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'Self-reflective talk in group counselling'

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Abstract

Reflective processing is a joint social action that develops in interaction. Using conversation analysis and discursive psychology, this article focuses on self-reflective turns of talk in group counselling for adults at risk of Type 2 diabetes. We show how reflective processing unfolds in patterns of interaction, wherein group members take an observing, evaluating or interpreting position towards their own actions and experiences. Self-reflective talk is neither exclusively dependent on counsellors' actions nor limited to the niches the counselling programme structure offers. Self-reflective talk is one method of generating joint reflective processing. Such talk makes a topic available for discussion by connecting details of counselling with individuals' experiences and enabling sharing. Self-reflective talk thus serves as a way for group members to participate in constructing a lifestyle problem, to invite or provide sharing of experiences and to display their orientation to the institutional task at hand.

Keywords

Cognition, conversation analysis, counselling, discursive psychology, ethnomethodology, group counselling, group discussion, group interaction, health behaviour change, health counselling, interaction process, reflection, self-reflection

Autobiographical note

Aija Logren (M.Soc.Sc) is a social psychologist and doctoral student at the University of Tampere. Her research focuses on group interaction in counselling situations and on socially shared cognition.

Johanna Ruusuvuori (Professor of Social Psychology at the University of Tampere) has vast experience in analysing interaction in various contexts of health care. She has published widely on practices equivalent or close to counselling, empathy and participation in health care consultations, and qualitative methods.

Jaana Laitinen (Adjunct Professor in Nutrition and in Public Health, Director) specializes in intervention studies aiming to promote healthy lifestyles and work ability. Additionally, she has studied the development of unhealthy behaviours in an epidemiological prospective study of Northern Finland 1966 and 1986 cohort studies.

Self-reflective talk in group counselling

Introduction

Pursuing a reflective process is the gist of counselling methods in health counselling. Observing and evaluating one's own behaviour and getting feedback are connected to self-efficacy, self-regulation and motivation (Bandura, 1997, 2004). These processes can be promoted through various behaviour change techniques implemented in counselling (Michie et al., 2011, 2014a). However, there is little knowledge on what kind of action *self-reflective talk* is, and what is accomplished with it in counselling discussions.

In previous research, the terms *reflection* and *self-reflection* have both been used to describe the individual's reflective actions. In this article we use *self-reflection*, as here the focus is persons who are talking about their own actions. We analyse turns of talk where clients take an observing, evaluating or interpreting position towards their own actions and experiences. These turns of talk are defined as *explicit self-reflection*; that is, a social display of cognitive processing (Vehviläinen and Lindfors, 2005). Our aim is to contribute to a conceptual understanding of what self-reflective talk is and its role in discussions of behaviour change.

Reflective cognitive processing is a prerequisite for changing behaviour: critical thinking leads to revised action (Baumeister et al. 2007). As a theoretical concept, *reflection* has been widely discussed in the field of education. It has been described as a method for problem-solving by linking previous experiences to a chain of ideas and aiming for a conclusion (Dewey, 1933), and as an intellectual and affective response to an experience leading to a revised understanding (Boud et al., 1996). As a learning process, it is argued that reflection involves a critique of the

presuppositions on which our beliefs have been built, thus reassessing, interpreting and validating the foundations of our perspectives, actions and choices (Mezirow, 1990). Our interest is the ways in which this processing is talked into being and made available for participants in the interaction studied (Edwards and Potter 2005).

Reflection as a social action is interpretable in three ways. First, as an activity of the counsellor, reflection is understood as practices that counsellors use to mirror, dismantle and conceptualize their clients' talk (Brownlee et al., 2009; Miller and Rollnick, 2012; Zoffmann et al., 2008). Second, as an activity of the client, it consists of practices such as autonomous clarifications and reassessments of one's own statements (Zoffmann et al., 2008), or disagreements and explanations (Zapata-Rivera and Greer, 2003). Third, reflection can be understood as joint action of both the counsellor and the client. In this latter interpretation, it is argued that the client is actively engaged in reflective activities (Strong, 2006) and might verify or challenge the counsellor's conceptualizations (Williams and Auburn, 2015). Yet even as a joint action, reflection is assumed to depend on the initiatives and actions of the counsellor. Research has focused on practices through which counsellors invite their clients to recollect and interpret their experiences (Strong, 2006; Tomm, 1987; Williams and Auburn, 2015). The question has been how counsellors, therapists or other professionals prompt or encourage clients' reflection; for example, by using open-ended questions, future-oriented or hypothetical questions and different follow-ups (Antaki, 2013; Poskiparta et al., 1998), or by using cues such as video or pictures (Raingruber, 2003; Booth and Booth, 2003). Less attention has been paid to clients' self-reflective talk: how the turns of talk are designed and what kind of interactional functions they may serve.

In this article, we study reflection as a joint social action that develops in interaction between counsellors and clients in group counselling for adults at risk of Type 2 diabetes. Our focus is on sequences of conversation in which clients produce self-reflective turns of talk; we analyse the interactive processes that lead to and follow these sequences.

Promoting change through reflective processing

Counselling aims to support people in their life challenges in such ways that promote their agency, strengths and assets. Counselling is utilized in issues such as psychological problems, vocational challenges and chronic illnesses, and approaches vary between numerous counselling traditions. Health counselling addresses topics such as coping with an illness or motivating clients towards behaviour change. It is distinguished from health education, although some educational elements – such as instructions for self-care or self-monitoring – may be merged into counselling (Leong, 2008: xxv–xxvi; Vehviläinen, 2014; Visser and Herbert, 1996).

Health counselling programmes utilize behaviour-change techniques, such as self-monitoring a particular behaviour and analysing the factors that influence that behaviour. Clients are encouraged to adopt a revised identity, self-image or perspective through reframing or reattribution (Michie et al., 2011, 2014a). Techniques are based on theories about behaviour change, such as the health belief model (Rosenstock et al., 1988), the theory of planned behaviour (Ajzen, 1985) or social cognitive theory (Bandura, 2001). It is assumed that the observation, recognition and evaluation of actions leads individuals to become aware of the need for change, and thus increases their motivation to implement new behaviour (Glanz et al., 2008; Michie et al., 2014b). Reflective processing can be identified as a common denominator in various strategies to pursue behaviour change.

Methods to promote reflection range from instruments such as diaries, journals and applications to conversational practices such as cue questions and stimulated recall (see, for example, Coulson and Harvey, 2013; Donaghy and Morss, 2000; Prilla et al., 2012; York et al., 2016). These methods have been developed within adult education (Boud et al., 1996; Mezirow, 1998; Samuels and Betts, 2007; Waring Hansun, 2014), the reflective practice of health professions (Mann et al., 2009) and medical education (Sandars, 2009). The development of methods has drawn upon interview, observational and textual data, together with theoretical knowledge about the cognitive factors that benefit individual change.

Previous conversation analytic research on counselling has addressed various environments, such as academic supervision and student counselling (Hazel and Mortensen, 2014; Svinhufvud, 2016; Vehviläinen 2003), genetic counselling (Lehtinen, 2013; Sarangi, 2009) and HIV counselling (Miller and Silverman, 1995; Silverman, 1997). Tele-mediated interaction, such as email and telephone counselling, has been examined (Lamerichs and Stommel, 2016; Woods et al., 2015). Studies have centred mainly on professionals' actions and their consequences in interaction, especially counsellors' strategies to give advice while striving to encourage clients' integrity (Butler et al., 2010; Emmison et al., 2011; Poskiparta et al., 2001; Vehviläinen, 2001). Clients have different possibilities for participation in counselling interaction. On one hand, they have an opportunity to (for example) elicit more information by asking questions (Fasulo et al., 2016; Vehviläinen 2009); on the other, their participation has been found to be very limited (Poskiparta et al., 2001). In general, clients' actions in counselling interaction have been afforded less attention in previous research.

Poskiparta et al. (1998) have described a pattern in which a certain order of topics concerning patients' thoughts and feelings arguably represents reflective questioning. Antaki

(2013) has examined professionals' practices to encourage reflection among adults with intellectual disabilities, paying attention to the asymmetry of knowledge in favour of the professionals. Veen and de la Croix (2016) have studied the tutor's role in the context of medical training in which the main task was group reflection on patient cases. Like Antaki (2013), they pay attention to the somewhat asymmetrical relationship between the tutor and the other participants in controlling the transition from talking about an experience to reflecting upon it. In another line of inquiry, Vehviläinen and Lindfors (2005) have described the ways in which clients construct their self-reflective talk to give evidence of positive development. Like Vehviläinen and Lindfors (2005), we analyse clients' ways of displaying self-reflection and further, the trajectories wherein they are produced.

Strong (2005) argues that joint understanding and reflection are achieved in the cooperation between counsellor and client (also Strong et al., 2006), but notes that the practices participants use in reflecting have not been addressed (Strong, 2006). We take clients' self-reflective talk as a starting point to examine what is accomplished with turns designed to display reflective processing to other participants. In addition, our research addresses the specific characteristics of multiparty interaction. Group settings enable interaction not only between client and counsellor but also between clients, which presumably has an important impact on how the counselling discussions unfold. There is little knowledge of this aspect, as most previous research on counselling interaction has focused on dyadic settings (although see Lepper and Mergenthaler, 2005; Pino, 2016; Wiggins, 2009).

Data and method

This article draws upon a qualitative analysis of video data from group counselling for Finnish adults with a high risk of Type 2 diabetes. Nutritionists counsel groups of five to eight participants towards an institutional task of eating control and exercise, using actions such as giving information and advice and prompting the participants to reflect upon their current situations with regard to healthy lifestyles. The particular counselling method used in the intervention is based on a constructivist theory of learning (see, for example, Fosnot, 2013), and the materials and assignments are designed to support reflection (Laitinen et al., 2010). All participants have given their written informed consent for the study and the ethical committees of the relevant university hospitals have approved the study [Nr. 50/E0/2007].

The data consist of seven counselling sessions of 90 minutes each with four groups (one to three sessions per group). The data were drawn from a larger corpus comprising six groups and 22 sessions: altogether 33 hours of counselling, recorded using three cameras. The data were anonymized and transcribed according to conversation analytic conventions (Atkinson and Heritage, 1984). Transcription symbols are presented in the Appendix.

We combine conversation analysis (CA), which focuses on the structures of conversation (Hutchby and Wooffit, 1998) and discursive psychology (DP), which addresses how psychological themes are managed within conversation (Edwards and Potter, 2005). These methods of analysis explore turns of talk as actions that are made relevant and intelligible in the ongoing context. Rather than being expressions of mental states, self-reflective turns can therefore be analysed for the kind of interactional work they do. The analytic tools of CA and DP enable us to find out what is achieved in interaction when participants talk *as if* they were reporting cognitive processing. This approach highlights the social organization of reflective processing instead of taking for

granted the individual cognitive process displayed. Thus, we study how notions of individual cognitive processing are made available for other participants in the situation studied.

Vehviläinen and Lindfors (2005) state that, with self-reflective turns, speakers position themselves as observing, evaluating or interpreting their own behaviour. Following this definition, and drawing upon a preliminary analysis of the data, we defined explicit self-reflective turns as utterances in which speakers report their own behaviour and experiences and *mark them as a target of reflection* in at least one of three ways:

1. The speakers describe their own action using verbs such as *to notice*, *to remember* or *to pay attention to*, making explicit that their behaviour is a target of certain cognitive observational actions (Vehviläinen and Lindfors, 2005.) They may say, for example: *I have noticed that my stamina is much worse than it used to be*.
2. The speakers evaluate their own behaviour by:
    a) describing some aspect of it as a problem: *I suppose it is there that problem of mine that I have too big portions*,
    b) using positive or negative evaluations to assess their own behaviour, or
    c) using a pattern that starts with a report or a positive evaluation of something, continues with *but/then* and finishes with a negative evaluation of another thing (or vice versa): *Even though I do eat salad, so then I eat some meat and potatoes with it, way too much.*
3. The speakers present a causal interpretation concerning their own behaviour. For example, they report a certain behaviour followed by a negative consequence: *I don't sleep more than that – then I am tired in the afternoon.*

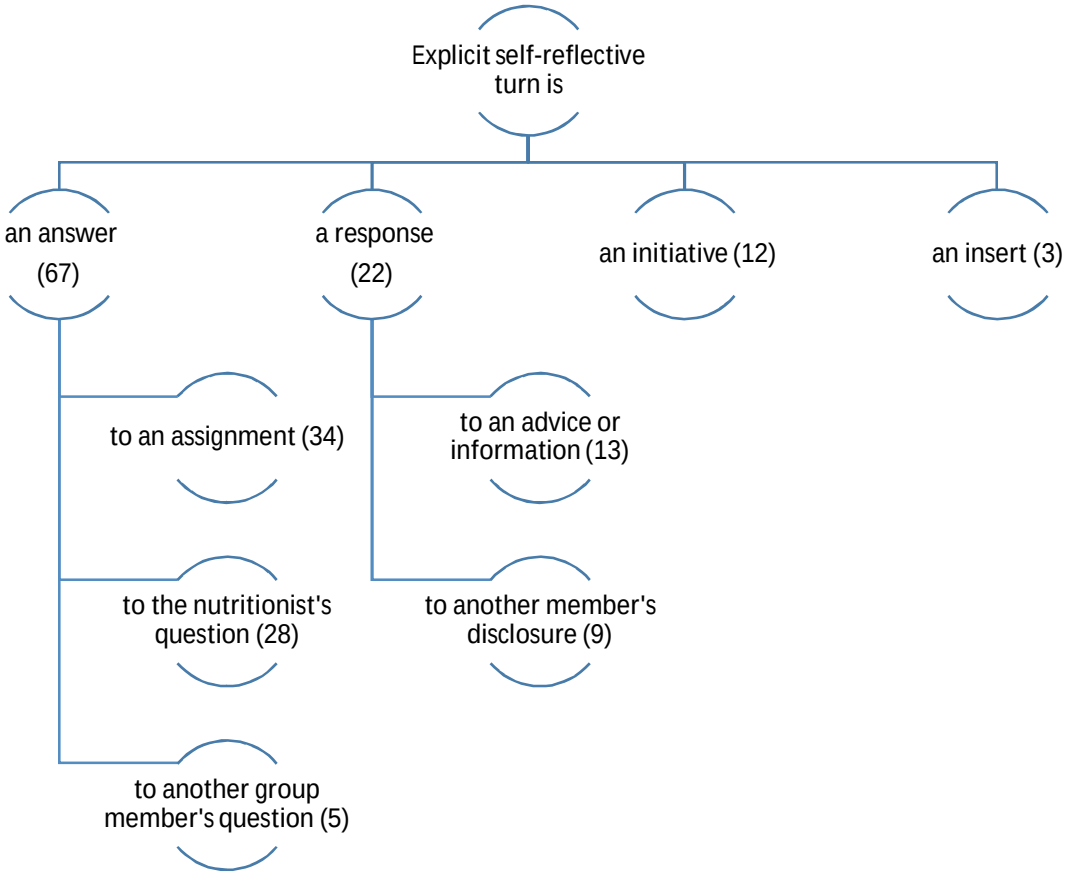
These types of self-reflective turns can be differentiated from mere reports of one's own experiences concerning healthy or unhealthy behaviour, such as *I eat maybe a couple of apples or oranges when I come home from work and sit down for a while and read a magazine or something.* Although such reports might imply awareness of one's own past actions, we excluded them from the collection because they show no clear signs of speakers *taking a position* of observing, evaluating or interpreting their own actions. Here, we focus on what we call *explicit self-reflective turns*, in which speakers explicitly treat their own actions as a target of cognitive processing and hence topicalize them in a specific way.

We identified 104 explicit self-reflective turns. These were not evenly located among different encounters in our data, and often, there was more than one self-reflective turn in a single episode. In the following analysis, we examine the local interactional context of self-reflective talk and the kind of interactional work it does.

Trajectories of self-reflective talk in group counseling

Most self-reflective turns were answers to a nutritionist's question or other prompt (n=67). In these cases, a missing answer would be accountable. The second most common location was following the nutritionist's advice or information or another member's disclosure (n=22). In these cases, a response is possible but not essential. In 12 cases, the self-reflective turn was made as an initiative that commenced a new action sequence, although it could be topically linked to previous turns (Schegloff, 2007). In three cases, the self-reflective turn was an insert: a remark (often explanatory) located within some other action, such as a response or a storytelling. Figure 1 shows where the 104 explicit self-reflective turns were located in the data.

Figure 1. Sequential location of explicit self-reflective turns



In the following we analyse more closely the ways in which self-reflective talk unfolds in group counselling and what is achieved with it. First, we describe a typical trajectory where self-reflective talk is initiated by the nutritionist's prompt. In these cases, the self-reflective turns of talk were mostly displays of orientation to the institutional task at hand. Thereafter, we show two cases of self-initiated self-reflective talk, where the same orientation was less prominent. In both types of cases, the self-reflective talk contained features that offered the experience described as shareable with the other participants.

Self-reflective talk following nutritionist's prompt

Excerpt 1 shows an example of a typical trajectory of a self-reflective turn; here, the turn is an answer to a nutritionist's prompt. The excerpt begins with a typical nutritionist's question, *how have you been, for the last two weeks?*, which is allocated to all group members (in the Finnish original transcript, the pronoun *you* is in plural form). In overlap with Anna's deep sigh, Ella selects herself as the first answerer and produces a report of her actions and thoughts during the previous weeks. The self-reflective turns are located at line 4, where Ella evaluates her actions (*not very well*), at lines 7–8, where Ella elaborates her evaluation (*a couple of days was just fine --- then a couple was a little*), and at lines 18–20 (*there one really noticed that…*).

Excerpt 1

1 NUTR: ↑joo mites teillä on menny,(0.2) ↑kaksi [viimistä viikkoa.
↑right how have you been,(0.2)↑for the last[two weeks.

2 ANNA: [.hhh

3 ANNA: phh[hhh

4 EMMA:→ **[ei kovin hyvin** ainakaan (tu-nyt) niinkun täm(h)än
[not very well at least (??-now) like in th(h)e

5 ohje(h)lman puitteissa ↑.heh
fram(h)es of this program ↑.heh

6 (0.8)((Nutritionist nods))

7 EMMA:→ **.hh ↑muutama päivä meni iha hyvin mu- .hh h sitte osa meni**
.hh↑a couple of days was just fine bu-.hh h then a couple was

8 **°vähä(sitte)° .mt (.) oli vähän semmosta**
°a little (then)°.tch (.)there was a little the kind of

9 **(.) kiirettä ja stressiä** nii ei oikee sitte,
(.) hustle and stress so it did not really then,

10 (0.6)

11 EMMA: vaikka seuras kyllä, .h askeleet kirjas ylös
though one kept track yes, .h one wrote down the steps

12 ja unen määrän kirjas ylös ni se oli sitte (.) enempi
and one wrote down the amount of sleep so it was then(.) more

13 semmosta shokkivaikutust(h)a että enkö mää oikeesti n(h)ukkunu
like the kind of shock effec(h)t that did I really not sl(h)eep

14 viime yönä ku kolome tuntia .hh heh hh h .nff mutta että,
more than three hours last night.hh heh hh h.nff but that,

15 eiköhän tämä tästä kesäkuun myötä vähän helepota?
supposedly it will get a little bit easier by june?

16 (1.6)((Nutritionist nods))

17 NUTR: °joo°
°yeah°

18 EMMA:→ **mut siinä kyllä huomas sen nii et se, elämäntilanne**
but there one really noticed that so that it, the situation in

19 **vaikeu- vaikuttaa hirviän paljon siihen syömiseen?**
life makes it hard- has a really huge effect on that eating?

20 **.h ja liikkumiseen.=että,**
.h and physical activity.=so,

21 ANNA: hh[h

22 EMMA: [et ei sit että jos on hirvee stressi päällä
[that one doesn’t then so if one is awfully stressed

23 nii ei sitä jaksa ennää ajatella m- mitä (0.4)
then one is too tired to think anymore about w-what(0.4)

24 syö ja sit että, pitäs lähtä lenkille vielä sitte ku on (.)
one eats and then that,one should go for a jog even when one(.)

25 tehny pitkän työpäivän ja (.) väsyttää muutenki kauheesti.
has had a long day at work and (.) is awfully tired anyway.

26 (0.4)

27 NUTR: mm-m

28 EMMA: .nff

29 (0.6)

30 EMMA: °↑mutta ↑että, (0.2) .mt n:yt optimistisesti kesäkuuhun
°↑but ↑that,(0.2).tch n:ow(let's head)optimistically towards june

31 (1.2)

32 NUTR: no hyvä ((nyökyttelee))
well good ((nods))

33 (1.0)

34 ANNA: hh joo vähän sama ku Ellalla että tuota nii, (0.2)
hh yeah a little same as Ella that erm like, (0.2)

The nutritionist's question (line 1) is not specifically tied to the context of lifestyle change and health behaviour, but Emma responds in this frame, negatively evaluating her past week (line 4). Her evaluation acts as a guide to hearers to interpret the following report in a certain way: that

she is not satisfied with her actions and is aware of what she should have done (Goodwin and Goodwin, 1992). The nutritionist responds to Emma's negative evaluation with a silent nod, and a more detailed description follows in which Emma evaluates how *a couple of days went fine, but then some went a little* (lines 7–8), hence positioning herself as an observer of her own actions. In the turns of talk that follow her initial self-reflective turns, Emma *gives an account* in which she explains how she has been too busy, stressed and tired to think about one's eating habits or to go jogging – actions that represent the positive lifestyle changes, healthy eating and physical activity promoted in the counselling. Thus, in her answer, *Emma takes into account the presumed expectations* of having already implemented some changes in her lifestyle.

Thereafter, Emma reports having been monitoring her physical activity and sleeping habits with a pedometer and a diary (lines 11–12), thus detailing her actions that have been in accordance with the counselling programme. In this way, she also *shows awareness of the overall goals of the programme*. Emma explains how her interpretation of the suggested actions was not beneficial; she describes having been shocked by discovering she was sleeping very little (lines 13–14). Emma ends her turn with an optimistic projection that the stressful situation will get easier by summer (line 15).

Following the nutritionist's silence, Emma continues with another self-reflective turn (lines 18–20). Her turn is now designed, by using the verb *to notice*, to make explicit a certain behaviour as a target of cognitive processing and also to point out the change of state in it, this discovery is new to her (compared to verbs like *remembering* or *thinking*) (Vehviläinen & Lindfors 2005). It has been argued – at least in primary care appointments (Halkowski, 2006: 88–89) – that "series of noticings" are ways in which a speaker can present herself as "appropriately, but not overly, concerned about her health" (Gill and Roberts, 2013: 582–583).

Emma continues her turn with a formulation of her preceding talk (lines 22-25), concretizing the effects the situation has had on her health behaviour and displays this through citing her own experience. Thus here, *self-reflective talk is used to account for not being successful, while simultaneously showing that Emma has been attentive to the actions recommended in the group*. With the aforementioned activities – accounting for behaviour that can be seen as unhealthy, showing attentiveness to the recommendations of the counselling programme and displaying a change of state from unawareness to awareness – Emma shows orientation to fulfilling the institutional task of striving towards behaviour change, and can thus be seen to produce institutionally relevant morality.

It is also noteworthy, that Emma constructs her last self-reflective turn as shareable with other participants (lines 18-25). It is designed with a "zero-person" construction (here translated with the pronoun 'one'), which offers the described action as one that others may also have experienced and could thus identify with (Laitinen 2006), which may increase the relevance of affiliating with Emma's evaluation. Here, we see how Anna refers to Emma's preceding experiences as somewhat similar to her own, thus treating Emma's experiences shareable.

In the above case, as is usual in self-reflective turns following the nutritionist's prompt, the nutritionist's role in guiding the conversation is prominent. She provides space for continuing the self-reflective talk whereafter she evaluates it and gives the turn to the next participant. In the following examples of initiative self-reflective turns, the nutritionist's role is less substantial.

Initiative self-reflective talk

Twelve of the self-reflective turns in our data were initiative turns commencing a new sequence. These turns were topically related to previous discussions, but nevertheless launched a new action. Excerpts 2 and 3 show examples of this type of self-reflective turns. In these, the orientation to the institutional morality is constructed differently with regard to the ones given as responses to nutritionist's prompts. In Excerpt 2, the nutritionist has used an assignment as a resource and asked Paula – who has previously told that she likes sweet pastries – whether she eats the pastries fast or savours them slowly. Paula has responded that she eats them very quickly; and this has been followed by joking among the group (data not shown), who share some previous knowledge about Paula's craving for sweet pastries. Similarly as in Excerpt 1, Paula continues by giving more details that unravel her original response. However, unlike in Excerpt 1, the self-reflective turn is not an answer to the nutritionist's prompt but rather an initiative. In addition, it provides elaborations rather than accounts of Paula's behaviour; she tells a small story about her secret binge eating on her way home.

Excerpt 2

```
1 MARIA:    [hyvin ripeästi
            [very quickly

2 PAULA:    ni(hh) (hy(hh)vin ripe(hh)ästi)
            ye(hh) (ve(hh)ry quic(hh)kly)

3 GROUP:    ah hah hah hah hah [hah
```

4 PAULA: [nii ju(hh)st tos(hh)sa matkalla kerroin että

[yeah ju(hh)st on the way here I told that

5 → **mä saatan sit ↑niin säälittävästi tehä että mä meen,**

I might do ↑such a pitiful thing that I go,

6 **(.) Prisma markettiin ja ostan paperipussiin niitä,**

(.) to Prism supermarket and buy in a paperbag those,

7 **(0.4) niitä viinereitä**

(0.4) those Danish pastries

8 (0.2)

9 NUTR: [joo.

[yeah.

10 PAULA: [(semmosii) irtoviinereitä. ostan

[(those) in individual sale. I buy

11 NUTR: [joo

[yeah.

12 PAULA: [vaikka ↑kaks,

[for example ↑two

13 (0.4)

14 ja sitte tuota, @syön ne ↓a:utossa?@
and then erm, @I eat them ↓i:n the car?@

15 (0.6)

16 nopeesti mä ↑hyvä että mä ehin niiku niin,
quickly I ↑just about have time to like that like,

17 (.) oikeesti ↑maistaa,
(.) really ↑taste it,

18 (0.4) ja sitte (.)äkkiä [( )( )
(0.4) and then (.) quickly [( )( )

19 SONJA: [( )( )

20 PAULA: ↑niin,
↑yeah,

21 NUTR: [joo.
[yes.

22 PAULA: [ja sitte tuota, (.)@lähen kottii ja,
[and then er, (.)@I go home and,

23 (.) kei(hh)tän kaha[(hh)vit @
(.) ma(hh)ke some c[(hh)offee@

24 GROUP: [heh heh
25 heh heh heh [heh heh heh

26 PAULA: [@ja ↑otan pullaa.@
[@and ↑I have some bun.@

27 XXX: hah hah

28 PAULA: ja enkä sano kellekää mittää.
and I don’t tell anyone anything.

29 (1.0)

30 PAULA:→ **et se on niinku musta niinku kaikista säälit[tävintä**
so that is like in my opinion like the most [pitiful thing

31 GROUP: [heh heh
32 [heh heh heh heh heh heh heh

33 PAULA: **[mitä mää niinku elämässä (teen)**,=tai piilottelen niitä,
[that I like do in my (life), =or hide them,

34 (0.2)

35 ↑niinku ↑ihan ↑niinku ↑joku ↑tämmönen?
↑like ↑just ↑like ↑someone ↑like?

36 (0.2)

37 SONJA: alkoho[listi.
alcoho[lic.

38 PAULA: [↑alkoholisti.=
[↑alcoholic.=

39 SONJA: =joo.
=yeah.

40 PAULA: mm.

41 NUTR: sitten joo.
then yeah.

42 PAULA: nii, (.)ku auton niissä, (.) oven taskuista sitte,
so, (.)when, (.) from the compartments in the car doors,

43 (.)hiljasuudessa kerräilen [niitä ( )
(.)in secrecy I collect [them ( )

44 GROUP: [heh heh heh heh heh

45 PAULA: että niinku sen, (.) sen tyyppistä, on se.
so like that, (.) that's the way, it is.

Paula reports an experience of losing control of eating and evaluates it as *pitiful* (lines 5 and 30). By positioning herself *in an observing and evaluating position towards her own actions*, she manages to discuss a very delicate topic while simultaneously *displaying awareness of the questionable nature of her actions*. In Excerpt 1, the orientation to the institutional morality task of striving for healthier eating habits was stemming from presuppositions about what the participants should have been doing, while here, the orientation is shown by describing what they should have not done. Both ways, speakers display an orientation to the institutional task while bringing up potentially problematic topics.

The features of Paula's talk that make her story shareable with others are also somewhat different to those in Excerpt 1. The laugh particles at the beginning of Paula's story frame her behaviour as humorous and offer other group members the possibility of joining in with the laughter, which they do (line 3). Paula continues with a self-reflective turn (lines 5–7); while she does not laugh anymore, as she continues her story she displays a particular stance with prosody. Her voice sounds suppressed, as if she is trying to hold back laughter (line 14); at lines 22–23 and 26, she animates a carefree, even boastful character, marking her comment with laugh particles (line 23). The other group members show their interpretation on Paula's comment as ironic by joint laughter (lines 24–25). Further, at line 35, Paula presents an assessment of her behaviour but leaves the turn unfinished, thus offering space for the others to complete her utterance (Lerner, 1991). Sonja produces the latter part of the turn, *alcoholic* (line 37), thus offering an interpretation and as such, a recognition of a problem, which Paula then approves (line 38).

In Excerpt 3, the participants are playing a board game designed to provide information and positive feedback on healthy habits, and to support reflection on one's own habits. It is Ella's turn to answer a true-or-false question about the risk levels of alcohol consumption. She has read the question aloud and provided an answer, which the nutritionist has approved. Ella's game turn could have ended here, but she has continued to evaluate the threshold amount of units of alcohol (data not shown). The discussion following this eventually leads to an initiative self-reflective turn at lines 3–4 and its redesign at line 12.

Excerpt 3

1 NUTR: nii
yeah

2 ELLA: mikä on [(kai kuitenki) ( )
which is [(supposedly) ( )

3 SONJA: → **[kyllä kait mää luokittelen itteni**
[I do probably qualify myself as a

4 **suurku[luttajaksi**
large-scale con[sumer

5 ELLA: [tarkot[taako (--)
[does it[mean (--)

6 PAULA: [siis herran jumala (.)

[then oh my god (.)

7 [kaikkihan on sitte
[everyone is then

8 ELLA: [yks olut
[one beer

9 NUTR: joo yks öö (.) olut tai lasi viiniä tai yks
yes one öö (.) beer or glass of wine or one

10 neljän sentin paukku
single shot

11 ELLA: mm

12 SONJA:→ **kyllä mää oon suurkuluttaja ihan ilman[mitää**
yes I am large-scale consumer without [any

13 MARIA:→ **[kyllä määki sitte**
[yes then I am too

14 PAULA: [jos sanotaan
[If it is said

15 että joka toinen viikonloppu ottaa (.) ottaa
that every other weekend one has(.) one has a

16 muuta(hh)mat [(o(hh)luet)
coup(hh)le of[(b(hh)eers)

17 SONJA: [oh heh hoh

Sonja categorizes herself potentially as a *large-scale consumer* of alcohol (lines 3–4). This turn is in overlap with the previous turn, where Ella probably starts to assess the risk limit again. Sonja's self-reflective turn is an initiative; while it is topically tied to the ongoing discussion, it is not a response to the previous turns. She does not assess the threshold itself, which Ella has done previously; rather, she evaluates that, in light of the recommended guidelines, she exceeds the risk limit.

Compared to previous excerpts, there are no signs in Sonja's self-reflective turn of orientation to the presuppositions of appropriate participation or preferred health behaviour. Rather, she presents her evaluation surprisingly bluntly, considering the delicacy of the topic. This could be interpreted as a criticism of the evaluation scale of alcohol consumption levels as too strict and thus unreliable. Indeed, this is how Maria and Paula interpret Sonja's talk; they respond by elaborating that the categorization of a *large-scale consumer* also includes themselves – and *everybody* (lines 7 and 13). However, as other members join in and after a discussion of several minutes, the group eventually ends up agreeing on the need to monitor their alcohol consumption (data not shown). In Excerpt 3, Sonja evaluates her own habits in relation to the

guidelines, and in so doing manages to steer the discussion of alcohol consumption from a rather abstract level to a practical level. Self-reflective turn makes possible the discussion to exceed the actual true-or-false question.

The self-reflective turns in Excerpts 2 and 3 were produced not as straightforward and planned consequences of the agenda but rather as by-products of it. Self-reflective talk is thus not exclusively dependent on the initiatives of the counsellor. Counselling activities may provoke members to compare and evaluate their own actions in relation to, for example, recommended guidelines, as in Excerpt 3, or volunteer stories on own experiences, as in Excerpt 2. Self-reflective turns of talk tie pieces of information on the topic of healthy lifestyle – such as risks of bingeing or concepts like *large-scale consumer* – into participants' own experiences.

Summing up the analysis, self-reflective turns can produce institutional morality by displaying awareness of appropriate participation and institutional goals – even if members had not yet made any of the behaviour changes expected of them. We saw how speakers first accounted for presumed expectations concerning either health behaviour or appropriate participation in a current context, and second evidenced their awareness of the need to change their habits and their will or ability to do so. This was achieved with negative evaluations that display stance, detailing actions in relation with the counselling programme and contrasting success with failure and emphasizing change over time.

Participants can use self-reflective turns to invite recognition and sharing of problems or experiences. This was most often achieved by using the zero-person construction and other types of turn design that fade out the subject. These are linguistic resources that allow the telling to be heard as a general phenomenon rather than exclusively one person's experience (Laitinen, 2006). This makes it easier for other participants to respond in a way that they recognize the experience

and perhaps share a similar experience. In addition, designing the turn to be completed by others (Lerner 1991), and laughter and humour enabled the sharing of potentially delicate issues (Jefferson 1984, Haakana 2001). With self-reflective turns, participants related and connected aspects presented in counselling to their own life events in a detailed way. Thereby, they brought up topics and steered the direction of conversation to allow for elaboration of problematic health behaviour and possibilities for change.

Discussion and conclusion

With self-reflective turns, participants display to others that they are observing and interpreting their own actions. In so doing, they can display a positive stance towards group work and its goals and show they are "being willing and able" to participate and to change their health behaviour despite obstacles. Participants can also display knowledge of what they are supposed to be doing to achieve results, and in many cases, of recognition of the need for change, "being aware" of their problems and associated risks. Further, explicit self-reflective talk makes a topic available for discussion, thus offering opportunities to participate in constructing a lifestyle problem and to invite or provide sharing of experiences.

Previous research has analysed reflective talk as an action that is a response to counsellors' actions (Antaki, 2013; Poskiparta et al., 1998; Strong, 2006; Tomm, 1987; Williams and Auburn, 2015). Our analysis has provided further evidence that the activities used in counselling can indeed prompt self-reflective talk. The majority of self-reflective turns in our data were initiated by counsellors' agenda-based questions and assignments. However, drawing upon the analysis, self-reflective turns are not exclusively dependent on counsellors' actions, as they were also found in other sequential contexts.

The relationship between reflective talk and cognitive reflective processes can be called into question. To avoid cognitivism – that is, taking for granted that interaction is explicable by cognitive processes – the analysis should be grounded in how cognitive processing is constructed and oriented to in interaction (Potter, 2006). Our analysis has focused on turns of talk in which the speakers display reflective processing by positioning themselves as observing, evaluating or interpreting their own actions. It has been argued that the question is not whether reflective talk indicates some cognitive processing or whether "thinking" precedes "talking", but rather *what such talk does* (Edwards and Potter, 2005: 256–258). The speakers use self-reflective turns to display cognitive processing, making their reasoning available to other participants in the interaction. Self-reflective talk can therefore be regarded as one element of cognitive processing. However, it is implausible that self-reflective turns would solely constitute the whole reflective process. Theories of reflective processing suggest that it requires not only returning to the experience but also intellectual and critical re-evaluation and re-interpretation (for example, Mezirow, 1990). Since explicit self-reflective turns describe and interpret experiences, they are starting points for chains of ideas. What follows them in the discussion can be valuable with regard to the later phases of reflective processing: re-evaluating experiences and seeking conclusions (Boud et al., 1996; Dewey, 1933). This requires further analysis.

We have not compared explicit self-reflective turns with other types of disclosure, such as reports of one's own actions, which do not include elements of self-reflection. It is possible that these types of action also generate discussion and the sharing of experiences in group counselling interaction. Further research on the differences between sequences that include non-reflective and reflective responses is needed; this might also reveal why nutritionists' prompts do not

always generate self-reflective responses. Analysing and comparing different patterns might provide insights into the development of reflective processing.

It has been suggested that self-reflective talk may be merely an institutionally adequate way to participate (Vehviläinen and Lindfors, 2005). We argue that self-reflective talk may also have other goals. Drawing upon our analysis, self-reflective talk is found not only following the nutritionist's prompts but in five other locations. This would imply that following the institutional agenda is not the only function of self-reflective talk. Secondly, as shown in extract 3, self-reflective talk may also challenge (although covertly) the premises of the institutional task at hand.

Notwithstanding the location or trajectory of self-reflective talk, it brings forward topics that may launch discussion that is beneficial to the institutional goals at hand. In group discussions, a shared understanding is formed of what problematic health behaviour is and how it can be changed. Self-reflective talk in a group situation allows participants to compare one's own experiences with that of others', which accords with the ideas presented on the benefits of social comparison with regard to behaviour change (Bandura 2001). Further, self-reflective talk brings to discussion points of view different from one's own from people in the same situation, which again provides for reframing and reattribution of existing perceptions (Michie 2014b). Self-reflective talk as such provides one key element of reflective processing and thus of behaviour change.

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Appendix Transcription symbols

[word]	*Brackets*: Onset and offset of overlapping talk
=	*Equals sign*: Contiguous utterances, second is latched immediately to the first
(0.2)	Timed interval within or between utterances, measured in seconds and tenths of seconds
(.)	Interval of less than 0.2 seconds
wo:rd	*Colon*: Extension of the sound or syllable
.	*Period*: Falling intonation
,	*Comma*: Continuing intonation
?	*Question mark*: Rising intonation
-	*Dash*: abrupt cutoff
↑↓	*Upward/downward pointing arrows*: rising/falling pitch
word	*Underlining*: Emphasis
WORD	*Capital letters*: Louder volume
°word°	*Degree signs*: Quieter volume
>word<	Faster-paced talk than the surrounding talk
<word>	Slower-paced talk than the surrounding talk
#word#	Creaky voice
£word£	Smiley voice
@word@	Animated voice
hh	Audible aspiration
.hh	Audible inhalation

w(h)ord	Laughter
hah heh huh	Laughter
(word) ( )	Transcriptionist doubt
((word))	*Text in parentheses*: Transcriber's comments
→	*Arrow*: Feature of interest