

A Conversation Analytic Study of Laughter in Psychotherapy

By

Lani Jan Pomeroy

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Abstract

This thesis is an investigation into laughter in psychotherapeutic interactions. Conversation analysis was the method used to analyse laughter practices by client and therapist that aid in the business of psychotherapy. Analysing naturally occurring talk is important as it reveals how actions are accomplished, as some past studies on laughter in psychotherapy rely on anecdotal evidence and categorical analysis. Additionally, past psychological literature on laughter can view the phenomenon of laughter as random, and as a by-product of humour. An assumption of conversation analysis is the view of talk being systematic and organised. There is no detail too small that it does not contribute to an interaction (Jefferson, 1985). With this viewpoint in mind conversation analysts have revealed laughter to be an orderly phenomenon that is capable of other actions in talk besides appreciating humour. However, there is a lack of conversation analytical work in laughter during therapy; a gap this thesis sought to address. In particular there were two research questions. If laughter does not have the sole role of appreciating humour, what can it do in psychotherapy? Additionally, past studies in psychotherapy have linked laughter to affiliation in therapy sessions, but do not illustrate the specific sequence of how rapport is achieved in the interaction itself. Psychotherapy can be known as the ‘talking cure’ (Perakyla, Antaki, Vehvilainen, & Leudar, 2008), thus, the second question is how does laughter display affiliation in therapeutic talk? Using the fundamental literature of conversation analysis there were two findings regarding laughter in psychotherapy found in this thesis. Firstly, clients would laugh responsively to an action of therapeutic import, the laughter functioned as a marker of dis-preference and an invitation for the therapist to laugh. The therapist would dis-attend the client’s laughter in order to prompt talk which progressed the therapy from the client. Secondly, therapist could affiliate with the client by display a shared stance towards a matter spoken of by the client. During or after these displays the therapist invited laughter from the client so that the two could laugh together in a further display of shared emotional alignment. These results expanded conversation analytical work on laughter regarding laughter invitations (Jefferson, 1979) and work on psychotherapeutic interactions regarding the prompting of talk (Muntigl, & Hadic Zabala, 2008). The findings also provide empirical evidence for how therapists affiliate with their clients using laughter at the micro-analytical level. The findings of this thesis contribute to psychological, conversation analytical, and psychotherapeutic knowledge on laughter.

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Note: There are instructions on how to gain access to the video clips used in this thesis under the section on doing conversation analysis in chapter three.

Thesis Overview

Laughter is a phenomenon that is often underestimated or linked solely to humour. In this thesis laughter is studied from a conversation analytical viewpoint; a line of thought which treats talk as the primordial means to achieve social actions. Chapter one introduces the findings from conversation analysis which illustrate the organisation and functions of laughter. The function of laughter is observed to be dependent on its placement in talk, and there are more functions laughter can accomplish besides appreciating humour. The first research question of the thesis is drawn from this literature; what can laughter accomplish in psychotherapy? Psychotherapy was chosen as the source of data for the present study as there is a burgeoning interest from conversation analysis in the institution and conversation analytical studies on laughter in psychotherapy are rare. Research on laughter from other disciplines reveals a general consensus that laughter can be affiliating in psychotherapy. These studies link laughter to affiliation in therapy theoretically and experimentally, but do not illustrate the specific conversational route through which laughter can aid in achieving affiliation in therapy. Conversation analysis is a tool which studies interactions at the micro-analytic level and can reveal the precise practice laughter can achieve affiliation in therapy. The discussion on affiliation and laughter in psychotherapy leads to the second research question in this thesis; how do therapists display affiliation to clients with laughter?

The second chapter in the thesis reviews literature which suggests what may be found in relation to the research questions. The first section deals with conversation analytical findings on laughter not discussed in the first chapter, but are important to the study as they aid in the analysis. The notion of alignment and preference are discussed using studies by Pomerantz (1978; 1984) in this section and how laughter is involved with these concepts is discussed first. Conversation analytical work on affiliation and laughter are then discussed. Of particular value is Stivers' (2008) definition of affiliation being a shared perspective or stance alignment. This definition is used in the second analytical chapter on laughter and affiliation. The second section provides a review of conversation analytical studies on therapy. Question-answer sequences have been studied heavily as they have been identified as one vehicle through which psychotherapy can be done. Muntigl and Hadic Zabala's (2008) study on therapists prompting clients to expand their answers to questions is important to the thesis as the analysis in chapter four relies on their work. At the end of the second chapter is a small summary of the research questions and the expected findings.

How the study was accomplished is outlined in chapter three. The theoretical underpinnings of the study are described in a section on discursive psychology and a section on conversation analysis. How discursive psychology can inform social psychology is discussed, and the reasons why conversation analysis is often used in discursive psychology studies is explained. Some assumptions of conversation analysis are then outlined, and some of the fundamental findings on the structure of talk are discussed. These fundamentals of conversation analysis inform any research done in the field as they regard turn-taking in talk and the sequence of actions in talk (action is used as the conversation analytical term for function in this thesis). This basic knowledge is important to the study as laughter is often described and analysed in terms of its sequential organisation in psychotherapy. The third section in chapter three outlines the method of the present study, and the typical steps for a conversation analytical study are also described. The first step transcription is described and the corpus of interactions transcribed is outlined in detail. Instructions on how to gain access to this corpus are given as for others to listen to the excerpts used in the analysis of this study is important for its reliability. The exact approach when analysing these excerpts is also discussed.

Chapters four and five contain the analyses of this thesis. Each chapter is focused on a single research question. Chapter four considers the functions of laughter in psychotherapy. It is illustrated that therapists prompt further talk from a client who laughs in response to a therapeutically important action. Chapter five answers the question, how do therapists display affiliation through laughter? It was found therapists displayed a shared stance with the client to achieve affiliation with the client (i.e. they are emphatic). When the therapist shows stance alignment they also invite shared laughter. Thus, shared laughter can occur after these displays of affiliation, and contribute to the overall environment of affiliation. It is argued a client sharing laughter with a therapist is a sharing of a non-serious stance and reciprocates a therapist's display of shared stance.

The unique findings of the thesis contribute to the fields of psychology, conversation analysis and psychotherapy. In terms of psychology, this study builds upon the growing knowledge that laughter can achieve more than being a display of appreciating humour. The study also provided new conversation analytic findings on laughter in psychotherapy. Finally, the findings of this study can inform psychotherapy on the specific ways laughter can be used to manage and 'do' psychotherapy. Thus, the therapeutic practices of laughter documented in this thesis should be appreciated by therapists and researchers alike.

Chapter One: Laughter

Laughter has often been conflated with humour in the past. It was typical in early studies of humour to observe responses to jokes to ascertain which material was funny. Humorous or laughable material was found to be inconsistent across people, which led to the generation of laughter theories regarding why people laugh instead of studying what they laugh at (Monro, 1951). The separation of laughter and humour became apparent as theories regarding laughter solely as a response to humour could not explain why people laugh at the misery of others or why the winner of a race may laugh. However, many studies still relied on the telling of jokes as it seemed to be the only method that was successful in eliciting laughter (Monro, 1951). Conversation analysis is a method that can be used to study laughter outside the control of a laboratory. Conversation analysis is the study of naturally occurring talk or talk-in-interaction (the term talk-in-interaction is used because it encompasses verbal and non-verbal communication), and is the method used to study laughter in the present study. Conversation analytic researchers have found laughter to be involved in many actions besides appreciating humour; for example, indexing inadequate description terms (Potter, & Hepburn, 2010). The above argument is what the following chapter is concerned with. The first section discusses how laughter is treated in psychology; often as a random vocal phenomenon (or underestimated organisation) linked to humour. Conversation analytical studies are used to illustrate the orderliness of laughter, and the separation of humour and laughter. The organisation of laughter is important to the present study as the placement of laughter is integral to the analysis in chapter four. The second section concerns laughter and psychotherapy. There is a body of research which ties laughter to psychological well-being and physiological health (Martin, 2007). This link is commonly referred to as the notion of 'laughter is the best medicine'. In psychotherapy a positive aspect of laughter is considered to be affiliation (Dimmer, Carroll, & Wyatt, 1990; Mahrer, & Gervaise, 1984; Nelson, 2008; Vereen, Butler, Williams, Darg, & Downing, 2006). Affiliation is discussed both in conversation analytic terms, and from investigations into affiliating laughter from other psychological disciplines.

The Organisation of Laughter

In past psychological research laughter has either been considered a random phenomenon or a disruptive phenomenon (Chafe, 2007; Kozintsev, 2010) or as a phenomenon which frequently follows humour (Monro, 1951; Morreal, 1983). It is important to note that although researchers like Monro (1951) considered scenarios in which non-

humorous laughter occurred (e.g. tickling), laughter has still only been studied in lab-based experiments involving jokes, thus conflating laughter with humour. It has already been mentioned conversation prefers naturalistic data (i.e. talk which would occur in the world anyway) such as interactions between friends, and patient-doctor talk. The use of naturalistic data removes the conflation of laughter and humour. While laughter and humour can still occur, not every instance of laughter is in response to humour.

The transcription of laughter shall be discussed before any studies are introduced as transcription reveals the organisation of talk and laughter. Laughter was originally transcribed as ((laughs)), which Jefferson (1985) viewed as imprecise and masking laughter phenomena. She advocated higher detailed laughter transcription, as simply acknowledging the speaker laughed does not specify if the speaker laughed all the way through their utterance or not. She proposed a more onomatopoeic transcription method of laughter, and accuracy in where the laughter began and ended (see extract 1.1). The more accurate transcription of laughter opened up a whole new set of phenomena to be studied, such as who normatively laughs first (see Glenn, 2003). One of these phenomena is present in extract 1.1. The phenomenon is the invitation to laugh using laughter (Jefferson, 1979) and is described in further detail later in this section. This extract is from the beginning of a couples therapy session, and prior to the extract the therapist has named the wife in the session by his own wife's name. The invitation occurs at line 4, and it is accepted at line 5. At lines 3 and 4 the therapist is constructing a laughable and his laughter bleeds into the word 'you', after which no further words can be deduced. The husband has oriented to the laughable as being such because of the therapist's laughter, and elects to laugh at line 5.

Extract 1.1 [Couples Therapy, Wrong Name, p.2]

```

01   TH:   iris?
02   WF:   ↑mhm
03   TH:   my wife is Rebecca so i guess im gonna start calling
04 →      yo(h)u (   )
05 →   HB:   hi hi hi hi ha
06   TH:   <I'll start calling her iris

```

In line 4 of excerpt 1.1 a laughter particle within the word 'yo(h)u' can be observed. Potter and Hepburn (2010) named these particles interpolated particles of aspiration or IPAs.

Potter and Hepburn's study illustrated two points. Firstly, laughter can be placed within specific words, thus demonstrating the organisation of laughter. Secondly, the laughter particles in these words are not designed to be humorous; thereby separating laughter from humour. In terms of organisation Potter and Hepburn noted IPAs can accompany laughter outside of words (line 5 in excerpt 1.1 displays laughter occurring outside of words), and can be identified as separate from the word itself (one can place where in the word the IPA occurred). The particular placement of IPAs in certain words accomplishes two different actions which will now be described.

Potter and Hepburn (2010) identified two functions of IPAs (neither function is related to humour). The first function is to index a word to be an inadequate describing term (when the IPA is in a non-descriptive word another action is being done and this will be described next). Excerpt 1.2 illustrates the use of an IPA to indicate a poor descriptive term in a phone call to the New Zealand Gas and Electricity Commission. The IPA occurs at line 5.

Extract 1.2 [MIC6Q, EGC, Thousand dollar bill (2.47-3.16)]

01 CAL: =Uhm we <we're at the moment we're going to pay
 02 pa:rt of the account because obviously part of the
 03 account is ou:rs
 04 CON: [Yeah]
 05 CAL: [.hhh] uhm but the fmajo(h)rityf of it uhm we really
 06 need to know where it came from
 07 CON: [Yeah]
 08 CAL: [.hhh] uhm=
 09 CON: =One possibility is that uhm if you put it into
 10 dispute with us (.) then the amount that you are
 11 disputing which would be the amount as I presume
 12 over and above the two hundred dollars=

In line 5 the caller inserts an IPA into the word 'majority' and speaks using a smiley voice. A smiley voice refers to talk spoken in a prosody which suggests suppressed laughter (Jefferson, 2004). The marked word alludes to the thousand dollar bill which is usually around two hundred dollars; the bill is five times the size it normally is. The IPA indexes the inadequacy of the word to describe the abnormally large bill.

The other function of IPAs Potter and Hepburn (2010) illustrated was to mitigate an action being done without abandoning it. When IPAs function in this way the IPA occurs in the word central to the action being done. Excerpt 1.3 is an example of an action modulating IPA from Potter and Hepburn (2010). It is from a phone call interaction between a child protection officer (CPO) and a mother whose daughter is being disruptive. The CPO is

advising the mother not to put the daughter into social service care but to attempt family therapy and spend quality time with her daughter. The extract contains some of the advice rejection by the mother. In line 9 the laughter functions to modulate the action of prioritising fiscal matters over familial matters.

Extract 1.3 [WO problem daughter – st]ahrtin a new mo(h)r(h):gage (h)an (Potter, & Hepburn, 2010, p.1550)]

01 CPO: R:ight.=[would it not] be po[ssible for you to maybe]
 02 Caller: [.h h h h] [h h h h °h h h °]
 03 CPO: take some le a:ve while- while she's livin wiv
 04 [you.]
 05 Caller: [.Shih] 'ul I've only just started this jo:b=I
 06 [mean]
 07 CPO: [R i]:ght.=
 08 Caller: *=uh:* possible *bu:t ye know it'd be unpai:d 'n I'm
 09 → [just st]ahrtin a new mo(h)r(h):gage(hh)an
 10 CPO: [Mm:.]
 11 Caller: [I- .hhh ye kn]ow it's
 12 CPO: [Right.=Right.]
 13 (1.1)
 14 CPO: Yer:
 15 (0.6)
 16 CPO: °°k(.)tk°° Yerh:.=.hh I mean- ye know at the end
 17 of the day i- its about prioritie:s=isn'tit an
 18 [ye know o]:bviusly she:'s got to come fir:st
 19 Caller: [I kn ow:.]

At line 9 the caller accounts for the unacceptability of unpaid leave by announcing that she has begun a new mortgage. There are IPAs in the word 'mortgage'. The problem the caller is faced with is that she has given fiscal reasons for not prioritising her daughter's wellbeing over her new job. The use of IPAs in the word central to the action of rejecting the leave taking advice from the CPO suggests that the caller is aware of the problem. The caller is displaying the problem of prioritising fiscal matters over familial matters, while still accomplishing the action. Overall, Potter and Hepburn's (2010) study illustrated the placement of laughter within words and two actions the placement accomplishes

Laughter can also occur at the end of a turn of talk. Schegloff (1996) wrote a paper on the organisation of talk with a focus on turn constructional units or TCUs. TCUs will be discussed in full in chapter three; at this point in the thesis it is enough to understand TCUs make up a turn of talk and among other grammatical structures can be a sentence or a phrase. One part of Schegloff's paper was interested in the different markers that occur at the end of

a final TCU in a turn of talk which indicate a speaker's stance; these were termed 'post-completion stance markers' (pg. 90). Laughter can be a post-completion stance marker that indicates the prior TCU should not be treated seriously by the recipient of that TCU. It should be noted the non-serious does not mean humorous. Excerpt 1.4 illustrates a post-completion stance marker in a sex therapy session. In the excerpt the therapist is informing the client of how useful her father is to her and how she can not force her husband to go to alcoholics anonymous. Line 10 contains the post-completion stance marker.

Excerpt 1.4 [Sex Therapy, Force Husband, p. 22]

01 TH: but your ↑dad is a wonderful re:source
 02 having been dry now for all these years.
 03 CL: he is h[hh]
 04 TH: [ha]s there been a way that you
 05 could go at least a few sessions to alanon
 06 on and learn a little .hh a:bout living
 07 with someone who is an addict, we can not
 08 force husband .hh to go to therapy you can
 09 not do that, [you might .hh ↑drag him]=
 10 → CL: [right i've tried >hi hi< hh]
 11 TH: ↑bribe him:
 12 TH: .h mtch it doe[sn't work]
 13 CL: [KUHH KUHH] ((sniff))
 14 TH: and sometimes he has to be a lot worse
 15 before he'll agree,
 16 CL: that's [what my father's told me]

The post-completion marker occurs at the end of the client's admission to trying to force her husband to go to alcoholics anonymous (line 10). The client's admission is in response to the therapist's advice not to force her husband to go to alcoholics anonymous (lines 4 to 9).

Specifically the client's admission occurs after the therapist asserts to the client 'you can not do that,' in regards to forcing someone into therapy. The post-completion marker is indicating to the therapist to treat the client's attempt to force her husband into therapy as a non-serious statement. The therapist does not attend to the client's admission and instead continues her advice (i.e. she does not treat the client's admission as a matter needing further topicalisation). Thus, the client's use of a post-completion stance marker was successful. The above two studies considered the placement of laughter as relevant to a single turn, while the next study considered laughter from different participants across turns of talk.

Jefferson (1979) demonstrated laughter can have a sequential organisation. The sequence she illustrated was laughter in an initial position could be understood as an

invitation followed by acceptance or declination of the invitation. Speakers were observed to produce turns with laughter within the words central to the laughable element or laughter on completion and Jefferson showed how this effectively functioned as a laughter invitation. For example, in extract 1.5 the therapist (TH) invites laughter through laughing herself in line 9. In the transcript her laughter is represented by the ‘hh [hi hi] hi hi’. The laughable element in this example is the therapist’s assertion that the client is supposed to enjoy eating food. Extract 1.5 is also an example of a laughter invitation being accepted.

Extract 1.5 [10 Eating and Addictions, Enjoy Food, p.9]

```

01  CL:  or maybe (0.8) i- its li:ke its something that i
02      wanna do <but then again i don't because I en:joy:
03      what I eat
04      (0.4)
05  TH:  of course
06      (0.2)
07  CL:  [so::]
08
09  TH:  [your] supposed to hh [hi hi] hi hi .hh
10  CL:  [hi hi] ((falls forward))
11  TH:  an right
12  CL:  yeah
13  TH:  yeah your [supposed to] enjoy what eating
14  CL:  [yeah      ]

```

The acceptance of the laughter invitation occurs at line 10 when the client (CL) laughs once the therapist is audibly laughing as represented by the ‘[hi hi]’. The therapist and the client laugh together for two beats, as represented by the aligned brackets. A recipient accepts a laughter invitation through laughing once the invitation is audible. The distinction between post-turn laughter in Schegloff’s (1996) study and Jefferson’s (1979) study is that the turn prior to laughter in Jefferson’s study was designed to be funny. Declining an invitation to laugh can be done in the same place as when an invitation is accepted.

A recipient declines an invitation to laugh through beginning a turn of talk when the speaker’s turn is projectably complete or when the speaker audibly begins laughing. The turn of talk a recipient produces to decline the laughter regularly contains a non-laughable matter selected from the speakers intended laughable turn (Jefferson, 1979). For example, in extract 1.6 below the therapist selects the client’s husbands sudden moving out of his parent’s house as a further point of talk (lines 5 and 6).

Extract 1.6 [Sex Therapy, Objection, p.3]

01 CL: so i moved back back home and er .hh (0.4)
 02 and his parents um (.) they er >he didn't<
 03 tell them. un:til ↓that we got that we were
 04 → (moving.) °(he was moving)° hi [hi .hh hh]
 05 → TH: [did they object]
 06 at all.
 07 CL: >I don't< want to say that they: objected,

The declination is launched in the same space where the acceptance could also occur. That is, the declination or acceptance both occur after the inviter is audibly heard laughing. In extract 1.6 the client collaborates with the therapist's declination to laugh through continuing the selected topic of talk (line 7).

Recipients accept an invitation to laugh by laughing and decline it through talking, but silence does not constitute a declination of the invitation. Jefferson observed that if silence followed an invitation to laugh the speaker may reissue the invitation to laugh through laughing again. Glenn (2003) suggested one reason for silence after an initial laugh may be that it could display to the speaker that the recipient has a problem in hearing or understanding the laughable matter. A reissuing of an invitation to laugh occurs in excerpt 1.7 at line 3.

Excerpt 1.7 [From Jefferson (1979), p.82]

01 Ellen: . . .but not the liddle things,
 02 (.)
 03 Ellen: HA HA [HA HA HA
 04 Bill: [heh heh heh

The reissuing of the laughter invitation at line occurs after a micro-pause (line 2) where bill could have laughed but did not after the laughable at line 1. Bill accepts the laughter invitation at line 4 after Ellen has already completed two laughter particles. The inadequacy of silence as a declination to laugh in mundane talk becomes important in chapter four where silence is illustrated as sufficient declination to laugh in a psychotherapeutic interaction.

In summary, the three studies presented in this section illustrated the placement of laughter particles is linked to the action laughter accomplishes. The placements of laughter

particles displayed in this section were the occurrence of laughter within words, at the end of turns, and turns solely consisting of laughter. Humour was not related to most of the functions the laughter particles achieved in this section. Potter and Hepburn's (2010) illustrated laughter particles modulating the actions turns accomplished, and marking a descriptive word as inadequate. Schegloff's (1996) paper showed the post-completion position of laughter to be an indication to other participants in talk to treat the prior TCU as non-serious. Lastly, Jefferson (1979) found laughter to be used as an invitation for other to laugh, and that there are specific practices to accept or decline the invitation to laugh.

The research question formulated from these studies is what functions does laughter accomplish in psychotherapeutic settings as a result of its placement? Psychotherapeutic interactions form the data set of the present study in order to evaluate the second concept in general laughter literature; the concept of laughter being beneficial to psychological health. The ideas of laughter placement being central to its function and the mental health benefits of laughter are compatible with one another, as the actions laughter accomplishes in therapy are dependent on the placement of laughter.

Laughter in Psychotherapy

Laughter has often been cited in literature to be beneficial to mental health, physiological health, and happiness (Martin, 2007). This is the idea of 'laughter is the best medicine'. The notion of laughing when one is sad or sick to improve quality of life is popular psychology (Ko, & Youn, 2010). Health care professionals are encouraged to be humorous in interactions with patients, as it is believed laughter releases endorphins to subdue pain and decrease the presence of stressful hormones (Mallet, 1995; Winter, 2006). Improved physical health is not the only perceived benefit of laughter, mental health is often quoted to be improved as a result of laughter (Martin, 2007). Martin made the distinction between three types of laughter which can be used in therapy. Laughter can be used as a therapy by itself. Humour and laughter in these types of therapies forms the basis of the treatment often based on anecdotal evidence for the benefits of laughter (Martin, 2007). The second use of laughter Martin described was as a supplement to an established treatment. An example is the use of a traditional method containing a humour component to treat those with a phobia (Martin, 2007). The third and last use of laughter in a psychotherapeutic interaction is general interpersonal skills. Rapport between therapist and client can be built using humour, and rapport is often seen as a hallmark of a successful therapy session (Martin, 2007).

In a rare conversation analytical study on psychotherapy and laughter Arminen and Halonen (2007) investigated laughter in confrontations between therapist and client. Confrontations are therapeutically important in the Minnesota treatment for addiction as they challenge the client's stance regarding their condition. The problem the therapists face in challenging a client is the dis-aligning nature of confrontation, and the dis-alignment can be detrimental to the therapy if the interaction breaks down (i.e. a loss of rapport). In Arminen and Halonen's study there were three findings regarding laughter practices by the therapist which preserved alignment between the therapist and their group of clients (the Minnesota treatment includes group therapy sessions). The findings of Arminen and Halonen are relevant as the present study focuses on laughter in psychotherapeutic talk-in-interaction.

The first finding was reminiscent of Jefferson's (1984) work on laughter and troubles tellings. Jefferson found the tellers of their own troubles (e.g. broken leg, divorcing) would laugh during reporting the unfortunate circumstances as a display of troubles resistance. This conversation analytical finding supports the Martin's (2007) notion of laughter and humour being a coping mechanism. In orientation to the speaker's troublesome circumstance the recipient of the telling would normatively not laugh to preserve alignment. The teller was observably 'laughing off' their troubles. Arminen and Halonen's (2007) finding is related to Jefferson's (1984) trouble tellings finding as in their (Arminen, & Halonen, 2007) work a client would report a trouble in the group session and the therapist would laugh off the client's problem as an illegitimate concern. The non-serious treatment of the client's concern disregarded the problem without overtly confronting the client, and thus preserved alignment between therapist and client.

The second finding from Arminen and Halonen's (2007) was therapists inviting clients to laugh at another client in order to challenge them. It was discussed earlier the potential of laughter to be social corrective (i.e. the superiority theory). In a group therapy session, one conversational practice to display to a client his/her views are incorrect is to laugh at them. The therapists were found to invite laughter using Jefferson's (1979) laughter prompting practices of being humorous and the therapist laughing themselves. The use of mundane laughter invitation practices in a psychotherapeutic setting suggests institutional talk can have similar laughter structural organisation and functions (institutional talk is discussed in the next chapter). When the clients laughed together 'at' another client it challenged the client's views as it suggested they were different from the laughing clients. The therapist and clients laughed together against one client, which maintained alignment between the therapist and the majority of the group.

Arminen and Halonen (2007) also found therapist laughter when a client failed to take up the therapist's challenge. The therapist pursued shared laughter from the challenged client as an exiting device (shared laughter has since been found to achieve termination of a current action by Holt in 2010). Continuing with the challenge in such instances can hinder therapy as strong dis-alignment between the therapist and client can occur. In instances of client resistance to a therapist's challenge the therapist would invite laughter in the manner found in Jefferson's (1979) work. When the shared laughter was achieved (no matter how minimal the response was from the client) the therapist would begin a new action. The findings from Arminen and Halonen's (2007) study rely on the work of Gail Jefferson. Jefferson's (1979) findings regarding laughter invitations are drawn on in particular. The present study also utilises Jefferson's findings in both analytical chapters, and like Arminen and Halonen (2007) the present study aims to investigate how laughter can aid in the management of therapeutic business.

In non-conversation analytical literature on laughter there is the distinct theme one positive function laughter achieves in psychotherapy is to create and maintain affiliation between therapist and client (Mahrer, & Gervaise, 1984; Nelson, 2008; Vereen, et al., 2006). A study by Nelson (2008) considered attachment theory as part of the reason why laughter in therapy can be affiliating. She reviewed literature on how infants build an attachment with their parents through laughter, and suggested that adults can still rely on laughter to aid in developing an attachment to their therapist's. However, Nelson also presented anecdotal evidence about laughter being an invitation to bond with a therapist, but also being a barrier to bonding. Nelson is not the only theorist to mention the duality of laughter as an affiliating and dis-affiliating phenomenon in psychotherapy. Vereen et al. (2006) stated how laughter during psychotherapy with African American college students can be a delicate matter because of historical and racial factors. However, conversation analysis focuses on in the moment interaction and historical and racial factors are not considered to influence the interaction unless the client or therapist oriented to them being important (Schegloff, 1997).

The use of anecdotal evidence in investigating laughter in therapy is often considered a problem (Falk, & Hill, 1992). Falk and Hill (1992) conducted a study on recorded psychotherapy interactions to investigate client laughter before therapist interventions in order to avoid anecdotal evidence. They used three scales measuring the strength of the client's laughter, the type of therapist risk interventions, and the type of humorous interventions. They found strong client laughter to be preceded by a humorous tension relieving intervention. Falk and Hill considered the trained judges who watched the

recordings and implemented the scales a weakness in their study, despite the study being one of the few empirical studies on laughter in psychotherapy. They suggested a better method would be to question the therapist and client after the therapy about their thoughts and feelings during the instances of laughter. Conversation analysis could have also been used effectively in Falk and Hill's (1992) study as it analyses talk 'in-the-moment', and does not rely on memory of the client and therapist.

It is important to note that conversation analysis has a different definition of affiliation to non-analytical studies. Affiliation in non-conversation analytic studies is often referred to as a positive client-therapist relationship (Dimmer, Carroll, & Wyatt, 1990), openness to others (Nelson, 2008), rapport (Vereen et al., 2006) or similar terms. In conversation analysis affiliation is defined as the display of a shared perspective (Stivers, 2008). An example of a practice which displays a shared perspective is upgrading an assessment. Pomerantz (1984) studied assessments and illustrated a continuum of responses a recipient to an assessment can make. At one end of the continuum is a disagreeing response which downgrades the prior speaker's assessing term. For example, a speaker assesses the weather as 'gorgeous', and in response a second speaker assesses the weather as 'nice'. The strongest agreement a recipient of an assessment can make is to upgrade it. For example, a speaker assesses food as 'nasty', and the second speaker responds by assessing the food as 'horrible'. Assessing material claims access to that material (Pomerantz, 1984), and claiming access to a matter can be affiliating (Stivers, 2008) or disaffiliating depending on whether the response a recipient upgrades or downgrades the assessing term respectively. Upgrading an assessing term displays a shared perspective or as Stivers labels the practice; affiliation.

The present study illustrates that laughter occurs at moments in therapeutic interactions where there is observable joint understanding or 'affiliation'. Non-conversation analytical work suggests laughter can be used as an affiliative in psychotherapeutic interactions. These studies often relied on anecdotal evidence for this suggestion and the use of conversation analysis provided empirical evidence for affiliating laughter in psychotherapy. The next chapter discusses conversation analysis based laughter and psychotherapeutic studies that are relevant to the analysis.

Chapter Two: Laughter, Psychotherapy, and Conversation Analysis

This chapter discusses past literature relevant to this thesis. There are two lines of extant research that will be covered; conversation analytical studies on laughter, and conversation analytical studies in psychotherapy. The first section will cover laughter in affiliation and alignment in mundane talk. Although these analysts used mundane talk as data and the present thesis uses institutional talk, the fundamental knowledge of interactions can still apply across contexts (Wilkinson, & Kitzinger, 2008). The second section focuses on what makes psychotherapy institutional talk, and how much of the therapeutic business is handled through question and answer practices. Many of the studies described in this chapter will be drawn upon in the forthcoming analytical chapters.

Laughter and Conversation Analysis

Laughter has been associated with alignment and affiliation in conversation analytical studies. The concepts of preference and alignment will be discussed first. Although some of the literature on these concepts does not encompass laughter, they are important studies to understand as they contain the fundamentals of preference and alignment drawn upon in both analytical chapters. Pomerantz, (1984) is considered one of the elemental studies of preference and shall be discussed now.

In her seminal study Pomerantz (1984) illustrated the features of preferred and dis-preferred talk using assessments in mundane talk. She noticed that when one speaker makes an assessment, a second speaker can produce a second assessment. By producing a second assessment the speaker claims access to the assessable material. Alternatively a second speaker can claim no access to the material and produce no assessment. When a speaker produces a subsequent assessment, their assessment can be aligning or dis-aligning, based on whether their assessment term is compatible with the first assessment term or not. Excerpt 2.1 is an example of the second speaker agreeing with the first speaker. The excerpt is from a sex therapy session in which the client's husband declined to attend, and she is considering separating from him. The first assessment can be observed at line 6, 'harder', while the subsequent assessment occurs at line 7 'tougher'. The features of the therapist's agreement which make it preferred is the quick delivery of the turn and its simplicity. As it will be discussed in the following paragraph, dis-preferred response can contain a variety of features which mark it as a dis-preferred response; for example, laughter (as Pomerantz pointed out sometimes a preferred response to an assessment is disagreement and not agreement; for example, the norm is to disagree with the self-deprecating statements of others).

Excerpt 2.1 [Sex Therapy, Tougher, p.41]

01 CL: °i° just don't want to waste another
 02 [five year]s yo(h)u kn(h)[ow .hh]
 03 TH: [right] [exactly]
 04 CL: or you know wait until: i have >a couple<
 05 more kids or something like that, where
 06 → its gonna be har:der
 07 → TH: its [going to be] tougher
 08 CL: [((sniff))]
 09 (0.4)
 10 TH: its [going to be mu]ch tougher
 11 CL: [.hh hhh]
 12 CL: °yeah i know i- i- like i i'm very con[fused]=
 13 TH: [(kay)]
 14 CL: =and i don't know [what to do°]

Dis-preferred responses contain markers that are aimed at decreasing any dis-alignment caused by giving such a response. In the first analytical chapter being able to identify these markers is important. The first notable feature which pre-empts a dis-preferred response is the delay in giving a response. For example, there can be a gap in talk where a second speaker should be talking. Delay can also occur at the beginning of a turn is thus dubbed 'turn initial delay'. These delays can take the form of breaths, lip smacking, particles of talk like 'well' (Pomerantz, 1984; Schegloff, 2007).

Other features of dis-preference are mitigation, hedging, and elaboration. These mask the dis-preferred response. Mitigation is the practice of attenuating a dis-preferred response (Schegloff, 2007). An example is a mother assessing her baby as 'cute', while the recipient of the assessment produces 'she's not ugly'. A hedge is a response that can imply the possibility of a preferred answer in the future. For example, a recipient of an invitation to go out may reply with 'I have to check with my mother'. Finally, elaboration is what makes dis-preferred responses require a larger turn space than preferred responses. Hedges are examples of elaboration, but so accounts ('I'm too busy right now with Tommy'), excuses ('it will take too long') and dis-claimers ('I don't know') (Schegloff, 2007). Elaboration in particular demonstrates the accountability of dis-preferred responses. Dis-preferred responses can be questioned and so speakers pre-empt any opposition from the recipient of a dis-preffered

response by accounting for it and giving reasons why they can not align with another conversational participant.

Pomerantz (1978) first considered the notion of alignment and dis-alignment in shaping turns in a study on compliment responses. She noted how a preferred response to a compliment was acceptance, but accepting a compliment can portray the negative attribute of arrogance. Pomerantz observed a variety of practices for accepting compliments and simultaneously avoiding being labelled as arrogant. Some of these practice involved attributing the source of the complimenting element. An example is re-attributing the source of the 'cleverness' in baking a cake from oneself to a recipe book 'I just did what the recipe told me'. The practice in Pomerantz' work of interest to the present study is laughter in response to compliments. Pomerantz noted how a recipient of a compliment could accept the compliment in words and also laugh in the response. The laughter 'laughed off' the compliment, but the acceptance had still occurred. Thus, the recipient of the compliment had successfully accepted the compliment without appearing arrogant. The work involved in accepting compliments aids to preserve alignment between conversational participants. However, alignment is not necessarily affiliation as Stivers (2008) illustrated.

Stivers (2008) stated how alignment supports a speaker's right to turn space through minimal turns, while affiliation is a display of shared stance. She illustrated the difference between alignment and affiliation using the practice of story-telling. Alignment does not indicate stance, thus alignment in story-telling is the supporting of the speaker by the recipient producing minimal turns such as 'yeah', 'uhuh' or 'mhm'. Affiliation can be indicated in story-telling through nodding after the teller indicates their stance. Stivers illustrated how nodding suggested a preferred uptake of the teller's stance at the conclusion of the story. Stivers' definitions of alignment and affiliation are used in the analysis of the present study.

An earlier study on building intimacy between conversational participants by Jefferson, Sacks, and Schegloff (1987) displayed affiliation as a sharing of stance, but did not label it as such. They began by discussing how the introduction of an impropriety into talk displayed a willingness by a participant to enter into intimate talk. An impropriety was defined as any talk which the other participant in the interaction could take offense to. Examples of improprieties are rudeness, obscenity, a lack of ethics and tactlessness. Jefferson et al. proposed a sequence of building intimacy beginning with the introduction of an impropriety. The recipient could dis-attend the breach in conversational norms (i.e. not acknowledge it in their next turn). Jefferson et al. noted that dis-attention was often followed

by an invitation to laugh from the impropriety speaker. The recipient of the invitation and impropriety could then display appreciation of the breach through laughter. If the recipient declined to laugh then the breach speaker might pursue shared laughter by re-introducing the impropriety in the later in the interaction. Once shared laughter was achieved the recipient of the impropriety would affiliate with the speaker of the impropriety. Jefferson et al. noted that this affiliation could be achieved by practices such as mimicking the prosody the impropriety was spoken in or playing along with the impropriety. All of the affiliating practices Jefferson et al. noticed are what Glenn (2003) calls escalating a laughable. The purpose of escalating the laughable element was to extend the episode of shared laughter (Glenn, 2003; Jefferson et al., 1987). Jefferson et al. (1987) discussed how extending the laughable impropriety was affiliating as it meant the recipient of the impropriety was ‘joining in with the mentality’ of the impropriety speaker. Thus the impropriety speaker and recipient could display a shared stance with one another towards an interactional breach (i.e., it was laughable and not offensive). Jefferson et al.’s study is the last conversation analytical laughter study frequently cited in the analyses of this thesis. The next section deals with conversation analytic studies on psychotherapy which are relevant to the present study.

Psychotherapy and Conversation Analysis

As Perakyla, Antaki, Vehvilainen, and Leudar (2008) stated in the first chapter of their book, psychotherapy is coined as ‘the talking cure’, thus it is an ideal example of how institutions are ‘talked’ into being. The notion that institutions are constructed through talk can be understood through Schegloff’s (1997) discussion of the attributes of a conversational participant are only relevant when they are oriented to in talk. His view of context can also be applied to institutions; not all of the interactions that occur in an institutional setting are related to the institutions business. The following discussion on the construction of institutions through talk addresses the issue of context, and how it can be observed that participants are engaged in institutional talk using examples from psychotherapy. Psychotherapy was chosen as the institution to be studied as psychotherapy is a burgeoning area of research in conversation analysis; as evidenced by the recent books and research papers published.

The Construction of Institutions through Talk. Wooffitt (2005) noted that institutional activities shape our lives. The reason is what occurs in an institutional interaction can affect a person’s future prospects. This point becomes clearer when one considers some examples of institutional interactions such as classrooms, medical encounters, and courtrooms. CA offers a different perspective to institutional interactions compared to

mainstream psychology. Wooffitt identified two lines of thought which allow this differing perspective. Firstly, CA investigates the way participants attend to work related tasks. Secondly, CA does not view institutions as constraining or determining the conduct of its participants. Rather, it observes how interactional practices enable the organisation to accomplish its function, which is in line with Schegloff's (1997) ideas on context.

Institutional interactions are those where a service is being provided. Examples include; medical consultations, purchasing goods from a shop, classrooms, and psychotherapy. A therapist has the sole obligation to help a client therapeutically. They do not help the client move house or attend a client's barbecue: accomplishing these acts are in the realm of mundane everyday interactions involving family and acquaintances. There are features in the talk that reflect the business of the institution that differ from everyday talk-in-interaction, which will be discussed now.

Arminen (2005) identified six dimensions of 'institutionality' that contribute to an interaction being identified as being institutional. The first is turn-taking organisation. A courtroom is a good example of turn-taking being a hallmark of the institution. Lawyers, witnesses, defendants, and jurors are restricted to when they may speak by courtroom procedure as upheld by a judge. In terms of therapy, typically therapies advocate that the client should do most of the talking, and that the therapist should encourage the client to talk (Leudar, & Fitzgerald, 2010). Alternatively worded, the clients are allocated many turn-spaces.

Another dimension is the overall structural organisation of the interaction. Institutional interactions are often structured into different activities related to completing a service. Doctor visits are a good example of an overall structure. These interactions are built around the following activities in their general progression: an opening to the interaction, the patient presenting a medical complaint, the doctor conducts an examination, the doctor announces a diagnosis of the patient's complaint, in collaboration with the patient, the doctor prescribes a treatment or further investigation into the complaint, and finally, the interaction is terminated (Heritage, & Maynard, 2006). The order of these activities is not fixed and some activities may be revisited during the interaction. In terms of therapy the overall structure is influenced by the type of psychotherapy the therapist and client are engaged in. For example, Solution Focused Therapy has the unique 'miracle question' (Duffy, 2012), while behavioural therapy is engaged in identifying problematic behaviours, and suggesting modifications (Deffenbacher, 2008). Therapy sessions have an opening and a closing, but the activities that occur between these two activities constitute psychotherapy.

Sequential organisation is another dimension that connotes ‘institutionality’. The sequences that occur in talk form part of a larger activity. For example, the activity of ‘history taking’ in medical consultations is characterised by a doctor asking health related questions such as ‘do you smoke’? The participant who is the patient in the interaction answers these history taking questions. In the above example, the identity of the participants is observable through their contribution to the sequence (Arminen, 2005). In regards to therapy, Arminen gives the example of extended turns being essential to the alcoholics anonymous treatment, as they are used for autobiographical story telling. Turns themselves can also be indicative of institutionality.

Turn design is another dimension in institutional interactions that can differ from mundane talk. It overlaps with sequential organisation in that it displays what participants understand the current sequence to be doing (Arminen, 2005). For example, in couples therapy, each co-client may orient to the same utterance by a therapist as doing different actions. One co-client might orient to a therapist’s utterance as an announcement, and receipt it. The other co-client may orient to the therapist’s utterance as an accusation and respond with an account. How clients respond to a therapist’s utterance displays how they understood the utterance.

In an institution a particular vocabulary may be used. These lexical choices constitute another institutional dimension. The words a service provider uses displays their epistemic authority. Epistemics is a domain of conversation analysis which is easily observed in an institutional interaction, and refers to the knowledge a person has access to (Heritage, 2012). A service provider is presumed to possess more knowledge on the matter the service user approached the institution for. Technical terms, ‘politically correct’ terms, and non-colloquial words are examples of some of the lexical choices a service provider may make which shows their greater knowledge on a particular subject. In therapy, lexical choices may not be as apparent since therapists may limit technical terms to their notes, and colloquialisms may be used to gain a shared understanding of what the client’s problem is. Excerpt 2.2 below contains examples or colloquialisms in therapy. Line eight contains ‘cold turkey’, and lines 10 and 11 contains ‘different animal’, in reference to drug and cigarette addictions being different from overeating.

Extract 2.2 [Eating and Addictions, Cold Turkey, p.13]

01 TH: i mean <any:body can (.) live with:out it=without

02 drugs and cigarette
03 CL: right <but if you live without food=
04 TH: =food (then youll) [()] hi hi tha(h)t's=
05 CL: [Star:ve]
06 TH: = ri[(h)](h)ght .hh <so its not like you can just=
07 CL: [hh]
08 → TH: = col tur: [key the food]
09 CL: [.hh right] right
10 → TH: so this is different (.) different er:: different
11 → ani:mal [sort of er]
12 CL: [mhm]
13 TH: r:ight
14 CL: mhm

The last dimension mentioned by Arminen (2005) is that institutional interactions may contain asymmetries in interaction. The asymmetry of laughter has been well investigated in medical interactions (Haakana, 2002), and in interviews (Glenn, 2010). Haakana (2002) noted that patients in medical consultations laughed more than doctors, and their laughter was reciprocated less. Although not all the patients laughter need reciprocating as Hakaana suggested that an appreciable amount of the laughter occurred in delicate moments of the interaction (for example, undressing or disclosing undesired practices). Chapter three reports on patterns of laughter, it is expected a similar asymmetrical pattern of laughter will occur in the present study.

So far in this chapter features of institutional talk have been described, and psychotherapy has been identified as a form of institutional talk. In chapter one conversation analysis was introduced as the methodological approach of the present study, and some of the basics of conversation analysis were outlined. Relevant findings about psychotherapy using conversation analysis will now be discussed.

Questions and Answers in Psychotherapy. In past literature therapist questions and client answers have been identified as a vehicle for accomplishing therapy. Therapist questions can house therapeutic actions. An example is using questions to identify behaviour that needs to be altered in behavioural therapies (Deffenbacher, 2008). Clients can also give a variety of responses to questions, some of these replies to questions may not progress the therapy forwards. As Muntigl and Hadic Zabala (2008) noted the success of the therapy partly depends on the client's willingness to discuss their problems. The analysis in chapter

four considers client responses which hinder therapy. Mac Martin's (2008) addresses some of these problem responses in accomplishing therapy.

Mac Martin (2008) presented in her study several methods a client uses to resist optimistic questions. Her study used data from solution focused therapy, a type of therapy where clients are invited to consider the future in optimistic terms, and themselves optimistically. Some of the data in the present study is from a SFT session. Two types of responses that were misaligned to the optimistic presuppositions were answer-like responses and non-answer responses. Answer-like responses will be described now.

Answer-like responses appear to align with the therapist at first, but closer inspection suggested otherwise. Techniques to achieve face-value affiliation are optimism downgrades ("yes but not all the time"), Refocusing responses (shift the question focus to non-optimistic or assign credit to an outside source), and joking or sarcastic responses which shallowly affiliate with the therapist, but ultimately undermine the affiliation. Affiliation is an important concept to the present study as it is the basis of the analysis in chapter five. The non-answer response type is discussed next.

The other response type, non-answer responses were overt in their disaffiliation. These responses used complaints about the difficulty of the question or refocused attention back to the therapist by complaining about the questions itself (for example, in Mac Martin (2008) presented a complaint about the frequency of the question).

Mac Martin (2008) also shared her observations about how therapist countered resistance to optimistic questions. The most common method being recycling the questions; especially with elements taken from client's prior responses. Other, but rarer, methods included replacing the optimistic question with a milder form (one less likely to be resisted), drop the question altogether and replace it with a neutral question, and lastly a therapist offering of a more positive interpretation of a client's contributions. Mac Martin (2008) also noted how hypothetical questions were more likely to be answered in an aligning manner than non-hypothetical questions; the client could use their imagination. In chapter four another technique a therapist can use to prompt answers is described; silence after a client's laughter.

Obtaining an appropriate answer from a client does not necessarily require revised questions; Muntigl and Hadic Zabala (2008) illustrated therapist silence is also effective in prompting further talk from a client. These researchers found that therapist silence after a client's insufficient response placed pressure on the client to revise their response to the therapist's question. The pressure arises from the participant's orientation to the response of a

prior question as expandable. Expandable responses often claimed no knowledge of the answer (or displayed uncertainty), were vague, only addressed the yes/no part of a question, and some responses were suited to answering another question (i.e. not answering the question currently put to them). Thus, the features expandable responses contained elements of dis-preference (i.e. the turn initial delays, disclaimers, and hedges mentioned earlier in the chapter). These minimalistic responses were oriented to as expandable by therapists by withholding speaking or initiating expansion themselves. When therapists did not take a turn of talk it left a gap in the interaction which allowed the client further opportunity to talk. The gap in talk also placed pressure on the client as a relevant response to a question is an answer, and initially they did not give one. Additionally, a therapist or another client can elicit further talk by initiating expansion themselves through revised questions, continuers such as ‘mhm’ or ‘uh huh’, or offering a candidate answer. These researchers also suggested there was a preference order of who initiated expansion and subsequently, who provided the expansion. This preference structure is not important to the present study. What is important to the present study is the gap in talk following an insufficient response to a question places pressure on the client to produce further talk (as evidenced by the client producing further talk which progresses the therapy). Another point of interest is the client’s construction of expandable answers contained markers of dis-preference, although they did not label these features as such.

The Research Project

The first two chapters of this thesis have introduced its topic of study; laughter in psychotherapy from a conversation analytical view. Psychotherapy is an institution that is currently gaining more attention from conversation analysis. In terms of laughter there is scant conversation analytical evidence of its functions in psychotherapy; addressing this gap is the motivation of the current study. The first chapter illustrated that laughter is an organised phenomenon and does not necessarily index humour occurring, and so the first research question is what function does laughter accomplish in psychotherapy? Past studies have often featured question-answer sequences as in therapy they are the vehicle therapy can be accomplished through. Mac Martin (2008), and Muntigl and Hadic Zabala (2008), illustrated there can be problems in gaining answers from clients to therapist questions. Thus, it is not unusual for part of the analysis in chapter four to be centred on laughter accompanying problematic client responses to follow-up questions.

The first chapter also identified laughter links to the improvement of mental and physical health (Martin, 2007). In studies on affiliation in psychotherapy, laughter has been

linked to rapport building in therapy (Nelson, 2008; Veeren et al., 2006), although how the rapport is achieved in the session is not specifically described beyond the presence of humour. Thus, the second research question is how is laughter used to display affiliation? Using Stivers' (2008) definition of affiliation being a display of shared stance in combination with past conversation analytical studies on laughter in affiliation (Jefferson et al., 1987), this question will be answered in chapter five. How these questions were answered by the method of conversation analysis is outlined in the following chapter.

Chapter Three: Method and Analytical Approach

In this chapter the methodology of the present study is discussed and outlined. The chapter begins with a brief introduction into discursive psychology, and then a more in depth discussion of the accompanying theory and methodology of conversation analysis. Some of the important assumptions of conversation analysis are introduced, as well as some of the domains of organisation that have been formed to structure talk in the field of conversation analysis. These domains are turn-taking (how participants in a conversation take turns of talk) and sequence organisation (the types of turn that are made relevant by participants in an interaction). Examples are used to illustrate the importance of the domains, and these examples are from the data of the present study and frequently contain laughter. Conversation analysis is covered in more detail as it is the methodology used in the present study. To this end, after theoretical underpinnings of conversation analysis have been introduced, the details of the present study on laughter are outlined. There will be a focus on the corpus transcribed, and the analyst's question 'why, that, there'?

Discursive Psychology and Conversation Analysis

Edwards and Potter (1992) describe discursive psychology as an alternative method in studying the influences between people, practices and institutions. Augoustinos and Tileaga (2012) claimed the foundational assumptions of social psychology can be examined using discursive psychology. These concepts include the relationship between people, and the link between social actions and talk. The difference between social psychology and discursive psychology in studying social phenomena is their methodology. Social psychology has often relied on artificial experiments or self-reports (Wooffitt, 2005), while discursive psychology utilises naturally occurring talk and text (Edwards, & Potter, 2001). In discursive psychology talk and text are often referred to as discourse; discourse is studied as achieving actions in its own right and not just being an outcome of mental states (Edwards, & Potter, 2001).

Edwards and Potter (1992) discussed in great detail how discursive psychology could inform traditional psychological models. They used the psychological concepts of memory and attributes in their analysis and formed the discursive action model or DAM. Edwards and Potter did not intend the model to be a model in the typical psychology sense, but as a conceptual scheme. The scheme was developed to illustrate how reports and explanations are done and handled by participants in an interaction. Their work is important as it illustrated how memory and attributes are done in conversation; typically cognitive and social psychology areas of study. They stated the discursive psychological view that if mental

structures were required to perform the tasks of reporting a memory of offering an explanation then they are the structures that allow people to perform these actions, and the abstract concept of ‘what are people really thinking’ is not involved. Some of the concepts from the DAM are relevant to the present study. An example is the concept of action being the focus instead of the cognition. Applied to this thesis the action is laughter or joke-telling, while traditionally psychology might refer to these actions as the attribute of humour. Another relevant concept to this conversation analytical study is that of actions grouping together to form activity sequences. Edwards and Potter explained how these sequences are important as they are primary to human life as they require several participants to take part to accomplish an action such as placing blame. The phenomenon analysed in chapter four is an example of an activity sequence; the sequence of prompting further talk from a client who has attempted to initiate shared laughter.

It should be clear that discursive psychology’s interest in organised practices which achieve psychological business complements conversation analysis’ own interest in the structure and organisation of talk. The overlapping concepts between discursive psychology and conversation analysis are why conversation analysis is a tool often used in discursive psychology. Discursive psychology and conversation analysis both advocate the use of naturally occurring data; although conversation analysis is only interested in interactions and not texts. These methodologies are also concerned with how activities are ‘done’ in talk. One of the research questions of this thesis is how affiliation is done using laughter in psychotherapy? The practices by which these activities are achieved must be illustrated to be systematic and observed to be the participants as the action the analyst perceives. This point relates back to the discussion in chapter two on what practices make an institution and how context must be oriented to by participants in order to have a bearing on the interaction. As the method of the present study, conversation analysis will now be discussed.

Conversation Analysis

Conversation analysis is an interdisciplinary approach which had its roots in sociology and now influences psychology, sociology, and linguistics (Wilkinson, & Kitinger, 2008). Three important assumptions of conversation analysis are; talk is a form of action, actions are structured and organised, and intersubjectivity occurs through talk. These shall be addressed in turn. Firstly, the assumption that talk is a form of action states that the focus is not on what people say in talk, but on what they achieve in the talk. Examples of actions achieved in talk are compliments (Pomerantz, 1978), and teasing (Drew, 1987). The second assumption is that actions are structured and organised. Talk is structured using turn-

taking (Sacks, Schegloff, & Jefferson, 1974) and preference organisation (Pomerantz, 1984, Schegloff, 2007) amongst other forms of organisation. The structure of talk allows actions to be achieved as the organisation of talk puts constraints on how talk proceeds. The concepts of turn-taking and preference structure will be discussed in full later in this section. The last assumption is that talk creates and maintains intersubjectivity. Wilkinson and Kitzinger (2008) stated that this assumption identifies psychology as one of the domains of conversation analysis. For example, a person's response to a speaker's action is fitted to what they perceived the action to be (perception being an interest of psychology). Wilkinson and Kitzinger's example was that when a person provides a turn that is observably an answer, it displays that the person heard the prior action as a question. Intersubjectivity is not restricted to only a few turns of talk, even some institutions are 'talked' into being, such as classrooms and courtrooms (Wilkinson, & Kitzinger, 2008). Understanding the assumptions of conversation analysis is essential to conducting conversation analytical studies. How conversation analysis' assumptions influence its method is discussed next.

There are implications for the way conversation analysis is used as a research tool based on its own assumptions (Arminen, 2005). 'Real world' data is used in conversation analysis (Wooffitt, 2005). The reason for the preference of naturalistic data is that the 'unreal' scripted conversations are based on how the researchers 'think' conversation is done, and not how it is actually done. As the second conversation analytic assumption states, talk is structured and organised, therefore no detail can be dismissed as not organisationally important or not oriented to by the participants in the conversation (Jefferson, 1985). The hypothetical nature of conversation in some studies may disguise or eliminate details that are meaningful in the ordinary conversation between people. For the above reason, the data used in my research was from actual therapy sessions. Jefferson (1985) discussed laughter as a detail which was frequently overlooked. She illustrated that participants in an interaction orient to where laughter begins, and suggested future transcribers should be more detailed in making transcripts in regards to laughter. This recommendation in increased detail towards laughter resulted in the conversation analytical findings about laughter discussed in chapter one. In my research I accepted Jefferson's suggestion and transcribed the beginning and end of participant laughter and how many particles occurred. How participant orientation is observed is discussed in the next paragraph.

In terms of orientation, how the participants treat the turns of others is used as the source of meaning in the talk. The turn that is 'next' displays a participant's understanding of the prior turn of talk (Wooffitt, 2005). Participants use these next turns to monitor

understanding in the interaction, and repair any misunderstandings that occur (Wooffitt, 2005). For example, a participant who laughs at the conclusion of another participant's turn displays their understanding of that turn to be 'laughable'. As participants display their understanding in their turns, it is a useful methodological tool for analysts (Wooffitt, 2005). This tool is known as the 'next turn proof procedure' (Sacks, Schegloff, & Jefferson, 1974). The following excerpt will be used to illustrate the next turn proof procedure and introduce the idea of turn taking.

Turn-Taking. In excerpt 3.1 the therapist asks a risky question of the husband, and jokes that he does not ask questions unless he knows the answers to them. Sacks et al (1974) turn-taking system can be observed from this excerpt, and by association the next turn proof procedure.

Extract 3.1 [Couples Therapy, No Risks, p. 21]

```

01  TH:  .hhh ER ((throat clear)) that's ^perfectly
02         understandable would you ^rather .hh cut your losses
03         and bag this marriage or (0.2) OR make it work,
04  HB:  <if I wanted °t'° cut my loss:es (id been going)
05  TH:  >°that's° what i< figured
06         (0.4)
07  TH:  >(id say)< I ne:ver ask questions unless I know the
08         an[swer[to (them)]
09  HB:  [hih [ha ha
10  WF:  [hi hi
11  TH:  .hh I(h) don't like to [take risks]
12  HB:  [hi ] hi hi hi hi hi
13         [ha]
14  WF:  [ e] [hah]
15  TH:  [hm ] hm

```

Several of Sacks et al's turn-taking rules can be observed in the above excerpt. For example, it can be noticed that overwhelmingly one person talks at a time, and when overlap occurs it is brief (lines 8 & 9; lines 10 & 11). What is important to note about laughter is that it does not have to follow the rule of 'one person at a time' as people can and do laugh together. Rules regarding speaker change can also be seen. For example, at lines 1 to 3 the therapist asks a question which selects another participant as the next speaker. The husband orients to himself as the selected speaker, as evidenced by his answer to the question at line 4. More rules regarding speaker change can be observed from who is speaking. Who is speaking is represented by 'TH', 'HB', & 'WF', which are shortened versions of therapist, husband and

wife respectively. For example, speaker change occurs and reoccurs, and there is no set order for speakers. There are 14 rules Sacks et al described, and the last one mentioned here is that turns themselves are built from turn constructional units (TCUs) which allow for the projection of who should be talking next and when the next turn is appropriate. TCUs are discussed in the next paragraph.

A TCU is an utterance that is complete grammatically and intonationally, and completes an action. TCUs can be a single word, such as ‘hi’ which completes the action of a greeting or it can be a whole sentence like the therapist’s turn at lines 7 and 9 in excerpt 3.1. The grammar, intonation, and action of a TCU lends to its projectability. Where a turn is projectably complete a transition relevant place (TRP) occurs. Overwhelmingly many overlaps occur at a TRP or where a change in speaker is relevant. An example of this phenomenon is when a listener begins to laugh before a speaker finishes telling a joke, which can be seen in excerpt 3.1 above at lines 7 to 9. At lines 7 and 8 the therapist then announces he does not ask questions unless he knows the answer to them. He does not finish his TCU as the husband pre-emptively laughs (line 9) once it is projectable what the therapist will say. A second example of projectability occurs at line 10 where the therapist specifies that he will not take risks (meaning he will not ask risky questions unless he knows the answer to them). In overlap with the last two words of the therapist’s turn, the husband laughs. The husband is utilising the projectability of the therapist’s jokes to begin his own turns of laughter. Therefore, in the above extract the husband laughs around transition relevant places. The husband’s laughter is also a relevant response to the therapist’s laughables; the sequence of a joke, or more accurately a laughable, followed by laughter.

Sequence Organisation. The prior paragraph was concerned with TCUs which are the basic elements of turns in talk, turns of talk can ‘cluster’ together to form actions. The idea that turns can be grouped together forms another domain in conversation analysis called sequence organisation. For example, a participant’s response to a prior turn displays their understanding of the prior turn. The speaker of the prior turn can then confirm or repair the participants proposed understanding. Excerpt 3.2 is used to illustrate the clustering of actions into a sequence. The extract is from a behavioural couples therapy session, and the therapist (TH) is ascertaining if the wife (WF) thinks her husband (HB) loves her.

Excerpt 3.2 [Couples Therapy, Does He Love You, p.9]

01 TH: <does he love you
02 (0.8)

03 WF: MTCH <He wouldn't be with me i don't believe if he
 04 didn't care?
 05 TH: [hes looking at] you with very loving [eyes]
 06 WF: [()]
 07 HB: [hi] hi [hi]
 08 TH: [HH]
 09 H hi

At line 7 the husband can be observed laughing at the therapist's prior turn at line 5. By laughing the husband is displaying his orientation to the therapist's turn at line 5 being laughable. The therapist can either accept or reject the husband's understanding of his turn as a laughable. At lines 8 and 9 the therapist laughs with the husband, which accepts the husband's understanding of his first turn. Thus, intersubjective understanding is accomplished. Sequences can contain many turns of talk, but the most basic sequence is the adjacency pair (see chapter one), a pair of turns where the second turn is relevant to the first. For example, a sympathetic response is relevant to a speakers turn containing talk about troubles (such as a car accident) accompanied by laughter (Jefferson, 1984). The troubles-teller laughs not to invite laughter from the recipient of the telling, but to display troubles resistance (Jefferson, 1984). The recipient displays their understanding of the laughter as troubles resistance and not an invitation to laugh by offering sympathy (Jefferson, 1984). Now that important conversation analytical domains that are relevant to the present study have been described, the rest of the chapter focuses on how the study was done.

Doing Conversation Analysis

While the prior section was concerned with theoretical underpinnings of conversation analysis, the current section is concerned with how the present conversation analytical study on laughter was accomplished. The method began with the transcription of psychotherapeutic interactions, which formed the corpus of the study, using Jefferson's (2004) notations (see appendix A). This data was analysed through building a collection of laughter from the corpus, and then analysing similar instances of a particular laughter phenomenon in therapy. The process and particular analytical tools, such as the 'why that there' question (Roberts, 2000), will be described in detail after the steps of a typical conversation analytical study are described.

The figure below is from Wilkinson and Kitzinger's (2008), and lists the typical steps in a conversation analytical study. Using their descriptions of the figure these steps will now be described. The first and most important step is the noticing a phenomenon of interest through transcription. Once this phenomenon has been identified a collection is built

including instances of the phenomenon. The analyst will collect as many of these candidate cases as possible, and there will often be criteria for inclusion into the collection. In the present study the only criterion was the case must include laughter. As cases are added into the collection they are analysed in terms of the actions being accomplished by the participants and the sequence these actions occur in. Foundational studies such as those on turn-taking and repair are utilised in these analyses. As the analyst studies each case various sub-sets of the phenomenon may be noticed. The largest subset is then identified and the cases in this subset are analysed further in the order of steps 4-6 in figure 3.1 below. Clearest cases are analysed first so that the analyst can form the systematic nature of the phenomenon. The more difficult cases are analysed next in order to study any variations that may occur and why they occur. For example, a repair may have occurred in the middle of a phenomenon to gain intersubjective understanding between participants. Deviant cases are analysed last as they can inform the analyst on what the normative pattern of the phenomenon is. When a turn that is norm-breaking in talk occurs, this turn is held accountable by the participants, and can be observed in the interaction. Naturally there are variations in this method. For example, in this study laughter was identified as the phenomenon of interest before transcription occurred. Discussion will now continue on to how the present study was accomplished.

- Step 1: 'Noticing' of a conversational phenomenon of interest.
- Step 2: Assembling a preliminary collection of candidate instances of the phenomenon.
- Step 3: Identify the largest, or most important, subset within the collection.
- Step 4: Analysing the clearest cases of the phenomenon within this subset.
- Step 5: Analysing less transparent cases.
- Step 6: Analysing deviant cases.

Figure 3.1 The six steps in doing CA research, from Wilkinson and Kitzinger (2008, p.63).

Corpus Description. The study began with laughter in psychotherapy being identified as an area worthy of study. The first step was to transcribe a corpus of data. Transcription is an important step in doing any conversation analytical study (Wooffitt, 2005;

ten Have, 2007; Wilkinson, & Kitzinger, 2008). 160 minutes of data was transcribed from the website <http://ctiv.alexanderstreet.com>, which contains a database of psychotherapy sessions from a range of psychotherapy types. The data was videoed sessions of psychotherapeutic sessions with the camera's focus shifting between therapist and client, but sometimes the frame contained all interactional participants (this shifting focus sometimes made transcription difficult). The therapy sessions selected for transcription were those that contained more than three instances of laughter, and there was no restriction on the type of therapy used. A short summary of the chosen sessions can be seen in table 1 below.

Table 1

A summary of the psychotherapeutic interactions transcribed.

Therapy	Participants	Length (min)	Origin
Solution Focused Therapy	Female Korean Therapist, Female American Client	37	Berg (2000)
Behavioural Couples Therapy	Male American therapist, married American couple	51	Stuart (2001)
Sex Therapy	Female American therapist and client	45	Renshaw (2000)
Filipino Specific Counselling	Male American Filipino therapist, female American Filipino client	26	Nadal (2011)

These interactions can be found by clicking the library link in the quick link tab on the victoria university home page (<http://www.victoria.ac.nz/home/>), and once in the library page the link 'online resources' should be clicked. The next step is to locate and click the 'psychology' link. 'Counseling and Therapy in Video: Volume I & II' is the next link that should be clicked, and will bring you to the Alexander Street Press Counseling homepage. The interactions can be accessed by clicking the 'counselling session' link under the 'video type' tab. The four interactions transcribed can be found in the list as 'Behavioral Couples

Therapy', 'Sex Therapy', 'Solution Focused Therapy: Part 1', and 'Counseling Filipino Americans, Part 1'. The sound files for each excerpt can be found by clicking the 'clips' tab in these sessions. The sound files are labelled according to excerpt number and title, 'LP's Thesis Excerpt ...'. Allowing other researchers to listen to these excerpts is standard practice and increases the reliability and validity of the study as other researchers can agree or disagree with the analysis. Each interaction will now be described in terms of what occurs during the interaction.

The first interaction transcribed was named 'eating and addictions', and was a 37 minute long Solution Focused Therapy session (SFT). The aim of SFT is to lead the client to form their own solutions to their problems and focus only on the positive attributes of the client (Dolan, 2008). An important tool in SFT is the miracle question; a question which invokes hypothetical circumstances in which a client has achieved their desires (Duffy, 2012). In the SFT session transcribed the client has the goal of losing weight. The therapist questions her on how she achieved related prior goals of quitting drugs and smoking, and uses these examples to reinforce the idea that the client is capable of controlling her actions around food. The miracle question is utilised near the end of the session so that the client can generate achievable steps to losing weight. The interaction contained 34 instances of laughter and many of the excerpts used in this thesis originate from this interaction.

The second interaction transcribed was named 'couples therapy' and contained 48 instances of laughter. This interaction was the longest at 51 minutes. As the transcript title suggests, the therapy type used in this interaction was behavioural couple's therapy. Behavioural therapy is concerned with identifying and increasing adaptive behaviours, while decreasing problem behaviours at the same time (Deffenbacher, 2008). The therapist achieved the identification of useful and problematic behaviours in the couple through gathering the couple's history from childhood to the current point in time. Once the therapist had gathered enough information he spent the rest of the session making suggestions for behaviour change. The most notable suggestion was for the couple to treat each other as if they were on their second date. This session was unique in that it involved three participants. It became apparent in the third interaction transcribed that it was intended to be a couples therapy session, but only one member of the couple attended.

The third session was a 45 minute sex therapy session and as already stated, it was intended to be a three participant interaction. In the session there were 39 instances of laughter, and all these instances contained only client laughter. In the interaction the therapist first gathered the client's history, and collaborated with the client to achieve an accurate

picture of the client's problem. Her husband is an alcoholic who will not address his problem and does not interact with her, but with their child. The problems reportedly began when the client became pregnant out of wedlock; both the client and her husband are catholic, a religion that does not condone pre-marital sex or contraception. Later in the interaction the therapist works to get the client of the perspective that some of her behaviour is maladaptive. For example, the client runs away to either her mother's or father's house with the child when upset. The therapist does not give concrete advice, but repeatedly states the client is not crazy (a concern of the client), and that she will make a decision whether to stay with her husband or not when she is ready and not to let others make the decision for her. The client cries at several points during the session. Crying does not seem to be unusual in the sessions as the final session also contains crying from the client.

The final session transcribed is 26 minutes long and was named 'filipino specific counselling'. It contained 6 instances of laughter. As the title suggests the therapist uses Filipino constructs to counsel American Filipino clients. The client discusses her decision to change her studies from pre-med to psychology. An obstacle to the decision was her mother's wishes, and the Filipino cultural consequences of defying her mother; specific emotions of shame. The client describes a strained relationship with her mother, and false displays of emotions towards acquaintances. The therapist describes the difficulty in expressing how one actually feels to others a Filipino specific problem and that it is something they will work on together in future sessions. The 6 instances of laughter in this session contributed to a total collection of 127 instances of laughter from the transcribed therapy sessions.

Making the Collection. The collection contained all extracts of laughter (even silent laughter) and was the next step in doing the present study. A collection contains candidate cases of a phenomenon (Wilkinson, & Kitzinger, 2008); in this study it was laughter. For each of the 127 instances of laughter an excerpt was made. The excerpts were also accompanied by a title, and the time during the interaction the excerpt occupied. Each excerpt was also edited to contain the laughter and any preceding and following turns relevant to the laughter. As the excerpts were added into the collection a brief description of what was occurring in the extract, and any observations about what the laughter was achieving, followed the excerpt.

The descriptions contained what was occurring in the excerpt and how it related to the overall interaction. For example, the laughter may have occurred during a therapist question with the aim of gathering client history early in the interaction. Particular actions which occurred in prior literature were also noted in the excerpt descriptions. Schegloff's (1996)

post-completion stance marker is an example. This particle of laughter at the end of a turn marked the speaker treating their own utterance as non-serious, and was a signal for the recipient to treat it as such also. Describing particular actions being accomplished by participants in an excerpt indicated the function of laughter particles in aiding the achievement of therapy. Using the history taking example above, therapist and client laughter following a 'laughable' client response to a therapist question may indicate rapport building. Any similarities between cases of laughter was noted, and groupings of similar cases were analysed in more depth using the 'why that there?' question to identify and describe a common function of laughter in therapy sessions.

Analysing Candidate and Deviant Cases. It is common for CA analysts to ask the question 'why that there?' (Roberts, 2000), when analysing candidate cases of a phenomenon; this question was also utilised in the present study. The candidate cases in the present study are those in which laughter appears to be serving a common function. The 'why, that, there?' question can be understood as asking what is 'that', and 'why' is it 'there'. Potter and Hepburn's (2010) already described study (see chapter one) on IPAs shall be used as an example. IPAs were the 'what' in Potter and Hepburn's study. They noticed that these particles occurred in words central to an action or a descriptive term; the 'where'. They concluded that these particles occurred in these positions for two reasons; the 'why'. Particles which occurred within descriptive words marked the words as inadequate (i.e. not the descriptive word they would normally have chosen). Particles which occurred within a word, or words, central to a particular action attenuated that action without negating it. Another example of the use 'why that there?' question is Jefferson's (1984) study on laughter occurring in troubles talk. The 'that' in her study was laughter, and the 'there' was troubles-tellings. Jefferson concluded the reason laughter occurred when a speaker was recounting troubles was to display troubles resistance. Therefore, the 'why' was the display of troubles resistance. These examples highlight the usefulness of the 'why, that, there?' question.

Deviant cases are analysed in a similar fashion to the 'why, that, there?' question, except the focus is on why the case is different from the other extracts. It was mentioned earlier in the outlining of a typical conversation analytical study that deviant cases can inform an analyst on the normative sequence of a practice in an interaction. Analysing deviant cases illuminate what is the norm as when norms are broken whoever violated the norm is held accountable. Participants may offer accounts themselves or other participants may request accounts for breaking the pattern of talk. Norm violation is not the only feature of a deviant case which can suggest what practice is normative. In chapter four deviant cases are

presented to illustrate shared laughter normatively occurs when non-therapeutic talk is being done.

In regards to the ‘why that there’ question, in the example of Potter and Hepburn’s (2010) work it is the ‘why’ which is of most import and is not as easily answerable as the ‘that’ or the ‘there’. In the present study the ‘that’ is laughter (specifically from the client or the therapist), and the ‘there’ is after therapeutic actions (the ‘there’ in chapter four) or accompanying perspective change (the ‘there’ in chapter five). The aim of the present study is to ascertain what is going on interactionally at points laughter occurs. The next chapter is concerned with the first ‘there’; client laughter following therapeutic actions.

Chapter Four: Eliciting Talk by Dis-attending Client Laughter

The present chapter examines a practice by therapists' to elicit further talk from a client. It was observed in the collection that client laughter can be placed after a therapeutic action. A 'therapeutic action' is a turn of talk produced by the therapist which is part of 'doing psychotherapy'. For example, complimenting the client is of import in solution focused therapy as the compliments aid in the building of a positive self-concept (Dolan, 2008). Eliciting further talk from a client after therapeutic actions progresses the business of psychotherapy. The progression is achieved by the therapist dis-attending the laughter in the client's response to a therapeutic action.

The client's response contained hall marks of being a dis-preferred answer and invited laughter from the therapist. The client's response was dis-preferred as it did not progress the therapy session forwards. It was mentioned earlier that indications of a dis-preferred response are turn initial delays (Schegloff, 2007), hedges (Schegloff, 2007), and laughter (Pomerantz, 1984). Turn initial delays such as pauses in the responding turn and lip smacking were normative. Claiming not to have a preferred response or observably having difficulty in giving was another feature occurring in the client's responding turn. Laughter accompanied the dis-preferred response and was dually another marker of dis-preference, but also functioned as an invitation for the therapist to laugh.

Normatively the therapist did not attend to the client's laughter, and did not take a turn of talk after the client finished their dis-preferred response. There are two studies to be considered in analysing the gap in talk; Muntigl and Hadic Zabala's (2008) work on therapist's eliciting talk from client's using a gap in talk, and Jefferson's (1979) study on accepting and declining laughter invitations. Muntigl and Hadic Zabala (2008) study was described fully in chapter two, what is important from their study is dis-preferred responses were also given by clients. A dis-preferred response is marked as such by the speaker through the indications mentioned in the prior paragraph. The hallmarks of dis-preference are evidence the speaker orients to their response as being dis-preferred. Muntigl and Hadic Zabala noted therapists did not take a turn of talk after the client's response, resulting in a gap in conversation. The clients were shown to orient to the turn space being theirs by producing another turn of talk that was a preferred response to the therapist's question. The same phenomenon of therapist's eliciting further talk from a client was observed in the present chapter. However, the present chapter considers more therapist actions the questions, but also compliments. Additionally, Muntigl and Hadic Zabala did not consider the function of

laughter that appeared in one of their extracts. The present study focuses on laughter in instances of talk elicitation as the presence of laughter was the criterion for including cases in the collection of this thesis.

It is argued in the analysis of this chapter that laughter accomplished more than being a marker of dis-preference, but also an invitation for laughter which the therapist declined through silence. It was discussed in chapter one that silence is not oriented to as an adequate declination of a laughter invitation (Jefferson, 1979). However, silence does appear to be a sufficient declination in psychotherapeutic talk. Jefferson stated that silence from the recipient of the laughter invitation may be treated as the recipient not hearing the laughable or the invitation to laugh. The speaker of the laughable and the inviting laughter particles were observed in her study to repeat the laughable and/or laughter to address the potential listening problem. In the analysis below no pursuit of laughter from the client occurs.

The dis-attention of the therapist towards the client's laughter may also stem from the therapist keeping the interaction 'serious'. It is proposed through the analysis of deviant cases that the therapist does not laugh 'with' the client as it may suggest to the client the current action being done by the therapist is not therapeutic. A client needs to understand when therapy is being 'done' and when it isn't as they may not treat advice given in jest by the therapist seriously. The analysis of these deviant cases occurs near the end of the chapter after the analysis of client laughter in response to therapeutic actions.

Clients Responsive Laughter

Across the sub collection of 14 cases of client's responsive laughter there were several therapeutic actions being done. The following analysis examines two of these therapeutic actions; follow-up questions (N=7) and compliments (N=2). The phenomenon discussed in the introduction of this chapter will be illustrated; therapist's dis-attending responsive client laughter to elicit further talk. As instances of follow-up questions were more numerous these shall be analysed first.

Laughing in Response to Follow-Up Questions. The following extract is from a solution focused therapy session in which the client has the goal of losing weight, and maintaining the weight loss. The follow up question which makes excerpt 4.1 part of the sub-collection is at line 6 (the original question and answer can be observed at lines 1 and 2). In the excerpt the therapist is enquiring about methods the client could use to aid in her losing weight. This practice is important therapeutically as in solution focused therapy the client is encouraged to find their own solutions (Dolan, 2008). The client laughter in response to the follow-up question occurs at line 7.

Extract 4.1 [22 Eating and Addictions, Prayer, p. 27]

01 TH: °>what would it take for you to do that<°=
 02 CL: =motivation
 03 (0.4)
 04 TH: okay
 05 (0.8)
 06 → TH: alright=<so how you gonna get this motivation
 07 → CL: mtch.hh £I don't kno(h) (h)w£ [↑hi hi] (.) ↓hi hi hi
 08 → TH: [(ehéh)]
 09 → (1.6)
 10 → CL: <maybe if I said a pray:er before I ° go to bed°
 11 TH: ↑oh::
 12 CL: that might help .hh I I I I I strongly believe:
 13 (.) that prayer works
 14 CL: I real[ly do]
 15 TH: [°okay°] okay

The laughter which occurs at line 7 has the features of being a laughter invitation. Jefferson (1979) discussed how laughter invitations occurred in the final position of a TCU and can have laughter particles 'bleeding' into the final words of a TCU. These features are observed as IPAs are in the final word of the TCU, 'kno(h) (h)w', which is then accompanied by five laughter particles in the turn final position. The therapist may respond to the laughter invitation at line 8, but the potential laughter particle is unclear (as represented by the particle being transcribed parentheses). If the piece of unclear hearing at line 8 was a laughter particle from the therapist, the client continues to laugh for another three laughter particles.

Besides laughter (Pomerantz, 1984) there are other features of dis-preference in the client's responsive turn. The first is the turn initial delay (Schegloff, 2007) of lip-smacking and an in-breath 'mtch.hh'. The other marker is a dis-claimer through the client claiming she has no knowledge of how she would get motivation to perform actions central to losing weight (these were described prior to the excerpt). These hallmarks display the client's orientation to her response being dis-preferred.

The therapist does not attend to the client's dis-preferred response or laughter invitation in the next turn space at line 9; instead there is a 1.6 second silence. The client has

not answered the follow-up question of how she would get motivation, thus the therapist can not pursue the business of therapy. The silence places pressure on the client to provide an answer the therapy can progress from (Muntigl, & Hadic Zabala, 2008). Evidence of the therapist waiting for a response progression can be accomplished from is observed from lines 10 and 1. At line 10 the client offers praying before retiring for the night as a potential solution for gaining motivation. The offer allows for the therapy to continue as the therapist displays a change in cognition ‘↑oh::’ (Heritage, 1984) at line 11. The therapist’s display is immediate, a hallmark of a preferred response (Pomerantz, 1984; Schegloff, 2007) and the client orients to the accepting of her offer by claiming certainty; from the propositional ‘maybe if’ in line 10, to the highly certain display of ‘I strongly believe: (.) that prayer works I really do’.

In the above excerpt the therapist launches a follow-up question to prompt the client to create her own solution at line 6. The follow-up question is a therapeutic action as clients in solution focus therapy are encouraged to generate their own solutions to their problems (in this session it was losing weight). The client responds to the question through hedging and inviting laughter from the therapist (line 7). The therapist dis-attends the laughter invitation and the client does not pursue it; thus a silence occurs at line 9. The non-pursuit of the laughter invitation by the client is contrary to Jefferson et al’s (1979) finding that silence does not equate to a declination of a laughter invitation in mundane talk-in-interaction. It can be observed that the silence places pressure on the client to provide an answer to the follow-up question which progresses the therapy by providing a potential solution for her weight problem (this occurs from line 10 onwards). Excerpt 4.2 also exhibits a similar sequence.

Excerpt 4.2 is from the same therapy session as excerpt 4.1, but earlier in the interaction. In this excerpt the therapist is following up on the client’s offer of thinking positive to aid in weight loss behaviours to a prior (un-shown) question. The therapist’s pursuit of the client’s hypothesised behaviours and emotions that would assist her in losing weight are important to the therapy as they lead the client to generate her own solution; the crux of solution focused therapy (Dolan, 2008). The follow-up question responded to by client laughter which makes the excerpt part of the sub-collection occurs at lines 11 and 12. The client’s responsive laughter occurs at line 16.

Extract 4.2 [Eating and Addictions, Positive, p. 21/22]

01 CL: .hh or (0.2) um:: (0.4) maybe I would (.) be (0.2)

02 <I'll be thinking so posit:ive when I wake up that
 03 heh <I wont want to eat as much as I .hh er (0.2)
 04 normally have or
 05 TH: .hh okay ↑we'll go back a >little bit ()<
 06 CL: [okay]
 07 TH: [when you] feel: (.) more posit:ive
 08 (0.4)
 09 CL: mhm
 10 (1.6)
 11 → TH: How:: (.) >could you< tell: (.) that your feeling
 12 → more pos:itive
 13 (1.0)
 14 CL: I don't know
 15 (.)
 16 → CL: eh ↑hi hi
 17 (0.8)
 18 → CL: .hhh maybe I hav:e a better (.) att:itude:
 19 TH: okay
 20 CL: um:: (.) >maybe I may be< a little hap:pier
 21 TH: happier

The client's laughter at line 16 occurs after the client has delivered their dis-preferred response in line 14. The response is dis-preferred as there is a turn initial delay in the form of a 1 second gap (line 13) before the client produces a dis-claimer through claiming not to being able to answer the therapist's question (line 14). The late position of laughter (after a micro pause at line 15) suggests the laughter is functioning as an invitation for the therapist to laugh (Jefferson, 1979). The therapist does not laugh with the client but does smile for the last two particles of client laughter.

The silence at line 17 after the client's laughter invitation works both as the therapist's declination to laugh and to prompt the client to provide an answer which progresses the therapy. Evidence for the dual functions of the silence following the client's laughter is in the next turn of talk from the client at line 18. If the client had oriented to the therapist's silence as an inadequate declination to laugh she could have reissued the invitation to laugh (i.e. laughed again), which is observed in Jefferson's (1979) study. Instead it can be observed the client offers a candidate answer to the therapist's follow-up question '.hhh maybe I hav:e a better (.) att:itude:' (line 18). When the client offered a candidate answer she displays her understanding that the silence in line 17 was a place in which she could have

been answering the therapist's question. According to Muntigl and Hadic Zabala (2008) the pressure placed on the client to answer the therapist's question arises from the features of dis-preference. By indexing their responding turn as dis-preferred the client displays their orientation to having the knowledge that they are not answering the question. Thus, the silence marks the therapist's recognition that the client has not provided a response which progresses therapy, which places pressure on the client to produce further talk. The candidate answer the client provides at line 18 generates talk which progresses the therapy as the therapist can be observed accepting the client's offer at line 19 and up-taking the client's reworked offer of feeling happier at line 21.

Excerpt 4.3 provides a third example of a client laughing responsively to a therapist's follow-up question. The excerpt originates from a behavioural couples therapy session, and in the case the therapist is following up on an enquiry on occasion when the husband (HB) was hurt by his wife (WF). The follow-up question is designed to identify problem behaviours of the wife that could be altered as finding behaviours to change are important to behavioural therapy (Deffenbacher, 2008). At line 5 is the follow-up question which marks this excerpt as part of the sub-collection. The responsive laughter of a client to a therapist's follow-up question occurs at line 7.

Extract 4.3 [Couples Therapy, Sick, p.17]

01 HB: >y'know< I- I'm sure it wasn't in:tentional °but°
 02 (0.6) .hh hh <theres some things that happened that
 03 really jus': (0.2) made me cr:awl back inside of
 04 myself and say ↓er:: (yeaha)
 05 → TH: <FOR example
 06 (0.8)
 07 → HB: mtch (.) .hhhhHHHH HHHHH hi hi .hh °mtch°
 08 → (0.4)
 09 → WF: <(how bout when) you were sick
 10 HB: >that was one of them< °when i° I got (0.8) Twice
 11 (.) I got er:: (0.8) <had to be tak:en by ambulance
 12 to hospital (.) when I was working (0.6) .hh an:d
 13 (0.2) when they <called her> and told her (0.6) <she
 14 didn't show up (0.2) till like eight o'clock that
 15 Night because she was too busy t' (0.2) get there,

At line 7 the husband's laughter 'hi hi' is accompanied by other markers of dis-preference which delay a talking turn such as lip-smacking (at the turn initial and turn final positions), breaths ' .hhhhHHHH HHHHH' and pauses (before responding at line 6 and a micro-pause within the turn of laughter). The husband's laughter is directed towards his wife, and evidence for his focus is the change in his gaze before and during laughing. At line 7 while he is breathing out the husband turns his gaze towards his wife, and upon the conclusion of his second, and final, laughter particle shifts his gaze back towards the therapist. The changes in the husband's gaze suggest he is inviting his wife to laugh with him. However, the therapist and his wife do not attend to the husband's laughter resulting in a silence at 8. The husband does not pursue laughter, orienting to the declination of his laughter invitation. Instead, the wife offers the husband a candidate answer to the therapist question; a potential hurtful behaviour involved the husband being sick (line 9). The wife has now placed her husband in a position to provide an example of her hurtful behaviour towards him. From line 10 onwards the husband accepts his wife's candidate answer and informs the therapist of his ambulance visit to hospital and how his wife waited till she finished work to visit him.

A therapist's question requires an answer from the clients. Prior to this excerpt the therapist asked the husband if his wife had hurt him, to which the husband gave a vague response that she had (this response is from lines 1 to 4). The therapist follows up on his first question by requesting an example of hurtful behaviour the husband has experienced because of his wife (line 5). In lines 6 and 7 the husband produces a dis-preferred answer and a dis-attended laughter invitation. After a further silence at line 8 where the husband does not pursue laughter from his wife or the therapist the wife offers her husband an example to explicate for the therapist (line 9). The offer of a candidate answer is evidence of the wife orienting to her husband's difficulty in answering the therapist's follow-up question. The husband accepts the wife's offer and elaborates on it for the remainder of the excerpt. What is important to note is that the co-client recognised the pressure (and contributed to by declining to laugh) placed on another client and aided in the progression of therapeutic talk.

The final example of client laughter after a therapist request to be presented is from the same interaction as excerpt 4.3. In this instance the therapist is attempting to ascertain how many times a day the husband tells his wife he loves her. The follow-up question in excerpt 4.4 is important as it is identifying potential behaviours that the husband should alter to improve his matrimonial relationship. As already discussed, identifying behaviours to be altered is part of behavioural therapy (Deffenbacher, 2008). The follow-up question

responded to by laughter which makes this case part of the sub-collection occurs at lines 8 and 9. The responsive laughter occurs at line 10.

Extract 4.4 [58 Couples Therapy, Love Her, p.23]

01 TH: SO (0.6) ER (0.2) ((clears throat)).hh Er- <How
 02 often do you tell her you love her
 03 (0.6)
 04 HB: .hhh hhhh .hh h hhh >NOT enough< i guess
 05 (0.6)
 06 HB: lately
 07 (0.6)
 08 → TH: WELL If its LESS than HALF a dozen times a day its
 09 [not enough]
 10 → HB: [hi hi]
 11 → (0.6)
 12 → HB: ↓yeah
 13 TH: .hhh U:m (.) .hhh ER (0.6) °mtch° <What else would
 14 make it bett:er for you.
 15 (5.2)
 16 HB: Better for me? Hh

At line 10 the husband responds to the therapist's follow-up question (lines 8 and 9) with laughter. Although the laughter is immediate and appears by its self with no markers of dis-preference the laughter does not answer the question of if the husband tells his wife he loves her enough times a day. At the beginning of the excerpt the husband was asked to state how many times a day he tells his wife he loves her (lines 1 and 2). This first question was responded to in a dis-preferred manner using turn initial delays (a gap before talking at line 3 and breaths in the turn-initial position at line 4) and mitigation '>NOT enough< i guess' and 'lately' at lines 3 to 6. In the follow-up question the therapist pursues the number of times the husband does the behaviour of telling his wife he loves her by recycling the words 'not enough', and applying them to 6 episodes of verbally displaying love a day. As it has already been stated the therapist is looking for specific behaviours to alter to improve the clients' relationship; increasing the number of times the husband says 'I love you' by an appropriate amount is one potential behaviour to alter. Thus the husband's laughter in response to the follow-up question is dis-preferred. At line 11 a silence occurs as the therapist

dis-attends the laughter. The dis-attention of the laughter displays to the client he has yet to respond in a preferred manner, and places pressure on him to do so. This is evidenced by the husband agreeing with the therapist's proposition of less than 6 times a day is not enough (line 12), and by agreeing with it he displays he tells his wife less than 6 times a day he loves her. Once the husband has confirmed the approximate verbal displays of love a day the therapist asks for another behaviour to be identified to improve the marriage (lines 13 and 14).

It can be observed in the four excerpts of client's responsive laughter to a follow-up question that laughter invitations can be declined through dis-attention. The resulting silence from the dis-attention places pressure on the client to answer the question in order to progress the therapy. The same orderliness can be observed in therapist compliments towards clients, which is where the analysis will turn towards now.

Laughing in Response to Compliments. A second interactional environment that prompted client laughter was therapist complimenting clients. Compliments are important in solution focused therapy as they aid in portraying the client as being capable of solving their own problems (Dolan, 2008). Thus, it is of note the two cases which presented responsive laughter by a client being dis-attended were from a solution focused therapy session. In the following analysis these two compliments will be analysed with respect to the client's laughter.

In excerpt 4.5 the therapist is complimenting the client on having the imagination necessary to answer the forthcoming miracle question. The miracle question is very important to solution focused therapy as it is where the client is asked to generate solutions to their own problems (Duffy, 2012). The compliment which receives a laughter response from the client occurs in line 8.

Extract 4.5 [15 Eating and Addictions, Strange Question, p. 19]

```

01  TH:  ↑Im going to ask you a: (.) ↓>very< strange question
02  CL:  okay
03  ():  (yeah do)
04      (0.4)
05  TH:  °its° going to require some< (0.2) imagination
06      (0.2)
07  CL:  okay
08 → TH:  <sounds like you have a lot of °it°

```


09 → CL: ↑hm hi (.) ↓hi hi
 10 → (1.2)
 11 → CL: ok[ay]
 12 → TH: [Um:] (0.4) mtch strange question is thiss
 13 (.)
 14 TH: af:ter (0.6) >you and I< tal:k
 15 CL: mhm
 16 TH: >this evening<

At line 9 the client responds to a compliment from the therapist (line 5) with laughter. The compliment asserts that the client has the resource of imagination in order to answer the strange question introduced at line 1. Line 5 can be observed as a compliment by its prosody and the therapist using the amplifier ‘have a lot’ (telling a person they have a lot of an attribute can be a compliment). Further evidence that line 5 is a compliment is because the client treats it as one. As Pomerantz (1978) states accepting a compliment is a delicate business as accepting a compliment is a preferred response, but in doing so can portray arrogance. One practice to avoid the label of ‘arrogance’ is to laughingly accept a compliment (Pomerantz, 1978). The client laughs in response to the compliment and slightly turns her head, which simultaneously acknowledges the compliment while laughing it off. The therapist does not orient to the laughter, or the acceptance of the compliment, and after a relatively long silence the client displays a willingness to resume the telling of the strange question with ‘okay’. The therapist then continues in the action of preparing to ask the question by announcing background information (line 12).

It has already been discussed how compliment giving is a serious business for the therapist in solution focused therapy (Dolan, 2008). Laughing with the client would construct the compliment giving as part of a side sequence or ‘not important’. The seriousness of compliment giving is illustrated in excerpt 4.6 where the therapist pursues an acceptance from the client, as excerpt 4.6 illustrates.

Excerpt 4.6 occurs much later in the session than excerpt 4.5. In this excerpt the therapist is complimenting the client on her ambition and success. Throughout the excerpt the therapist can be observed pursuing a compliment; compliments are issued and reissued at lines 5, 7, 11 and 12. The turn containing the compliment responded to with client laughter begins at line 10, and the client’s laughter occurs at line 16.

Extract 4.6 [27 Eating and Addictions, Difficult Habit, p.31/32]

01 TH: an::d you're (0.6).hh your <↑interest in stud:y and
 02 ambition (.) for yourself hasn't dimin:ished
 03 (0.6) ((therapist smiling))
 04 CL: no it hasn't
 05 TH: <well> s- <if anything else it has in:creased
 06 CL: mhm
 07 TH: an:d er <so obviously: (.) your quit:e success:ful
 08 (0.8)
 09 CL: yes
 10 TH: being a stud:ent n being a moth:er and being a >you
 11 → know< do A LOT things about your life .hh and I'm
 12 → just abso'ly incredibly impressed by .hh (0.2) this
 13 (.) ↑(both) the har:dest (.) habit to kick?
 14 CL: I've-
 15 (0.4)
 16 → CL: hi hi ↓hi °hi° ((therapist smiling))
 17 → (1.2)
 18 → TH: two
 19 (0.2)
 20 → TH: <most difficult habit to kick.
 21 CL: [mhm]
 22 TH: [.hh]and you've done it
 23 (0.2)
 24 CL: mhm
 25 TH: an:::d <sounds like you haven't even gone back?
 26 CL: .HH no i hahvent
 27 (1.2)
 28 TH: which is abso'ly a:mazing
 29 (0.6)
 30 CL: thank you
 31 TH: amazing
 32 (0.8)
 33 TH: so::: sounds >like the way< you have gone about
 34 doing it

At line 16 the client laughs in response to a strong compliment from the therapist. The compliment at lines 11 and 12 is reminiscent of the compliment from excerpt 4.5 as the therapist uses an amplifier 'a lot' and speaks the amplifier in a louder voice 'do A LOT things about your life'. The strength of the compliment comes from the strong

assessment terms the therapist uses, ‘and I’m just abso’ly incredibly impressed by.hh (0.2) this’. The ‘and’ preceding the strong assessing terms links the terms to the statement about how full the client’s life is. The therapist furthers the compliment by adding the client’s success at quitting drugs and smoking, and assessing them as ‘↑(both) the har:dest (.) habit to kick?’. The client’s laughter in response to this compliment follows a silence (line 15) and abandoned talk by the client (line 14). During the client’s laughter the therapist is smiling. A long silence ensues after the client’s laughter where the therapist was expecting a stronger agreement with the compliment. The therapist’s expectation is evidenced at line 18 and 20 where she reiterates that the client successfully quit two difficult habits; and reiterating that the client did it herself (line 22). The client receipts these reiterations at lines 21 and 24 with ‘mhm’. After the second receipt the therapist, at line 25, seeks confirmation that client has not returned to the maladaptive habits. At line 26 the client confirms the therapist’s assumption. The therapist restates her compliment in line 28, ‘which is abso’ly a:mazing’, which the client responds to after a silence with gratitude at line 30, ‘thank you’. The therapist reiterates her high assessment of the client once more in line 31 before beginning talk on a new topic at line 33.

In excerpt 4.6 the pursuit of an agreement compliment is illustrated. First the pursuit was attempted with silence (line 17), and then by reiterating the reason for the compliment followed by a reissuing of the compliment (line 18 to 28). It was the second strategy that received the acceptance of the compliment through gratitude (line 30). The therapist oriented to the compliment as being important as evidenced by her pursuit of agreement, and the high assessment used in the compliment, ‘abso’ly a:mazing’. Pomerantz (1984) proposed that one method a speaker can use to have their assessment agreed with is to downgrade it. The assessment in this case is not downgraded, but potentially even upgraded by adding the never smoked again quality and the stress on the assessing term ‘amazing’. The compliment pursuit displayed the therapist oriented to it as being important to the therapy, as well as, maintaining the seriousness of the talk, and the pressure on the client to answer appropriately by not laughing in response to the client’s laughter. The pursuit of a stronger agreement than laughter after a strong compliment also suggests that Pomerantz’s (1978) observation of laughter being used successfully to accept compliments may not extend to all strengths of compliments.

In this chapter it has been proposed that therapist dis-attention to client laughter is sufficient to decline an invitation to laugh, and place pressure on a client to respond

appropriately. For example, answer therapeutically important questions and accept therapeutically important compliments. Deviant cases are now presented to provide evidence of the therapist silence as an orientation to the therapeutic import of the action they attempt. In this analysis deviant cases are those in which the therapist laughs with the client after the client laughs in response to their action.

Deviant Cases of Therapists Laughing With Clients. It is an analytical tool to consider deviant cases in order to support an analysis (Wilkinson, & Kitzinger, 2008). The point of these deviant cases is to provide evidence for the potential reason therapists do not laugh with clients in the prior analysis of follow-up questions and compliments is because the actions the therapists are attempting are therapeutically important. The deviant cases presented in this section are deviant as the therapist laughs responsively to the client's laughter. Two of these cases shall now be analysed.

In Excerpt 4.7 the therapist is gathering information about the client, and the client treats a turn of the therapist's non-seriously. Unlike the cases in the main analysis, the therapist laughs with the client. In line 11 responsive therapist laughter occurs.

Extract 4.7 [2 Eating and Addictions, Child Raising, p. 1/2]

```

01  TH:  so:: going to school (.) and raising two children
02  CL:  yes:
03      (0.6)
04  CL:  and working part time
05  TH:  <working part [time] on top of all this
06  CL:  [mhm ]
07  CL:  yes
08      (.)
09 → TH:  wow:: I don't know how you do it
10 → CL:  .hh um (1.0) °I don't° ei(h)ther
11 → TH:  hi hi ha ha .hh
12 → CL:  its er (0.4) <sometimes its kinda diffi[cult er-]
13  TH:  [°im sure]
14      it is°
15  CL:  um (0.6) I seem to manage (0.4) °(er)°

```

At line 11 the therapist accepts the client's laughter invitation from line 10. Prior to the client's laughter invitation, at line 9 the therapist displays her disbelief at the number of

client's commitments (confirmed from lines 1 to 7) with 'wow::', and compliments the client 'I don't know how you do it'. After a turn initial delay the client claims she does not know how she achieves despite her list of commitments either (line 10). There is a laughter particle in the word 'ei(h)ther', which the therapist orients to as an invitation to laugh, and does so. At line 12 the client then provides a serious response by disclosing that she can find her commitments difficult, which the therapist agrees with at lines 13 and 14. The talk then continues about the help she receives in order to be successful at all her commitments. The pattern of non-serious response and then delivery serious response was introduced by Schegloff (1987) and is observed here. The non-serious response is in line 10, and is marked as such by the laughter. The serious response is at line 12 and is marked referring to the therapist's question through the recycling the referent 'it' or in particular the contracted version 'it's'.

As the compliment occurs so near the beginning of the interaction, the therapist may have laughed in response to the client's joke and laughter in order to build rapport. Laughing at the client's jokes is displaying affiliation towards the client (Glenn, 2003), and also displays to the client that the tone of the interaction is more conversational than one might expect in an institutional setting. The difficulty of the therapeutic business may also have influenced the presence of the therapist's laughter. The only therapeutic business occurring at this point is history taking: the therapist is enquiring about aspects of the client's life. The 'therapy' actions such as the miracle question occur later. Indeed, 3 of the 4 excerpts from this solution focused therapy interaction presented as evidence of the functions of therapist dis-attention following responsive client laughter in this chapter originate from the miracle question phase of the interaction. Another non-miracle question deviant case is excerpt 4.8.

Excerpt 4.8 also occurs in the early stages in the solution focused therapy session. At lines 1 and 2 the client is recounting that smoking outside was suitable in the summer, but not the winter. The responsive therapist laughter to client laughter occurs at line 6.

Extract 4.8 [11 Eating and Addictions, Easiest Thing, p.12]

```

01  CL:  <it was okay in the sum:mer but in the win:ter it
02         was just (0.4) you know [.hh an-          ]
03  TH:                                     [good thing you li]ved in
04         mid:west
05 → CL:  yea(h)h hi hi [hi hi]
06 → TH:                                     [hi hi] hi hi

```

07 CL: right
 08 TH: ↑ri::ght

At lines 3 and 4 the therapist launches the action of a joke: since the client lived in a cold part of America she was spurred to give up smoking. As Glenn (2003) suggested the participant that launches the joke does not laugh first, but once another participant is audibly laughing: what the therapist does in this excerpt. Additionally, the client and therapist laugh together, which is a display of affiliation, further building a rapport. The shared laughter also terminates the ‘coldness’ sequence (Holt, 2010), subsequently a new sequence about the client losing the desire to smoke is initiated (not shown here).

The action the therapist launched in this excerpt is not important to the success of the therapy. It is a joke, and not an important therapeutic business such as the miracle question. A joke does not require a serious response, and the client should not have difficulty in responding to it. Therefore, there is reason the therapist would have to pursue a response through silence as the client’s laughter is not problematic in this excerpt.

Conclusion

One of the research questions of this thesis was what functions does laughter fulfil in psychotherapeutic interactions as a result of its placement. It was found that responsive client laughter to a therapeutic action could act as a marker of dis-preference, a laughter invitation, and a response to a compliment. The therapist in these cases did not laugh with the client or produce a turn of talk. The client’s turn containing laughter or preceding laughter was dis-attended. As Muntigl and Hadic Zabala (2008) stated, the silence from the therapist placed pressure on the client to produce further talk that would aid therapy. For example, providing behaviour to be altered in behavioural therapy or accepting a compliment that portrays a positive self-concept of the client in solution focused therapy. It was noted in the case of compliments that these may only be considered important in solution focused therapy, and so the same phenomenon may not be observed in other therapy types.

Laughter was normatively accompanied other markers of dis-preference such as turn initial delays, mitigation and hedges; these assisted the therapist’s silence as a talk elicitation practice. Muntigl and Hadic Zabala (2008) noted that signs of dis-preference indicate the client’s orientation to their turn of talk being an inadequate answer to a question. The pressure arises when a therapist is silent as it displays a shared understanding the client has not answered a question. The silence is followed by talk from the client, which progresses the

therapy. Although Muntigl and Hadic Zabala did not consider laughter in their analysis, laughter was the focus of the present analysis.

It was also observed in the present analysis that client laughter had the potential to also function beyond being a marker of dis-preference and act as an invitation for the therapist to laugh. In several of the cases in the analysis, laughter clearly functioned as a laughter invitation (Jefferson, 1979). Importantly the therapist dis-attended the laughter invitation and the client did not pursue laughter from the therapist. This finding contrasts to Jefferson's (1979) work where laughter would be pursued in the face of silence from the recipient of the laughter invitation; leading to Jefferson stating silence is not a valid laughter declination practice. The difference between Jefferson's study and the present study is that the present study uses psychotherapeutic talk, and not mundane talk. Psychotherapeutic talk is a form of institutional talk (Arminen, 2005), and it has been established by analysts such as Haakana (2002) and Glenn (2010), that laughter patterns in institutional talk differ from that of mundane talk.

Client laughter that was responsive to therapist compliments in solution focused therapy was also part of the present analysis. Pomerantz (1978) discussed how laughing in response to a compliment acknowledged the compliment while avoiding the label of arrogance. It was suggested by the analysis that laughter in receipting a compliment may not be sufficient in solution focused therapy as compliments are considered important to the therapy (Dolan, 2002). In solution focused therapy compliments are used to build a positive self-concept of the client, and 'laughing off' a compliment undermines the seriousness of the compliment and the client's positive self-image. The therapist's pursued a serious acceptance or acknowledgement of compliments before continuing with the therapy. The therapist's maintenance of serious talk was evidence by dis-attending client laughter responsive to a compliment and reissuing the compliment until the client accepted the compliment and in excerpt 4.8 displayed gratitude.

In analysing deviant case the importance of the action was illustrated to have implications on whether or not the therapist laughed in return, or longer than the client. When the therapist laughs it can be an indication that institutional business is not being done (see excerpts 4.7, and 4.8). Therapist laughter may signal to the client that 'therapy' is currently not being done. Laughing with the client would imply to the client that the therapist's action was not serious to the business of doing therapy. This was evidenced by a play frame being invoked through jokes in the deviant cases where the therapist did laugh in response to the client's laughter.

Chapter Five: Therapists Affiliating with Laughter

There has been a clear link in past literature from psychology and conversation analysis between laughter and affiliation. This chapter illustrates how laughter works to achieve affiliation in combination with a display of shared perspective between client and therapist. The chapter begins with a brief overview of the studies regarding affiliation covered in chapter one and two which contribute to this chapter's analysis of laughter and shared stance. The sub-collection will be introduced, and then five excerpts which exhibit a therapist laughing to achieve affiliation will then be analysed in turn. The chapter is finished with conclusions from the analysis.

In chapter one affiliation was defined as the use of shared stance to create and maintain of social alignment between participants in an interaction (Stivers, 2008). Several conversation analytical studies investigated affiliation. Laughter was noted in these studies as responses to affiliation or as an attempt to gain affiliation. One conversation analytic study which focused on affiliation and laughter was Jefferson et al's (1987) in which an impropriety, such as a story about sexual activity, is used to generate shared laughter, followed by appreciation from the listener regarding the impropriety. Jefferson et al considered the listener's appreciation as the final affiliating action which achieved alignment between the participants in an interaction. What is important to understand from Jefferson et al.'s study is the contribution of laughter to stance alignment.

Stance alignment can be achieved through several actions; most notably agreements. Agreement is an example of displaying a shared perspective with another conversational participant as agreeing claims access to the material the first speaker assesses and demonstrates the same stance towards the matter (Pomerantz, 1984). Agreement can be on a continuum from weak to strong, based on the assessment terms a second speaker uses to display their shared stance. Pomerantz (1984) states a weak agreement is one that relies on the same assessing term. For example, a second speaker could recycle the term 'nice' in their agreement. She stated that a strong agreement requires an upgrade of assessing terms. For example, the first speaker's 'nice' can be upgraded to 'beautiful' in the second speakers agreeing turn. Upgrading an assessing term can be observed in some of the excerpts in the analysis of this chapter.

This chapter presents five cases that show laughter is used in therapy to display shared stance. These excerpts were the clearest cases from a sub-collection of nine instances containing the phenomenon (there were only 30 instances of therapist laughter in the

collection). A display of shared stance is defined as any action launched which identifies with a speaker's stance towards a matter. It has already been stated that agreements are an example of an action which displays shared stance. Three out of five excerpts originate from the solution focused therapy session; while the remaining two cases are from the couples' therapy session (see the corpus description in chapter three for an overview of the sessions). Excerpt 5.1 is the first example of a therapist displaying affiliation using laughter, and an increment.

Analysis of Shared Perspective Displays Accompanied by Laughter

Excerpt 5.1 shows a therapist demonstrating a shared perspective with the client by adding an increment (Walker, 2004) to the client's turn and upgrading the client's assessment. In the excerpt the client is giving an account for why smoking became a 'hassle', and the therapist contributes to the client's account. The therapist's turn is grammatically parasitic and displays a shared perspective with the client. Post-completion laughter accompanies the show of shared stance turn of the therapist (line 7).

Extract 5.1 [08 Eating and Addictions, Winter, p. 7/8]

01 CL: = (.) and it was getting to be a hass:le
 02 (0.6)
 03 CL: you know (.) to run out:side and light a cigarette and
 04 Th: mtch that's tru[e]
 05 CL: [and] then (0.2) I get cold and
 06 [I put it out]
 07 → TH: [fespecially in win]terf [hi hi hi]
 08 CL: [YEAH ↓yeah] you know I'd get< .hh
 09 TH: °yeah°
 10 CL: <it would get cold and id put the cigarette out <and
 11 I'd go in the house (.) and then five minutes later
 12 i'm bac:k out there light:ing up the same cigarette.
 13 TH: yeah
 14 CL: you know an: (.)its just, (0.6) its ridic:ulous
 15 you know

Prior to the therapist's shared stance display, the client is accounting for why smoking became a hassle; it would get cold outside (lines 3 and 5). At line 7 the therapist adds an increment to the client's utterance. Her increment states winter is an occasion when it would

be especially cold, thereby displaying an understanding of what the client is saying. As discussed at the beginning of this chapter, Pomerantz (1984) stated that strong agreement can be done through upgrading an assessment, which can also be observed in the increment as cold is upgraded from the general sense to a winter's cold. The increment itself is fitted grammatically to the client's turn, thus it is a further display of stance alignment from the therapist. The incremental agreement serves to display the therapist's empathy with the client (a shared stance), and the laughter in the post-utterance position contributes to the overall action of affiliation as the therapist is using it to invite the client to laugh with her (Jefferson, 1979). The client's response to the increment begins with a loud 'YEAH', which is restarted in a quieter tone before she continues her turn; displaying her acceptance of the therapist's increment, and reciprocating the affiliation.

In excerpt 5.2 the therapist compliments the client, and the client responds to the compliment using the method of attributing the successful factor to an external source, which is to avoid displaying arrogance (Pomerantz, 1978). The external source is the cold weather, which the therapist jokingly agrees with. The therapist's display of a shared perspective responded to by laughter occurs at lines 13 and 14.

Excerpt 5.2 [11 Eating and Addicitions, Easiest Thing, p.12]

01 TH: <most people actually find (0.4) cigarette (.)
 02 harder to stop [than dru]gs
 03 CL: [mhm]
 04 CL: °mhm°
 05 TH: ↓most people ac[tually]
 06 CL: [but i-] i guess i- I was just FED
 07 up=everywhere i went (0.2) i had to go outside
 08 (0.4)
 09 CL: and smoke
 10 TH: °woah°
 11 CL: <it was okay in the sum:mer but in the win:ter it
 12 was just (0.4) you know [.hh an-]
 13 → TH: [£good thing you li]ved in
 14 → midwest£
 15 → L: yea(h)h hi hi [hi hi] ((leans forward))
 16 → TH: [hi hi] hi hi
 17 CL: right
 18 TH: ↑ri::ght

- 19 CL: °(exactly)°
 20 TH: right
 21 CL: ↑and I I ↓just didn't have the desire to do it
 22 anymore I just,
 23 TH: so >↑is that what its< gonna take?
 24 (1.2)
 25 CL: Im- () I don't know

The Therapist displays a shared perspective with the client's proposal of the cold weather being responsible for the client quitting smoking at lines 13 and 14. The shared perspective is displayed as a positive assessment in a post-completion musing (Schegloff, 2007) '[£good thing you li]ved in mid:west£'. In winter the American Midwest is particularly cold. The therapist's turn is designed to be a laughable as it is spoken in a smiley voice, which is further observed in line 15 as the client receipts the therapist's turn and laughs in response. The client accepted the therapist's invitation to laugh (the invitation being the utterance combined with the smiley voice), thereby displaying affiliation with the therapist as she is sharing the perspective the therapist's laughable is humorous. Affiliation is further observed in line 16 as the therapist laughs 'with' the client (Glenn, 2003; Jefferson et al., 1987).

In excerpt 5.2 the therapist provided a humorous post-completion musing about the cold weather attributing to the client's quitting the habit of smoking, thus displaying a shared perspective. The client responsively laughed to the therapist's musing first, and then the therapist laughs with her. The client displayed her alignment with the therapist's perspective of her turn being humorous by laughing. It is clear in the excerpt displaying a shared perspective was reciprocal; first by the therapist sharing the perspective of the cold contributing to the cessation of the client's smoking, and secondly, by the client sharing the perspective the therapist's acceptance of the cold being a factor being humorous through laughter.

Excerpt 5.3 a therapist shows a shared perspective through claiming no knowledge about a client's notion of a difficult day; thus, recognising the client works hard at her commitments. In the excerpt the therapist requests the client to do an experiment on an easy day and discussion on what this 'easy' day would be. The display of shared perspective from a therapist that is responded to with laughter occurs at lines 6 and 7.

Excerpt 5.3 [29 Eating and Addictions, Experiment, p.35]

01 TH: and that is (0.4) Um (0.4) <maybe um> (0.4) mtch
 02 (0.4) <↑on a day that seems °e-° eas:iest for you to
 03 (.) do some experiment?
 04 CL: mhm
 05 (0.6)
 06 → TH: >I don't know< (.) <↑what would be the eas- what
 07 → would be a cri:teria ffor easiest day,£
 08 CL: yeah hi hi hi hi hi hi [hi]
 09 → TH: [hi] .hh ↑I cant poss:ibly
 10 → ↓have an easy d[ay .hh] <but I was thinking=
 11 CL: [hi hi hi]
 12 TH: =a:bou:t (.) like maybe (0.4) mtch >you know<
 13 between< s- <between a:> .hh er exam:s::
 14 CL: mhm
 15 TH: or: <right after exam is done: <or paper- major
 16 paper is done:
 17 CL: mhm
 18 TH: <something like that

At lines 6 and 7 the therapist claims to have no knowledge of the client's criterion for an easy day. Through claiming to not have knowledge of what an easy day would be for the client, the therapist displays an understanding that the client works hard (she has two small children, studies full time and works part time). The claim is also designed to invite laughter as the last portion is spoken in a smiley voice (Jefferson, 1979). In response the client accepts the therapist's claim 'yeah' and the invitation to laugh 'hi hi hi hi hi hi [hi]' (line 8). By laughing the client also displays understanding of the therapist's stance towards the claim of no knowledge. The shared stance display is continued by the therapist with brief, one particle, shared laughter, and speech from the clients perspective in an initially high pitched voice '↑I cant poss:ibly ↓have an easy d[ay .hh'. The client responds to the therapist's display with further laughter. After this last display of affiliation the therapist continues with the therapy by suggesting when the client may have an easy day (line 12 onwards).

In excerpt 5.3 the therapist claims not to understand the amount of work the client does in order to display her shared stance that the client works hard. The display also invites laughter through a smiley voice which the client accepts, and the laughter is briefly shared by the therapist. The client's laughter displays her understanding of the therapist's humorous stance towards her busy life, which the therapist continues with reported speech from the client's perspective. The second showing of shared stance by the therapist is responded to with laughter by the client. Having achieved affiliation through inviting and receiving

laughter from the client by displaying shared perspective (twice) the therapist progresses the therapy onwards.

Excerpt 5.4 is from a couples' therapy session in which the therapist displays a shared perspective in order to reassure a client that her husband loves her. Shared laughter follows the display of shared perspective, which leads to the husband reinforcing the perspective he still holds affections for his wife. The line of interest is line 5 where the therapist uses an observation to reassure the wife's perspective her husband still cares for her (lines 3 and 4).

Excerpt 5.4 [Couples Therapy, Loving Eyes, p. 9/10]

```

01  TH:  <does he love you
02        (0.8)
03  WF:  MTCH <He wouldn't be with me I don't believe if he
04        didn't care?
05 → TH:  [hes looking at] you with very loving [eyes]
06  WF:  [(          )]
07 → HB:                                [hi  ] hi [hi]
08 → TH:                                [HH]
09 →      H hi
10  WF:  [(          )]
11 → HB:  [If I did]n't I wouldn't be doing this [I don't] =
12  WF:                                [right  ]
13  TH:                                [heh    ]
14 → HB:  = like this hi hi hi
15  WF:  .hh UM (0.4) cause I (0.2) you know I I have a lot
16        of f:aults I have to admit and .hh um im going

```

At line 5 the therapist notices the client's husband is looking at his wife with 'very loving [eyes]'. This observation supports the client's belief that her husband would have left her by now if he didn't care for her. The husband orients to the therapist's observation as a laughable (line 7). The therapist then laughs with the husband. Although the shared laughter aligns the therapist and husband, it undermines the therapist's display of shared perspective since it treats the 'loving eyes' observation as non-serious. The husband confirms the client's perspective using the same format (lines 11 and 14); he wouldn't be attending sessions if he didn't love her. The next excerpt is also from a multiparty interaction.

In excerpt 5.5 a therapist is advising a married couple that if they want a successful marriage, they have to act as if they have one. The husband then turns the therapist's advice into a laughable matter. In this case the therapist displays his shared non-serious stance through escalating a joke (line 16). The clients and the therapist laugh following this showing of shared understanding between lines 17 and 22.

Excerpt 5.5 [Couples Therapy, Money Back Guarantee, p. 27/28]

01 TH: ER: (0.4) if you will star:t investing (0.2)
 02 .hh the emotional en:ergy that your marriage needs
 03 (0.4) it- (0.2) almost certain (0.4) >that you're<
 04 gonna get back the kind of feeling that you wanna
 05 ha:ve .hh >I can also< guarantee you that its not
 06 gonna happen (0.2) unless you a:ct as if you've
 07 got it
 08 (2.8)
 09 HB: hhhh written guarantee
 10 (0.2)
 11 TH: yup
 12 WF: t[hh]
 13 HB: [.hhh] the [money back]
 14 WF: [hi hi] .HHH [hi hi hi]
 15 HB: [hi hi hi]
 16 → TH: I'll take care of the [(kidneys) [you know]
 17 → HB: [hi [ha]
 18 → WF: [hi] hi
 19 → [ha ha]
 20 → TH: [hi hi] ha
 21 (0.2)
 22 → WF: HI [.HHH hi]
 23 TH: [<Are you willing] to do it

The shared laughter (lines 17 to 22) between all the participants in this interaction is in response to the therapist's escalating the husband's joke from line 13. The husband's joke which prompted the escalation begins at line 19 in response to the therapist's advice about pretending to have the perfect marriage in order to achieve a happy marriage (lines 1 to 7). At line 9 the husband recycles the word 'guarantee' from the therapist's advice, 'written guarantee'. The therapist responds by confirming his guarantee on his advice to the couple.

At line 13 the husband makes his joke clearer by adding the laughable element ‘the [money back]’. The husband has made a laughable out of the often seen ‘money back guarantee’ adage often seen in television commercials. Shared laughter between the couple occurs in response to the husband’s joke, which displays their shared understanding of the husband’s turn as a joke. The therapist then shows his understanding of the husband’s laughable turns by escalating the joke (Glenn, 2003). The escalation comes in the form of the therapist promising to look after his kidneys at line 16. Donating kidneys are popularly portrayed as a lucrative form of money, and when the therapist states he will take care of his kidneys provides a laughable method by which he will pay the couple back if his advice fails. In response to the therapist’s escalation all the participants laugh with one another; and shared laughter is a known affiliating practice (Glenn, 2003; Jefferson et al., 1987). The session progresses with the therapist ending the episode of laughter by talking to pursue a serious response from the couple towards his advice, ‘[<Are you willing] to do it’.

In excerpt 5.5 a therapist affiliated with his clients by extending the client’s joke. By extending the joke he displayed his shared understanding that the laughable-producing client (the husband) was not treating his advice seriously. Affiliation is further achieved when all the participants laugh together near the end of the excerpt. Excerpt 5.5 is the last case presented in this analysis, and the next section outlines the main points from this chapter.

Conclusion

In the above analysis laughter accompanied therapist displays of shared perspective, and these actions worked together to be affiliating towards the clients. It was established earlier that affiliation is the display of shared perspective (Stivers, 2008), and there are many actions that display a shared stance. In the analysis of this chapter, actions which can function as agreement worked as a display of shared perspective. Examples of agreeing actions are increments (Excerpt 5.1) and upgrading assessment terms (Excerpt 5.2). Agreements are examples of shared perspective as agreeing with another participant claims access to the same knowledge (Pomerantz, 1984) and sharing the same stance towards the knowledge. The laughter which accompanied these therapist displays of shared perspective contributed to the affiliating environment as shared laughter shows alignment (Glenn, 2003).

In the analysis laughter normatively followed displays of shared stance and contributed positively to the interaction. As Jefferson et al. (1987) illustrated, shared laughter can form part of an intimacy or affiliation sequence (see chapter two). In the present study shared laughter occurred or was attempted after or during a display of shared perspective. For

example, in excerpt 5.2 the therapist invites laughter from the client using a smiley voice in her showing of shared stance (a post-completion musing), and when the client accepted the invitation the therapist joins in with the laughter. Jefferson et al. had a well-developed and illustrated sequence regarding the building of intimacy. This study focused on one action by a therapist (a display of shared stance) and how it showed a shared understanding of the client's talk; which could be confirmed by shared laughter between therapist and client/s. What is important to understand is that affiliation does not have to a drawn out sequence in psychotherapy, as in Jefferson et al.'s study on mundane interactions.

Chapter Six: Discussion

The overall objective of the present thesis was to study laughter in video recordings of actual psychotherapeutic interactions. There were two research questions guiding the research, what functions does laughter accomplish in psychotherapy, and how does laughter work as affiliation in psychotherapy. This chapter begins with a summary of the findings of the study and the answers to these research questions. Strengths and limitations of the study are outlined, and include the ability of conversation analysis to illustrate how a practice like affiliation can be done, and the small corpus size. Recommendations on the future use of this study's findings by therapists are discussed, and an outline of a future direction of research in affiliation and psychotherapy is provided. The contribution to knowledge from the findings of this thesis in the fields of laughter, psychotherapy, and conversation analysis are also described.

What Can Laughter Do in Psychotherapy?

Chapter four presented instances of laughter where a client laughed, but the therapist didn't respond. In some of the cases the client's laughter was a clear invitation to laugh (Jefferson, 1979). What made the client's laughter an invitation was laughter particles in the final words of their turn or laughter at the end of their turn of talk (Jefferson, 1979). The observation that therapists can successfully decline a client's invitation to laugh through silence may be unique to psychotherapeutic talk. Evidence in these instances of silence being a sufficient declination to laugh was the client's non-pursuit of laughter from the therapist. In mundane conversation Jefferson (1979) found that not responding to a laughter invitation can result in laughter being pursued through re-issuing the invitation (i.e. repeating the punch line of a joke or laughing again).

The main finding from chapter four was the therapist's silence prompted talk from the client that was relevant to a follow-up question. It was noted clients would produce inadequate turns inviting laughter in response to follow-up questions. These inadequate answers to questions not only included laughter, but claims of no knowledge. Their insufficiency was pre-empted by delays in providing the response in the first place. Answers were delayed through a silence before answering, lip smacking, and taking breaths before speaking. By declining to laugh with the client through remaining silent, the therapist placed pressure on the client to provide talk that answered the question. The pressure on the client is witnessed by their offering of a more appropriate answer to a question. The first excerpt provided in chapter four clearly illustrated this phenomenon. In this excerpt the client first

provided a dis-attended inadequate response to a follow-up question of where she would get her motivation. This response claimed no knowledge of how to answer the question and invited the therapist to laugh. However, following the therapist's silence in response to her laughter, she provided an answer which progressed the therapy (she would say a prayer to obtain motivation).

The combination of the analysis of compliments and deviant case analysis in chapter four illustrated therapists declined to laugh with the client after launching therapeutic actions. It was explained in chapter four that a therapeutic action is a turn of talk the therapist is 'doing' therapy in. Obtaining an appropriate response to a therapeutic action helps progress the therapy forwards. What is classed as a therapeutic action depended on the type of therapy being done. For example, all the extracts used in the analysis of therapist compliments came from a solution focused therapy session. The therapist prompted talk from a client using silence in order to have the client accept the compliment without laughter (i.e. treat the compliment as a serious matter). A reason this phenomenon was only found with compliments in solution focused therapy is that compliments are important to this type of therapy (Dolan, 2008). The deviant case analysis also contributed to the idea therapists declined to laugh with client's responsive laughter to therapeutically import actions. What was deviant about these instances was that the therapist laughed with the client. In these deviant excerpts the turn of talk the client responded to with laughter was not important in 'doing' therapy. For example, one of the deviant cases contained shared laughter between client and therapist after the therapist made a joke.

The overall finding from chapter four is that clients can respond to a therapeutic action with laughter, and this laughter is dis-attended by the therapist to prompt more talk from the client. This finding is significant as it illustrates micro-analytically how a therapist can influence the progression of therapy through declining to laugh with a client. When clients invited laughter they were displaying a willingness to treat a therapeutic matter as non-serious. By not sharing in the laughter the therapist marks their original turn as a serious matter which requires an adequate response from a client. Additionally, the criterion for including instances into the collection of this study was laughter must occur, resulting in compliments in solution focused therapy being identified as an environment talk prompting silence occurs in. In Muntigl and Hadic Zabala's (2008) study they focused on silence prompting in question-answer sequences and the hierarchy of who initiates expansion on an inadequate response and who actually expands it. The present study, and Muntigl and Hadic Zabala's study, suggest therapists using silence after an insufficient client response to prompt

more talk could be a therapeutic practice used across therapies and after a variety of therapeutically important actions like questions and compliments.

How do Therapists Display Affiliation with Laughter?

The second analytic chapter examined the use of laughter in sequences of talk which were affiliating. Affiliation was achieved through a display of shared perspective (Stivers, 2008), which could be followed by shared laughter. In the analysis there were several practices a therapist could use to display a shared stance towards a matter. An increment could be added to a client's turn by a therapist, which complements what a client is saying. A therapist can also use assessments to display an understanding of the client in two ways. Firstly, assessments could be upgraded to display strong agreement with a client (Pomerantz, 1984). An example from chapter five was a client's assessment of outside being cold was upgraded to a winter's cold by a therapist. As can be seen by the example, the valence of a client's assessing term is matched to display shared stance. The second use of assessments noted in the analysis was the therapist assessing a client's turn positively. After a client had displayed their stance towards a matter, the therapist could assess that stance positively, thus displaying they have the same stance. Another practice was to acknowledge an aspect that influences a client's life. One of the excerpts in chapter five showed a therapist displaying her understanding of the client's life being busy, and that she may not have time for therapeutic exercises outside of the psychotherapy session. The topic of the client's large commitments had arisen earlier in the interaction, and by orienting to the client's stance towards her life the therapist was displaying her shared understanding. The last practice noted in the analysis of chapter five was the escalation of a joke. In the final excerpt of that chapter a therapist displayed his understanding of the talk being shifted into a non-serious frame by a client through escalating the client's joke. The therapist had just given some serious advice to which the co-clients responded to in a non-serious manner, the therapist showed his understanding of the client's previous turn by escalating the laughable element and shared laughter occurred between the therapist and clients. The display showed for at least a time the therapist also oriented to his advice in a non-serious manner.

In chapter five therapists attempted and succeeded in gaining shared laughter during and after displays of affiliation. Therapists would invite laughter from the client using smiley voices, laughable elements in their display, and laughing at the conclusion of their turn (Jefferson, 1979). These laughter inviting features can indicate to the client the non-serious stance of the therapist. The therapist's non-serious treatment in their display of shared stance was not designed to undermine their show of agreement with the client, but to offer a

reciprocal display of understanding between client and therapist. If the client accepts the invitation to laugh, their laughter displays their understanding and agreement with the therapist's additional stance. Thus, when the therapist's showed agreement with the client's stance, they added another stance towards the seriousness of their turn (i.e. they were use a joke to display agreement with the client). This second stance could be up-taken by the client through laughter. If the therapist had not already laughed they may laugh with the client. Shared laughter can be indicative of affiliation (Glenn, 2003; Jefferson et al., 1987), and so the shared laughter adds to the environment of affiliation between client and therapist.

The reciprocated displays of shared stance are a significant finding as it suggests an additional affiliation sequence akin to Jefferson et al. (1987). The micro-analytical studies of conversation analysis mean that one study can never capture all the practices in achieving affiliation. Jefferson et al. studied one practice of affiliation in mundane conversation, while the present study focused on one sequence of affiliation laughter contributes to in psychotherapeutic sessions. In their study, Jefferson et al. showed a build-up of intimacy which was initiated through a conversational breach. After the breach was dis-attended, the offending speaker could invite shared laughter from other participants, who could then affiliate by a variety of means. Shared laughter was also part of the affiliating sequence in the present study, although the sequence of affiliation illustrated in this study is not as lengthy as Jefferson et al.'s. Finding the exact practices of affiliation therapists' use is important as the therapeutic relationship is often thought of as affecting the success of psychotherapy (Martin, 2007).

Strengths and Limitations

A strength of using conversation analysis is the already established literature on basic interactional phenomena (Wilkinson, & Kitzinger, 2008). Fundamental knowledge about talk-in-interaction informed the present study. An example is Pomerantz's (1984) and Schegloff's (2007) work on the features of preference and dis-preference; which was drawn upon in chapter four. Even though the prior analysts' work was mostly done on mundane talk, fundamental knowledge of preference structures, turn-taking, and laughter can be applied across different contexts. In chapter five for example, Stivers' (2008) work on shared perspective displays as affiliation in mundane talk was applicable to psychotherapeutic talk. Past literature can also reveal how talk differs across contexts. For example, in chapter four it was illustrated that silence is an acceptable practice to decline laughter invitations in psychotherapeutic talk, but Jefferson (1979) illustrated that silence was not an adequate declination in mundane talk.

The use of recorded data increases the reliability of the present studies results. Past studies on talk and laughter in psychotherapy have anecdotal evidence or relied on the memory of the therapist and their case notes. Falk and Hill (1992) are an exception as they also used video recordings, but coupled them with coding schemes to evaluate the use of laughter in psychotherapy. Using video recordings removes problems of fallacies in memory, and allows other researchers to view the data to ascertain the accuracy in an analyst's claims; which is why conversation analysis uses recordings of interactions.

In the present study psychotherapy sessions from the 'Alexander Street Counseling' website were used. A limitation of using another party's data was camera set-up. Analysis and transcription of the psychotherapeutic interactions was sometimes difficult because of shifting camera focus. The camera work in all the interactions transcribed did not always focus on all the participants at the same time or necessarily on the person speaking. For this reason, non-verbal language such as changes in body position and smiling did not have a big presence in the analysis and transcription. The participants could have been using these gestures to orient to specific actions and stances of one another; as any detail in talk can be systematic and meaningful (Jefferson, 1985).

Another potential limitation is the therapist and clients knew they were being video recorded and that the sessions were to be in a public domain. This knowledge may have had an impact on the way the conversational participants interacted and presented themselves (Potter, 1996; Speer, & Hutchby, 2003). Speer and Hutchby (2003) reviewed literature that had concerns about participants censoring themselves as a result of being recorded. They suggested that this concern relied on the researcher assuming that such behaviour was occurring in the mind of the speaker as they are talking. Instead of this viewpoint they offered a new way of treating the 'censorship' concern; examining the explicit topicalisation of moments in talk where the recording device is oriented to. Speer and Hutchby illustrated that what was to be treated as non-recordable topics were a matter of negotiation between participants in talk, as opposed to deciding on these matters before recording. The other source of evidence from Speers and Hutchby's study was retrospective orientation to being recorded. After mentioning a potential non-recordable matter or word, some participants displayed their orientation to the recording device, and the severity of their transgression would become a topic of talk. Overall, Speers and Hutchby's study illustrated recording talk does not detract from its 'naturalness' or impact the talk in a negative fashion. In the present study only one client oriented to the recording of her session after mentioning her period to her therapist, and asked if it was an acceptable topic to speak of in front of the camera. Thus,

the lack of orientation to the camera in this thesis suggests there was no large impact on the interactions as a result of filming the sessions.

It was made clear in the introductory chapters; conversation analysis does not study the effectiveness of laughter in psychotherapeutic talk. To conversation analysis the overall outcome of a therapy is not important. Although there is evidence suggesting laughter produces physiological changes that aid physical health (Martin, 2007), there is conflicting anecdotic, qualitative and quantitative evidence regarding the effectiveness of laughter in psychotherapy. What is of concern to conversation analysis is the practices a therapist employs to 'do' psychotherapy. The present study did show therapist laughter practices which helped them 'do' therapy (chapter four) and affiliate with the client (chapter five). Whether or not these practices influence the outcome of psychotherapy is the subject of another line of research.

Generalizability can also be an issue with conversation analysis. The micro-analytic nature of conversation analysis means studies into the systemics and organisation of talk are specific. For example, a practice found in doctor's interactions may not occur in psychotherapeutic interactions and vice versa. A practice found in one type of psychotherapy may not be found in another type of psychotherapy. An example from this thesis is the finding that compliments were treated seriously in solution focused therapy (as evidenced by a therapist prompting serious treatment of her compliments to client), but there was no evidence of other therapies treating compliments seriously. Part of the generalizability problems in this thesis arise from the small corpus of four psychotherapeutic interactions. From these sessions a collection of 127 instances of laughter were collected, and the two sub-collections used in the analyses of chapters four and five were much smaller (N=14, N=5). Although conversation analysts can work with limited collections and still find relevant results, the sub-collections in this study are still considered small. The size of the sub-collections in this study hinders any generalizations not only across therapies, but across therapists. In the corpus only one therapist did not laugh, and one therapist produced the majority of the 30 instances of therapist laughter. Thus the potential flaw in this study was that analysis was being done on the practices of a single therapist as opposed to therapists in general. The clearest instances were from two of the four interactions, resulting in all the analytical data presented in this thesis arising from two therapy sessions only (even though the sub-collections contained examples of the phenomena in the other interactions).

Recommendations

There are therapeutic approaches which consider laughter to be harmful in psychotherapy (see Saper, 1987, for a discussion of these approaches), and this study is one of the many which provide evidence for laughter being helpful in therapy. Therapists should be aware that laughter can be a valuable resource for managing therapy in-the-moment as this study illustrates. Conversation analysis does not provide any evidence for laughter being detrimental to the therapist's attempts at accomplishing therapy. Although there are limited conversation analytical studies on laughter in psychotherapy, laughter initially appears to be a useful resource for therapists. Future conversation analytical studies should aim at expanding knowledge on particular practices of laughter in therapy whether they progress the interaction therapeutically or not.

Affiliation using laughter in therapy is another line of research to be studied using conversation analysis. Jefferson et al. (1987) illustrated the build-up of intimacy between conversational participants. Using stance sharing practices like the ones documented in the presented study (i.e. increments and upgrading assessments), a thorough illustration of how laughter aids in the creation of affiliation in psychotherapy can be done. The present study links therapist displays of shared stance to shared laughter, but analysis using a collection larger than 5 instances to gain a larger understanding of idiosyncrasies in achieving affiliation could reveal an extended sequence of affiliation akin to Jefferson et al.'s.

Contribution to Knowledge

The present study contributed knowledge to the fields of psychology, psychotherapy and conversation analysis. The study provided further empirical study on laughter in psychotherapy, in particular it identified some practices of laughter which aid in how psychotherapy is 'done', and how laughter can be affiliating in psychotherapy. It also expanded on conversation analytic studies such as Jefferson (1979), and Muntigl and Hadic Zabala (2008). These contributions will now be further discussed in relation to the two analytic chapters.

The Significance of Findings from Chapter Four. The present study expands on Jefferson's (1979) conversation analytical study regarding laughter invitations in mundane talk. She documented three courses of action which could occur in response to a person's laughter. Firstly, a recipient of laughter can accept the invitation to laugh by laughing themselves. Secondly, a recipient could decline an invitation by talking in overlap with a speaker's laughter. Lastly, if a recipient is silent, the laughter inviting speaker will pursue laughter through repeating a laughable or laughing again. It was observed in the present study that clients did not pursue laughter if met by silence from the therapist in a particular

sequential context in psychotherapy. This context was after a therapist's question where the client's response was an insufficient answer to the question. Instead, the client provided a more adequate answer to the therapist's question as prompted by dis-attention to their laughter by the therapist.

Muntigl and Hadic Zabala's (2008) study is also expanded as they did not consider laughter; even though laughter appeared in one of their presented excerpts. Muntigl and Hadac Zabala were more interested in the preference organisation of who initiated further talk and who provided it than laughter. The finding from their study which was applied to the present study was the therapist's use of silence to prompt further talk from a client (after a client gave a dis-preferred response to the therapist's question). The client's laughter observed in chapter four worked as an additional marker of dis-preference. As Muntigl and Hadic Zabala noted it is the features of dis-preference which display the client's orientation to their inadequate response; placing pressure on them to take another turn of talk when the therapist is silent. The laughter aided in marking the dis-preferred response, and coupled with the therapist's declination to laugh placed pressure on the client to respond appropriately. Thus, psychological knowledge on laughter is expanded by the analysis in chapter four as it illustrated laughter not as a response to humour, but as a response to a serious question. This study contributes to a growing number of studies which suggest laughter is not solely tied to humour. Furthermore, the laughter occurred systematically after an action important to the therapy, and it was not contagious to the therapist as opposed to Kozintsev's (2010) and Chafe's (2007) views of laughter, but in line with Gail Jefferson's (1979) work on laughter.

Overall, the expansion of these two conversation analytical studies provides evidence for therapist practices involving laughter which aid in the 'doing' of psychotherapy. Past studies on psychotherapy have analysed the presence of laughter in therapy scenarios such as risk interventions (Falk, & Hill, 1992), a client displaying a willingness to change (Mahrer, & Gervaise, 1984), and cultural challenges (Vereen et al., 2006). The present study illustrates how a specific laughter practice is accomplished in psychotherapy (i.e. therapists using client laughter to prompt further talk after poor answers were given to their questions). Past studies may have used categorical analysis on the talk to ascertain where laughter occurs in therapy (Falk, & Hill 1992), and hypothesising on how it may be useful (Vereen et al., 2006).

The Significance of Findings from Chapter Five. The main finding from chapter five was the accomplishment of affiliation through a therapist displaying a shared stance with the client, and inviting laughter from the client, which could then be shared in. This finding is

important as it provides evidence from in-the-moment of laughter being used for affiliation in psychotherapy. Past studies on affiliation can rely on self-reports (Bedi, Davis, & Williams, 2005, as cited in Nelson, 2008), and anecdotal evidence (Saper, 1987), and do not specify how laughter is used to improve the therapist-client relationship. Chapter five illustrated how shared laughter can follow a therapist's display of shared stance and how these shows of agreement are affiliating, and in doing so supports the premise of these studies that laughter can be affiliating in psychotherapy.

Using conversation analysis, shared laughter itself has been shown to be an aid in affiliation (Glenn, 2003; Jefferson et al, 1987). In Jefferson et al. (1987) illustrated how shared laughter can be part of a sequence to build intimacy between people in mundane talk. In their study laughter was described as a pre-affiliative. Laughter is a phenomenon that can have many different positions in a turn of talk (see chapter one). The present study illustrates this point as shared laughter which was affiliating in chapter five occurred after a display of shared stance (i.e. it is post-affiliative). It should be made clear the Jefferson et al. did not claim to have found the one and only affiliation sequence in interactions, and so this thesis does the same as an additional sequence has been identified. The sequence which has been identified in the present study is one that occurs in psychotherapy, it is not claimed the sequence of shared stance display and shared laughter occurs in other contexts.

In illustrating a specific practice of laughter being used in affiliation the study also informs psychological theories in the functions of laughter. By using a method that does not rely on the telling of jokes in experimental settings or anecdotal evidence the separation of laughter as a simple response to humour is strengthened. The present thesis is one of the many recent studies which show laughter to be a phenomenon which accomplishes psychological actions. The psychological business achieved by laughter can be social, such as the concept of affiliation studied in this thesis. The social actions of laughter can also intrude into the realm of identity; for an example see Voge's (2010) work for an examination on how laughter can be used to reinforce and challenge hierarchies in the workplace or Edwards (2005) study on how one can get their compliant treated seriously by portraying the identity of a non-whinger, in part, through laughter. Thus, the present study contributes to knowledge on how the psychological concept of affiliation can be attained through laughter.

Summary

The present study was focused on what laughter can accomplish in psychotherapy. Past literature discussed a link between affiliation and laughter in psychotherapy, but did not illustrate exactly how laughter contributed to affiliation in therapy beyond its presence in

interactions. Conversation analysis was used as a tool to ascertain how laughter can display affiliation, and document any other actions laughter accomplishes not discussed in past literature. Four psychotherapeutic interactions were transcribed and a collection of 127 instances of laughter were analysed. There were two important findings from the analysis. Firstly, the study expanded on Muntigl and Hadic Zabala's (2008) study on silence prompting clients to talk with laughter being identified as a dis-preference marker and a potential willingness of the client to treat a therapeutic action as non-serious. Secondly, displays of shared stance were accompanied by laughter were found to contribute to affiliation between therapist and client. These findings illustrate specific laughter practices of talk that occur in psychotherapy, and contribute to the growing conversation analytical studies on psychotherapy; especially in the area of psychotherapy and laughter. It is hoped when psychotherapists, and those who study psychotherapy, read this thesis they can appreciate the role of laughter in accomplishing therapeutically important tasks such as building a positive client-therapist relationship and prompting talk after questions which need answers to progress the therapy forwards.

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Appendices

Appendix A. Transcription Conventions

Feature of Talk	Convention
Pauses or gaps in talk	(0.2) Represented as 0.2 increments of tenths of a second in parentheses. A silence or gap less than 0.2 of a second is represented as (.)
Large shifts in intonation	↑ Large shift upwards. ↓ Large Shift downwards.
Medium shift up in intonation (not enough to warrant an upwards arrow)	<u>word</u>
Falling intonation at the end of TCU	.
Continuing intonation at the end of TCU	,
Rising intonation at the end of a TCU	?
Up to down intonation in a single word	w <u>o</u> :rd The 'o' is of a higher intonation than 'rd'
Down to up intonation in a single word	w <u>o</u> :rd The 'rd' is of a higher intonation than the 'wo'
Overlapping talk	[] These square parentheses must encompass the overlapping talk, and the overlapping talk must be aligned
Breaths	h is an exhale, and .h is an inhale. The number of 'h's represent the length of the breath
Loud talk	WORD
Stress on a word	Word <u>l</u> Underline the stressed part
Sound stretches	wor::d The number of colons signify the length of the sound stretch
Sound cut-off	wor-
Unclear talk	() if talk is heard but words can not be identified or (word) if talk is heard but the

Transcriber's notes	transcribe is unsure ((note)) The note could be a physical action or facial expression
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