resistance and be used strategically to avoid giving an answer (Hutchby, 2002). Paula’s utterance “Well, I can’t remember” can be interpreted as such, as it seems that she is reluctant to engage with the topic and not remembering provides her with a strategy to complete her turn.
without giving an answer. The speculative upshot of this could be that perhaps Paula has not talked about her depression with her children and therefore finds herself in this awkward position that she wants to avoid.

The family worker does not let Paula “off the hook” so easily, but persists on pursuing the topic of talking to children about depression by asking her: “Yeah, well what could you say about it?” (lines 97-98).

Paula hesitates at first when she begins to construct an answer to the family worker’s question (lines 100-102): “(2,8) errr That I. (1.5) That things are heavy just now, that I am exhausted.” The pauses and hesitations in Paula’s utterance before she manages to construct an answer indicate that Paula is finding it a bit difficult to come up with something to say.

In lines 104-106, the family therapist acknowledges and accepts Paula’s answer with the following lexical substitution which is a form of repair where the therapist substitutes Paula’s expression of a prior talk with alternative words: ”Sometimes adults can get tired and sometimes adults may be exhausted.” This utterance can be interpreted as a form of reassurance to Paula, indicating that what Paula said was acceptable since it was not easy for her to construct an answer. Another subtle message in the family therapist’s lexical substitution is the way in which she changes some aspects of Paula’s utterance into a more child-friendly language. She does this by replacing the utterance “things are heavy at the moment” with the utterance “sometimes adults can get tired”, as being tired is a more comprehensible explanation for a child than the abstract ‘things are heavy’. The family therapist also emphasizes the word “sometimes” which offers comfort in its meaning that the situation is not always the same.

3.2 Institutional routine as opposed to the uniqueness of experience for clients.

Extract 5 below provides a demonstration of one type of asymmetry in institutional interaction which relates to the “institutional know-how”, as discussed by Heritage (2004). It is an example of an institutional scenario where there is imbalance between treating a client as a routine case as opposed to the novel experience these institutional encounters pose for the client (Heritage, 2004). The extract 5 takes us back to the fifth Vertti meeting when Liisa had been crying in the lobby while waiting with her daughter
Sofia for the meeting to begin. The extract starts where the family worker reopens the earlier topic by repeatedly asking about Sofia’s state of mind in relation to her mother when Liisa herself is feeling so poorly:

### 3.2.1 Extract 5, Session 5: Asymmetries between institutional routine and the novelty of clients’ experiences

<table>
<thead>
<tr>
<th></th>
<th>FW:</th>
<th>Haluutsä? vielä kertoa lisää et kun sä</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Would you like? to tell more so</td>
<td>oot tullu ichte surullisella mielellä allapäin</td>
</tr>
<tr>
<td>2</td>
<td>that when you have arrived here</td>
<td>niin minkälaisella mielellä Sofia on</td>
</tr>
<tr>
<td>3</td>
<td>feeling sad and down (.) so in what</td>
<td>(.) tullu”?</td>
</tr>
<tr>
<td>4</td>
<td>kind of of mood has Sofia</td>
<td>“arrived”?</td>
</tr>
<tr>
<td>5</td>
<td>(0.5)</td>
<td>(0.5)</td>
</tr>
<tr>
<td>6</td>
<td>Liisa:</td>
<td>No ihan semmosella samalla mielellä</td>
</tr>
<tr>
<td>7</td>
<td>Well just like in the same mood as</td>
<td>niinku ennenkin (0.8) kylhän se tietysti</td>
</tr>
<tr>
<td>8</td>
<td>before (0.8) well of course it does</td>
<td>vaikutaa kun mä oon tällanen .hh et se</td>
</tr>
<tr>
<td>9</td>
<td>have an impact when I am like this</td>
<td>(0.5)</td>
</tr>
<tr>
<td>10</td>
<td>.hh so that she is probably</td>
<td>mietti varmaan et mikäköhän sillä nyt</td>
</tr>
<tr>
<td>11</td>
<td>wondering what’s wrong with me</td>
<td>ta:as on (0.3) Sit mun on vaan pak:ko</td>
</tr>
<tr>
<td>12</td>
<td>again (0.3) Then I just must tell</td>
<td>kerto sille</td>
</tr>
<tr>
<td>13</td>
<td>her</td>
<td>(1.0)</td>
</tr>
<tr>
<td>14</td>
<td>(1.0)</td>
<td>(1.0)</td>
</tr>
<tr>
<td>15</td>
<td>FW:</td>
<td>ehkä hän miettii sitä nytkin et</td>
</tr>
<tr>
<td>16</td>
<td>Perhaps she is wondering that just</td>
<td>miksköhän äiti itki!</td>
</tr>
<tr>
<td>17</td>
<td>now also that I wonder why mum</td>
<td>(6.0)</td>
</tr>
<tr>
<td>18</td>
<td>cried!</td>
<td>(6.0)</td>
</tr>
</tbody>
</table>
FW: Could the discussion be continued with Sofia after the meeting and tell her why? (0.2) What could you tell her?

(0.5)

Liisa: °uh° well Sofia probably knows °oh° no Sofia varmaan tietääkin (.).

(2.0)

FW: Not all things? should necessarily be told to a child =

= Yes no no, but Sofia does know =

some things

(1.5)

FW: It is also important to tell that I was able to talk in the group about my bad feelings (0.3) It eases and relieves the child’s burden when she knows that okay? mum has been talking in the group (. so that the child does not have to carry the burden (0.8) It is enough to say to a child that I was feeling bad, but now I have had a chance to talk

sekin on ihan tärkeä kertoa, et sain ryhmässä puhua mun pahasta olosta (0.3) Se helpottaa ja huojentaa kummastik kun tietää et okei? äiti on siellä ryhmässä puhunut (. ) et ei lapsen vaan tarvii olla sitä kuormaa (0.8) Se riittää kun lapselle sanoo et mulla oli paha mieli, mut nyt mä oon saanu sitä puhua. (1.0)

Tavallaan se on esimerkki myös lapselle
about it (1.0) In a way it is also an et asiat on semmosi mist puhutaan ja
example for a child that things can sitä kautta pääsee taas eteenpäin.
be talked about and through that
one can move forward again.

(2.8) (2.8)

Liisa: I have sort of (0.5) there’s been so Mul on sille:;) (0.5) täs on niin paljon
many things happening, I feel like sellasia tapahtumia, must tuntuu et
Sofia is sort of quite (.) how Sofia on sille aika (.) miten mä nyt
should I say this (5.0) because she sanoisin (5.0) kun se on ennenkin
has seen before that I am in quite a nähnyt tälleen et mä oon aika huonossa
bad way. jamassa.

(11.0) (11.0)

FW: Shall we move on to Matias then? Siirrytäänkö me Matiakseen sitten?

The extract 5 above begins in lines 1-5 with the family worker reintroducing an earlier topic: She requests Liisa to reflect on Sofia’s state of mind when Liisa herself feels very upset. The interactional significance of the action of repeating an earlier question as well as the lexical choice of placing an emphasis on the words “tell more” implicitly communicates to Liisa that her earlier reply was not sufficient but the family worker is aware that things may have been left unsaid. As a consequence, there is a particularly strong constraint on Liisa to answer this question more openly. The family worker’s formulation is strategically designed with the objectives of the Vertti intervention in mind, because it serves the purpose of helping Liisa to focus on her daughter’s feelings.

Considering that Sofia’s state of mind is a difficult topic for Liisa, as demonstrated by her earlier defensiveness when discussing the matter, it is not surprising that Liisa’s turn starts (lines 7-8) with a comment that signals uneasiness with the family worker’s
question: “Well just like in the same mood as before”. However, the strong constraint to answer more honestly that was placed by the family worker’s prior turn has the desired impact, and in lines 8-12, Liisa continues her utterance as follows: “Well of course it does have an impact when I am like this. So that she is probably thinking that I wonder what’s wrong with me again?...” Liisa’s response becomes a turning point in her conduct as her actions shift from defensiveness to tentative openness and an attempt to build trust. Secondly, the lexical choice of the words “of course” (depression has an impact on Sofia) may suggest that Liisa is trying to prove her competence as a mother by stating that she is not ignorant of the issue, thus rejecting the “expert-novice” stance that is implicitly implied by the institutional context in which the family worker’s question takes place. Similarly, in lines 12-13, Liisa’s turn ends with an utterance that provides a solution to any problems her daughter might be experiencing in relation to her mother’s depression and this solution is designed to reflect Liisa’s awareness of the objectives of the Vertti intervention: “Then I just must tell her.” It may be that participating in the Vertti group threatens Liisa’s construction of herself as a good mother, as she seems to frequently perceive the group facilitators comments as a criticism towards her parenting skills. It also seems that leaving behind the ideal construction of Sofia as being completely unaffected by her mother’s depression is a very difficult task for Liisa to do. Liisa has been using several strategies for avoiding the confrontation of any issues her daughter may experience in relation to her mother’s depression. However, Liisa’s present turn consists of an attempt to try to overcome these obstacles and begin to explore the situation from Sofia’s point of view.

In lines 15-17, the family worker replies with a formulation that strategically selects only one particular aspect of Liisa’s prior turn and is uttered with an empathetic tone of voice: “perhaps she is wondering that right now as well, that I wonder why mum cried?” This action is designed to further enhance Liisa’s emotional connection to her daughter’s feelings. The family worker’s turn is followed by a six seconds long silence, suggesting that Liisa has become defensive again. The reluctance of Liisa to explore her daughter’s thoughts has the impact that the family worker introduces a topic shift in lines 19-22, which still relates to Liisa’s prior turn, as she encourages Liisa to think about ways to discuss her depression with her daughter: “Could the discussion be continued with Sofia after the meeting and tell her why? What could you tell her?”
Liisa replies (lines 24-25) with a revelation about Sofia knowing what is upsetting her mother, “because she has heard”, but Liisa does not elucidate any further on the issues her daughter has overheard. The family worker orientates to the vagueness in Liisa’s prior turn by filling in the missing details with an interpretation that stems from her understanding about typical issues in families with depression: The inference she draws from Liisa’s utterance is that Sofia may be hearing things that are not appropriate for children to hear. Consequently the family worker orientates to her institutional role and sees it as necessary to remind the group members that “Not all things should necessarily need to be told to a child” (lines 27-28).

The advice giving by the family worker seems to attract some annoyance in Liisa as indicated by her immediate and emphasized response in line 29: “Yes no no.” This utterance seems to be designed in a manner that makes it clear that Liisa is very well aware of the issue that children should not be told all adult concerns and thus she does not need to be told this. Interestingly, Liisa’s utterance seems to repeatedly serve the purpose of rejecting the ‘expert-inexpert’ stance that the family worker’s prior turn might be seen as expressing. Liisa finishes her turn with the following utterance in lines 29-30: “But Sofia does know some things”. In this way, Liisa draws attention to the fact that children inevitably become aware of some adult troubles, even when adults try to shield children from stressful information. The vagueness and lack of detail in Liisa’s turn makes it unclear whether Liisa would like to explore this topic further or whether she is happy to leave this issue unexpressed.

It is left to the family worker to decide whether or not to treat Liisa’s prior comment as a problem formulation that would benefit from being unpacked. The family worker solves this issue by not pursuing Liisa’s comment any further but instead orientates to giving parents advice that is designed with the objectives of the Vertti intervention in mind. In lines 32-45 she provides a lengthy description about the importance of telling a child that the parents’ group offers a site for the parent to discuss problems, thus relieving the child’s burden. In this way the family worker offers an example of an ideal conversation with a child about depression that conveys the message that adults are responsible for looking after themselves and children should be allowed to be care-free. The family worker’s utterances consist of a rehearsed story that has been told many
times before in various formats and is in this sense highly designed and routine practise for the family worker.

Liisa takes the floor in lines 47-52 and builds on her previous turn. This action suggests that Liisa would like to further explore her personal situation and its impact on Sofia: “I have sort of, there’s been so many things happening. I feel like Sofia is sort of quite, how should I say this, because she has seen before that I am in quite a bad way.” Liisa’s utterance is simultaneously characterized by tentative openness as well as hesitation. Liisa’s responsiveness in this turn is in contrast to her previous defensiveness. There is a shift in her conduct as she openly discloses that “there’s been so many things happening” and that she is “in quite a bad way”. It is not clear – not even to Liisa, it seems - what she is trying to communicate when she is attempting to make sense of how Sofia is experiencing the situation. The utterances relating to Sofia are filled with vagueness as indicated by the lexical choices of “sort of” and “quite”, as well as the uncertainty in her delivery as she says “how should I put this”, followed by a five seconds long silence. The lexical choice of the words “because she has seen before that I am in quite a bad way”, as an explanation to whatever Liisa is struggling to say about Sofia, may be interpreted as Liisa implicitly suggesting that her daughter is used to her mother’s depression and therefore knows what to expect, but Liisa has doubts about expressing this thought. Of course, many other interpretations are also possible due to the ambiguity in Liisa’s turn, and it is difficult to infer exactly what kind of action Liisa’s turn is trying to achieve. However, the most significant aspect of Liisa’s turn is that it can be seen as an invitation for others to collaborate in order to help her unpack what the problem is. This willingness to disclose personal issues suggests that Liisa may have interpreted the family worker’s prior turn (regarding the importance of telling children that parents can discuss their troubles in the parents’ group) as an invitation to share her concerns with the group.

However, Liisa’s turn is met by a strikingly long 11 second silence. The reluctance of anyone to take-up aspects from Liisa’s prior turn for further assessment brings this topic to an end. In line 54 the family worker marks the shift in topic by interrupting the silence with a conclusive comment: “Shall we move on to Matias then?”. At this point, there is a comment in my field notes where the family worker’s non-take up of Liisa’s
prior turn and the introduction of a topic shift was met with a surprised look on Liisa’s face. This surprise was observed in her mannerism as well as her facial expressions as she lifted her head up and looked at the family worker with widely opened eyes. This surprise suggests that Liisa may have felt that the family worker’s response somehow violates the general rules of conversation where it is impolite not to acknowledge what has been said by previous speakers. Furthermore, it may be that the other group members left the floor open for the family worker to take, because they may have expected her to respond to Liisa’s prior turn, since the established group norm in the Vertti sessions seems to imply a consensus where it is the family worker who usually replies to most comments and facilitates the flow of talk.

The fact that the family worker maintained the long silence and did not see it as necessary to explore Liisa’s comment further but concluded the business they have together implicitly communicates several messages to the group members and socializes them to the rules of the Vertti group: The goal of the Vertti intervention is not to provide a site for the parents to dwell on personal issues too deeply, but to draw attention on children’s point of view and the ways in which they experience parental depression. The family worker has a clear idea of the institutional task, which is not to engage in group therapy, but to convey information about the objectives of the intervention to parents so they can use this information as they best see fit. The family worker typically uses various conversational devices that are designed to maintain the conversation at a rather casual level without becoming side-tracked from the relevant topic at hand. This extract provides but one example out of several similar situations where the parents share personal concerns with the group but this action is followed by a topic shift to the task at hand by the family worker, who has to ensure the appropriate delivery of the intervention while operating within strict time constraints. This contrast in motivations between the family worker and the group members shows that the institutional objectives of the Vertti intervention are not always clear to the clients and reflects the imbalance between institutional agents treating clients as a routine case as opposed to the highly personal and unusual experience these institutional encounters pose to clients (Heritage, 2004).
3.3 Stigma of Mental Illness

The data suggests that an important underlying issue which contributes to the parents’ reluctance to talk about depression openly is the stigma of mental illness. Furthermore, another related factor seems to involve cultural notions about depression as an adult topic of conversation, as something that should not be discussed with children. The extract 6 below illustrates these issues and the ways in which the family worker tries to overcome these obstacles.

3.3.1 Extract 6, Session 3: The stigma of mental illness

1. Liisa: Mmm now I have added a bit to my tiredness (.) or sort of earlier mun väsymykseen (.) tai sillai
2. too (0.2) Er, I go through phases. aikasemminkin (0.2) Öö, mulla on
3. Sometimes I may be more sellasia jaksoja. Välillä mä saatan olla
4. energetic and feel inspired to do pirteempi ja saada inspiksen johonki
5. something and then sometimes I tekemiseen ja sit välillä mä ni:inku
6. like burn out (1.0) But now I lopahdan (1.0) Mut nyt mä oon voinu
7. have been able to account for it laittaa sen tiliin, et ku mulla on viime
8. cos’I’ve had a catheter in my syksystä asti toi katri pantu
9. kidneys since last autumn .hh I munuaisiin .hh Mulle tuli munuaisiin
10. got an infection in my kidneys tulehdus ja tota (.) se todettiin vähän
11. and well (.) it was found to be a niinku synnynnäiseksi viaksi. (0.5) Mä
12. bit like a birth defect. (0.5) I go käyn säännöllisesti tutkimuksissa
13. the hospital for regular check-ups, sairalassa, ja sit tulee uus leikkaus kun
14. and then another operation is se eka leikkaus epäonnistu. (0.8) Ja mä
15. coming because the first oon nyt Sofialle laittanu tän kaiken sen
operation failed. (0.8) And I have syyksi et oon niin väsynyt. (. ) ja nyt
now given all this as a reason to on ruvennu kantapäätäkin särkee ihan
Sofia for being so tired (. ) And hirveesti, et hyvä kun pääsee
now my heels have started to ache kävelemää. *Mistäköhän sekin
terribly so I can barely walk * I johtuu* (1.0) Et tota, mä oon nyt
wonder what that’s all about * laittanut tän tili:in vaan.=
(1.0) So well I have just used that
to acc:ount for it. =
Paula: = I also have back problems. I = Mullakin on tää selkä. Mä en
was unable to walk, so I can pystynä kävelee, et sen tiliin voi laittaa
account for it in that way (0.5) (0.5) Se oli kuukauden kipee
It was sore for a month (0.5)
(0.5)
FW: So is it like easier to tell a child Ni:in onks se niinku helpompi kerto
that back is aching (. ) than to say lapselle et on selkä kipee (. ) kuin et
that I am now depressed? sanoo, et mä oon nyt masentunu?
(0.3)
(0.3)
Matias: Yeah, there is no way of Niin, ei sitä masennusta osaa sanoa
talking about depression mitenkään =
Paula: = Yeah, no (. ) Yes, it is easier to = Jo:o ei (. ) Kyl se on helpompi sanoo
mention the back ((problem)) selästä
(0.5)
(0.5)
Matias: Some type of concrete illness joku sellanen konkreettinen sairaus
FW: I suppose it would be easier to say that to anyone (.) but children hear and sense a rather great deal of what is going on around them.

(1.0) There has been research on depression and on psychological illnesses on the rather great deal of what is going on around them.

There has been research on depression and on psychological illnesses on the rather great deal of what is going on around them.

(1.0) There has been research on depression and on psychological illnesses on the rather great deal of what is going on around them.

(1.0) There has been research on depression and on psychological illnesses on the rather great deal of what is going on around them.

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(1.0) There has been research on depression and on psychological illnesses on the rather great deal of what is going on around them.

(1.0) There has been research on depression and on psychological illnesses on the rather great deal of what is going on around them.
backache is in the back? Just like any other illness.

(3.5)

Matias: Er mm (.) it is such broad concept that depression (0.3) So masennus (0.3) Et se käsittää niin

that it covers a terribly large area hirveen ison alan mihin mahtuu

that contains all sorts of things kaikkea

(2.0)

FW: Perhaps a child is more interested ehkä lapsi on enemmän kiinnostunut in the ways in which you behave siitä miten te käyttäydytte (.). Mitä (.).What’s happening at home. siellä kotona tapahtuu. (0.5) niin nii:lle

(0.5) so explanations to those. selityksiä (0.2) Ei niitten aina tarvii

(0.2) They don’t always need to olla niin korkealentoisia ja hienoja be so elaborate and sophisticated ymmärryksiä siitä että mitä se insights of what depression is. masennus on.

(3.2)

Liisa: Mm well I usually have that if I Mm no mul on yleensä se et jos mä nyt can’t always be bothered doing en aina jaksa just nyt tiskata sen

the dishes straight away after we jälkeen kun ollaan syöty niin >mä paan have eaten so >I put the dishes in ne astiat ihan kuumaan veteen

hot water and leave them to soak likoomaan ja annan olla yön yli

overnight and wash them the next likoomassa ja mä pesen ne seuraavana day. And she probably like päivänä. Ja se huomaat niinku siitä
The above extract begins with Liisa giving her own story in response to the topic of what the parents have told their children about depression. In lines 1-3, Liisa begins her story by building on the previous turns where being tired was discussed as a way to explain depression: “Now I have added a bit to my tiredness or sort of earlier too.” Liisa then describes the nature of the symptoms of her depression as occasionally burning out (lines 3-7). She then introduces a topic shift with the utterance “but now I have been able to account for it” (lines 7-8), which marks a move where she describes her various health complaints and points out that her physical illnesses allow her to explain and account for the symptoms of depression without actually having to mention the depression (lines 9-23). At this point Paula joins in (lines 24-27) with the revelation that she has used the same tactic with her children by masking her depression behind her back complaints.

The family worker brings group members’ attention to the possible meaning in Liisa’s and Paula’s prior turns with the following candidate elaboration that is in the form of a question: “So is it like easier to tell a child that back is aching than to say that I am now depressed?” (lines 29-31) The family worker’s interpretation of the underlying message in prior turns orientates the conversation to the stigma of mental illness and encourages group members to be clear about the reasons for not wanting to bring up the topic of depression with their children.

In lines 33-34, Matias confirms the family worker’s candidate elaboration as accurate with the statement: “Yeah, there is no way of mentioning depression.” Matias’ choice of the extreme case formulation “no way” make public the high degree of reluctance he is
experiencing in response to the aims of the intervention, indicating that work still needs to be done before Matias is able to overcome his hesitations and feel confident to talk openly about his depression with his children. Paula’s utterance follows seamlessly after Matias’ turn (lines 35-36), also confirming the difficulty of discussing depression with the children, but in less definite terms, as Paula states that “it is easier to mention the back problem”.

Matias uncovers in line 38 that the reason for finding it easier to talk about physical illnesses is because they are “concrete illnesses”. This suggests that Matias constructs depression as an abstract illness and therefore as something less clear and more difficult to grasp than what he describes as “concrete illnesses”.

At this point the family worker intervenes by first acknowledging what has been said, appreciating that it is easier to talk about physical illnesses than depression (lines 40-41). Her utterance then continues with an emphasis on the word but, (line 41) which indicates that she finds the prior turns problematic. The hesitation the parents express about talking to their children about depression prevents them from committing to the goals of the intervention. Once the family worker has identified this challenge, she orientates to her institutional role as someone who possesses expert knowledge, which allows her to intervene and give advice to the parents (lines 42-56). She justifies the need to explain depression to children by pointing out that children know what is happening around them anyway and then she resorts to authoritative accounting by providing factual information about the benefits of raising children’s awareness of mental health problems. She concludes her persuasive factual account with the remark “it is good to talk about things” after which she immediately emphasizes and stretches the words “but in what way”, thus making these words stand out from the surrounding talk (lines 56-57). This action is designed to communicate to the parents that the way in which they have masked their depression as some other physical illness in front of their children is problematic. The family worker then offers a solution to the difficulty of addressing depression (lines 57-63). She does this with an attempt to alleviate the stigma of mental health problems by inviting a conceptualisation of depression as a physical illness, “just like any other illness” — thus undermining the dualistic divide the group members have previously drawn between mental and physical illnesses. In
response to Matias’ utterance regarding concrete illnesses, the family worker is creating an image of depression that is more concrete, as something that is located “in the mind just like back pain is in the back”. By creating a link between physical and mental illnesses, the family worker invites parents to reconstruct their representations of depression. Her turn suggests that if mental illness was constructed in physical terms like any other illness, it would become just as easy to talk openly about depression as it is to talk about back pain. In this way, the family worker points out a route that would allow the parents to explore the topic of depression with their children. The approach to linking mental illness with physical illnesses is part of the Vertti intervention, as the children try to make sense of depression in their own group along these same lines. The technique of constructing mental illness in physical terms as a brain disorder or as a chemical imbalance in the brain, stems from the prevalent medical model of mental illness, and it is commonly used in campaigns tackling the stigma of mental illness.

In lines 65-68 Matias responds with the utterance “Err mm it is such broad concept that depression. So that it covers a terribly large area that contains all sorts of things” In this way he rejects the family workers conceptualisation of depression as a physical illness in the mind as too simplistic and, on the contrary, creates a conceptualisation of depression as something enormously complex. Paula’s utterance is vague, lacking any detailed description of what depression entails, which reveals the confusion he feels about the illness.

The family worker attempts to overcome the trouble in conversation with a repair that is designed to draw attention to thinking about depression from a child’s point of view (lines 70-76): “Perhaps a child is more interested in the ways in which you behave. What is happening at home, so explanations to those. They do not always need to be so sophisticated and elaborate insights of what depression is.” In this fashion, she directs Matias to thinking about depression in less complex terms and she helps parents to orientate to the child’s perspective through a focus on the visible and more concrete aspects of depression, and the ways in which it manifests itself in parent-child interactions. This is a reminder to the parents of why they are in the group; the institutional task is not to understand depression in adult terms or to do therapy talk, but to think about children. The family worker’s repair helps Liisa to become aligned to the
topic, which is apparent in Liisa’s attempt to reflect how her symptoms of depression manifest themselves at home as a neglect of household chores, and thus become observable for her daughter (lines 78-89).

3.3.2 Negotiating the validity of explanations about depression to children

Extract 6, discussed above, introduces an interesting topic which concerns the institutional task of finding an agreement over what are the legitimate stories or appropriate explanations to tell children about parental depression. The data provides several examples whereby the family worker relies on her expert knowledge in judging which stories about parental depression are acceptable and which ones are problematic. The family worker operates within an institutional context, and in so doing she draws on the Vertti ideology, her work experience, and the medical model of mental illness as her inferential frameworks, when trying to make sense of what depressive illness entails, what the typical issues are in families with parental depression, and what course the process of delivering and receiving the intervention should take. When proceeding with a working method, like the Vertti model, it is natural for the institutional agents to hold pre-conceptualized notions about what the institutional tasks entail, and how to carry them out in a routine practice manner. It can then be perplexing when the talk-in-interaction with clients occasionally takes different forms from what was intended. The following extract 7 provides an example of a situation where the institutional routine is challenged. Extract 7 takes place during the seventh meeting in which the task is to construct answers to questions that children have posed for the parents’ group. In constructing an answer to the children’s question regarding whether there exist medication to treat depression, the parents, interestingly, find various conversational devices with which to challenge the family worker’s expert position as someone who has the right to know. Thus there is a shift in the established pattern in the institutional roles as the parents avoid taking the “inexpert” position in relation to the “expert-novice” stance. As a result of this renegotiation and meaning-making work, new perspectives become co-constructed between the professionals and their clients.
3.3.3 Extract 7, Session 7: Negotiating the validity of explanations about depression to children

1 FW: Is there medicine for depression? Onko masennukseen lääke?

2 (7.0) (7.0)

3 Liisa: Well there is some medicine, but no on siihen jotain lääketä, mutta ei

4 they do not help niistä o: o apua

5 (1.5) (1.5)

6 FW: There is medicine. On lääke.

7 (2.5) (2.5)

8 Matias: There are medicine, but they don’t work Lääkkeitä on, mutta ne ei toimi

9

10 Hahha ((Joint laughter)) Hahha ((Kaikki naurahtaa))

11 FW: I UNDERSTAND that, but how MÄ_YMMÄRRÄN sen, mutta miten

12 should we say this to children so sen lapsille sanois että heil:le ei tuu

13 that they don’t get the feeling that semmosta tunnetta että ei ne lääkkeet

14 the medicine doesn’t work (.) tepsi (.) Monesti ne kuitenkin

15 Often it takes several trials to find kokeilemalla löydetään sopivat (0.5) Se

16 the right ones (0.5) It can take a voi viedä pitkän ajan ennenkuin löytyy

17 long time before finding the se sopiva=

18 suitable one =

19 Liisa: =well they still haven’t found = no mulle ei oo löytynyt lääkitystä

20 medication for me, in ten years vieläkään, kymmenessä vuodessa

21 (0.8) (0.8)
Matias: >Well yes well< my medication >No niin no ei< munkaa lääkitys toimi, doesn’t work either, they’re et jatkuvasti kokeillaan jotain uutta constantly trying something new (0.5) Mikä se nyt on (0.5) What is it now[well err] [tota öö]

FW: [Could we] [Voitaisko me]

answer that sometimes it takes a siihen vastata et joskus se vie pitkän long time to find the right aikaa ennen kuin löytyy sopiva medication? lääkitys?

(1.0) (1.0)

Liisa: (°) sometimes I feel like I could °väillä tuntuu et vois heittää kaikki just chuck all medicine away° lääkkeet vaan menemään°

(.) (.)

FW: <they have asked a simple <ne on kysynyt yksinkertaisen question of> whether there is kysymyksen et> onko masennukseen medication for depression (.) so lääke (.) niin mitä mieltä ootte? että what do you think? should we not eikö si:ihen nyt pidä vastata että siihen answer that there is medication on se lääke

(1.8) (1.8)

Kai: There is no medicine for it (0.2) Ei siihen ole lääkettä (0.2) >Se lääke on >The medicine only helps< but it vaan apuna siihen< mutta se ei hoida does not treat depression .hh It’s sitä masennusta .hh Se on vähän niinku a bit like a pain killer that helps särkylääke että se auttaa oireisiin alleviate symptoms <but it does <mutta se ei poista sitä sy:ytä>
not remove the cause>

FW:  Okay (. ) Medicine helps

(1.5) (1.5)

Okei (. ) Lääke on apuna masennukseen

(0.2) (0.2)

depression (0.2) Could we put it

Voisko sen niin laittaa? (1.0)

like that? (1.0) mmhh I am

mmhh mä mietin sitä just lasten

thinking about this from the

kannalta et niil on semmonen toivo

children’s perspective, so that they

kuitenkin (. ) Vaikka teil:lä ois toivo

would sort of remain 

menny niinin lääkkeisiin niin se on

(.) Even if you have lost all hope

tärkeätä että sitä omaa epätoivoo ei

(.) Even if you have lost all hope

in medicine it’s important not to

lietso lapsille.

instill your own despair in

children.

(0.8) (0.8)

FT:  Ye::s (. ) so that medicine provides

Ni::in (. ) et lääke helpottaa (0.3) mutta

relief (0.3) but it is probably also

sekin on varmaan ihan oikea ajatus ja

an accurate thought and okay for

lapsen kestettävissä sinänsä että lääke ei

children to handle it that medicine

tee elämää onnelliseksi ja muuta!

doesn’t turn life happy and so

>niinku et< jos mä keksisin vaan sen

>so that< it’s not just about

oikean läääk:leen niin kaikki kääntyisi

only finding the right medicine to

heti hyväksi

turn everything alright

(0.5) (0.5)

R:  °Ex:actly° because the children can

°Ai:van° kun lapset kum:minki näkee
any:how see at home that the medicine does not always work

(2.0) (2.0)

FW: Well could we answer that not in the same way for everybody (. ) So that medicine helps to treat the symptoms but not in the same way for everybody

(0.8) (0.8)

FT: They don’t work for everyone and it can be difficult to find medication (0.5) Even ten years! (1.0) (1.0)

FW: Ye:s hh the children do he:ar when you are at pains with this issue! (1.0) (1.0)

In line 1, the family worker reads a question from the children’s group concerning whether there is medication to treat depression. After some initial hesitation, as indicated by the 7-second long silence, Liisa takes the floor in lines 3-4: “there is some medicine, but they do not help.”

In line 6, the family worker responds with a paraphrase that constitutes a “noticeable absence”, because it only acknowledges the first part of Liisa’s utterance: “there is medicine”, while systematically disregarding the latter part concerning the ineffectiveness of this medicine. The reluctance to engage with Liisa’s problem formulation reveals that the family worker is motivated to carry out the intervention in a
routine manner, which, in this case, consists of a fixed institutional agenda about what the correct answer to children should entail. In lines 8-9, Matias reacts to the “noticeable absence” in the family worker’s turn as he reinstates the problem formulation Liisa made earlier: “There are medicine, but they don’t work.” In this way Matias aligns with Liisa in an affiliative manner. His utterance is met with laughter by the group members (line 10), signalling acceptance in response to the sarcasm with which Matias and Liisa treat the controversy with antidepressant medication.

It is no longer easy for the family worker to utilize “noticeable absences” for not taking up the topic of ineffectiveness of medication for depression. The previous turns place a strong constraint on the family worker to offer the appropriate second part to the first part of the adjacency pairs consisting of Liisa’s and Matias’ initial problem formulations. Indeed, in line 11, the family worker does exactly this, but only with a simple acknowledgment of the problem: “I understand” (that medication doesn’t work). She then immediately utters the word “but” which is an expression that conveys the message to the group that the ineffectiveness of the medication is not a topic of conversation she sees as relevant for the occasion. Instead the family worker draws parents’ attention to the institutional task at hand, which is to consider how children may experience the family situation and tentatively suggests that children should not be told medication doesn’t work: “...how should we say this to children so that they don’t get the feeling that the medicine doesn’t work? Often it takes several trials to find the right one. It can take a long time before finding the suitable one.” (lines 11-18).

In lines 19-20, Liisa immediately disregards the family worker’s appeal and elaborates on the reasons for her disbelief in medication: “Well they still haven’t found medication for me, in ten years.” Matias also repeatedly aligns with Liisa as he utters, in lines 22-24, that medication has not worked for him either, even after trying out several different ones. The family worker responds to this challenge in interaction with an interruption of Matias’ turn (line 26). This time the family worker offers an explicit example of what the desirable answer to the children’s question should be, and in so doing, she repeatedly dismisses Liisa’s and Matias’ struggles to find effective medication for depression: “Could we answer that it sometimes takes a long time to find the right medication?” (lines 26-29). The family worker’s question forms a first part of an
adjacency pair, which invites a second part where agreement would be strongly preferable, especially when considering the family worker’s expert position as someone who has the right to knowledge. Nevertheless, Liisa’s response, in lines 31-32, does not follow the normative framework for adjacency pairs. Instead, she confronts the family worker by reinstating her problem formulation, albeit with some hesitation as she utters the following words quietly: “Sometimes I feel like I could just chuck all medicine away”. It seems that the family worker’s conversational strategy of using “noticeable absences” for dismissing Liisa’s and Matias’ problem formulations has had the impact of provoking annoyance in Liisa.

In lines 34-37, the family worker’s formulation continually discards the parents’ disappointment with medication, but serves the interactional purpose of aiming to align the parents with the family worker’s construction of how the institutional task at hand ought to be done, and what the children should be told: “They have asked a simple question of whether there is medication for depression, so what do you think, should we not answer that there is medication.” This question is designed in such manner that would invite an agreement as the preferable response from the group members.

In lines 39-44, Kai takes the floor and contributes a formulation that combines aspects from both Liisa’s and the family worker’s prior turns, and offers a compromise between their two differing positions. Kai constructs an answer to the children’s question, in which he emphasizes the point that medication can be helpful in depression but it does not provide a cure for it. However, Kai’s attempt to reconcile the family worker’s and Liisa’s viewpoints does not satisfy the family worker. Instead, she persists with the institutional agenda, and repeatedly utilizes the conversational device of a “noticeable absence” for keeping parents aligned to the task at hand. The family worker does this (lines 46-48) by acknowledging only the first part of Kai’s turn, emphasizing the point that medicine helps depression, while dismissing the view that medicine does not provide a cure for it: “Okay, medicine helps depression. Could we put it like that?” The family worker then offers an explanation for treating the parents’ negative experiences of antidepressant medication as irrelevant for the occasion. She does this, in lines 48-55, by shifting the focus of the talk-in-interaction back to the focal point of children’s experiences: “I am thinking about this from the children’s perspective, so that they
would sort of remain hopeful. Even if you have lost all hope in medicine it’s important not to instil the same despair in children.” The family worker is motivated to maintain optimism and is thus keen to shield the children from their parents’ doubts about finding medication to treat depression, even if it means having to be dishonest with children. As a consequence, she creates contrast between the adults’ experiences of depression and the children’s world in such a manner that makes these two domains incompatible.

At this point, the family therapist takes the floor and acknowledges the point made by Kai earlier, thus providing the normative second adjacency pair to Kai’s prior turn, which was missing in the family worker’s response. In lines 57-58, the family therapist begins with a paraphrase of Kai’s prior utterance: “Yes, so that medicine provides relief…” In lines 58-64, the family therapist then constructs an extension, which is produced as a continuation of Kai’s prior turn and allows the family therapist to disagree with the family worker through the assertion that children are able to cope with the information that medicine does not always work: “but it is probably also an accurate thought and okay for children to handle it that medicine doesn’t turn life happy and so forth, so that it’s not just about only finding the right medicine to turn everything alright.” The interactional purpose of the family therapist’s turn is to align with the parents’ point of view and to offer a solution to the interactional dilemma between the parents and the family worker. Her turn is designed to accommodate both the adult experiences of depression and the children’s perspective, instead of opposing them, so that rather than being incompatible, these two domains are capable of mutual co-existence without the need to tell tales to children about a cure for depression.

In line 66, the researcher aligns with the family therapist’s prior turn, as she points out that children are able to observe at home that medication doesn’t work for their parents.

The family therapist’s and the researcher’s alignment with the parents’ views has created an implicit dis-alignment with the family worker’s efforts to press on with the institutional agenda. At this point the family worker brings herself to accept the parents’ negative experiences about treating depression with medication. In lines 70-74, she constructs an answer to children that is designed to make their earlier differing positions more compatible: “Well, could we answer that not in the same way for everybody. Medicine helps to treat the symptoms but not in the same way for everybody.” The
interactional significance of this formulation is that it is able to remain truthful to the parents’ experiences while still giving hope for children.

In lines 76-78, the family therapist builds on the family worker’s prior turn with a formulation that paraphrases Liisa’s and Matias’ prior utterances: “They don’t work for everyone and it can be difficult to find medication. Even ten years.” In this way, the family therapist provides the normative second adjancency pair to Liisa’s and Matias’s prior problem formulations that have been missing so far. She expresses empathy both in her tone of voice as well as in her acknowledgement of the struggles the parents’ have experienced. As a result, there is a marked shift also in the family worker’s position as she aligns with the topic through the following affiliative recognition, which she utters with an empathetic tone in her voice: “Yes, the children do hear when you are at pains with this issue.” However, it was only when the family therapist as well as the researcher displayed alignment to the parents’ viewpoint that the family worker was finally willing to renegotiate and reconstruct the institutional agenda.

The disagreement between the family worker and the parents over how to construct an answer to the children’s question regarding antidepressant medication gives rise to several interesting themes. For the family worker, an important institutional task is to persuade the parents to answer their children that there is medication to treat depression. In so doing, she loses sight of the crucial point that the medical model of understanding depression seems to be detached from the parents’ lived reality and personal experiences with depression. The family worker repeatedly overlooks the problem that the medical model of mental illness is unable to represent the parents’ meaning making systems for their own illness and does not provide satisfactory answers to them. Instead, the family worker insists on maintaining her institutional agenda, even if it requires the parents to construct stories about depression to their children that do not “feel right for them” and are dishonest. Interestingly, the family worker thinks dishonesty is justified in this context where the interactional goal is to offer hope for children through the telling of a story about medical treatment for depression, which she considers to be a legitimate story. However, when the parents were trying to offer hope for their children and protect them from the truth by sealing their depression behind stories about other physical illnesses, dishonesty was not accepted by the family worker as these stories
originated from the parents’ feelings of shame or the stigma of mental illness, and were thus considered illegitimate. Thus, the way in which the family worker tries to influence the direction the talk-in-interaction should take gives rise to constructs which are dualistically divided in terms of having to balance between issues of honesty versus dishonesty, and openness versus secretiveness, in relation to discussing parental depression with children. The idea of open communication and honesty between family members is at the core of the Vertti intervention. Furthermore, another major focus in the Vertti approach involves taking the child’s perspective and explaining parental depression in such a manner that does not pose a burden on children but alleviates any concerns they might have. The above extract demonstrates that it can sometimes be tricky to mutually accommodate these two core principles. However, it is possible to balance between the ideals of open communication and honesty while protecting children from being burdened with adult troubles, but reaching this goal requires reflective work and sensitivity to understanding the ways in which both adults and children may experience parental depression.

3.4 Results Relating to the Peer Support Aspect of the Vertti Intervention:

3.3.3 Observational Data about the Interaction Patterns between Parents during the Vertti Meetings

The initial research plan during the fieldwork period was to observe the characteristics of peer support between parents who suffer from depression. It was of interest to examine how peer support and mutual help become accomplished in the talk-in-interaction between the group members. Through literature reviews on the topic of peer support as well as my own personal experience of facilitating similar groups in the past, I had formed some pre-conceptualized assumptions about the ways in which peer support tends to occur in similar groups and settings. These expectations contained the idea that the Vertti meetings provide a site for the parents where they could share their parenting concerns with the group and learn from each other’s experiences. I expected that meeting similar others may nurture a sense of sameness and belonging, as well as a feeling of acceptance that may provide a normalizing experience of parental depression.

While some of my initial assumptions about peer support were met, it was surprising to find that peer support did not occur at all in the manner I had expected. On the contrary,
it seemed at first that no peer support took place in the group and thus there were no talk-in-interaction with regards to peer support to analyze. There was hardly any talking at all between the parents, even though this was actively encouraged by the group facilitators. Most of the interaction was initiated by the family worker and speaker turns mainly took place between the family worker and one of the group members, rather than the parents spontaneously discussing issues together. Another surprising factor was a lack of eye contact between the group members. The parents were typically gazing the floor and avoided looking at each other. Eye contact was taken to the group facilitators when speaking to them, albeit very briefly. There were long silences and frequent reluctance to engage with the topic.

I was puzzled by these observations and discussed this surprise with the group facilitators. We explored various hypotheses with regards to the reasons behind the lack of interaction between the group members. For instance, when the parents were asked to express what they were hoping to get from the group and what were their motivations for joining it; all parents stated that the sole reason for joining the group was concern for their children and hope that the group would benefit them. It seems then that perhaps parents did not feel the need to orientate to peer support and did not consider it to be important. It may also be that the institutional setting and the involvement of social welfare staff (as well as a researcher) was not the ideal context for nurturing peer support, but created suspicion and withdrawal. Furthermore, the code of conduct in the group seemed to have evolved from the start of the meetings in such manner that the group dynamics involved the expectation that the family worker was in charge, and therefore she was expected to facilitate the flow of talk. I was also told by the family worker that all groups are different. Some groups are silent while there is a lot of spontaneous talk in others. Each member brings their own personality and characteristics to the group setting which plays a major role in creating the atmosphere in the group.

In an attempt to encourage peer support in the group, the facilitators decided to explicitly remind the parents that these meetings are designed to provide an arena for the parents to share concerns and issues about parenthood and learn from each other. In addition to reminding parents about the peer support aspect of the meetings, the
facilitators also planned to experiment with a different facilitation technique which involved encouraging members to initiate speaker turns by leaving the floor open for them to speak, even if it meant maintaining long silences until someone would respond. However, this strategy did not attract the desired outcome, but created a situation where such extremely long silences occurred that it was beginning to feel uncomfortable for all parties involved. Eventually the facilitators gave in and took over, thus proceeding with the group as before.

Group dynamics are not stable over time but they change as the group develops. Over the course of the ten group meetings the relations between the members became visibly more relaxed and comfortable. The atmosphere seemed warm and informal. There was increasingly more non-verbal communication and acknowledgement of each other between the group members, including brief eye contacts, smiles as well as small verbal exchanges. These are all signs of interpersonal attraction and cohesion which constitute an important dimension in group dynamics. (Toseland, Jones & Gellis, 2004.) Perhaps it was only natural that it would take a long time to establish trust in such delicate social setting. It may also be speculated that the group could have benefited from adopting various methods that are designed to elicit talk from the very beginning of the meetings, such as placing parents in pairs for tasks. Such actions might have helped to encourage and nurture peer support, even though intimacies between members cannot be forced. Moreover, it is not always necessary for parents to talk with each other. If parents themselves did not consider peer support to be of importance, why should it then be actively encouraged?

Over the course of the meetings, I started to see things differently. Perhaps I had misunderstood the code of conduct in this group? Perhaps it was just me who was uncomfortable with the long silences and the members not following the social norms of acknowledging others in a friendly manner and maintaining a polite conversation in social settings. The sense of warmth between the group members seemed to operate at a different level from the usual small talk in social settings. It seemed that they had established a different way of being together which involved accepting each other as they are. The easiness with which the group members could be themselves with each other may be described as a non-verbal manifestation of peer support between the group
members. It seemed that they had established a silent mutual understanding which involved “doing depression” together; allowing everyone to be withdrawn and quiet if they so wished without any stigma attached to such behaviour, or without the usual pressures for social facile behaviour.

Unfortunately, it was not possible to obtain recorded visual data about the observations of the characteristics of peer support described above. Indeed, this research would have benefited from recorded visual data as it would have allowed a more fine-grained analysis of the observable aspects of social conduct between the group members as well as any changes in the sequences of interaction over time, including a detailed examination of those characteristics of peer support that are not verbally expressed but detectable from various sequences of behaviour, such as eye contact, smiles and nodding of heads signalling approval and acceptance. (Emmison, 2004.) However, unfortunately, the present study was restricted to relying only on recordings of verbal accounts of the interactions as well as observational field notes. The findings from the detailed analysis of the verbal accounts of interactions between the group members support the observations about the existence of peer support between the group members. The conversation analytic data revealed that the group members did orientate towards constructing a sense of commonality in experience. Sometimes this sense of sameness between the parents’ experiences was actively encouraged and produced by the group facilitators, while occasionally it occurred spontaneously between the group members as they themselves orientated towards building a sense of mutuality and shared understanding. The next section offers a detailed description of the participants’ talk-in-interaction in relation to constructing peer support in the Vertti-group meetings.

3.3.4 Selection of the Extracts Conveying Peer Support

When carrying out the conversation analytic research about the characteristics of peer support in the Vertti-group meetings, all instances of peer support were observed in the data. Finally, the following two extracts were chosen for the analysis, because they provide good examples of the ways in which peer support becomes accomplished in the Vertti meetings. The group facilitators play an important role in nurturing peer support. They have various techniques for inviting and encouraging peer support, such as allocation of speaker turns and closed questions. Group members in turn either accept
the invitation and orientate towards constructing peer support, or resort to various conversational devices in order to reject the invitation. This behaviour shows agency: even though peer support is actively encouraged by the Vertti facilitators, group members only engage in constructing peer support if they so wish, as they can also refuse this action.

The following two extracts illustrate also some of the differences in the social organization of language between professionals and lay people, thus throwing light on the research question concerning the ways in which peer support, as opposed to professional support, becomes accomplished in the talk-in-interaction. Furthermore, another valid reason for choosing the following two extracts for the analysis is that they are able to address the research question where it was of interest to examine how the intimacies of the group member’s home-lives become interpreted by the group facilitators who draw on the Vertti interventions’ theoretical approach, objectives, and formulas for change. The following two extracts demonstrate some of the typical ways in which the group facilitators make sense of family troubles in light of the core aims and beliefs of the Vertti intervention, as well as the ways in which these family troubles consequently become co-constructed and renegotiated between the group facilitators and the group members.

In the extract 8 below, one of the group members introduces a problem formulation followed by its subsequent treatment by other group members and the group facilitators through talk-in-interaction:

3.3.3 Extract 8, Session 5: The construction of professional support as opposed to peer support, and peer support as a collaborative accomplishment.

1 Liisa: Yeah and my second oldest son hhhh Joo ja mun toisiks vanhin poika hhhh öö
2 err always when he comes over to aina kun se käy meillä, niin
3 ours, so first he checks the places ensimmäiseksi se kat:too paikat ja jos
4 and if the flat is not spotless? (0.3) so asunto ei oo tip top? (0.3) niin se
5 then like the last time again he said viimeksikin sanoi että asunnon pitää olla
that the flat must be spotless (0.8) tip top (0.8) Et ei toi oo kun itsesäälii
that your depression is nothing but toi sun masennus (1.5) Sit on vaikea:
self-pity (1.5) Then it’s difficul:t for mun jotenkin (2.0) mä en ti:ää
me to somehow (2.0) I don’t know
(0.3) (0.3)
Paula: Does your son live there? Asukko se sun poika siellä?
(0.2) (0.2)
Liisa: No they just visit. = Ei kun ne käy kylässä vaan. =
Paula: = No: oh hah ((disaffiliative laughter)) = E:ih hah ((hymähtää))
FW: So this brings about an increase in Ni:in että se tuo sulle semmosta lisää
your sense of guilt and do you syyllisyttä ja uskoksia vähän siihen!
believe it a bit!
(0.5) (0.5)
Liisa: Yea::h, I do believe. Jo::o, uskon.
(1.5) (1.5)
FT: Well (0.5) it is a rather very belittling Niin (0.5) se on aikamoisen mitätöivä
comment to say that it is self-pity! It kommentti et toi on itsesääliä! Tulee
gives rise to a low mood since we do sellainen kurja mieli siitä kun ei ole
not choose our own ailments. hh. omaa vaivaansa valinnut. hh. (0.2) Et se
(0.2) So it is not easy to listen to ei oo helppoo kuulla toisten
other people’s lack of understanding! ymmärtämättömyyttä!
(0.3) (0.3)
Liisa: Then of course I believe everything Sit mä uskon kaikki tietysti mitä ne
they say sanoo

FW: It’s easy [to] Sitä herkästi [jotain]

Liisa: [It’s **terribly difficult** to] [Se on hirveen vaikeita]

suddenly get a hold of yourself (0.3) yhtäkkiä ryhdistäytyä (0.3) Varmaan

Probably a person who has never semmonen ketä ei oo sitä kokenu ei voi

experienced it can’t understand it. sitä ymmärtää.

FW: I believe we have others here with Mä luulen että tässä on jollain muulla

generally the same experiences (0.5) jhan samoja kokemuksia (0.5) Mää

I remember hearing so? (.) Would muistan kuuleeni? (.) Haluaks joku

somebody like to share experiences? jakaa kokemuksia?

FW: about people close to us not semmonen ettei läheiset tahdo

understanding. ymmärtää.

FW: Haven’t you Matias mentioned this Etkös sä Matias joskus sanonut tästä?

at some point?

Matias: hh. Yea::h (0.3) no one really hh. Jo::o (0.3) ei sitä kukaan oike:en

((gets it)) (0.8) I’ve got to know a (0.8) On mulla muutamii tuttui tullu

few people at the day hospital with päiväosastolta joiden kanssa on sit

whom it’s much easier to talk cos’ paljon helpompi jutella ku ne käy läpi
they’re going through the same stuff: they’re going through the same stuff: tätä samaa hom:maa (. ) eihän mun

( . ) my wife doesn’t understand my wife doesn’t understand vaimokaan mitään ymmärrä

anything either

( 1.0 )

( 1.0 )

FW: It is if you have to confront in FW: It is if you have to confront in Se on jos jokapäivässä elämässä your daily life [ so your daily life [ so joutuu kohtaa [ niin

FW: It is that sort of FW: It is that sort of [ se on sem:mosta

snearing and mocking at me snearing and mocking at me hauk:umista ja nälvimistä

( 0.2 )

( 0.2 )

FW: That it’s your fault FW: That it’s your fault et sun sy:ytä

( 3.0 )

( 3.0 )

FW: Do you also take the blame on FW: Do you also take the blame on Otaksä sen syyn myös i:tel:les?
yourself?

( 0.3 )

( 0.3 )

Matias: ( ) yeah it makes you feel like that Matias: ( ) yeah it makes you feel like that ( ) kyl siit tulee semmonen fi:ilis kun

when you can’t be bothered to do when you can’t be bothered to do mitään ei jaksa tehdä

anything

( 1.0 )

( 1.0 )

FW: It’s probably easy to start believing FW: It’s probably easy to start believing Se on varmaan helppo alkaa uskoa

that even when you know being that even when you know being siihen vaik tietäiskin et masennus ei ole

depressed is never your own fault depressed is never your own fault koskaan oma:a syytä ((puheenvuoro

((story continues)) jatkuu))
In lines 1 to 9, Liisa introduces a problem formulation, which can be summarised as follows: Liisa describes how her oldest son, while visiting, criticises Liisa for not keeping the house clean and accuses Liisa of feeling sorry for herself, thus undermining Liisa’s depressive illness. When Liisa describes these communication problems with her son, she does so in a coherent and clear manner, but there is a marked shift in tone in her storytelling when it comes to reflecting on how she responds to her son’s critical comments. This is evident in the last utterance in Liisa’s problem formulation, which is characterized by vagueness and confusion (lines 8-9): “Then it’s difficult for me to somehow (2.0) I don’t know”. This vagueness and hesitation may be interpreted as an invitation for others to join in, helping Liisa to clarify her thoughts and feelings through co-construction of her problem formulation in the light of peer views as well as professional opinion and advice (Madill, et al, 2001).

In line 11, Paula takes the floor by asking the following clarifying question to Liisa: “Does your son live there?” It is a rare occasion for the talk-in-interaction between the group members to occur spontaneously in this fashion, without an invitation to accept a speaker turn by the family worker. Therefore Paula’s own initiative to join in reveals that she feels rather strongly about Liisa’s problem formulation. The way in which Paula constructs her response to Liisa is interesting. Paula asks a question of whether Liisa’s son still lives at home, even though Liisa’s turn already contains this information about her son not living with them but only visiting. It seems that by asking this particular question Paula is able to convey an implicit suggestion that Liisa’s son has no right to behave in the manner he does without having to explicitly reveal her opinion to Liisa.

In line 13, Liisa answers directly to Paula’s overt question regarding her son’s living arrangements: “No they just visit”, but she does not pick upon to the possibility of some underlying message in Paula’s turn, as Liisa’s turn is short and contains no further elaboration about her son’s behaviour or her own reactions to her son’s behaviour.

Paula then shows her disapproval of the difficulties Liisa is experiencing with her son by emphasising and extending the word “no”, followed by a short disaffiliative laughter (line 14). Paula’s turn is ambiguous in its meaning, as it could be interpreted as offering empathy to Liisa for having to deal with her son’s difficult behaviour, or as showing
disapproval of Liisa for being too lenient with her son. Paula’s turn is kept short, perhaps because commenting any further on Liisa’s situation would violate the rule of each member speaking only on behalf of themselves, because giving advice explicitly and imposing one’s views on others should be avoided.

The family worker joins the conversation (lines 15-17) with a response that orientates to the sense of confusion in the last utterance in Liisa’s turn, thus supporting the interpretation regarding the vagueness in Liisa’s problem formulation as an invitation to help clarify how Liisa’s son’s behaviour is affecting her. The family worker’s response consists of a lexical substitution in which she expresses Liisa’s prior talk with alternative words in such a manner that has the impact of intensifying emotional connection to Liisa’s story (Vehviläinen, 2008). The family worker achieves this goal by displaying attentiveness to the feeling Liisa may be experiencing, as she formulates an upshot suggesting that Liisa’s son’s criticism increases Liisa’s sense of guilt. The family worker further proposes, with an empathetic tone of voice, that Liisa might believe her son’s opinions as accurate, which Liisa then confirms as being true, thus accepting the family worker’s candidate elaboration (line 19).

The family worker’s response differs markedly from Paula’s response. While Paula invited Liisa to elaborate on the external details of her family circumstances, the family worker’s response draws attention to the internal affective climate brought about by the challenges Liisa is experiencing with her son. Due to her institutional role, the family worker is in a position to formulate an upshot consisting of a hypothesis regarding Liisa’s feelings. The content of this upshot is derived from the family worker’s professional knowledge stemming from the Vertti ideology, according to which a key problem in families who struggle with depression is a lack of understanding of the nature of depressive illness among the family members, and the ill parent’s feelings of guilt rising from this confusion over the symptoms of depression. Consequently, the act of making sense of Liisa’s feelings becomes a co-constructive achievement, where the family worker offers educated guesses about Liisa’s feelings and Liisa’s role is to collaborate by accepting or rejecting the family worker’s suggestions. The family worker’s response can also be seen to reflect a typical professional therapy orientated
approach that focuses on client’s affect with the consequence that externally located problems may be transformed into internal affective problems (Madill, et al., 2001).

The family therapist joins in (lines 21-26) and offers her interpretation of Liisa’s son’s behaviour through an extension that allows her to claim a greater recognition of what Liisa’s experience entails. In formulating the extension, as based on her professional viewpoint in relation to the Vertti ideology, the family therapist transforms the meaning in Liisa’s problem formulation in such a manner that constructs the problem as arising from Liisa’s son’s ignorance of depression, which leads him to belittle the problem as self-pity. Interestingly, however, the family therapist is careful not to explicitly mention Liisa’s son in her account but she expresses her viewpoints in an abstract and passive form, while the resemblance to Liisa’s son’s behaviour makes it implicitly clear that she is referring to him. Uttering a comment that has critical underpinnings of someone’s family member is a sensitive issue but adopting the passive form allows the family therapist to convey meaning in a non-offending manner, which is also likely to make Liisa more receptive to the family therapist’s point of view.

In lines 28-29, Liisa repeats the words previously uttered by the family worker: “Then of course I believe everything they say”. In this way, Liisa has accepted the perspective given to her by the family worker and adopted the family worker’s interpretation of her situation as her own. Liisa then continues her story in lines 32-33: “It’s terribly difficult to suddenly get a hold of yourself.” It should be mentioned here that over the course of the Vertti meetings, both Liisa and Matias have repeatedly described their attempts to overcome depression through employing the classic phrase: “I should pull myself together”. This phrase is an idiom that represents the popular belief that people can break out of depression if they really wanted to. Such idioms are powerful cultural templates, which are often widely internalized by people, including people who themselves suffer from depression, leading to a phenomenon called self-stigma. At this point, in response to the family therapist’s reformulation of the real issue behind the difficulties between Liisa and her son as being lack of understanding of depression, Liisa begins to reconstruct the way she thinks about the popular idiom of depression. She does this by acknowledging the difficulty of “suddenly getting a hold of yourself”.
Liisa then completes her turn with the following utterance: “Probably a person who has never experienced it can’t understand it” (34-35).

In a similar vein to the family therapist’s formulation, Liisa does not directly refer to her son in her utterance but her response reveals that she has found the family therapist’s reinterpretation of her problem useful. The way in which Liisa constructs her experience has transformed from self-blame in terms of accepting and believing her son’s critical comments undermining her depression as self-pity, to appreciating that people who have not been depressed may not understand the nature of depression. This is a good example of the ways in which meanings are negotiated and transformed during support group meetings, giving rise to new beneficial insights which can be seen as constituting the aspect of receiving help during these meetings (Arminen, 1998).

In lines 37-40, the family worker opens the floor for others to join in to share similar experiences, thus facilitating peer support through the invitation to build commonality between group members. Her invitation is followed by a six second pause (line 44) indicating a refusal by the group members to take the floor. The family worker then reintroduces her invitation, directing it to Matias, thus placing a strong obligation on Matias to accept her invitation. Furthermore, the family worker’s prior turn requests specifically “to share experiences about people close to us not understanding” (lines 42-43), which places a strong constrain on Matias to focus on constructing his experiences in this particular manner.

Matias orientates to the task of building mutual relevance between his and Liisa’s turns of talk by opening his turn with an extreme case formulation: “Yeah, no one really gets it.” (line 48). In this manner, he constructs his turn in relation to prior turns to illustrate that he has not only understood Liisa’s experiences of lack of understanding by close relatives, but also experienced something similar himself. Matias continues his turn by pointing out that there are also people who do understand, namely people who also suffer from depression, thus emphasizing the importance of peer support: “I’ve got to know a few people at the day hospital with whom it’s much easier to talk cos’ they’re going through the same stuff.” (lines 49-52). Matias then returns to constructing his turn in reference to Liisa’s earlier story to display their reciprocal relevance: “My wife doesn’t understand anything either.” (line 52-54) Matias uses the alignment marker
“either” which indicates that his story is told as a second story, in relation to Liisa’s first story. The alignment marker “either” can be seen as a device that establishes a connection between the speakers, for it reveals that Liisa’s first story has been meaningful and relevant to Matias, giving rise to Matias’ second story, which is constructed in such a manner as to be of relevance to Liisa in return. (Arminen, 1998.)

The family worker takes the floor in lines 56-57, but she is interrupted by Matias who completes his turn with the utterance in lines 58-59: “It is that sort of sneering and mocking at me.” Matias’ description of his wife’s critical comments can be seen as a topical linkage to Liisa’s story which described a similar situation, thus further constructing the sameness of experience between Liisa’s first story and Matias’ second story. (Arminen, 1998.)

Matias discloses that his wife is “sneering and mocking at him” but he does not elaborate on the exact content of his wife’s critical remarks. In response, the family worker offers an upshot of what Matias’ wife’s criticism conveys: “That it’s your fault” (line 61). This utterance builds a topical linkage to the previous discussion, as the family worker is motivated to construct the sense of sameness in the group members’ experiences in parallel with the Vertti ideology, where the goal is to alleviate any feelings of guilt caused by family members’ lack of understanding of the nature of depression. Matias does not pick up this comment, but the family worker’s turn is followed by a three second pause. The family worker interprets Matias’ silence as acceptance and tries to further establish the sameness in experiences between Matias’ and Liisa’s stories with another upshot in lines 63-64: “Do you also take the blame on yourself?” The repeated usage of the construct “blame” and the adoption of the alignment marker “also” are designed to emphasize the potentially same features in Matias’ and Liisa’s stories. Thus, the family worker makes meaning out of Matias’ story in a manner that allows her to produce a particular conclusion with the goal of drawing commonalities between Matias’ and Liisa’s experiences in terms of their tendency to be self-critical when attempts to “snap out of depression” fail. In this manner the family worker is playing a crucial role in initiating peer support through the construction of the topic of conversation between the group members as a joint topic.
Matias accepts the family worker’s upshot about taking the blame in lines 66-68: “Yeah, it makes you feel like that when you can’t be bothered to do anything”. It should be mentioned that Liisa has previously discussed in collaboration with the group facilitators her inability to complete household tasks and as a consequence of this meaning-making work, Liisa has established the way in which her lack of energy makes her feel guilty. Matias’, in turn, constructs his own experience in a similar vein, in relation to Liisa’s story. Therefore this is another second story which is constructed in reference to earlier stories in order to establish a sense of shared experience (Arminen, 1998).

The extract 8 above demonstrated a situation in which peer support becomes successfully co-constructed in collaboration between the group facilitators and the group members. The following extract 9 below illustrates an example of a different scenario where the family worker’s invitations to build peer support fail, as the group member does not want to co-operate, but repeatedly rejects the family worker’s invitations to construct a sense of sameness between the group members’ experiences. This extract also takes place in the fifth Vertti session and it contains a dialogue where the group facilitators invite the group members to negotiate solutions in response to Liisa’s and Matias’ earlier problem formulations regarding communication problems between family members.

3.3.4 Extract 9, session 5: Refusal of an invitation to construct peer support

1 FW: In what way could you respond in these situations? Millä lai:la te näissä tilanteissa voisitte vastata?

2 (7.2) (7.2)

3 Matias, have you come up with an explanation for your wife? Matias, ootko sä keksinyt selitystä sun vaimolle?

4 (0.5) (0.5)

5 Matias: I haven’t been saying anything (.). En mä oo mitään sanonu (.). Se on
It’s difficult to come up with something to say. When I’m shattered, so I’m just shattered in uuvuksissa.

FW: So, what about just saying that I’m shattered. Would that be enough?

Matias: Well... we end up arguing about other stuff at the same time. Then it’s like piss off and let’s get a divorce.

FT: <Perhaps the question> that do you think I am doing this on purpose! I’m really not! or would that add spark to another fight?

Matias: = WELL THAT’S what she says, that I am doing it on purpose. >that’s exactly what she is accusing me of< that I’m doing it on purpose.

(0.8) (0.8) (1.0) (1.0) (1.5) (1.5) (0.2) (0.2) (0.5) (0.5) (0.3) (0.3)
FW: Kai, have you got advice to offer on this? tähän?

FW: We::Il (0.3) I have as su:ch, so N::o (0.3) mulla on si:llee että ei oo tarvinnu kenellekkääin selitellä. (0.5)

FW: I haven’t had to explain myself to anybody. (0.5) I have never kept in touch with my relatives (0.2)[and mitään yhteyttä (0.2) ] ja En mä oo koskaan pitäny sukuun

FW: [S::o [ Ni::in et sä you haven’t talked about it et oo puhunu asiasta

Kai: (…..) ((Mumbling quietly)) (…..) ((Hiljaista muminaa))

FT: so you don’t then have people niin ei oo sitten around you who could väärinymmärtäjiäkään ympärillä!

FT: misunderstand you! (0.5)  (0.5)

FW: You’ve not been in situations Sulle ei oo tullu tilanteita et pitäis where you’d have to say that <now sanoo et <nyt mä en jaksa tehdä tota I don’t have the energy to do that [tai>

[or>

FW: [ well no because I am a single [no ei kun mä oon yksinhuoltaja parent

FW: (1.5) (1.5)

Paula: Well I’m also in a situation where No on mullaki se tilanne että ei jaksa I’m exhausted but no one is mutta ei sitä kukaan <tuu kyselee>
<interrogating me> about that (0.5) <Ei tulis mieleenkään>

(0.5) <That would be unthinkable>

(1.2)

FT: You are thinking that it is none of sää aattelet et mitäs se niille kuuluu (.)

their business (. ) which is mikä on täysin tervettä

completely healthy

(1.0)

Paula: Yeah, or I would say that you can Joo, tai sanoisin että sää voit tulla

come over here to clean tänne siivo:o

(1.8)

FW: <Yeah, that is good.> (0.2) so? if <Jo:o, se on ihan hyvä.> (0.2) että? jos

you have the energy you could do sulla on voimia niin sää voit vaikka tehdä

and help .hh cos’ I don’t have the ja auttaa .hh ku mulla ei nyt oo voimia

strength right now (1.0) (1.0) Senkin voi sanoo et mä

You may also say that you wish toivoisin et mä jaksaisin paremmin!

you had more energy! <I <Toivoisin olevani iloisempi> miksei

wish I was happier> and why not voisi sanoa rehellisesti ääneen että ei

honestly say it out loud that I don’t ole voimia enempään!

have the strength to do more!

(0.5) (0.5)

Kai: I would react in the same way as Mulla tulis samanlainen reaktio kuin

Paula, so that if somebody came Paulalla, että jos tulisi joku siihen

there to frown at me, I would mus:suttamaan, niin hyökkäisin vastaan
attack against them by telling them "että SIITÄVAAN OTA IMURI KÄTEEN." to GO AHEAD GRAB THE HOOVER. (0.8) (0.8) FT: So you would stand up for niin että pitäisit puolesi. yourself. (1.5) (1.5) Liisa: So (_) that should be getting a bit niin (_) että tulisi vähän vihaseksikin angry about it. (0.5) My situation siitä. (0.5) Mulla on sil:een et mä oon is su:ch, so that I have completely menny ihan semmoseksi, et mä en osaa become as such that I can’t say sanoo enää mitään. anything anymore. (1.0) (1.0) FW: It’s probably? down to different se on varmaan? eri luonteenpiirteet. types of personalities. (0.8) (0.8) Liisa: hhh. "someone has said that I hhh. "joku on sanonut et mä o:on° ha:ve° changed, like, s:o I can’t niinku si:inä muuttunu et mä en osaa stand up for myself anymore enää puolustaa itteeni

In the beginning of the above extract 9, the family worker opens the floor in lines 1-2 with an invitation to the group members to think about ways to overcome communication difficulties between family members. Her request is met with a long 7.2 second silence (line 3), thus indicating that this is a difficult topic for the group.
members. The family worker then tackles the parents’ hesitation to engage with the topic with a direct question which is targeted at Matias: “Matias, Have you come up with an explanation for your wife?” (lines 4-5). In response Matias points out that it is difficult to find explanations when he just feels shattered (lines 7-10). Matias also discloses having severe marital problems to the extent that he and his wife argue about getting divorced (lines 15-18). At this point the family therapist orientates to the institutional task of promoting mutual understanding among family members and suggests: “Perhaps the question that do you think I am doing this on purpose? I’m really not, or would that add spark to another fight?” (lines 20-24). In this manner the family therapist is trying to build a topical linkage to prior turns where the problem of mistakenly blaming the person rather than the illness was discussed.

Matias replies to the family therapist’s suggestion as follows “Well that’s exactly what she says, that I am doing it on purpose. That’s what she is accusing me of, that I’m doing it on purpose” (lines 25-29). Matias’ utterance reveals that the family therapist has captured some of the essence of the communication problems between Matias and his wife. The family therapist’s comment has been meaningful to Matias as shown by his lexical choice of the words “that is exactly what she says” as well as the repetition of the utterance “doing it on purpose”. In this manner, Matias himself seems to recognize and reconstruct the root of the problem to his wife not appreciating that the challenges are caused by his depression.

At this point, the family worker attempts to position Kai in a supportive role and invites him to offer advice to Matias (lines 31-32). It should be mentioned here that the family worker is aware of Kai’s background as having recently gone through a difficult divorce himself. It seems that the family worker therefore seizes this moment as a good opportunity for nurturing peer support.

Kai’s response begins with some hesitation, marked by the emphasis on the word “well” and a small pause (line 34), which suggests this may be a delicate issue for him. Furthermore, Kai denies having any relevant experiences that could qualify him to offer advice to other group members. On the contrary, Kai creates contrast and thus builds distance between his own and Matias’ or Liisa’s experiences by stating: “so that I haven’t had to explain myself to anybody (0.5) I’ve never kept in touch with my relatives
and” (lines 34-37). Kai’s usage of extreme case formulations, including “anybody” and “never”, provide him with a particularly strong conversational device with which to resist the supportive role assigned to him by the family worker.

While interruptions in ordinary conversation can be problematic, the family worker’s professional status and position as a support group facilitator gives her the permission to interrupt others. Jean Pain’s (2009) research on therapy talk showed that therapists typically make interruptions that are task-related, deciding what is or is not relevant to the task at hand. An important skill for a therapist then is to know when and how to interrupt. Pain observed that therapists’ interruptions most typically involve a therapeutic intervention when they have enough information to do so. (Pain, 2009.) Kai’s turn becomes interrupted by the family worker and this action serves the purpose of a therapeutic intervention because the interruption conveys one of the key messages in the Vertti intervention: “So you haven’t talked about it” (lines 38-39). The family worker’s reformulation interprets Kai’s prior turn in a way that is designed to reframe Kai’s account as problematic, in order to draw Kai’s attention to his unwillingness to talk about his issues with his family. Consequently the family worker’s comment shifts the meaning in Kai’s prior turn: Kai’s view about “not having to explain himself to anybody” becomes reconstructed in terms of lack of communication – which is a reformulation that has critical underpinnings. This kind of interruption is likely to disrupt the client’s story, but it can prove to be helpful for the relevance and the task of the intervention. However, as Pain’s (2009) research illustrates, such interventions need to be delicate and delivered in a manner that accomplishes both affiliation and alignment with the recipient in order to create a comfortable environment for the client to explore the issue further. It can be speculated that the total absence of affiliation and alignment markers in the family worker’s intervention may have contributed to Kai not responding well. Kai’s uptake in line 40 consists of incomprehensible quiet mumbling, which in itself suggests that he feels uncomfortable with the situation and is thus unwilling to co-operate.

The family therapist joins in (lines 41-43) and offers an affiliative elaboration as she utters the following words with an empathetic tone of voice: “So you don’t then have people around you who could misunderstand you.” This turn is designed to accomplish
a topical linkage to prior discussion about the lack of understanding by family members when it comes to depression. In lines 45-48, the family worker also joins in and builds onto the family therapist’s statement with a related probing question: “You’ve not been in situations where you’d have to say that now I don’t have the energy to do that or”. This question is closed, unlike the open question in lines 31-32 which was previously presented by the family worker. As discovered by previous CA research (Pain, 2009), open questions are sometimes unhelpful in getting clients to talk. The family worker is trying to manage and repair Kai’s earlier misalignment by offering more precise closed questions in order to help Kai find a topic he can discuss. The family worker’s question is highly detailed and it is designed to help Kai to establish a position that would accomplish the sense of sameness in experiences between the group members. In addition, the family worker’s reintroduction of this topic implicitly conveys disbelief in Kai’s earlier story about not having to explain himself to anybody.

Kai interrupts the family worker with the following uptake: “Well no because I am a single parent” (lines 49-50). With this action Kai strongly and repeatedly refutes the family worker’s invitation to construct the sense of sameness in experience between Kai and the other parents in the group. Kai accomplishes this misalignment through the conversational strategy of creating contrast: Being a single parent implies a non-membership to the category of married people, as well as all the category-bound activities and attributes that come along with marriage, including being accountable to someone else. (Bronwyn & Harre, 1990; Lepper, 2000.) Kai’s turn is kept short and precise, indicating his unwillingness to engage with the topic. On this occasion, the asking of closed questions did not have the facilitative effect of encouraging talk as desired. It may be that Kai perceived these questions as interrogation which can be detrimental for conversation (Pain, 2009).

Paula’s uptake supports this interpretation as she orientates to the tension in the atmosphere through building a supportive and an affiliative relation to Kai: “Well I’m also in a situation where I’m exhausted but no one is interrogating me about that. That would be unthinkable” (lines 52-55). Paula uses the alignment marker “also” as well as a topical linkage to prior stories to establish a reciprocal relevance between them. Furthermore, the nuances in Paula’s use of language, including extreme case
formulations (“no one is interrogating” and “that would be unthinkable”) have the impact of offering support to Kai, thus alleviating his earlier predicament.

In lines 57-59, the family therapist offers an interpretative upshot of Paula’s prior turn: “You are thinking that it is none of their business, which is completely healthy”. The family therapist’s candidate elaboration conveys explicit approval of Paula’s confrontational contribution about not accepting criticism from others when she is exhausted. The family therapist approves this as being “healthy” behaviour. By explicitly aligning with Paula, the family therapist creates an implicit misalignment with the way in which Liisa has been trying to cope with her son’s critical comments. The existence of such hidden agenda is supported by Paula’s uptake, as the family therapist’s contribution seems to open up a gateway for Paula to reveal more about her stand in relation to Liisa’s situation: “Yeah, or I would say that you can come over here to clean” (lines 61-62). In this way, Paula accepts the family therapist’s interpretation with the word “yeah” but then she immediately uses the words “or I would say…” which allow her to contribute her own perspective in relation to Liisa’s situation. Paula does not address her turn explicitly to Liisa, but the topical linkage to Liisa’s earlier story is very clear. Ilkka Arminen (1998) discovered how in AA meetings the conversational strategy of omitting a reference to prior speaker can simultaneously be used both to establish a non-affiliative environment as well as to avoid open controversy. Paula’s omission of direct reference to Liisa can be seen to serve the same purpose. In addition, Paula constructs her turn from a first-person stance in terms of what she herself would do if encountering a situation where someone was criticising her in the same manner as Liisa’s son has been criticising Liisa. Commitment to autobiographical accounting and a focus on one’s own experiences is a typical approach to interaction in peer support groups and other mutual help contexts where explicit advice giving should be avoided. (Arminen, 1998.)

The family worker begins her turn with an expression of approval towards Paula’s prior turn: “Yes, that is good” (line 64). Then she moves on to constructing a more detailed lexical substitution on the basis of Paula’s prior turn: “So if you have the energy you could do and help cos’ I don’t have the strength right now. You may also say that you wish you had more energy. I wish I was happier and why not honestly say it out loud
that I don’t have the strength to do more.” (lines 64-72). This reformulation has several interesting features. First of all, it is a clear example of the way in which the family worker orientates to her institutional role in terms of establishing good professionalism through disengagement and the offering of non-judgemental support and advice. The family worker’s professional status entitles her to give explicit advice to others without having to resort to talking from a first-person stance like the group members. Furthermore, emotionality can put professionalism in jeopardy. The family worker’s reformulation is designed to shift the emotional tone in Paula’s confrontationally charged prior turn in such way as to restore and maintain neutrality. The family worker discreetly attempts to suggest alternative and potentially more constructive ways to approach family members in terms of promoting open communication and mutual understanding, rather than eliciting arguments. In this way, she orientates towards communicating some of the core beliefs and goals of the Vertti intervention to the group members.

Kai dismisses the family worker’s softer pledge and instead creates a strong positive alignment with Paula by referring directly to her in a manner that establishes commonality and a special relation between their turns of talk: “I would react in the same way as Paula, so that if somebody came there to frown at me, I would attack against them by telling them to go ahead grab the hoover.” (lines 74-79). Kai’s uptake orientates to the confrontational undertone in Paula’s prior contribution and makes the argumentatively charged atmosphere explicit. However, Kai also adopts the first-person stance and thus omits from addressing Liisa directly, which is an action that can be seen to minimize controversy and maintain solidarity between the group members (Arminen, 1998). Kai’s and Paula’s contributions can be heard as attempts to offer alternative solution on how to deal with Liisa’s problem. Kai has not been discouraged by the family worker’s attempt to restore neutrality. On the contrary Kai believes in his own stance and adds emotional volume to the interaction by raising his voice and using aggressive words, such as “frown”, “attack” and “grab the hoover”.

The family therapist takes the floor with an elaboration of what she thought Kai meant in his talk: “So you would stand up for yourself” (lines 81-82). With this statement the family therapist is able to simultaneously show approval to Kai’s contribution while
attempting to restore neutrality. The family therapist orientates to her institutional role by facilitating the flow of interaction in a constructive manner. She is listening to what is being said and tries to make meaning out of the complexities of group member’s utterances in order to feed her interpretation back to the group members so as to help them to reflect on their thoughts.

Liisa’s uptake in lines 84-85 orientates to the implicit advice given to her in prior turns and she makes the message explicit with the following utterance: “So that should be getting a bit angry about it.” In this way Liisa communicates that she has listened and understood that her reaction with her son differs from the way others would react. This is a typical example of the way in which mutual help becomes accomplished in support groups, as peer stories contribute new perspectives and insights in relation to one’s own experiences and ways of constructing meaning (Arminen, 1998). However, Liisa continues her turn with some extra accounting and a problem formulation: “My situation is such, so that I have completely become as such that I can’t say anything anymore.” (lines 85-88). Liisa’s utterance is characterized by justifications and extreme case formulations (i.e. “completely become as such” and “unable to say anything”), which suggests that this is a sensitive issue for her. Liisa has on the one hand acknowledged that she should alter her behaviour and become more assertive, but on the other hand she seems to be troubled by the critical feedback she has received. The justifications in Liisa’s utterance orientate towards the implicit claims put forward by others of what is desirable, acceptable and proper behaviour (i.e. parents should be firm with their children and people should stand up for themselves). Liisa tries to alleviate the unfavourable image she believes others may hold of her by presenting herself as a good person through explaining that she has not always been in this way, attributing blame of her “weakness” to her illness that has changed her. Liisa’s actions in this turn also seem to have the intention to elicit feelings of empathy in the listeners.

In lines 90-91, the family worker responds with the following utterance: “It’s probably down to different types of personalities.” The family worker’s reference to “different types of personalities” refutes Liisa’s interactive efforts to present herself as having become something different from the way she was before, because the concept of personality is typically constructed as something that is more or less stable and
permanent. Thus the family worker’s uptake does not address Liisa’s problem formulation but presents a normalizing account, perhaps with the intention of conveying Liisa’s conduct as acceptable and not deviant. However, Liisa refutes the family worker’s formulation by restating her prior case in lines 93-95: “Someone has said that I have changed, like, so I can’t stand up for myself anymore.” Liisa uses the conversational device of referring to a second-hand knowledge source: “Someone has said” which serves the interactive purpose of adding external evidence to support her earlier construction that her character has, in fact, changed.

Liisa’s struggle to account for her lack of assertiveness is interesting in this context, where the specific interactional goal has been to promote acceptance of depression as a physical illness that is not the person’s fault and cannot be helped by simple will power. Yet, Liisa is at pains in her attempt to presents herself as not always having had problems with being assertive and she implicitly implies that the change in her character is related to her depression, thus attributing responsibility for her behaviour away from herself and blaming her illness for her lack of confidence. This is a clear demonstration that it can be difficult to make a distinction between individual’s personal characteristics and the symptoms of mental illness, which in turn makes it complicated to draw the line between taking responsibility for one’s own actions as opposed to those actions that are caused by the illness and not the person’s fault. Even in a mental health group consisting of peers who tackle with similar problems, it is all too easy to underestimate the impact of illness and attribute certain behaviours which are caused by the illness as weakness in character.
4. Discussion

This study set out to investigate how the institutional task of delivering a psycho-educative intervention for depressed parents and their children (The Vertti approach) becomes accomplished in and through talk. It was of interest to examine how the parents, in collaboration with the group facilitators, make sense of important issues, negotiate problem constructs, and accomplish inter-subjectivity in and through talk while being informed by the core aims and beliefs of the Vertti intervention. Since the Vertti approach considers the nurturing of peer support to be important, this study also looked at conversational strategies used by the participants for achieving mutual help and the sense of sameness in experiences between them. Another related research question focused on examining the differences in social organization of language in constructing peer support as opposed to constructing professional support. Finally, it was also of interest to investigate how the differing institutional roles between professionals and lay people become accomplished and maintained in the talk-in-interaction?

John Heritage’s (2004) conceptualisation of the nature of institutional interactions provided a framework for the analysis when looking at the ways in which the participants are sensitive to the institutional context and their role within it. This involved paying attention to interactional asymmetries that may take place in institutional interaction or the ways in which the ‘expert’ versus ‘layperson’ stance becomes co-produced by professional agents and their clients in talk-in-interaction in many different ways. The valuable contribution of CA to understanding issues of power relations lies in its data driven approach: The relevance of institutional roles and power relations are not taken as given but the task is to infer from recorded interactions how participants themselves orientate to their institutional roles and allow the institutional setting to influence their actions. (ten Have, 2007.)

From the detailed examination of the ways in which the participants work through the intervention agenda, it was possible to identify typical patterns in how talk is organized during group meetings. The most striking feature was the parents’ resistance to comply with the intervention protocol. This was typically managed through rejecting topic shifts; maintaining long silences and responding only minimally; or withdrawing
cooperation altogether. The group leaders in turn adopted several conversational devices in an attempt to facilitate talk and overcome client resistance. Such strategies included asking direct and closed questions rather than open ones, and posing questions in a manner that would normatively require an agreement from the group members. Another typical strategy for managing topic shifts consisted of paying attention to only certain aspects of the clients prior turn and dismissing others. These ‘noticeable absences’ are designed to prevent the clients from introducing their own agenda and keeping them aligned to the institutional task at hand. However, the potentially adverse impact on social interaction caused by the frequent usage of noticeable absences can easily become overlooked by the group facilitators when performing institutional encounters. The risk is that recipients may feel they are not being listened to, or what they say is not considered as important. Interestingly, indeed, the conversational technique of using noticeable absence had the opposite effect from the one desired, as parents responded to the dismissal by strongly reinstating their case. This finding also suggests that, at least at times, the parents felt comfortable enough within the institutional setting to challenge the family worker’s expert position as someone who has the right to know, perhaps due to their personal first-hand experience with depression, which gave them the confidence to pursue with their own agenda. Furthermore, disagreement was made easier in this context by the group members alignment with each other as they united together to challenge the family worker’s viewpoint. This is significant, because typically direct disagreement, especially when it involves confronting and challenging professional opinion, is difficult to express in a conversation, and thus typically avoided as far as possible (Pain, 2009).

The advantage of conversation analytic approach is its ability to elucidate the dynamics and dilemmas of participants’ sense making at the level of interactional detail. From the minute by minute analysis it was possible to identify a few obstacles which could throw light on the reasons why the participants resisted engaging with the Vertti intervention agenda. For instance, certain ways of asking questions attracted resistance and tension in the clients. In particular, the unexplicated meaning that is embedded in upshots often gave rise to defensive behaviour. Parents seemed to perceive a hidden agenda on the part of the family worker and the risk was that the parents felt they were blamed for something. The fact that the Vertti intervention takes place at an institutional context,
which has an association with a child protection agenda, is likely to add to the parents’ suspicion, thus making it more difficult to build trust between the group leaders and the parents.

The Vertti group facilitators mainly relied on ordinary social interaction practices when delivering the intervention, while also occasionally making use of therapeutic techniques, including formulations, extensions, and elaborations. These were useful at times in encouraging clients to talk. However, considerable effort and time was spent in negotiating problem formulations or what the important issues are; often without reaching a mutual consensus or resolution between the participants. The parents were reluctant to take up the family worker’s invitation to focus on how their depression manifests itself in their home life and how their children may be affected by it. This resistance was typically accomplished through minimal response. Parents frequently responded to direct questions with only a few words (e.g. saying that depression makes them tired) without attempting to reflect and elaborate upon the issue any further; thus showing passive resistance. Defensive behaviour also consisted of an attempt to present to others in a positive light and of downplaying any problems their children may experience. It seems that the parents were resisting the identity of a depressed parent, which the intervention agenda was seen to ascribe to them, and the actual or imagined problem constructs that are associated with the role. This failure to construct a mutual appreciation of the important issues resulted in authoritative accounting on the part of the family worker as she asserted her expert opinion in order to sustain the interaction and salvage the appropriate delivery of the intervention. Parents, in turn, frequently adhered to their inexpert position by agreeing with the family worker, or by withholding a response, which is a typical pattern of interaction in encounters between professionals and their clients, as previous studies have shown (Madill, 2001; Heritage & Sefi, 1992).

The present study demonstrates that it is not only the contents of the intervention that matter, but that it is also very important to pay attention to the ways in which language is organized when delivering the intervention. This is especially true when considering the high level of sensitivity and emotionality that is embedded in parenthood. When delivering preventive interventions to families, like the Vertti approach, evoking some degree of defensiveness in parents might be unavoidable, and at times perhaps even
necessary, as parents may need to be pushed out of their comfort zones for allowing new insights to come to light and positive changes to occur. With this in mind, the present study also illustrates the importance for group facilitators to be aware of the ways in which they strategically organize social interaction with a focus on adopting those conversational devices which are most fruitful in encouraging clients to talk comfortably. The giving of parenting advice should be carefully managed in such a fashion that would dismantle any potential barriers to communication and help the parents to be receptive for learning experiences. For example, the results suggested that if the power to choose which speaker turns are relevant for the institutional task at hand was exercised by the group facilitators in the absence of affiliation and alignment markers, the message was usually not received well by the listeners. Similarly efforts to build affinity and alignment frequently had a positive impact on the on-going talk-in-interaction. It may be speculated that perhaps increased and conscious efforts to display emotional support to parents through the use of affiliative responses would have helped the parents to be more open and responsive in return. Furthermore, if there was more scope for the group facilitators to show alignment to the topics introduced by the parents, it may have helped the parents to better engage with the intervention agenda. For instance, rather than managing a topic shift when the parents introduced their own problem constructs, but pursuing them further in the subsequent speaker turns, may have allowed the group facilitators to tie the parent’s own concerns about their children to the intervention’s agenda, thus making the information more meaningful and more relevant to the parents.

The parents were expressing a great deal of confusion over what mental illness entails and how it should be discussed with children. Indeed, the Vertti intervention handbook (Inkinen & Söderblom, 2005) mentions this as a common problem among parents who suffer from mental illness. The group meetings hope to address this issue through providing a site for parents where they can share experiences with others in an attempt to make sense of their depressive illness. Ideally, these discussions should transform muddled feelings of one’s illness into a more coherent personal narrative; thus placing parents into a more confident position to discuss their depression also with their children. However, due to the practical reality of having to follow strict time constraints as well as a set agenda during the meetings, it was not possible for the parents to engage
in this type of self-reflection in order to develop self-understanding. Moreover, it seemed that the parents orientated to the institutional setting by assuming the role of a novice. They seemed to lack in self-efficacy in terms of trusting their own knowledge and their ability to talk to their children about depression. Frequently there were long pauses in the talk-in-interaction and a reluctance to take up speaker turns allocated by the family worker. This may imply that at times the parents simply did not know how to respond to the group facilitators’ questions, but expected more guidance from them.

In an attempt to alleviate the feelings of confusion among the parents, the family worker repeatedly draws on the medical model of understanding mental illness and encourages parents to construct depression in similar terms, as a brain disorder or as a physical illness that can be treated with medication. However, the medical model of explanation did not feel sufficient to the parents. It is important to mention that the parents frequently wanted to move beyond the biochemical basis for mental illness, which was perceived as a superficial level of explanation. Instead, they wanted to explore depression in more complex terms, referring to personal history, thinking about personal adversities they have confronted that may have contributed to the development of their illness. In response, the family worker typically adopted various conversational devices designed to maintain the conversation at a rather casual level without dwelling on personal issues too deeply, but drawing attention on children’s point of view and the ways in which they experience parental depression. This reflects the challenging institutional task of having to strike a balance between helping parents to work through the intervention agenda while preventing the discussion from evolving into a group therapy. As a result of the conversational management of this task, the parents received mixed messages: They were simultaneously encouraged to open up about their problems while being discouraged to talk about them in any length. This seemed to be at times a confusing experience for the parents, until they learned to navigate the code of conduct in the group and understood the social rules of what kinds of contributions are deemed acceptable in the institutional setting. The contrast in the agendas being pursued between the family worker and the parents illustrate the way in which clients may sometimes only have a faint understanding of the institutional task at hand. Heritage (2004) refers to this issue in terms of the asymmetry between institutional
agents treating clients as a routine case as opposed to the novel experience these institutional encounters pose to clients.

It is not possible to draw any formal inferences or generalizations from this study about the effectiveness of the Vertti intervention and neither was this the purpose of the present study. However, it is interesting to note that during the intervention process none of the parents reported initiating discussion with their children about depression, even though encouraging open communication among family members is one of the key objectives of the intervention. This is not to suggest that the intervention was carried out in vain; on the contrary the extent of the difficulties and struggles that the parents were facing when attempting to talk to their children about depression highlights the need for the effective family interventions. This is especially so, when considering the ample research evidence that has identified open communication as well as an understanding of the symptoms of mental illness as protective factors in terms of preventing the development of psychopathology in children whose parents have psychological problems. Furthermore, there may be other beneficial outcomes gained from participating in the Vertti intervention which are not immediately observable in concrete terms, but build into the family process over time. Previous feedback from families who have completed the Vertti intervention reported increased mutual understanding among family members and other positive changes, such as a sense of relief and a more relaxed atmosphere at home. (Inkinen & Söderblom, 2005.) Furthermore, it may be interesting for the reader to know that it seemed that the parents did not appreciate that open communication between parents and their children is an absolute key objective for the intervention. Instead, the parents seemed to prioritise the need for children to receive information about mental illness by the family workers and often felt that this goal was sufficiently achieved in the children’s own group. No empirical demonstrations of this issue were included due to the limited scope of this paper.

Some of the apprehension about discussing depression with children may stem from our deep-rooted cultural notions that view mental illness as an adult topic of conversation. Both the parents as well as the family worker felt that children should be protected from the truth if the truth is somehow unpleasant. The parents were motivated to shield their
children from knowing their parent suffers from depression. Indeed, the results revealed that the stigma of mental illness is a major obstacle to overcome before parents can talk freely about depression with their children. This manifested in the parent-child interactions as a tendency to mask depression behind physical illnesses. These results suggest that it may be beneficial to explicitly address the issue of stigma surrounding mental illness with parents in order to raise their awareness of the ways in which stigma may become consequential for their interactions when working through the intervention agenda, and when talking with their children about mental health. The family worker challenged the parents’ inclination to only talk about physical illnesses rather than mentioning depression to their children, as she claimed these stories illegitimate because they originated from the stigma of mental illness. However, even the family worker lost sight of the importance that the Vertti intervention places on being honest with children, as she replaced the parents’ dishonest story with an alternative, but equally dishonest story, which insisted parents should tell their children that medication treats depression, even though the parents felt this was untrue. The problem with this story is that it does not represent the parents’ personal experiences of suffering from depression and is thus detached from the reality of the families’ lives. While it can be helpful to practice opening lines before initiating discussion about depression with children, the risk with these kinds of preplanned explanations and rehearsed stories is that they may prevent meaningful and spontaneous engagement between parent and a child, if too much focus during the interaction is placed on constructing polished versions of reality that are deemed more suitable for children. The message that the Vertti intervention conveys is that children tend to be aware of their parents’ difficulties and that depriving them from an open and honest discussion about any concerns and worries children may have would leave them to having to cope with the situation on their own. The research findings in this paper demonstrate how perplexing the task of discussing sensitive issues with children can feel. This again brings to attention the importance of offering support to parents to help them reflect on their issues in such a manner that would allow them to construct stories about depression to children which are both honest and hopeful, and help children to cope with the presence of parental mental illness in a productive way.
When examining how the intimacies of the group member’s home-lives become interpreted in and through talk by the group leaders, whose meaning making techniques draw on the Vertti intervention’s agenda, it became apparent that the group facilitators were particularly influenced by the Vertti intervention’s two central concepts, which are blame and guilt. When the parents talked about being criticised by their family members, the group leaders re-defined these family troubles as stemming from an ignorance of depression. The group leaders offered upshots or formulations, which suggested that the ill parent is unfairly blamed for things caused by depression, with the consequence that the ill parent feels guilty for not being able to do better. In this way, the group facilitators generated meaning making categories for the parents and drew attention to the parents’ internal affective climate by suggesting what they may be feeling. It can be argued then that in delivering the Vertti intervention, the group leaders produced and enacted the intervention’s meaning making categories upon the families, rather than guiding the parents to draw their own conclusions about their family issues (Nikander, 2011). Nevertheless, this manner of collaborative co-construction of family troubles between the group facilitators and the parents was found to be helpful. For instance, through the group leaders’ attempts to alleviate the parents’ feelings of guilt, one parent was able to reconstruct her personal narrative in such a manner that feelings of self-criticism became shifted to feelings of compassion towards oneself.

The Vertti intervention’s aim to alleviate parents’ guilt through not being held responsible for one’s illness gives rise to an interesting dilemma, as this objective can be at odds with another core principle of the intervention which is to encourage parents to take responsibility for their children regardless of their depression (Berg, 2011). At times it can be complicated to mutually promote these two central goals of the intervention. One example of this was the difficulty with which Liisa was trying to come to terms with the suggestion that she should be more assertive with her children while she felt unable to do so due to her depression. The way in which the dilemma between not being held responsible for those actions that are caused by depression, while having to take responsibility as a parent, becomes tackled during the Vertti intervention is through the attempt to establish a middle ground with the acceptance that being a ‘good enough parent’, regardless of depression is sufficient, rather than seeking out perfection. Furthermore, the fact that Liisa was very keen to prove to others that her
lack of assertiveness is caused by her depression, as opposed to being part of her personality, highlights another, more generic problem with the nature of mental illnesses: They manifest themselves through cognitive, affective and behavioural symptoms, all of which are dimensions that have such profound impact on those aspects of behaviour that are constructed as personality, and viewed as more or less constant entities. For these reasons patients with mental illness may struggle with issues concerning their identity or personhood, and their self-image: Where do the symptoms start and where is the person? Even in a mental health peer group, where the institutional task is to promote acceptance of depression; it can be easy to dismiss that certain undesirable behaviours are caused by the illness and to judge them as weakness in the person’s character.

Another aim of this study was to examine the nature of peer support and the conversational strategies that are involved in constituting it. However, curiously, hardly any talking occurred between the parents, and it seemed, initially, that the group members were not orientated to establishing mutual help and a sense of intimacy between them. However, when observing the evolvement of the group dynamics in the Vertti group over time, it became apparent that there was a sense of warmness between the group members which operated at a non-verbal level. It seemed that talking was not necessary and withdrawal was accepted when the group members were “doing depression” together. Perhaps, it was the lack of verbal exchanges between the parents that also explains another striking finding from this research, which was the high degree of importance that the group facilitators placed on establishing peer support and the extensive role they consequently played in facilitating the construction of it. It became evident that peer support is a collaborative accomplishment where the group facilitators invite the group members to construct their personal stories in a way that produces reciprocally relevant experiences between them. In order to achieve the interactional task of establishing peer support, the group members must then cooperate in producing a sense of companionship between each other. As in previous studies of peer support in alcoholics anonymous groups (Arminen, 1998), it was possible to identify various strategies of turn design, such as topical linkage, or second stories, as well as the use of alignment markers, through which the sense of sameness in experiences becomes co-constructed between the participants (Arminen, 1998).
Another interesting finding was that even in the presence of a strong constrain to construct peer support by the family worker, the group members were also able to refuse the invitation if they so wished. The non-acceptance of the role of a peer was managed through various conversational devices, such as creating contrast and using extreme case formulations, which were strategically employed to emphasize difference rather than similarity in experiences between the group members. This finding brings to attention the importance of agency when looking at power relations in institutional settings. Even though the institutional agenda is set by the Vertti group facilitators and the flow of talk is restricted by the question-answer format whereby the group leaders mainly do the questioning and decide which direction the talking should take; the parents are still able to exert power through choosing for themselves the ways in which they would like to engage (or not to engage) with the task at hand. Indeed, the parents’ resistance strategies provided them with a powerful conversational tool with which to display agency and refute the institutional power. In this way, interaction during the Vertti meetings is a result of an active participation by both professionals and their clients as they jointly engage in meaning making work and bring their own interpretations and agendas to light. (Nikander, 2011.)

The results also illustrated that new perspectives and insights can emerge from listening to peer stories. In parallel with previous CA studies of peer support in alcoholics anonymous groups (Arminen, 1998), advice giving among peers in the Vertti group tended to be managed implicitly through the strategic use of first person stance and an omission of direct reference to the person to whom the advice is intended to be given. This conversational strategy minimizes controversy and maintains solidarity between the group members while allowing them to challenge each other’s perspectives and to offer alternative solutions on how to deal with personal problems. (Arminen, 1998.) The opposite holds true in the social organization of language in accomplishing professional support: The professional status of the group facilitators gave them the permission to offer advice directly without having to resort to autobiographical accounting. Moreover, the use of first person stance by a professional would need to be carefully managed, as the institutional task does not involve the sharing of personal information with the clients. Indeed, the danger is to appear non-professional if the boundary between keeping professional distance as opposed to establishing personal intimacy is not
maintained. Furthermore, in a similar vein, professionalism was characterized by disengagement and impartiality. At times when the clients’ speaker turns were emotionally charged, the group facilitators typically intervened with a speaker turn that was designed to restore and maintain neutrality.

It may be interesting for the reader to know, however, that the family therapist and the family worker had very different styles of facilitating the group meetings. While the family worker’s method could be described as traditional professionalism that emphasized disengagement and distance; the family therapist’s approach could be seen as more controversial, as she frequently challenged the boundary between professionals and laypeople through sharing her personal experiences with the group, in particular her own parenting concerns about raising her own children. The fact that the family worker represents a formal social welfare institution and holds an on-going working relationship with the families makes it important for her to invest in maintaining the contact strictly professional. In contrast, the family therapist had neither shared history nor joint future with the clients, and she was hired on a sessional basis from outside the organization, thus allowing her to be more relaxed in the manner in which she orientated to the institutional context and her role within it. These two very different approaches to professionalism had some fascinating consequences for the interaction. While the action of self-disclosure in a therapist and its influences on the subsequent recipient actions in a sequence of interaction would offer an interesting topic for a future study, unfortunately it was not possible to analyse this issue in any detail in the present paper.

With its very broad research interest in the processes of institutional interaction, the present study differs from previous CA studies, which have typically tended to focus their research on particular conversational phenomena. For instance, applied CA research on psychotherapy encounters have frequently provided an analysis of some specific type of actions and responses to them, (such as closed questions and answers (Pain, 2009), or formulations that contain interpretations of preceding utterances (Antaki, 2008). Indeed, a general limitation of the present study is caused by the large number of research questions. Unfortunately, it was not possible to provide a systematic analysis with extensive empirical examples to illustrate all the findings from this
research, but there was only scope for a rather brief treatment in response to each research question. However, the extracts chosen for further analysis were carefully selected through the process of saturation in order to make them as representative as possible. These extracts consisted of striking and prevalent interactional incidents that captured some core elements of the intervention process. Applied CA provided then the means for unravelling what it is exactly that happens in social interactions when the intervention is enacted by the participants. These findings should provide interesting reading to those concerned about how to achieve specific interactional goals when communicating intervention protocols to families. Certainly, an interesting area for future studies is to increase current understanding about those conversational phenomena that contribute to the accomplishment of alignment and emotional support, as opposed to disalignment, between the speakers during various types of counselling activities. In a similar vein, the Vertti intervention data could be approached from the viewpoint of identifying turning points of those moments in interaction that were successful in engaging the participants, in order to scrutinise what exactly happened in the patterns of social interaction that encouraged the desirable outcome to occur. As a whole, the present study demonstrates the applicability of CA for studying wide variety of patterns of interactional processes with a large corpus of data. Indeed, Peräkylä et al. (2008) envision that CA could be harnessed for facilitating learning about entire therapeutic processes, through looking at changes in patterns of interaction, over the course of a successful completion of therapy.

While the process of developing preventive interventions, like the Vertti approach, typically draws on quantitative information about protective factors and risk factors for a particular group of people, such as, in this case, families with parental depression; this paper shows that applied CA methodology can offer a valuable contribution to understanding how these quantitative categories, that provide the foundation from which the agendas of these interventions are derived, translate into practise when dealing with the complexities of participants’ lived realities and personal intimacies. The present study helped to reveal how participants themselves make sense of and negotiate the categorisations or agendas introduced by the Vertti intervention, and how meanings become refined and transformed in collaboration with the group facilitators in and through talk. In this way, the present study provides an example of the usefulness of
CA for revealing actual institutional practises in relation to any theoretical framework that these practises are based on (and potential disparities between them) (Peräkylä et al., 2008). Overall, this paper offers a clear demonstration of the potential for applied CA to be in a position to both inform practice, and to support efforts to further develop and improve similar intervention models within the social sector.
References:


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Appendix 1: Transcription Glossary

The transcription symbols used here are common to conversation analytic research, and were developed by Gail Jefferson (Jefferson, 2004; Hutchby & Wooffitt, 2008).

(0.5)  Numbers in brackets indicates elapsed time in silence in tenths of a second.

(.)  A dot in brackets indicates a pause in the talk noticeable but too small to be measured.

=  The ‘equals’ sign indicate no gap between the two lines. This is often called ‘latching’.

[]  Square brackets between adjacent lines positioned immediately over each other indicate the onset and end of overlapping talk.

.hh  A dot before an ‘h’ indicates an intake of breath by the speaker. The more h’s, the longer the in-breath. Without the dot, the h’s indicate an out-breath.

(( ))  Double brackets indicate non-verbal activity, or alternatively they contain transcriber’s descriptions on contextual or other features.

::  Colons indicate that the speaker has stretched the preceding sound or letter. The more colons, the more the word is stretched.

!  Exclamation marks are used to indicate an emphatic tone.

()  Empty brackets indicate the transcriber’s inability to hear what was said. The length of the parenthesized space indicates the length of the talk that was not clear enough to be transcribed.

.  A full stop indicates a stopping fall in tone. It does not necessarily indicate the grammatical end of a sentence.

,  A comma indicates a ‘continuing’ intonation
A question mark indicated a rising intonation. It does not necessarily indicate a question.

Underlining Underlined fragments indicate speaker emphasis.

CAPITALS Capitals indicate speech noticeably louder than the surrounding section of talk.

° ° Degree symbols indicate a spate of talk spoken noticeably quieter than the surrounding talk.

> < Inward chevrons indicate that the talk they encompass is noticeably faster than the surrounding talk.

<> Outward chevrons indicate that the talk they encompass was produced noticeably slower than the surrounding talk.