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Abstract

The dissertation examines how personal troubles are talked about in an encounter with a professional on the public arena of radio broadcasting, where the professional has to meet the challenge of making professional advice not only useful for the person seeking help, but also relevant or interesting for the radio audience. The study explores the dynamic process of shaping an understanding of problematic experiences as it unfolds in the interactions on the radio and with radio listeners.

The dissertation draws upon publicly available recordings of the Swedish programme *The Radio Psychologist* (Swedish: *Radiopsykologen*) and radio listeners' comments on the programme's web page. In the programme, formatted as a half-hour telephone dialogue between a psychotherapist and a caller, people seek help with personal problems such as anxiety, loneliness or relationship difficulties. The research focus is on (1) how the understanding of personal troubles is negotiated and reached in the turn-by-turn unfolding of radio conversations between the psychotherapist and callers to the programme, and (2) how members of the listening audience are involved in the interpretative work with personal problems on the radio. The interactions in the programme as well as listeners' comments on the Internet are studied using methods of ethnomethodological conversation analysis, combined with insights from the related research approaches of membership categorisation analysis and discursive psychology.

The thesis includes four sub-studies, findings of which are reported in four empirical papers. The first three papers investigate the process of the radio psychologist and callers cooperatively achieving an understanding of the callers' problems in their dialogues on the radio. The analyses explicate how the conversation participants grounded their reasoning about callers' problematic experiences in cultural knowledge about ageing and a (mis)fortunate childhood, and how the radio encounters concluded with an orientation to their counselling and radio objectives. The fourth paper examines how, in their comments on the Internet, members of the audience related their own experiences to what they had heard in the radio programme.

The findings are discussed in the context of the twofold aim and potential of radio counselling to provide personalised help as well as shape public understanding regarding what can be considered a personal problem, and in which way. Besides this, specific features of the interpretative work with personal experiences in *The Radio Psychologist* are outlined in comparison to everyday interaction and other institutional settings, such as more conventional forms of counselling and psychotherapy. The interactive therapeutic format of the programme is suggested to create an opportunity for sociability and solidarity between listeners and callers. Finally, findings indicate that talk on personal problems has a socio-cultural nature. Both interpretative resources (e.g. age-related expectations) drawn upon in the problem talk and its interactional format (e.g. an encounter with a psychotherapist) reflect the historically and culturally specific understanding of how one can make sense of personal problems.

Key words
Radio counselling, institutional interaction, psychotherapy, troubles talk, media discourse, conversation analysis.

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Public Talk on Personal Troubles

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Acknowledgements

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Abstract

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List of original papers

PAPER I

Thell, N. and Jacobsson, K. (2016) 'And how old are you?': Age reference as an interpretative device in radio counselling. *Journal of Aging Studies,* 39: 31–43.

PAPER II

Thell, N. (submitted) Childhood-grounded explanations for personal troubles: Social problems work in radio counselling. Submitted to *Symbolic Interaction.*

PAPER III

Thell, N. and Peräkylä, A. (2018) 'What are you taking away with you?': Closing radio counselling encounters by reviewing progress. *Discourse Studies,* published online ahead of print.

PAPER IV

Thell, N. (submitted) Shared problems: Establishing commonality of experiences in a radio counselling online forum. Submitted to *Discourse Processes.*

1. Introduction

1.1. Research object and aim

> *Two psychologists are running to catch a bus. They are running for dear life because the bus is about to leave. When they at last reach the bus door and are on the point of jumping in, the bus shuts the door and leaves. Stunned and exhausted, the psychologists stand still for a short while and then one of them asks the other: 'Would you like to talk about this?'*

The joke ironically, but also characteristically, features the psychological profession, as well as other professions of the so-called 'talking cure', such as psychotherapy and social work, where help is provided by means of talking about personal problematic experiences. The joke also reflects a wider context of contemporary Western culture, where troubles and problems are expected and encouraged to be shared and talked about. In modern society, numerous experts offer their professional assistance in fixing personal problems – not only in their offices, but also in newspapers and magazines, as well as through public broadcasting. A few examples of the latter are *The Guardian*'s column *Ask the experts*, the Swedish television programme *Ask the doctor* (Swedish: *Fråga doktorn*), the American television show *Dr. Phil* and the Swedish radio programme *The Radio Psychologist* (Swedish: *Radiopsykologen*).

This thesis is about troubles and problems – a topic that is far from new for the field of social work research concerned with problematic issues of various kinds: personal troubles as instances of social problems, and social problems as collective categories for individual concerns. In contrast to many studies in social work however, this project does not deal with any particular kind of a social problem, such as homelessness or unemployment, or any specific personal troubles such as substance abuse or family conflicts. Instead, it focuses on the process of interpretation of personal experiences as problematic – how experiences come to be understood as troublesome, and how they get formulated as a distinct problem. Yet the focus of the study is not solely on private lives and concerns, but rather on the intersection of the private and the public, the personal and the social. Firstly, the thesis investigates how personal troubles are discussed in dialogue with a professional, who treats the personal concerns within the interpretative framework of a particular profession or institution. Secondly, it studies

how personal troubles are talked about on such a public arena as public broadcasting, where personal concerns may be transformed into societal issues. Lastly, troubles and problems are approached not as objective realities reported in talk, but rather as interpretative understandings that are reached in and through talk; thus, they are studied as a product of social interaction and relationship between people.

Contemporary Western society is sometimes described as 'postmodern' to signify such features as globalisation, media boom, rapid social change and consumerism (e.g. Turner 1990). Three features of the 'postmodern' society are significant in the view of the present study: first, its preoccupation with the self, in particular emotional self; second, its 'expert' character: that is, the narrow specialisation of expertise and its distribution among the society members; and third, the omnipresence of media communication. The personal self is "the leading experiential project" of the contemporary era of the Western world (Gubrium and Holstein 2000: 96). Contemporary society encourages a person to listen to him- or herself and to discover his or her emotions: the act of acknowledging one's feelings is culturally represented as virtuous behaviour, while reluctance to do so may be regarded as an act causing both individual distress and many of the social problems (Furedi 2004). At the same time, everyday life becomes increasingly professionalised under the belief that people cannot be left to themselves to sort out their emotional issues, and need professional help in dealing with their problems at home and at work. As Gubrium and Holstein (2001: 9) put it, "the postmodern landscape is increasingly populated by institutions devoted to identifying and fixing personal troubles; the renovation of selves is socially ubiquitous". Furthermore, in contemporary society, abundant images and models of troubled and untroubled selves are continuously offered in broadcast documentaries, motion pictures, talk shows and news feature stories, which penetrate into everyday life (Deuze 2011; Kellner 2003).

The blend of these three features of contemporary Western society – which can also be referred to as, respectively, 'therapy culture' (e.g. Furedi 2004), 'media culture' (e.g. Bignell 2007) and 'expert society' (e.g. Furusten and Werr 2016) – is mirrored in a phenomenon of media counselling in the form of numerous newspaper columns, and radio and television programmes where professionals provide recommendations and advice on issues of life difficulties and well-being. The phenomenon of the public treatment of personal problems reflects the obscurity of the boundary between the private and the public in the media age, when private troubles and intimacies are expected to be shared as public stories, as for example, in the case of politicians' and celebrities' private lives that are deemed to be public issues (Baruh 2009; Calvert 2004; Furedi 2004).

A historical note on media counselling

Although expert advice in the media may seem to be a modern phenomenon, expert advice columns in fact appeared almost as soon as the first newspapers were published. The advice column debut is dated as far back as 1691, when British bookseller John Dunton launched *The Athenian Mercury* – a journal devoted to readers' questions, answered by 'consult advisors' (both well-known and fictional) on such subjects as mathematics, physics, religion, literature, politics, finances and marital affairs (Hendley 1977). In contrast to modern-day readers, who largely seek advice on personal matters such as close relationships, the seventeenth-century readers sought not only advice but also information, wondering, for example, "why rain clouds never fell" or "what became of the water after Noah's flood" (Hendley 1977: 347).

Radio counselling – which is the main focus of this thesis – appeared with the beginning of radio broadcasting in the 1920s. A historical excursus on radio counselling reveals an intricate link between private and public spheres and personal and societal matters. Due to its broad geographical and social coverage, from the very beginning, public service broadcasting was a means to address public welfare through providing educational opportunities to a large population. The early twentieth century was a time of not only technological developments, but also social changes and challenges, when citizens were considered to be in need of expert guidance. In the US, for example, professional information on the radio, namely radio psychology, had a breakthrough in the 1930s, when the Great Depression affected the stability of family life and made social adjustment a virtue of necessity (Behrens 2009).

In Sweden, the first series of radio counselling programmes appeared in 1939 under the name *Where shall I turn?* (Swedish: *Vart skall jag vända mig?*).[1] In the programme, the social worker, Anna Lisa Söderblom, answered letters from the public, providing advice on how to understand legislation, use social institutions and claim one's civic rights (Seifarth 2007). The programme was broadcast at the time of growing authority of scientific knowledge and implementing social reforms, which were anchored in the new ideology of *the people's home* (Swedish: *folkhemmet*). The expert advice was believed to prevent potential problems related to the modernisation of the society by providing guidance on social norms revised in accordance with the new ideology (Seifarth 2007). Radio counselling thus emerged as a part of a broader state project of social planning and public enlightenment.

In 1956, the programme changed its name to *Just between us* (Swedish: *Människor emellan*), and hospital almoner and counsellor, Lis Asklund, became the new programme host and adviser. The renewed programme (1956–1969) was still formatted as answers to listeners' letters, but changed its character in tune with the increasing popularity of psychological theories. In contrast to *Where shall I turn?*, where

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[1] The programme was broadcast by the Swedish Radio Broadcasting Corporation ('Radio Service'; Swedish: Radiotjänst).

the most common questions discussed were regarding various kinds of economic support, *Just between us* was to a greater extent dedicated to personal matters such as a problematic emotional life (Seifarth 2007). Social problems were more often given psychological and individual explanations. Inspired by psychoanalysis and attachment theory, Asklund sought hidden, subconscious motives in the letters, reasoned about finding possible explanations for negative feelings in unhappy childhoods, and encouraged self-analysis in the listeners. In its new form, the programme thus became a tool of psychological enlightenment, based on the idea of mental hygiene as a promise for a new society (cf. Kollind 2002).

Both in its early and later forms, these series of programmes appear to comprise a twofold activity of social propaganda and civic mobilisation (Seifarth 2007). On the one hand, the programmes were a part of the emancipatory project of creating a competent democratic citizen. On the other hand, they were controlling and disciplinary as they aimed at forming particular attitudes and values and eliciting certain behaviours. The individual life was approached as a part of the society's common project rather than a project in its own right (Seifarth 2007). Furthermore, during these early years, when there were very few (state-owned) radio channels in Sweden and people listened to pretty much the same content, the broadcast guidance on social values and norms contributed to the homogeneity of attitudes and perspectives of the citizens (Syvertsen *et al.* 2014).

The disciplinary project of forming a new society and a new citizen was grounded in the belief that scientific knowledge provides a means for changing people and society for the better. Psychological theories, including psychoanalysis and psychotherapy, which came to Sweden in the 1920s, were among the instruments of accomplishing this project (Kollind 2002). Psychology entailed a new perspective on interpersonal relationships and human nature, and could provide for a new moral order through an understanding of what was to be considered "socially acceptable and 'right' models of thinking, feeling, and behaving" (Behrens 2009: 224).

Since then, interest in psychological interpretations of personal problems seems to have been an increasing feature of Swedish media. For example, 'agony aunt' columns have long been an omnipresent element of newspapers and magazines, particularly those targeting female audiences (Sköld 2003). Readers' questions addressed in the columns have usually been of a highly personal nature, often formulated in moral terms of what would be right and proper to do, feel and think in relation to oneself and other people. While in the 1940s and the 1950s it was predominantly journalists who were in charge of the advice columns, since the 1960s advice has been more often provided by experts such as social workers, psychologists and counsellors (the professional groups, which grew subsequently in the 1960s and the following decades). In contrast to non-experts, who tended to give direct advice grounded in moral reasoning, the professionals did not usually give definite answers, but rather suggested explanations for the problems and outlined possible solutions as well as recommended experts and institutions for the readers to turn to (Kollind 2005; Sköld 2003).

The more recent development of public broadcasting – television – has also taken the trend of providing public guidance in dealing with personal troubles. In 2004, for example, a commercial Swedish television channel broadcast *Together* (Swedish: *Tillsammans*) – a programme in which eleven couples underwent psychotherapy in a television studio. This programme was followed by *Between You and Me* (Swedish: *Mellan dig och mig*) on one of the public channels the next year. This time, a family therapist and a coach visited eight couples in their homes to give advice on how to solve their relational problems. The programmes can be regarded as an example of popular therapeutic discourse that reflects the role of 'therapeutic thinking' in modern (Swedish) society (Eldén 2009).

The aim of the thesis

This thesis aims *to explicate how personal troubles are dealt with in an encounter between a help-seeker and a professional in the specific situation of when this encounter is exposed to a large audience* – that is, in the context of 'public talk', in contrast to talk in a private encounter with a professional. The thesis studies a Swedish radio programme – *The Radio Psychologist* (Swedish: *Radiopsykologen*) – that can be viewed as a continuation of the welfare project of providing personal guidance in public. The research interest lies in how personal troubles are made sense of when they are subjected to professional expertise on such a public arena as a radio counselling programme. *The Radio Psychologist* is approached as a case of such publicly exposed help-intended relationship. This relationship is seen as aiming to assist (both callers and radio listeners) in coping with personal troubles, but also, and essentially, to shape individual as well as public understandings of them.

The programme has been broadcast on the national radio channel P1 since 2009, and is a part of public service broadcasting,[2] available to all citizens of the country and produced for the 'public good' (cf. Scannell 1992; Scannell and Cardiff 1991). Similarly to the earlier radio programmes *Where shall I turn?* and *Just between us* mentioned above, *The Radio Psychologist* is devised to provide professional help to the public in dealing with their everyday life problems. However, in contrast to the earlier radio programmes, where professionals would answer listeners' letters, in *The Radio Psychologist* the professional enters an extended telephone dialogue with people seeking help. The dialogue combines elements of counselling (provision of advice) and therapeutic conversation (exploration of thoughts and feelings). This is akin to the format of the more recent television programmes *Together* and *Between You and Me*. Only on rare occasions does the radio psychologist respond to listeners' letters reminiscent of the letter-answer format of the earlier radio counselling programmes.

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[2] The radio channel P1 is financed by public service company Sveriges Radio (SR) and funded from an annual licence fee paid by owners of television and radio sets.

In its format, the choice of the expert-professional as well as its name, *The Radio Psychologist* mirrors the historically increased role of psychological and psychotherapeutic modes in dealing with personal problems. Whereas in *Where shall I turn?* (1939–1956) a social worker would direct the public to social service institutions, already in *Just between us* (1956–1968) a counsellor would provide psychological explanations and encourage self-analysis in the radio listeners. This tendency was to escalate in the recently broadcast *Together* (2004) and *Between You and Me* (2005), as well as in the current *The Radio Psychologist*. In these programmes, psychotherapists and psychologists perform the role of experts, and the process of soul-searching becomes the focal point displayed for the audiences. The 'psychotherapeutisation' and 'psychologisation' tendency in the media is in line with the corresponding ideological changes in the helping professions, such as a shift from mediation to therapeutic counselling in work with families (Kollind 2002) and increasing use of psychologically informed interventions in social work (Roy, Rivest and Moreau 2016). It is also connected (and contributing) to the general trend of psychological and psychotherapeutic theories penetrating everyday life (Furedi 2004) and reasoning of laypeople (Linde 1987; Moscovici 2008).

Although it is personal concerns that comprise the content of *The Radio Psychologist*, the programme constitutes a putative public sphere, namely an 'emotional public sphere' (Lunt and Stenner 2005), where private emotional challenges and conflicts are voiced and reflected upon in a public context. In the publicly exposed encounters with a psychotherapist, the discussed personal matters acquire a quality of social issues. Individual stories become illustrative cases of broader social patterns, which are thereby brought into the agenda of public concerns. Thus, the programme may contribute to the public service broadcasting's role of "an independent public sphere, as a forum for open public discussion of matters of general concern" (Scannell 1996: 327).

Moreover, *The Radio Psychologist* can be regarded as a social welfare site that aims at providing support and well-being for the citizens, combining individual help with public enlightenment. On the individual level, citizens can get help and support in dealing with their private concerns in a radio encounter with a professional. Individual members of the audience in turn may identify with the broadcast story and find the radio psychologist's advice useful for themselves. Empirical studies showed that both callers to psychotherapeutic radio programmes and their listeners considered the programmes to be a source of social support and helpful advice (e.g. Bouhoutsos, Goodchilds and Huddy 1986). On the public level, *The Radio Psychologist*, similarly to the earlier programmes *Where shall I turn?* and *Just between us*, is an instrument of public enlightenment and education. It is a source of 'infotainment' – a combination of information, entertainment and public service (Livingstone and Lunt 1994). The lifestyle issues discussed in the programme in the context of concrete individual cases involve transmission of normative understandings of 'normal' versus problematic behaviours, feelings and thoughts. In this sense, while possibly empowering callers and listeners by helping them to take charge of their lives, the programme simultaneously

establishes social order through transmitting normative guidance for self-regulation (cf. Lunt 2009). In such a way it contributes to the crucial task of the media in the 'media welfare state' – to sustain and negotiate social norms and values and thereby legitimise current ideologies (Styvertsen *et al.* 2014). One of the tasks of the present thesis is to investigate this merging of the individual and the public in radio counselling.

In analogy with more conventional welfare sites (social service institutions), radio counselling involves institutionally constrained talk-in-interaction with the focus on the personal troubles of a help-seeker (a caller as well as a listener). Such interaction – that focuses upon the meaning of the problem for the person experiencing it and for the professional helper required to attend to it – "appears to represent a principal, if not the prime, social activity of the welfare state in its everyday, street-level operations" (Seltzer and Kullberg 2001: xviii). While this activity can be studied from a macro perspective of policymaking and political processes, it can also be zoomed in for a microanalysis of encounters composing the institution, in order to study how "the welfare state actually functions in practice" (Seltzer and Kullberg 2001: xviii). The micro focus allows for revealing how the interaction between people is shaped by and at the same time shapes the social order in which these people act (Cedersund 1992a, 1992b). In other words, the microanalysis of institutional encounters uncovers how the social order of particular institutions is 'talked into being' (Heritage 1984).

The present thesis adopts this micro perspective in order to take a close look at the interactions that constitute *The Radio Psychologist* – broadcast dialogues between callers and the professional, and listeners' responses to the programme on the Internet. These interactions are studied in detail with attention to how their participants use language to negotiate understandings of the discussed issues: how experiences are acknowledged as problematic, and how they are recognised as instances of particular problems. In a broad sense, the ambition of the thesis is to contribute to the understanding of how people make sense of their own and others' troubles through language and talk. This focus is presumably relevant for all helping professions because the only way (the others') personal experiences can be accessed is through language and interaction. In a more narrow sense, the study investigates the specific nature of these meaning-making processes in the particular setting of radio counselling.

Below, I begin by clarifying how troubles and problems can be approached as *accomplishments* of interactional parties. I outline several classic studies, which delineate problematic issues as a product of human communication and people's efforts at assigning meaning to the social world. I then proceed to consider how personal troubles are dealt with in institutional contexts, including counselling and psychotherapy, and how they are approached in the media. I end this first chapter by specifying research questions of the present study.

In the following chapters, I delineate the theoretical framework of the thesis as well as research methods and data used. After this, I summarise major findings, which are reported in four empirical papers. In the last chapter, the findings are discussed in the light of previous research, and possible directions for future studies are suggested.

1.2. Troubles and problems as interpretative understandings

We are used to thinking about problematic matters as 'objective' life circumstances that can be described through language in order to communicate information about them to others (e.g. 'traffic jam in snowfall'). In the layperson's understanding, there is a comprehension that descriptions of the same circumstances can be formulated in different ways depending on the recipient and goals of the message (e.g. radio traffic report vs. conversation with a friend). Still, this comprehension is based on the assumption that it is *objective circumstances that constitute a problem*, and that they can be *presented* through language and talk in particular ways. This thesis adopts a different approach as to what constitutes a problematic issue. Troubles and problems are approached not as a state of affairs in the world out there, but rather as *our understandings and interpretations* of this world. Time spent in a traffic jam is likely to be interpreted as a loss or even a disaster (an important meeting missed), but can also be understood as a gain (opportunity to listen to the radio) or a relief (an excuse to skip the boring meeting).

It is through our efforts to make sense of the world and of ourselves that particular issues come to be understood, and subsequently described, as problematic or solvable, as troublesome or on the contrary uncomplicated. These efforts involve trying out various words to designate the issue (e.g. 'jam' vs. 'temporary stop'; 'disaster' vs. 'opportunity'), suggesting particular explanations for the matter and experimenting with remedies and solutions. Thus, the understanding of an issue as a particular kind of problem is seen not as a *fact* but as a *process*. This approach to troubles and problems is congruent with the theoretic orientation often referred to as 'social constructionism' (e.g. Holstein and Gubrium 2008). Studies adopting this orientation have investigated how descriptions of something as problematic or deviating emerge and develop. I summarise some of these studies below to illustrate how problematic issues can be approached as interpretative understandings rather than as objective circumstances.

In his article from 1962 John Kitsuse pioneered in the sociological analysis of deviance, shifting "the focus of theory and research from the forms of deviant behaviour to the *processes by which persons come to be defined as deviant by others*" (Kitsuse 1962: 248, italics in the original). Kitsuse's "modest agenda", as Holstein (2009) describes it, was to study definitions of and responses to the behaviour which was interpreted as deviant without attempts to address the actuality of the behaviour identified as deviant. Namely, Kitsuse studied how homosexual behaviour was identified as a form of deviance, and how it was responded to. Deviance was conceived as a *process* by which (1) behaviour was interpreted as deviant, (2) persons who so behaved were defined as certain kinds of deviants, and (3) they were accorded treatment considered appropriate to such deviance. The study involved interviews where the respondents were asked to think about an incident involving an encounter with a homosexual person. The

interviews were structured in a way to elicit self-reports about how the interviewees interpreted the person's observed behaviour. Kitsuse found that the imputation of homosexuality was documented by 'retrospective interpretations' – reinterpretations of the individual's past behaviour in the light of the information about his sexual deviance. Interestingly, the 'same' behavioural forms could be interpreted as indications of both deviant and 'normal' behaviours. Thus, the critical feature of the deviant-defining process was not the behaviour of individuals who were defined as deviant, but rather the interpretations made of their behaviours.

Later, Dorothy Smith (1978) followed Kitsuse's study model and investigated how an account about a person being mentally ill was built. She studied a transcript of an interview in which the respondent was asked if she had known someone who might be mentally ill. Smith's approach was similar to Kitsuse's in its focus merely on the practices of identifying a behaviour as deviant without being concerned with the actual character of the events described in the account: whether the person – identified as mentally ill – was really mentally ill or not was not relevant for the analysis. The studied interview was therefore not viewed as an account from which one tried to infer back to what actually happened, but rather as a *process* in which the respondent worked up definitions of events to comply with culturally defined criteria of the category 'mentally ill'. As Smith (1978: 27) puts it, "actual events can be looked upon as a set of resources upon which the respondent drew in creating for herself and the interviewer an account for what had happened". In her analysis of the descriptions of one person (referred to as K) as mentally ill, Smith extracted and examined discursive practices ('contrast structures') which were used in the interview material to portray K's behaviour as deviant. These practices were based on what Smith called a 'cutting-out' procedure: rules and definitions of situations were juxtaposed to descriptions of a person's behaviour in a way to show that the former did not provide for the latter. By this means, an account of behaviour was constructed so that the behaviour could be recognised (by a member of the relevant cultural community) as being of a mentally ill type.

At about the same time, Emerson and Messinger (1977) suggested that personal difficulties are identified and transformed into a recognisable form of deviance in and through interactional processes. In particular, they argued that designation of deviance is a product of remedial efforts – that is, attempts to resolve a troubling situation. Responses to a trouble in the form of attempts at remedial actions are shaped by the definition of the trouble and, at the same time, shape this definition. Emerson and Messinger (1977: 124) observed, for example, that differences between 'individual' and 'relational' troubles derive "less from the troubles themselves than from the perspective or framework from which they come to be viewed and treated". Different advices to address one trouble may identify it either as relational or as individual: advice to a woman to seek help for her mental condition presents a remedy assuming an intrapsychic core to the problem, while advice to the same woman to leave her husband suggests a remedy that defines the trouble as having an essentially relational character. In this sense, the remedial efforts set what Goffman (1974) refers to as a 'framework of

understanding' that defines the situation as a particular kind of event. As Goffman (1974: 304) explains:

> …with the lights failing all over New York, the individual does not know whether there has been a technical failure, an enemy attack, or sabotage. A driver wiggling his hand out the window can cause other drivers to be uncertain for a moment as to whether he means to signal a turn or greet a friend. In all of these cases what is ambiguous is the meaning of the event, but what is at stake is the question of what framework of understanding to apply and, once selected, to go on applying, and the potential frameworks available often differ quite radically one from the other.

The chosen framework of understanding thus warrants a particular kind of response to the situation, while the response in its turn reveals and tests (as relevant and adequate) the framework which has been chosen to define the situation. For example, if a personal trouble is formulated in terms of an age-related issue ('you feel bad because you work too much for your age'), a recommended remedy is likely to be as well tied to the person's age ('it is time for you to slow down', see Paper I). While the remedy is contingent upon the interpretation of the trouble, it, in its turn, discloses how the problem was formulated and understood (as an age-related issue rather than, for example, a problem grounded in the person's troubled childhood).

In his later work, Robert Emerson (2015) continued studying deviance as an interactional phenomenon (see also Katz 2015), and focused on informal troubles in interpersonal relationships. In his study, Emerson adopted the 'natural history approach' suggested by Spector and Kitsuse (1987: 137) to a study of (social) problem constructions with a focus on "how things develop over time". By studying how relational troubles develop and take the form of direct complaints, Emerson reconstructed universally common operations through which interpersonal troubles got recognised as such, and were dealt with in everyday life. He emphasised: "troubles arise and develop over time in ways that, while not linear and highly structured, are *sequenced* and *patterned*" (Emerson 2015: 7, italics in the original).[3] In contrast to individual troubles, which centre on an individual self and life circumstances, for example gaining too much weight or feeling fatigued, relational or interpersonal troubles are grounded in relationships with others: spouses, intimates, family members and acquaintances. Emerson identified and described a number of subsequent turning points in the 'natural history' of interpersonal troubles. These turning points are related to transformations in the meaning or understanding of the trouble, and are propelled by, on the one hand,

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[3] The data in Emerson's 2015 study are accounts (e.g. from interviews). Similarly to Spector and Kitsuse (1987) and Kitsuse (1962), Emerson seems to treat these accounts as reports of events, i.e. he seems to be interested in the accounts as descriptions of how people make sense of troubles rather than in properties of accounting practices. In other words, the focus is on practices of dealing with troubles – as they are described in the accounts – rather than practices of accounting for something as troubling or problematic; the latter is, for example, the focus of Smith's (1978) study.

interpretations of the nature and sources of a discontent, and, on the other hand, responses of the troubled party to this discontent.

The natural history of relational troubles starts with one of the relationship parties experiencing irritation, upset or worry. The first turning point in the process of the trouble definition takes place when the personal negative experience becomes linked to a relational other's action, and the nature of the discontent with the other's behaviour becomes identified (e.g. irritation with the other's sloppiness). Already this understanding of the 'initial' trouble is a result of interpretative processes, where something comes to be recognised as an interpersonal matter. Interpersonal troubles are usually initially treated as disputes or conflicts about differing viewpoints or lifestyles, as, for example, in the case of a disagreement between a teenager and a parent on appropriate going-out arrangements. Some of the troubles eventually also come to be described in moral terms as wrongdoings, or, in Scheff's (1984) words, the other relationship party may be labelled 'unreasonable' – for example, when the teenager's going-out behaviour is characterised as 'running away' and not informing the parent about where the teenager is staying and what he or she is doing.

At the beginning of the trouble development, the troubled party uses 'indigenous' trouble remedies – the remedies drawing upon interpersonal resources inherent in the troubled relationship. These remedies initially take a form of unilateral actions – that is, actions carried out by the troubled party him- or herself to cease the discomfort. Later, if the trouble persists, bilateral actions are tried out: the troubled party brings her or his discontent to the other's attention – that is, makes a complaint. In cases when the indigenous remedies turn out to be inefficient, the responses take extrinsic form: the troubled party turns to others outside of the immediate troubled situation or relationship for help. Initially these third parties tend to be friends, relatives, peers or acquaintances – people without professional status. If the trouble persists further and becomes especially serious the troubled party turns to officials or professionals for help. All these turning points in the history of a trouble incorporate interpretative reframing of the nature of the trouble.

The above-mentioned studies illustrate how troublesome and problematic issues can be seen as emerging and developing in a dynamic process of making sense of particular circumstances and events. This focus on the process of understanding some experience or behaviour as a particular kind of trouble – for example, as an individual difficulty or a relationship conflict – shifts researchers' attention from the '*what*' of the problematic situation to the '*how*' of the problem construction. From this perspective, troubles and problems are regarded as phenomena of the 'second-order reality' (Watzlawick 1984) – that is, as related not so much to physical characteristics and qualities of events and situations (the first-order reality) as to the world of meaning that consists of descriptions and interpretations. As Michailakis and Schirmer (2014: 432) explain:

> Whether certain temperatures are considered just and reasonable, sounds noisy or
> musical, cities car-friendly or aesthetic, buildings used as schools, hospitals or barracks,

or human beings in a social situation considered as agentive interlocutors or bodies is always a matter of interpretation, and thus a second-order reality on the basis of the first-order reality. These interpretations as they appear in descriptions include observers' opinions, judgements, assessments, evaluations and accounts. Different observers interpret the same first-order reality in various ways.

The focus on the *hows* of the process of gaining the understanding of particular circumstances or experiences as problematic draws attention away from the peculiarities of the circumstances and experiences in themselves, to the interactional contexts in which descriptions of these circumstances and experiences are formulated, evaluated, altered and confirmed. The research interest then lies in investigating practices, procedures and interpretative frameworks employed to consider and define the particular circumstances or experiences as either problematic or 'normal'. This is the perspective which is adopted in the present thesis. The focus of the present study is on *how* understanding of personal troubles as particular kinds of problematic situations and experiences is formulated, negotiated and reached as an intersubjective achievement: that is, how it is established in and through an unfolding of talk and texts in interaction between people.

1.3. Work with troubles in institutional contexts

The present thesis is about how troubles and problems are talked about in encounters with a psychotherapist on the radio. These encounters constitute an example of *institutional* encounters, where participants act in accordance with agendas and norms of particular institutions – occupational worlds, professions and organisational environments (Heritage and Clayman 2010). An institution can be understood as a combination of behaviours which constitute a recognisable 'whole of actions', and which are guided by norms and roles, accepted and oriented to by the group members (Allardt 1985). On the one hand, institutional encounters can be seen as prearranged by institutional rules, guidelines and routines. On the other hand, and at the same time, the institutional order is continuously achieved and maintained (or altered) by the participants of the encounters (Heritage and Clayman 2010). It is through the participants' actions arranged in line with their roles (e.g. a client and a professional) that the encounters are recognisable as institutional occasions.

The focus of the thesis is on *institutional interaction* as conduct that, on the one hand, is constrained by the participants' orientations to tasks and goals of the institution, and, on the other hand, it is through this conduct that the institution is enacted by the participants (Drew and Heritage 1992). The institutional interaction often takes place in specially designated physical settings (e.g. a hospital or courtroom), but is not restricted to these settings. For example, when a person makes a home visit in the

capacity of a social worker, the encounter, although taking place in a private home, will be of institutional character.

Media counselling, studied in the thesis, is a setting where two institutional contexts meet – counselling (and psychotherapy) and public broadcasting. Correspondingly, in media counselling two types of institutional discourse converge – professional–client interaction and media communication. In this and the following section, I delineate how personal troubles are approached in the encounters where they are subjected to professional expertise. After this, I discuss how personal problems are approached in the public media.

In professional–client encounters, the process of understanding personal troubles takes a specific form (or specific forms depending on the types of the institutions). Emerson (2015) suggests that the involvement of official third parties, such as local authorities, police, therapists, courts, marks a particularly significant point in natural histories of trouble. The formulation of a trouble which is presented to a professional or an official is a result of previous interpretations of the trouble, which have been shaped through trying out different (unsuccessful) remedies as well as – in the case of interpersonal troubles – through talking about the trouble to the conflicting party (direct complaints) and perhaps to third parties such as friends and relatives. Already the initial choice of an expert imposes a particular definition on a trouble (Emerson and Messinger 1977). For example, seeking the help of a doctor, a psychologist or a lawyer identifies the trouble respectively as a medical, psychological or juridical issue. Besides this, laypersons who seek the help of professionals or officials (e.g. police) have local knowledge of how these professionals and officials operate, and shape their complaints accordingly.

Authorities, in turn, handle troubles in ways that reflect the organisation's concern – they tend to treat them as instances of known types of 'normal cases' or typifications that incorporate local knowledge of typical 'kinds of cases', including typical origins, circumstances, actors and outcomes (Emerson 2015). Thus, in the professional contexts unique experiences are approached as routine instances of regularly encountered cases. Institutions formulate and promote particular 'troubled identities' such as being a 'recovering alcoholic', a 'battered woman' or 'mentally ill', and, at the same time, they specify not only troubled selves but also inform the untroubled – what it means to be 'not an alcoholic', 'not battered', 'not mentally ill' (Gubrium and Holstein 2000).

From troubles to problems

In view of the specific transformation of the meaning of a trouble when it is handled by institutional and professional authorities, Emerson and Messinger (1977) suggested a terminological distinction, which is useful in the context of the present study. They proposed to differentiate between *troubles* and professionally defined *problems* in order to emphasise that concerns which eventually become medical, psychological or criminal

issues were once less formal and less well-formulated.[4] As Emerson (2015) notes, the concept of 'trouble' avoids prespecifying the nature of the problem, and draws attention to how people come to interpret what that problem 'really is', as well as to the fact that these interpretations are not inherent and unchanging, but develop and shift over time. With this terminological distinction in mind, one can say that at the beginning of an encounter with a professional a client provides a description of his or her troubling situation or problematic experiences – that is, a description of *a trouble* – which becomes transformed with the help of the professional in the course of the consultation into a formulation of a particular *problem*. For example, in a doctor–patient encounter the patient's description of his or her symptoms (the trouble) becomes transformed into a medical diagnosis (the expert-informed problem formulation), which in its turn enables formulation of treatment recommendations.

Gubrium and Järvinen (2014), who found the distinction between *troubles* and *problems* fruitful for the study of human services, contrasted the concepts, suggesting that a key characteristic of troubles is vagueness, while its counterpart for problems is clarity. Troubles refer to something that is experienced as wrong but without clear understanding of what is wrong and why it is so. In encounters with experts the vagueness of what is troublesome is subject to clarification and becomes transformed into what is clearly problematic. This clarification may be accomplished through categorisation activities of the clientisation process – the process of simplifying and standardising people that aims to transform them into serviceable clients and requires turning complex experiences into recognisable problems (Gubrium and Järvinen 2014; Järvinen 2014). For example, in a social welfare interview the transformation of personal troubles into (recognisable or typical) cases can be accomplished through assigning a client such categories as 'a single mother without day-care services' or 'a temporary employee' (Cedersund 1992a). Furthermore, the ability to categorise individual cases in institutionally relevant ways is a precondition for being recognised as a legitimate representative of the corresponding institution (Mäkitalo 2014).

The clientisation process resides in the argument that the problem definition needs to correspond to the range of measures which the organisation has at its disposal. At the same time, as Järvinen (2014: 50) observes, "the way people are categorised sets the guidelines for how organisations will treat them, what services they will receive or be denied, what goals professionals will set for working with the clients, and what means will be used to reach the goals". This is one of the ways in which professionals' complex definitional activities are grounded in the reflexive relation between troubles (or problems) and their remedies (Emerson and Messinger 1977; Holstein 2014).

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[4] A comparable, but somewhat different, distinction was earlier suggested by Mills (1959) between 'personal troubles' and 'public issues'. In Mills' understanding, 'troubles' are private matters, which occur within the inner life of an individual or his or her immediate relations with others. 'Issues' are public matters – they occur on the level of institutional arrangements, social structures and historical society as a whole. According to Mills, the task of social sciences (and the essence of the sociological imagination) is to connect personal troubles to public issues.

Thus, Holstein (2014), in his study of legal proceedings of involuntary commitment to psychiatric hospitals, found that troubles relating to mental health were not the singular or paramount consideration in the proceedings. While the candidate patient's mental condition was important, it was not a sufficient reason for involuntary commitment. The key issue was how the candidate patient's troubles aligned with community resources available for quelling them. In cases when the troubles could be assuaged by tenable community living arrangements (e.g. availability of competent caretakers), the troubles were viewed as manageable difficulties and commitment was forestalled. In contrast, when no viable community arrangements were available, the troubles were interpretatively transformed into problems for which involuntary commitment was the appropriate remedy. Descriptions of how well or poorly candidate patients might be accommodated by their living situations did not simply emanate from their living circumstances, but constituted interpretative accomplishments. Candidate patients' relevant attributes were artfully articulated with specific characteristics of their living situations as tenable or untenable. This was achieved, among other things, through 'contrast structures', similar to those described by Smith (1978) – by calling upon categorical descriptions, such as of gender and age, to juxtapose the normative expectations with the concrete individual cases, and thereby build an understanding of candidate patients' behaviours or circumstances as problematic. For example, an argument could be that the proposed living arrangement, while perhaps being tolerable for a man, was inappropriate for a woman. In such a way, court personnel justified their arguments for and against commitment.

The interpretative work with troubles in professional and official settings obviously has similarities with the definitional processes that troubles go through in everyday life in non-professional relationships – similar discursive practices such as contrast structures can be used in both contexts to portray behaviours or situations as problematic (cf. Holstein, 2014; Smith, 1978); in both contexts the troubles' interpretations and their remedies are interrelated and mutually dependent (cf. Emerson 2015; Holstein 2014). At the same time, the process of professional problem formulation crucially differs from laypersons' interpretations of their own and others' troubles. In the institutional contexts, common-sense interpretative frameworks are complemented by professional theories and ideologies. When redefined and reorganised through interpretations of experts and officials, *personal troubles* become *public problems*, which reflect moral universes of the corresponding institutions (Miller 1983). For example, in their comparative study of a British haemophilia centre and a family therapy centre in the US, Miller and Silverman (1995) showed that in both settings family context served as an interpretative framework for the discussed troubles. Through a number of concrete interactional procedures, such as particular types of questions, the counsellors constructed family systems as the primary contexts for defining clients' troubles and identifying appropriate remedies for them. These contextualising practices provided the participants with interpretative frameworks for understanding and responding to the clients' concerns, as well as with resources for

interpreting the issues at hand in professionally approved ways. Hence, the process of problem definition in these settings was inseparably linked to the contextualising practices that cast clients' circumstances as family troubles.

Institutional troubles talk

Miller and Silverman's (1995) study demonstrates that the process of problem formulation in institutional settings is constrained not only by particular interpretative frameworks (professional ideologies) but also by specific interactional procedures (contextualising practices) that enable particular framings of clients' troubles. In the British haemophilia centre and the US family therapy centre, the professional practice was guided by a theory about personal troubles that stressed the use of indirect methods in defining and treating clients' troubles as systemic or family problems. This professional theory was enacted through a 'discourse of enablement' that included both a relevant vocabulary for troubles descriptions and a professional strategy for eliciting particular forms of clients' talk about their troubles. For example, counsellors avoided telling clients how to respond to their troubles, and instead used various questioning tactics to elicit information about clients' lives in a way to guide the clients toward such definitions of their troubles that would assume family systems as the primary contexts for them. Thus, interpretative procedures and interactional patterns can be seen as interrelated aspects of institutional discourse that, in combination, invite and justify a limited range of trouble definitions and remedies and ways of talking about them.

Additionally, Miller and Silverman's study shows that in expert–client encounters professionals do not simply and mechanically appoint problem formulations to clients' cases, but rather the professional and the client negotiate a description of the client's situation to achieve a mutually agreeable definition of his or her trouble (see also Buttny 2004; Scheff 1968). The mere possibility of the problem definition depends on the achieved intersubjective agreement (between the professional and the client) that there is a trouble in the client's life; or in other words, that the client has a problem needs first to become a presumed or taken-for-granted feature of interaction between the professional and the client so that they could negotiate specific diagnoses or problem formulations (Maynard 1988). The negotiation is then accomplished through such practices as telling and listening to troubles, proposing and receiving problem formulations, allowing or countering these formulations, and providing and accepting or rejecting support and remedies – all of which can take more or less direct or subtle forms. These interactional practices are the object of studies of 'institutional interaction' – the exchange of talk between professionals and laypersons (Drew and Heritage 1992). These studies focus on how professionals' and clients' conduct is shaped or constrained by the participants' orientations to the social institutions the professionals represent.

The focus of the present thesis is on this *interactional* aspect of institutional encounters intended at providing professional help with laypersons' troubles. Previous

research has shown that the interaction between professionals and laypeople has a different organisation of talk compared to the interaction in mundane situations where the professional identities of the participants are not made relevant. One of the distinct features of the institutional interaction is its 'asymmetry' (e.g. Linell and Luckmann 1991). For example, a common asymmetrical feature of most professional–client encounters is that the role of a troubles-teller is allocated to the client. As Sacks (1992(2): 259) notes, "it is absolutely not the business of a psychiatrist, having had some experience reported to him, to say 'My mother was just like that, too'."

Drew and Heritage (1992) delineate the institutional asymmetry as a relationship between the participants' asymmetrical statuses and roles ('professional' versus 'client') and their respective discursive rights and obligations. They outline three aspects of this asymmetry. Firstly, many forms of institutional interaction are arranged as exchanges of questions and answers, and it is the professional who asks the questions rather than the client. Through their roles of questioners, professionals may gain a measure of control over the introduction of topics and thus the agenda for the encounter. Secondly, the interaction participants have differential states of knowledge, and misunderstanding may occur due to difference between professionals' definitions of problems and patients' lay versions of their experience of these problems. Thirdly, there may be a tension between the organisational perspective, that treats the individual as a 'routine case', and the client's perspective, for whom his or her case is unique and personal.

Jefferson and Lee (1981, 1992) pointed out a way in which sequential structure of talk about troubles or 'troubles talk' (see also Jefferson 1988) may differ in mundane and institutional interaction. They showed that in mundane situations troubles talk tended to take a form of 'troubles-telling' with the focus on the troubled person and anticipation of emotional reciprocity in response. In this case, the focal point was *telling* about the trouble, interruption of which with an advice could result in a dispute. In contrast, in service encounters, such as the emergency ambulance service, talk about troubles was routinely formatted as advice-seeking with a focus on the problem, and provision of advice as the warranted response. Advice-seekers delivered particulars of their conditions only until the advice-givers signalled that he or she had got enough information and was prepared to start delivering advice. While in cases of a troubles-telling the focal object was the teller and his or her experiences, in the service encounter the principal interest was the properties of the problem, and advice-givers demonstrated 'indifference' to the troubles-teller him- or herself.

Ten Have (1989) further suggested that also other institutional encounters, which are aimed at providing help with clients' troubles, such as doctor–patient consultations, tended to be set up as a service encounter as described by Jefferson and Lee. In the consultations, the request for help takes a form of a troubles report, while the service consists in providing a diagnosis and treatment recommendations. Ten Have observed that although the consultations were interactionally dominated by the physicians, they also involved subtle forms of negotiation, when patients arranged their presentations and reactions in a way to influence the provision of the service by the doctor.

1.4. Problem formulation in counselling and psychotherapy

This thesis is about publicly broadcast lay–professional encounters that incorporate elements of counselling and psychotherapy.[5] A distinct feature of these as well as other 'talking cure' professions is that they regard talk as the primary method for dealing with clients' troubles. Counselling and psychotherapy belong to those situations that are designed for the discussion and resolution of troubles and problems (Buttny 2004). Understanding of the client's trouble (distress) is reached by the client and therapist (or counsellor) collaboratively, by working up descriptions of problematic experiences, suggesting explanations for them and considering or, possibly, trying out remedies and solutions (e.g. doing relaxation exercises under the therapist's guidance). This process of the therapist's and the client's joint efforts at defining the client's troublesome experiences as a particular kind of problem, that requires particular remedies, will be referred to as a process of problem formulation. In this sense, problem formulation delineates the understanding of qualities and origins of the client's distress – as it is reached and verbalised during therapeutic or counselling encounter (cf. Madill, Widdicombe and Barkham 2001; Scheff 1968, 1984).

This approach is somewhat different from how the term 'problem formulation' may be used in psychotherapy research to denote the initial narrowing of the focus of the therapeutic work, when a therapist and a client identify the client's major concern ('major problem'), on which they further focus to understand the nature and causes of the client's distress: that is, the work for reaching "understanding of the what and the why" of the client's distress starts *after* the major problem was identified and formulated (Brinegar *et al.* 2006: 165). The problem formulation, as it is used in the present study, is closer to the clinical notion of 'psychotherapeutic case formulation', which denotes "a hypothesis about the causes of the patient's disorders and problems, and which is used as the basis for intervention" (Persons and Tompkins 2007: 291). Similar to the case formulation, the notion of 'problem formulation' is used here as incorporating explanations for and possible solutions to the client's trouble. However, while the case formulation is defined above as *a professional's hypothesis*, in the present study the problem formulation is understood as *an intersubjective accomplishment and a joint achievement* of a professional and a help-seeker.

In this sense, problem formulation can refer to the initial definition of the client's trouble, when the client and the therapist agree what is the client's problem to be

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[5] Although counselling and psychotherapy are often regarded as two distinct institutional settings – aimed at, respectively, provision of advice and exploration of clients' experiences – they can also be understood as synonymic and interchangeable terms (as e.g. in Buttny 2004; Hodges 2002; Miller and Strong 2008; Peyrot 1987). In this section, I largely use the terms 'counselling' and 'psychotherapy' (or simply 'therapy') as interchangeable to refer to the institutional contexts where professionals provide help with personal troubles by means of talking with clients about their experiences of distress.

worked upon. This initial problem formulation can be reconsidered in the course of therapy (or counselling), and the problem can be reformulated. Thus, problem formulation can also refer to definitions of the client's trouble, which are verbalised any time during the therapeutic process, and emerge in the local context of interaction (A. Peräkylä, personal communication).

Problem formulation may be considered to be a crucial part of counselling and psychotherapeutic work (Buttny 1996, 2004; De Jong, Bavelas and Korman 2013) or may even constitute a principal outcome of it (Hodges 2002). Here, however, the process of problem formulation is far less straightforward than, for example, in the doctor–patient encounter. In counselling and psychotherapy, problem formulations are reached not only, and not as much, through a diagnosis, but rather through more or less explicit reinterpretations and reformulations of what constitutes the client's trouble.[6] In this sense, the work with a client becomes a process of covert negotiation about what constitutes his or her problem (Peyrot 1987; Scheff 1968). For example, therapists and counsellors tend to restructure the clients' initial description of their troubles in order to shift focus toward the clients' inner world and their internal locus of control: while the clients' complaints are often directed toward other people (e.g. members of the family), the counsellors tend to problematise the clients' own behaviours and psychological characteristics (Antaki, Barnes and Leudar 2005; Hodges 2002; Madill, Widdicombe and Barkham 2001).

The process of 'problem (re)formulation' (Davis 1986) in psychotherapy is generally accomplished through a therapist offering an alternative to the client's account of his or her situation and experiences. This can be done more or less explicitly, and in more or less combative ways: the therapist may openly contradict the client and claim to reveal a truer state of affairs, thus challenging and correcting the client's account, or the therapist may choose to provide a more implicit reinterpretation of the client's talk, for example by offering an understanding of something not quite fully expressed by the client (Antaki 2008).

One implicit way to offer a transformation to the client's account is through the interactional practice of 'formulation'. In this context, the term 'formulation' refers to a turn of talk, where the speaker says how he or she understood what was said in the preceding turn by the other speaker (Heritage and Watson 1979). In psychotherapy, this practice can be used to summarise the client's own words while nevertheless editing them to propose a version of the client's talk that moves it in a therapeutically oriented direction (Antaki 2008; Antaki, Barnes and Leudar 2005). Hutchby (2005) observed, for example, that counsellors used formulations in their work with children to 'translate' a child's talk into therapeutic objects or counselling-relevant issues, which

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[6] This is similar to the process of case formulation in social work, where a social worker may reformulate a client's narrative on his or her experiences in order to present the client's story in a somewhat different way and thereby reframe the client's trouble in accordance with the agenda of the social service (Cedersund 1992b).

were not apparent from the child's words. In such a way, the counsellors recast the child's talk in terms that might be amenable to a counselling intervention.

Likewise, Antaki, Barnes and Leudar (2005) found that therapists could use formulations to propose diagnostically relevant versions of what their clients said. The example below from their study illustrates how a therapist can recast ambiguous information in institutionally relevant, psychologising terms (the transcription here is simplified from that in the original). See Table 2 in the section *3.3 Research process* for a legend to the transcription symbols, with the exceptions of 'Th' and 'C', which are used here to indicate a therapist and a client respectively.

```
1 Th  right .h are things better at your mum and dad's in terms
2     of your j- d'you not get as many of the visions.
3     (1.2)
4 C   well I don't get as many visions cos there's more people
5     to talk to, more things to do
6 Th  so that happens most when you're (.) on your own,
7     and you've got nothing to do.
8     (1.2)
9 C   yeah
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(Antaki, Barnes and Leudar 2005: 632)

In lines 6–7, the therapist produces an 'upshot formulation' (see Heritage and Watson 1979) of the client's talk. The therapist recasts the information provided by the client (that he does not have as many visions when he is at his parents') as an account of when the client does have the visions ('so that happens most when you're on your own'). In such a way, the therapist "draws out into the open the individualized, 'mental' nature of the problem, and of correspondingly individualized and 'mental' line of therapy and treatment" (Antaki, Barnes and Leudar 2005: 632–633). The authors suggest that formulations have an advantage over other practices, such as questions, in pursuing therapy-implicative information. The format of the formulation – offering a paraphrase of the client's own words or drawing an implication from what the client said – allows acknowledging the normative assumption that a therapist should 'hear' the client, and masks the non-neutrality of the therapists' descriptions.

Apart from the formulations, counsellors and therapists may 'guide' clients toward institutionally relevant descriptions of their troubles by means of other practices such as leading 'optimistic' questions (MacMartin 2008), advice-implicative interrogatives (Butler *et al.* 2010), lexical substitution (Rae 2008), noticings or comments on clients' affectual displays (Muntigl and Horvath 2014), and even humorous exaggerations (Buttny 2001). One of the sub-studies of this thesis (see Paper I) shows that a psychotherapist can direct a conversation toward a particular problem formulation by means of an enquiry about the help-seeker's age: 'How old are you?' The age reference, elicited by the question, invokes culturally normative expectations bound to the particular age group. These expectations can then be contrasted to the behaviours discussed to suggest that there is a deviation: e.g. 'it is too big a responsibility for your

young age – no wonder you are distressed'. Thus, a psychotherapist can use the question about age to navigate the dialogue toward an age-related explanation for the problematic experiences under question.

At the same time, a client is not a passive observer of the process of reformulation of his or her trouble: he or she and a counsellor (or a therapist) need to collaborate in establishing an understanding of the client's troublesome situation and problematic experiences. The interpretations of the client's experience proposed by the professional are subject to the client's ratification through agreement (as in line 9 of the example above from Antaki, Barnes and Leudar's study) and uptake. Besides this, the client may propose his or her own interpretative trajectories. Peyrot (1987: 249) suggested that "psychotherapy might be regarded as itself a process of covert negotiation. Client and counsellor collaborate in developing a new definition of the client's situation which incorporates the input of the counsellor". Or, as Antaki, Barnes and Leudar (2005: 641) put it, psychotherapy can be understood as "a site for the negotiation of versions".

Madill, Widdicombe and Barkham (2001) found that therapist's and client's *collaboration* in the production of the client's problem may be decisive for therapy outcome. In particular, in their qualitative study of an unsuccessful case of psychodynamic-interpersonal psychotherapy, the authors showed how a therapist and a client failed to agree on a formulation of the client's problem because of the therapist's orientation to his institutional identity and authoritative role rather than a role of a "collaborator in coproducing the client's problem" (Madill, Widdicombe and Barkham 2001: 428). Problem formulation is thus a collaborative interactional achievement of a counsellor (or a therapist) and a client, and their encounter is a journey of a joint search for explanations and solutions for the client's trouble (see also Antaki, Barnes and Leudar 2004). Hence, counselling and therapy talk provide one of the sites for the analysis of how problems are addressed and organised in and through interaction (Buttny and Jensen 1995; O'Neill and LeCouteur 2014), and thus constitute a relevant focus for the present study.

Notably, the process of problem formulation may take different forms in counselling and psychotherapy depending on theoretical orientations of the practitioner as well as configurations of the encounter. Firstly, counselling and psychotherapy represent methodologically heterogeneous fields of professional practice. They comprise a number of diverging, and sometimes competing, theoretical approaches (e.g. psychodynamic, behavioural, cognitive and existential psychotherapies) that equip the professionals with differing interpretative frameworks about nature and causes of behavioural and emotional problems, as well as with dissimilar directions on how to act in an encounter with a client.

For example, a study of existential psychotherapy, which accentuates the significance of here-and-now experiences for individual subjectivity, showed that the existential psychotherapist frequently used specific types of utterances to guide a client into

exploration of her present-moment experience (Kondratyuk and Peräkylä 2011).[7] These practices were not found in other therapeutic approaches – gestalt, client-centred, rational-emotive, cognitive and multimodal therapies – and seemed therefore distinctive of the existential therapist's actions. The therapist's persistent guidance into the present moment allowed formulating the client's problem in a particular way – in terms of the client's actual experiencing ('I am overwhelmed by anticipated loss') rather than, for example, rational thinking upon issues discussed ('In general terms death is something that I've not had to deal with a lot in my life').

Likewise, Weiste and Peräkylä (2013) found that while both psychoanalytic and cognitive therapists would respond to clients' descriptions of their experiences by highlighting a part of the descriptions or rephrasing them, in psychoanalysis therapists could also expand on the clients' descriptions by proposing that they were connected to experiences at other times or places, which was not characteristic of cognitive therapy. Cognitive therapists, on the other hand, could exaggerate the client's previous descriptions, which was not observed for psychoanalysts. The two types of formulations, specific to the two therapeutic approaches, transformed clients' descriptions in different ways: while the expanding (or relocating) formulations allowed connecting different spheres of the client's experience (for example, childhood and feelings in the ongoing therapy session), the exaggerating formulations recast the client's previous talk as apparently implausible or absurd, thus challenging the client's views. This seems to be in line with the distinct agendas of the psychodynamic and cognitive therapy approaches, which lead to different inferences in a problem formulation: about predisposing vulnerabilities based on early childhood experiences or maladaptive thoughts and beliefs, respectively (see Eells 2007).

Secondly, counselling and psychotherapy practice occurs in various settings such as individual versus family or group work, long-term versus brief or one-time treatments, and face-to-face encounters versus counselling and therapy via telephone or Internet. Specifications of these settings impose additional constraints on the interpretative and interactional work with clients' troubles. For example, the 'very brief' format of a walk-in single-session psychotherapy provides for bearing upon pragmatic psychotherapeutic approaches to supply clients with a clear reframing of his or her problem, to help them identify existing resources that can be used to rectify their problems, and to motivate them to change (Cameron 2007). Similarly, because in a telephone-based relationship it may be difficult to develop therapeutic alliance, this method of delivering therapy may involve theoretic approaches that rely on the development of specific skills, as in cognitive-behavioural therapy, rather than on the therapeutic relationship, as in psychodynamic therapies (Brenes, Ingram and Danhauer 2011).

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[7] The article reports findings from a project on comparative conversation analysis of psychotherapeutic approaches, which was performed at Helsinki University by the author (Nataliya Thell, née Kondratyuk) under the supervision of and in collaboration with Anssi Peräkylä.

The focus of the present study is on one particularly specific setting, in which counsellors and psychotherapists provide their professional help via public broadcasting. The process of problem formulation in this setting is shaped by its specific features such as time limits of a one-time contact with the professional and orientation to the 'overhearing audience' (Heritage 1985). Similarly to brief forms of psychotherapy, in a short media encounter a psychotherapist is likely to strive after defining a clear focus on a caller's particular concern. The time limitations constrain the participants to be problem-focused and solutions-oriented. They need to quickly reach an agreement on what constitutes the caller's problem and which remedies can be considered appropriate and feasible. At the same time, the reached understanding of the problem and its solutions, as well as the process and logics of reaching this understanding, need to be clearly observable for the listening or watching audience. This can require specific interactional practices. For example, radio counselling encounters can be rounded off by inviting callers to the programme to draw conclusions from their conversations with the radio psychologist (see Paper III). A straightforward message is thereby given to radio listeners about which interpretations and recommendations the callers found helpful in coping with their problems. The specific features of interpretative work with personal troubles in the public media are outlined in more detail in the next two sections.

1.5. Public definitions of problems in the media

Public service media is a setting where problematic behaviours and experiences are invoked to be routinely and specifically topicalised, thereby producing (social) problems discourse (Holstein and Miller 2003; Maynard 1988). In the media, social problems categories are often represented by individual stories of people in these categories (Loseke 2010). The individual stories demonstrate the ways in which putative conditions can be injurious, thereby shaping collective understanding of particular issues as problematic. In this sense, the media act as a claimsmaker and a setter of agenda for political movements and policymakers (Lowney 2008). For example, media reports of child abuse played a prominent role in the social and political success of the child maltreatment movement in the US (Johnson 1995). The media represent powerful resources for persuasion, and are therefore a means of *promoting* particular definitions and versions of problems.

The connection between private matters and public concerns can be arranged in different ways in the media. In news reports, individual stories are usually used as cases selected to illustrate current social problems. Meanwhile, in programmes with a focal point on personal experiences – such as talk shows – the issues for the discussion are often introduced as a personal problem, and then generalised to a larger social issue (Shattuc 1997; see also Haarman 2008). Thus, similar to news reports, talk show topics

emanate from current public concerns. In contrast to news, however, in talk shows social issues are presented as emerging from and anchored in personalised context: "the shows can be considered as the fleshing out of the personal ramifications of a news story" (Shattuc 1997: 3).

The individual life stories are framed as instances of public concerns through the interpretative process of *victimisation*, which involves portraying the person in the story as unjustly harmed by exogenous forces beyond the person's control (Holstein and Miller 1990). The victimisation constitutes an aspect of 'social problems work' – the interactional work through which individual experiences are assigned social problems categories (Holstein and Miller 1993). In this interpretative work, social problems categories become a way of understanding and representing everyday experiences, and, at the same time, they are resources for producing recognisable instances of social problems. The specification of victims in turn elucidates problems, because public understandings of social issues as problematic depend on demonstrations of how the social conditions in question are injurious to people. For example, by positioning a person as a victim of his or her misfortunate childhood (e.g. 'you cannot build healthy relationships because you were abused and neglected by your parents when you were a child'), one can illustrate and (re)confirm the social problem of child maltreatment (see Paper II).

In this respect, media reports on individual experiences, including those in media counselling, can be considered to be a place for 'culture production' (Kollind 2005). Media framings of the individual cases (re)produce cultural norms and values, relevant for the particular historical and geographical society. Sköld (2003) showed that from the 1950s to 1990s Swedish magazine advice columns addressed a group of similar questions from the readers (interpersonal relationships, with an accent on intersexual relations), although, at the same time, answers to these questions substantially differed depending on the historical changes in what was socially considered to be 'normal' and 'proper'. For example, the question as to whether spouses could consider spending holidays separately received different answers in 1968 and 1975: in 1968 the answer was that taking separate holidays would be inappropriate, while, in contrast, in 1975 the answer to the same question in the same magazine was quite the opposite (Sköld 2003: 134–135). On the one hand, the advice columns mirrored historical changes in the society. On the other hand, by framing the same issues as problematic or unproblematic in different historical periods, they transmitted particular (historically relevant) cultural norms, ethics and morality.

The media-transmitted normative values assemble collective understandings and may contribute to homogeneity of culture in the society. For example, Behrens (2009) points out that educational psychology programmes largely broadcast in the US during the period of the Great Depression shaped public understandings of socially acceptable and 'right' modes of thinking, feeling and behaving. Due to their broad geographical coverage (many people listening to the same things at the same time), the radio programmes contributed to defining the American way of life: through both

enculturation for the growing native-born population and acculturation of the millions of immigrants.

The media content, including cultural norms and normative values transmitted through the public media, is largely regulated by a restricted group of media professionals. However, the media landscape increasingly incorporates genres and formats which provide for participation by laypeople. Talk shows and media counselling are examples of such programmes that allow audience members to participate in the production of media content (Carpentier, 2011). While these programmes, similarly to other broadcasts, constitute institutionally constrained spaces, they nevertheless offer an opportunity for the expression of everyday experiences and marginal voices which might otherwise not be heard in public (Lunt and Stenner 2005). Therefore participation programmes can be regarded as a means of democratisation of the public media and fulfilling public service obligations by broadcasters (Carpentier 2011; Livingstone and Lunt 1994).

The participation programmes "give everyday experiences and opinions a new and powerful legitimation" (Livingstone and Lunt 1994: 5). These experiences in the form of media stories affect the public understanding of social issues and public expectations of social debate. The participation of private individuals in public broadcasting draws upon an opposition between laypeople and experts, and creates a new form of relationship between these two groups. While in the non-participatory programmes, where the only voice heard is that of an expert, and laypeople are positioned as receivers of the disseminated knowledge, in the participatory programmes, such as talk shows and phone-in programmes, laypeople are involved as active participants and co-creators of the public knowledge. Livingstone and Lunt (1994: 102) suggest that in audience discussion programmes "both experts and lay people are presented as interested parties but as knowing different things in different ways". Moreover, participatory forums tend to undermine expertise and to elevate lay discourse. For example, experts are usually required to talk in lay terms (Livingstone and Lunt 1994: 97).

By giving voice to ordinary people, and privileging them over the voices of experts, the participation programmes create a potential for empowerment of lay audience members. As Scannell (1992: 324) notes, "at the very least in enabling people to speak for themselves, the broadcasting institutions acknowledge their ability and their right to do so, as well as their right to be heard". When the voices of experts and lay participants meet in a radio or television studio, the studio turns into an arena of micropolitics – the expert authority becomes accountable to and can be challenged by the laypeople (Kollind 2005).

Media counselling is one of the media genres which is wholly dependent on audience participation. Even though media counselling programmes are to a high degree orchestrated by producers, who filter participants (callers) and may edit pre-recorded media content, these programmes have a potential for empowering audience members: along with providing guidance on (psychological) self-regulation, they provide a public space for voicing individual experiences and challenging professional opinions.

In addition to providing for participation *in* the media, talk shows and lifestyle programmes often invite audience members to participate *through* the media – by responding to the programmes in feedback discussions on the Internet (on participation *in* and *through* media, see Carpentier 2011). The Internet has enabled new forms of collaboration between media producers and audiences and created a closer relationship with the audience, which is no longer seen as passive and anonymous masses (Ksiazek, Peer and Lessard 2016; Steensen 2014). In contrast to media content controlled by the producers, Internet discussion forums provide a platform for audience members to discuss the issues 'on their own terms' (Shattuc 1997). By expressing their opinions and voicing their experiences in the feedback discussions, the active members of the audience gain a presence within media organisations; this has a potential of reducing power positions of media professionals while increasing audience empowerment (Carpentier 2011).

The discussion forums are suggested to be a fruitful focus for the study of the process of meaning-making engaged in by knowledgeable audiences who respond to the programmes (Hine 2015; Shattuc 1997). The present thesis takes this focus in one of the sub-studies (see Paper IV) to investigate how radio listeners can relate their own personal experiences to what they hear in the *The Radio Psychologist.*

1.6. Interactive radio counselling

As mentioned at the beginning of this introduction chapter, media counselling has a long history, starting with newspaper columns, in which experts answered readers' letters. The present thesis studies media counselling in its particular form of *interactive radio counselling*, where members of an audience enter into dialogue with a professional on the air. In this format of media counselling, the set of participants is composed of numerous expert–help-seeker dyads, in which narration of everyday experiences encounters expert judgement. The formulation of the problem as well as remedies to it become an object of negotiation between the expert and the layperson, and this process is observable for the audience. This is in contrast to the programmes in which a professional answers listeners' letters that are read aloud by a programme host, often in a shortened or edited version, and are followed by an expert's advice in the form of a monologue. Even though the content of interactive radio counselling programmes is controlled by producers too – the programmes can be recorded in advance and subsequently edited – these programmes go one step further by providing a public space for audience members to voice their experiences and enter an interactive dialogue with the professional.

Interactive radio counselling is thus a complex phenomenon, comprising features of an institutional encounter between a professional and a help-seeker, and more usual characteristics of media communication. While radio counselling programmes are a

means of providing public information, they change the mode of address from mass media to the individual, and the role of the expert from "the authoritative provider of public information to that of therapist or coach offering advice to participants in the practical accomplishment of the transformation of the self" (Lunt 2009: 134).

The first interactive media explorations of personal problems appeared on radio as early as in the 1950s in the United States (Bouhoutsos, Goodchilds and Huddy 1986). These radio programmes were formatted as phone-ins: members of the audience could phone in to the programme to talk to the professional live on the air. Psychologists, psychotherapists, psychiatrists and social workers were invited to the programmes as guests by programme hosts, and listeners could call in to tell about their concerns and to ask questions. By 1982 there were more than fifty mental health professionals who hosted radio counselling programmes in the United States (Bouhoutsos, Goodchilds and Huddy 1986), and in 1989 Raviv, Raviv and Yunovitz observed that similar programmes were broadcast also in other countries: Taiwan, Puerto Rico, France, Israel, Australia and Germany.

The new phenomenon of on-air interactive dialogue, in which a professional provided help with personal problems, gave rise to research on the issue. Early empirical studies focused on evaluation of different aspects of the radio counselling programmes, particularly in the US and Israel: callers' characteristics and experiences (Bouhoutsos, Goodchilds and Huddy 1986; Raviv, Raviv and Yunovitz 1989), verbal behaviour of the professionals (Henricks and Stiles 1989; Levy 1989; Levi, Emerson and Brief 1991), and motivations of the listening audience (Bouhoutsos, Goodchilds and Huddy 1986; Raviv, Raviv and Arnon 1991; Raviv 1993).[8] The studies reported that both radio callers and listeners could benefit from radio counselling programmes, and that the programmes were a valuable and easily available source of helpful, or at least educational, advice, and that they created positive images of care professionals to the public.

For example, in Bouhoutsos, Goodchilds and Huddy's study (1986) callers to a psychological radio programme reported that when calling in they got emotional support, personal advice, increased understanding of their situation, and/or relief by talking about their trouble. In the same study, listeners categorised the programmes as educational and helpful rather than entertaining. Likewise, further studies suggested that counselling programmes were perceived as a source of professional help, and that a promising angle of research in studies of radio counselling was the field of help-seeking and help-provision (Raviv, Raviv and Arnon 1991; Raviv, Raviv and Yunovitz

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[8] After the 1990s, research interest in media counselling decreased. The few later studies seem to be less systematic and more restricted in their focus. Examples of the later publications are: an investigation of a television counselling programme in Britain (Burns 1997), an account of a professional's own experience of hosting a television counselling programme in the US (Goldberg 2006) and a historical overview of the role of therapy talk shows in promoting the psychotherapeutic profession in China (Huang 2015). While early empirical studies investigated radio counselling programmes, these later publications are about counselling on the television.

1989). Moreover, the assumption was that not only participation in the programmes, but also listening to them, could be conceptualised in terms of help-seeking for personal problems (Raviv 1993).

The present thesis attends to the help-intended agenda of radio counselling, suggested in the above studies, through its focus on the professional's input into establishing an understanding of callers' troubles. In contrast to the above-mentioned studies, however, the present thesis is not concerned with the questions of motivation for participation in or listening to the programme. Nor is it concerned with the questions of *outcome* in the sense of measuring the programme's effect on the programme participants (callers) or the audience. Rather, the study focuses on the interactional practices employed by the professional, and how these practices are adjusted to dealing with the specific challenges of a consultation on the radio.

One may assume that counselling in the media provides a characteristic combination of entertaining and potentially curing content and constitutes a form of 'entertainment-education' (Asbeek Brusse, Fransen and Smit 2015) and 'entertainment-cure': that is, education and cure through entertainment. On the one hand, a consultation on personal troubles incorporates an aspect of a spectacle: it provides an insight into intimate issues, and exposes individual life stories with their emotional and relational dramas (cf. Orchowski, Spickard and McNamara 2006). In this sense, media counselling, particularly of a more therapeutic character, may have an appeal of 'mundane voyeurism': that is, fascination with access to private details of people's lives, alike that of reality shows (see Baruh 2009). On the other hand, and at the same time, in media counselling programmes professionals provide guidance on how to make sense of difficult life situations and to cope with confusing or painful experiences. While this guidance may be primarily designed as a response to people who call in to or participate in the programmes, members of the audiences may found them educational or even useful for themselves. As Bainbridge and Yates (2013) suggest, the media may launch reflective experiences of selfhood and identity, for example, through identification with a media character, and thereby provide a forum to explore emotional experiences and work them through.

Moreover, by exposing the process of professional help to the audiences, interactive radio counselling informs the public on how a professional works and in which way the professional can be of help. While cinema may offer ironical or even negative portrayals of psychotherapists in fiction films and comedy series, educational programmes and media counselling are an instrument of promoting a more positive image of the professionals and encouraging the public to seek professional help (Goldberg 2006; McGarrah *et al.* 2009; Orchowski, Spickard and McNamara 2006). Rasmussen and Ewoldsen (2016) found, for example, that one of the outcomes associated with exposure to mass-mediated mental health programming (in particular, the television programme *Dr. Phil*) was viewers' increased intentions to seek mental health treatment for themselves and for their children.

Thus, interactive radio counselling appears to be a multifaceted and multifunctional endeavour. It aims at and has a potential of providing personalised advice, promoting public well-being, creating a positive image of the helping professions and encouraging members of the audience to seek professional help. Besides this, as mentioned earlier, media counselling is a powerful instrument of public enlightenment and social control. The broadcast talk, particularly when it concerns everyday experiences, produces and reproduces cultural understandings of the self and the self-evident nature of the world (Livingstone and Lunt 1994).

Ethical concerns and practical challenges

Radio, as well as other public media, is an untypical environment for a professional to provide personalised advice. Interactive radio counselling therefore raises specific ethical and practical concerns. From the moment of the first broadcasting of on-air professional consultations, counselling on the radio was the subject of much debate. While proponents contended that radio counselling programmes were informative and educational and offered help for those who might not otherwise seek it, critics argued that the programmes, particularly those on emotional and relational conflicts, were irresponsible and promoted a simplistic understanding of the issues discussed (Levy, Emerson and Brief 1991). The critics questioned the possibility to adequately assess callers' problems and offer meaningful advice within the limited contact time, as well as the sufficiency of the professionals' expertise to deal effectively with the wide range of problems presented to them.

In 1977, the *Ethical Standards of Psychologists* of the American Psychological Association (APA) prohibited the practice of psychological media counselling: it was stated that diagnosis, treatment and personal advice should be provided in the context of a professional relationship, and not by means of public media (Bouhoutsos, Goodchilds and Huddy 1986; Henricks and Stiles 1989; Levi, Emerson and Brief 1991). Later, however, in 1981, the APA code was revised to permit the giving of personal advice in media programmes, but urging members to withdraw from providing diagnostic formulations and direct therapeutic services on radio and television. Shortly after that, in February 1982, the Association for Media Psychology (AMP) was established. The AMP guidelines, like the APA code, emphasised that media psychology was not psychotherapy, and that professionals should address callers' issues briefly and in an educational manner (Levi, Emerson and Brief 1991).

Henricks and Stiles (1989) found that although the APA code advised professionals to confine themselves to provision of information and advice, and to withdraw from conducting psychotherapy in the media, psychologists' verbal behaviours in American phone-in programmes resembled that of cognitively oriented psychotherapists, while callers to the programmes shared their thoughts and feelings in a manner similar to that of clients in psychotherapy. The authors suggested that the processes of psychological

education and of psychotherapy inevitably converged in the radio phone-in programmes. Other studies (Levy 1989; Levy, Emerson and Brief 1991) pointed at the fact that psychologists in radio counselling programmes tended to be directive in their verbal style: they primarily provided direct guidance (advice), information and interpretations, and minimally used more subtle interventions such as restatements, which could be due to the inherent demands of radio broadcasting such as time constraints and pressure for problem solution. The research thus suggested that media context could impose particular, ethical as well as practical, constraints on the professionals' behaviour that could result in a distinct professional practice of media counselling (see also McGarrah *et al.* 2009).

In line with this suggestion, in the present thesis radio counselling is approached as a site that brings specific professional challenges due to the untypical conditions of the professional's work – exposure of the encounter with a 'client' to the public. The programme studied here, *The Radio Psychologist*, is understood as an example of the help-intended relationship established in the specific and challenging context of the public media. This is in contrast to the two previous studies that drew on the data from the same programme. In these studies, the research focus was restricted to therapeutic work in *The Radio Psychologist*. Thus, Grahn (2012) described one of the therapeutic projects observable in the programme: how the radio psychologist and the callers used the words 'tänka' (think) and 'tanke' (thought) to distance 'the thinker' (caller) from his or her 'thoughts' in order to make these thoughts manageable. Seiving (2015) suggested that telephone conversations between the radio psychologist and callers combined features of condensed forms of psychotherapy, such as single-session psychotherapy, with features of psychotherapy on the telephone (on single-session psychotherapy see e.g. Cameron, 2007; on psychotherapy conducted by telephone see e.g. Brenes, Ingram and Danhauer 2011).[9]

While the present study also assumes the comparability of the therapeutic conversations in the programme to reduced or condensed forms of therapeutic work, in addition it considers the media features of the setting. The encounters between the radio psychologist and callers are produced for radio broadcast, and they are thus inevitably oriented to the overhearing audience (cf. Hutchby 2006). The radio programme is seen as a multi-party communication. It includes the professional – a psychotherapist, who also performs the role of programme host; callers, who bring in their personal troubles; radio listeners, who are the targeted recipients of the broadcast; and programme producers, who are the least visible but presumably the most influential party in the programme. Even though the present study does not aim at examining the activities of the programme producers, their role in formatting the programme is acknowledged and discussed. Particularly, the interest of the thesis lies in how

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[9] The study investigated edited versions of the conversations between callers and the radio psychologist, approaching these conversations as a form of psychotherapy. However, Seiving does not discuss whether or how the editing process could influence (and shape) the unfolding of the dialogues (and the therapeutic work) in their shortened on-air versions.

interaction in the programme – between a psychotherapist and callers (and radio listeners) – is shaped by the constraints of the challenging combination of personalised guidance with public information and entertainment.

Discourse of interactive radio counselling

Interactive media counselling can be regarded as constituting a distinct type of discourse, which comprises elements and characteristics of several other institutional discourses. Firstly, as Henricks and Stiles (1989) and later Gaik (1994) observe, radio counselling on mental and emotional problems combines providing advice and guidance, similarly to more conventional forms of counselling, with more therapeutically oriented activities such as encouraging introspection and self-analysis. Secondly, and importantly, media counselling brings together features of a professional–client encounter and characteristics of media talk. In a similar way to conventional psychotherapy and counselling, people get professional help in coping with their problems in the radio counselling encounters. At the same time, these encounters differ from conventional psychotherapy and counselling in terms of their principal target – the overhearing audience. As Hutchby (2006: 15) puts it, broadcast talk "is oriented towards the fact that it should be hearable by non-co-present persons as somehow addressed to them".

As a form of media talk, radio counselling falls within the genre of a talk show (Hutchby 2006). Usually it differs, however, from a 'pure entertainment' talk show, in which personal matters are discussed in a humorous tone and conversations may border on gossip (see Martínez 2003). Yan (2008) suggests that talk show therapy can be regarded as a distinct genre of discourse, and identifies several communicative purposes of televised therapy counselling, which seem to be also pertinent to its radio sibling. Firstly, the talk show therapy is issue-oriented: emotional problems discussed in the programmes are not only personal matters but may become political and social issues when they are publicly exposed. Thus, the programmes draw public attention to particular issues when they bring personal problems into the public spotlight. Secondly, the talk show therapy is a problem-focused discourse since people approach the programmes in the hope of getting professional advice to cope with their troubles. Not only those who participate in the programme and get advice but also those who watch (or listen to) the programme can benefit from the problem-solving strategies raised. Thirdly, the talk show therapy serves educational and preventive purposes through providing knowledge on psychological dysfunctions and coping strategies. Finally, the talk show therapy has a commercial component, which is inevitably and inherently embedded in any broadcast content: the cases selected for broadcasting are meant to contain a story interesting and entertaining enough to draw an audience.

The relation between counselling or therapy versus media 'ingredients' of the media counselling discourse has been interpreted differently. According to Yan (2008), the

talk show therapy, as a distinct genre, has merged two sub-genres – the talk show discourse and the therapy discourse. As a result, a distinct feature of the talk show therapy is its 'dual addressing': accounts offered by the experts in the shows are not only for the people who seek help with their troubles there, but they are also designed in a way to target the invisible audience.[10] However, Gaik (1994: 273) argues that talk show therapy is "clearly a version of therapeutic discourse" in the sense that talk is used as a tool to provide help with personal troubles. Still, Gaik acknowledges the commercial quality of the talk show therapy, which may for example be observable in the concern to prevent extended silences or 'dead air' on the radio: while in face-to-face interaction such silences can be interpreted as significant or productive, they are likely to be intolerable on the radio.

Likewise, Hodges (2002) suggests that radio therapeutic discourse can be considered as a manifestation of the wider contemporary therapeutic discourse, which he conceptualises as a form of ethics-oriented morality: the therapeutic discourse is understood as providing moral rather than psychological models of 'well-adjusted' and 'effective' individuals and 'functional' families. Drawing upon Foucault's notion of 'ethical problematisation', Hodges suggests that therapy can be approached as a process where conduct becomes problematised in order to enable further personal transformation. Accordingly, he explored the process through which callers' initial descriptions of their troubles were reframed in a British therapeutic radio programme, and found that the way callers' problems were dealt with was not to solve, but rather to restructure them by shifting the locus of concern to the relationship with oneself. Although Hodges does not discuss in detail possible distinctions between the therapy process on the radio and in its more conventional forms, he mentions that within the brief, time-constrained radio encounters the therapy process (the process of problematisation) may be "pared down to the minimal requirement for its operation", and therefore, in its adaptation to a radio setting, therapeutic discourse may "reveal itself in its minimal condition" (Hodges 2002: 475).

The differences in understanding of the media counselling discourse in the above-mentioned studies obviously depend on the divergent agendas of these studies. While Hodges' (2002) study focuses on the therapeutic discourse, and radio encounters with a psychotherapist are regarded as an example of such, Yan's (2008) interest lies particularly in the intersection of media and therapeutic contexts in a therapy talk show. Furthermore, the descriptive terms used of a 'therapy talk show' (Yan 2008) and a 'radio therapeutic discourse' (Hodges 2002) also seem to draw attention to the particular

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[10] A similar phenomenon of 'distributed expertise' was explicated in more detail by Hutchby (2006: 102–117), who studied a radio broadcast that provided advice about social security and welfare benefits. Hutchby observed that experts in the show designed their responses to callers' questions as 'more than answers' to the actual questions, and in such a way handled the tension between the 'personal' and the 'public' dimensions of advice-giving in this public setting. For example, the experts packaged their advice as a 'general prescription' ('I would always say to people…'), and thereby observably oriented to the listening audience.

aspects of the setting. While 'therapy *talk show*' accentuates its media context, 'radio *therapeutic discourse*' highlights its therapeutic component.

In the present study, psychotherapist–caller radio encounters are studied as a distinct form of *institutional interaction*, which combines features of psychotherapeutic and counselling discourse with those of media communication. While these encounters constitute occasions for seeking and providing professional (therapeutic) help, they are "designed for recipiency by an absent audience" (Hutchby 2006: 14), and thus are 'private-yet-public encounters' (Livingstone and Lunt 1994: 68). The studied setting is referred to as 'radio counselling'. Even though the term 'counselling' may seem to downplay the entertainment agenda of the radio programme, it seems appropriate with regard to my interest in the process of interpretative work with troubles and problems.

The Swedish programme *The Radio Psychologist* is approached as a complex setting in which the institutional discourse of counselling and psychotherapy interweaves with the educational and entertainment remits of radio. The programme consists of broadcast extended dialogues between a psychotherapist and callers, in which the psychotherapist, similarly to conventional psychotherapy, encourages callers' reflection and self-analysis. On the programme's web page this format is defined as a 'psychotherapeutic conversation', highlighting that the radio encounters, while allowing for a therapeutic approach to callers' personal troubles, are more restricted compared to conventional psychotherapy. The therapeutic component of the programme's agenda intertwines with the public character of the broadcast talk, which is observable, among other things, in the programme's overall tendency to frame callers' individual experiences as instances of commonplace situations and problems. For example, this tendency was observable in the radio psychologist's invitations to listeners to respond to the programme on its web page, and share their own experiences similar to those of the callers. The radio psychologist thus inferred that the callers' experiences were of common rather than unique nature. Thus, therapeutic interaction and media discourse go side by side in the radio programme, where personal troubles are dealt with in the context of public talk.

The format and structure of the interaction in the programme reveal the programme participants' orientations to the specific tasks and challenges they face. Therefore, by attending to the details of this interaction, a researcher can examine how, through the particular design of their talk, the interaction participants deal with the constraints (and possibilities) of a publicly exposed therapeutic work with personal troubles. The present thesis aims to explore how, in their radio dialogues, the radio psychologist and callers reach an understanding of the callers' troublesome experiences as cases of particular personal problems (e.g. 'an age-related crisis' or 'a maladaptive conduct learned in childhood', Papers I and II respectively), and how this collaborative interpretative work is interactionally structured (particularly Paper III). Besides this, the thesis incorporates a focus on how radio listeners participate in this interpretative process by juxtaposing their own personal experiences with those of the callers in the programme (Paper IV). Hence, the research questions addressed in this study are as outlined below.

1.7. Research questions

The general research question of the thesis is:

How are personal experiences voiced and processed in radio counselling?

This general question is further specified in the two sub-questions:
1) How is understanding of personal troubles negotiated and reached on a moment-by-moment basis in radio conversations between a psychotherapist and callers to the programme?
2) How can members of a listening audience be involved in the interpretative work with personal troubles on the radio?

2. Theory and method

2.1. Ethnomethodological agenda

The focus of the study on how interaction participants jointly shape understandings of personal experiences is in line with an ethnomethodological agenda of social research. Ethnomethodology is a branch of social science primarily concerned with the study of (-ology) ordinary people's (ethno) methods – a system of sense-making practices through which people accomplish their everyday social lives (Potter and Wetherell 1987: 18). The founder of ethnomethodology, Harold Garfinkel (1967: 75), suggested to focus social enquiry on how people produce common-sense knowledge and common-sense activities and treat "as problematic phenomena the actual methods whereby members of society … make the social structures of everyday activities observable". In contrast to interview studies and other enquiries that strive to capture experience through the words of research subjects, ethnomethodology approaches this experience as "a matter *in the making*" (Gubrium and Holstein 1997: 38). The researcher's goal is to describe procedures that constitute reality, rather than reality itself. Ethnomethodology thus focuses on "the methods of *doing* things" (Arminen 2013: 2), suggesting a shift from the 'what' of social life to the 'how' of its accomplishment. It aims to uncover "how the structures of everyday activities are ordinarily and routinely produced and maintained" (Garfinkel 1967: 38).

One of the basic assumptions of ethnomethodological enquiry is that social order is not given top-down, but is an achievement of interaction participants (Arminen 2013). This is to say that social rules are understood as resources for interpretations that guide the participants, rather than external forces that mechanically compel them. Still, the idea is not to deny the existence of power relations, but to acknowledge that all social relationships are subject to procedures and methods of reasoning. It is through these procedures and methods that relationships and everyday activities are constituted. In other words, ethnomethodologists are interested in how people *do* social order, rather than how they are steered by it (Gubrium and Holstein 1997).

Ethnomethodology aims at revealing the intricate social skills, assumptions and practices through which everyday activities and realities are conveyed and experienced as routine and commonplace (or, on the contrary, exceptional). It focuses on the mundane aspects of social life and provides a way of questioning what is usually perceived as routine and self-evident. As Pollner (1987: ix) notes, "one of

ethnomethodology's contributions to the understanding of social life is its capacity to produce a deep wonder about what is often regarded as obvious, given or natural". The stance of wonder allows stepping back and taking a distance from what is otherwise perceived as familiar and simplistic – in order to turn it into an object of study. At the same time, this methodological position poses a challenge for the researcher to separate him- or herself from the common-sense assumptions and everyday beliefs about the factual character of the world, in favour of examining how the world is experienced as factually and objectively existing (Gubrium and Holstein 1997; Heritage 1984).

Significantly, the common-sense understandings are not ironicised or considered irrelevant, but are rather transformed into phenomena to be analysed in detail for their organisation, production and intelligibility (Jayyusi 1984). The goal is not to evaluate whether depictions of society members are correct or faulty, but to study how these depictions are used to manage social activities (Heritage 1984). According to the principle of 'ethnomethodological indifference' (Garfinkel and Sacks 1970), the researcher is prompted to temporarily suspend his or her presuppositions about the social world, and abstain from judging the status of practices under investigation in terms of their adequacy or value (Maynard 2012). This is due to the primary ethnomethodological assumption that "the meaning of a social phenomenon is equivalent to the methodical procedures through which participants build and maintain its sense" (Arminen 2013: 1). Rapley (2012) illustrates this assumption with an example of a psychotherapy session: although a psychotherapy session shares semantic and prosodic structures with ordinary conversation, it is still recognisably different from the latter; the 'psychotherapy' is co-produced as 'psychotherapy' by its participants through their methodic and collaborative deployment of specifically patterned conversational practices, which make the conversation sound as a client–therapist encounter rather than interaction between friends. The interest lies in the nature and organisation of these practices, rather than in their evaluation.

Ethnomethodology and social constructionism

Social constructionism is an intellectual movement that highlights the dynamic contours of social reality and the processes by which the social reality is constituted (Gubrium and Holstein 2008). Ethnomethodology is sometimes considered to be a constructionist approach, due to its emphasis on the local production of social order. Namely, ethnomethodology and social constructionism share the focus on the creation and maintenance of human meaning, and the belief that social order provides resources for meaning creation (Loseke 2010). As Silverman (2012: 35) points out, "ethnomethodology is very much concerned with *how* social reality is constructed in everyday interaction" (italics in the original). In particular, ethnomethodology suggests an important insight by emphasising the rhetorical and constructive aspects of knowledge. Phenomena in the social world are understood in this respect as being

socially constructed in particular contexts. Silverman suggests that this is alike the constructionist model, concerned with the questions of 'what' and 'how' (see Holstein and Gubrium 2008).

Another way of understanding the link between ethnomethodology and social constructionism is indicated by Pollner (1987), who observes that mundane reason is of a socially constructed nature. In his words (Pollner 1987: 129), "our more or less taken for granted sense of self, other and world, is hardly a universal given but a socio-historical construction". Consequently, Pollner suggests, it is important to explore historical and cultural forces, which cultivate and promote mundane reason's power in society, as well as structural processes through which mundane reason achieves hegemony.

Lynch (2008), however, points at some differences between the two approaches. He cites Garfinkel, who once expressed a preference for 'production' over 'construction', explaining that the latter term might too often connote a sceptical aim to unmask the phenomena under investigation. A similar contrast is formulated by Lemert (2002), who juxtaposes critical stance of the saying 'something is constructed' to the more neutral 'how this works'. When studying professional methods of reasoning and argumentation, the ethnomethodological orientation to these methods is not of scepticism or rivalry, but rather of indifference or even of 'an insider's view', as when a researcher strives for the 'unique adequacy requirement' (Garfinkel and Wieder 1992) by acquiring professional or practical competence in the field of his or her study.

Ethnomethodological study of interaction

One of the insights that ethnomethodology provides is on how language is used to manage (mundane as well as professional) situations of everyday life. Namely, the insight is on what utterances *do* and what they *achieve* (Potter and Wetherell 1987). Heritage (1984: 135) points out that prior to Garfinkel's *Studies in Ethnomethodology* the nature of language use was "a grievously neglected topic" in sociological enquiry. Thus, Garfinkel was "forced to build almost from scratch a case for the role of language in the constitution of social relations and social reality" (Heritage 1984: 135–136). Ethnomethodology brought in a new domain of investigation with the focus on how practical reasoning is organised in social interaction. Language was suggested to be approached not as a matter of understanding sentences, but as a matter of understanding *utterances as actions*, which are interpreted in relation to their contexts. Thus, ethnomethodology can be regarded as a "rigorous and distinctive program for the study of discursive practices" (Arminen 2013: 3), in which discourse is approached as a situated accomplishment in order to study its orderliness and methodical nature.

The ethnomethodological agenda of the study of language-in-use has been developed in the research programme of conversation analysis (CA; e.g. Sidnell 2010; Sidnell and Stivers 2013). CA was started by Harvey Sacks and his colleagues Emanuel Schegloff

and Gail Jefferson (e.g. Sacks, Schegloff and Jefferson 1974) as a study of the real-time sequential ordering of talk-in-interaction (Peräkylä 2004). Among other things, Sacks (1972, 1992) outlined a focus on categorisation processes in talk, which later developed into the research approach of membership categorisation analysis (MCA; e.g. Fitzgerald and Housley 2015; Hester and Eglin 1997). Conversation analysis also inspired psychologists to reconsider the agenda of their discipline within the branch of discursive psychology (DP; e.g. Potter and Wetherell 1987; Edwards and Potter 1992) and to suggest a research focus on how psychological phenomena are constituted through language and talk.

Ethnomethodology, conversation analysis and membership categorisation analysis as well as the more recent development of discursive psychology are not to be seen as separate fields but rather as branches of ethnomethodological research that adopt different analytic emphases (Rapley 2012). What unites these approaches is that they all are interested in "the viewable, verifiable and accountable rather than the invisible, hypothetical and theoretical" (Rapley 2012: 179). They share a focus on the details of the accomplishment of discursive practice (Arminen 2013). In addition, all the three approaches usually use naturally occurring data that derive from situations which exist independently of the researcher's intervention (see Silverman 2011).

Conversation analysis (CA), membership categorisation analysis (MCA) and discursive psychology (DP) use similar methods of data collection and analysis, with the difference that MCA and DP provide tools for studying both talk and texts, while CA lends itself to the study of talk-in-interaction and conversation-like textual communication, such as Internet chats and discussion forums (on 'digital CA' see Giles *et al.* 2015). At the same time, these research approaches suggest different focuses for analysis: sequential unfolding of interaction (CA), membership categorisation methods (MCA) and construction and accomplishment of factual discourse and psychological phenomena such as memory and attribution (DP). In the present thesis, the four empirical papers take one or several of these analytical focuses (see Table 1 in section *3.2 Research Material*). Below I explicate what each of these analytical focuses involves.

2.2. Sequence organisation in conversation

Conversation analysis (CA) seeks to explicate how participants in interaction achieve action, meaning and mutual understanding through the composition and the placement of their utterances (Schegloff 2007b). Peräkylä (2004) points out that in conversation analysis, methods of the study of social interaction are closely intertwined with theory concerning social interaction, which can be captured in three fundamental assumptions: (1) talk is action, (2) action is structurally organised, and (3) talk creates and maintains intersubjective reality. In other words, talk is understood and analytically

approached as a vehicle for social action, which is thoroughly structured, and it is through talk that meanings and understandings are made public.

Two methodological principles may be outlined as guiding analytical procedure in conversation analytical research. Firstly, conversation analysis offers a *data-driven perspective*: the analytical focus arises from what recurs in the data, while analytical claims are grounded in the growing literature about how conversation works. Secondly, in line with the ethnomethodological way of thinking, conversation analysis strives after reconstructing *the participants' own perspectives* and orientations as they are displayed in their conduct (Sidnell 2013), rather than explicating this conduct in terms of any predetermined theoretical concepts. This principle is grounded in the assumption that "the intersubjective intelligibility of actions ultimately rests on a symmetry between the production of actions on the one hand and their recognition on the other" (Heritage 1984: 179). In other words, any action displays an understanding of the preceding action by responding to it in a particular way. This symmetry is a method of accomplishing ordinary social activities and, at the same time, an achievement of the interaction participants.

The particular focus of conversation analysis is on sequential positioning of turns in interaction, which allows observation of how actions are understood by the participants themselves – this understanding is displayed in their actions that immediately follow the action under investigation (Sacks, Schegloff and Jefferson 1974). As Ford (2012: 508) puts it, conversation analysis aims at accounts of "practices based upon what is visible, hearable, displayed, and responded to, by actors in real-time interaction". This 'standard of evidence' is grounded in the assumption that conversation participants themselves rely on such conduct in making sense of one another, and simultaneously display the sense they are making. Through the focus on the sequential placement of utterances and unfolding of interaction, "CA gives access to the construction of meaning in real time" (Peräkylä 2004: 156).

While conversation analysis was initially developed for studying everyday interactions, such as conversations between friends or family members, eventually it became also applied to the study of institutional interaction to investigate how institutional concerns were dealt with by interaction participants (Arminen 2005). Studies of institutional interaction (e.g. Arminen 2005; Drew and Heritage 1992; Heritage and Clayman 2010; Peräkylä 1995) explicate the ways in which specific tasks become accomplished through talk and social interaction in profession-related settings, for example, in medical consultation, classroom, psychotherapy session or television news. In the institutional conversation analysis "interaction remains the focus of investigation but it is examined for how specific practices of talk embody or connect with specific identities and institutional tasks" (Heritage and Clayman 2010: 16–17).

Institutional setting (e.g. doctor–patient or teacher–student interaction) is understood in the conversation analytical approach in the ethnomethodological way: as being produced and enacted in and through the participants' actions (Arminen 2005; Drew and Heritage 1992; Heritage and Clayman 2010; Schegloff 1987). An utterance

as a social action is seen as doubly contextual: both *context shaped* and *context renewing* (Drew and Heritage 1992). The participants enact their institutional roles and identities by talking in particular ways, and in such a way they constantly reproduce institutions: to be a social worker or a therapist means first of all '*doing* being a social worker or a therapist'. When studying institutional interaction, the focus of analysis is on how conversation participants shape their actions in a way that reveals orientation to particular goals and norms of the particular social institution. The analysis aims to get inside the 'black box' of social institutions (Drew and Heritage 1992) through the study of the interior interactional processes and practices. The research interest thus lies not in interactional details or language per se, but rather in institutional activities, practices, norms and ideologies as they are embedded in interaction.

The analysis of institutional interaction draws upon an explicit or implicit comparison between ordinary and institutional interaction (Arminen 2005; Drew and Heritage 1992). The major interest is in how non-specialised conversational practices and activities from everyday interaction become adapted to institutional tasks and recurrently mobilised to perform specialised strategic tasks in the particular institution (Drew and Heritage 1992). Interaction in a particular institutional setting can be described through a number of 'interactional fingerprints' (Heritage and Clayman 2010) that distinguish it from other forms of institutional talk. The interactional fingerprints are configurations of conversational practices that are adapted to the particulars of the institutional environment, and through which the institutions become activated and 'talked into being'.

In terms of the present study's agenda, the focus on talk and interaction allows studying the "ordered activities of telling troubles and proposing problems" (Maynard 1988: 325). The detailed analysis of talk allows tracing how the activities of suggesting and negotiating problem definitions, explanations and solutions occur as real-time interactive processes. As Maynard (1988: 325–326) puts it, "starting with the details of talk and interaction permits an appreciation of how troubles and problems only become contingently visible through the ways that participants manage their interchanges on a moment-by-moment basis". It is in the turn-by-turn unfolding of interaction that troubles come to be understood as problems of particular kinds (or, on the contrary, as unproblematic issues). A study of the organisation of interaction, with attention given to how speakers' turns are formatted and placed, allows tracing this process in detail.

Conversation analysis also offers analytical tools that allow approaching an institutional context, such as psychotherapy and broadcasting, as a distinct kind of talk (see e.g. Hutchby 2006; Peräkylä *et al.* 2008). It provides for investigating interactional practices through which the institutional activity of counselling (and therapy) on the radio is accomplished in practice: how this institutional activity is conducted as an interactional process in the moment-by-moment unfolding of the encounter.

2.3. Membership categorisation

While the focus on the sequential organisation in interaction attends to the form of talk (its unfolding, structure and placement of utterances), the focus on membership categorisation provides a possibility to attend to the content of this talk. In particular, it allows studying how interaction participants invoke categories in their talk and texts to make inferences about the categorised objects and people, and thus addressing the 'meaning component' of social action (Hester and Eglin 1997). The analytical focus on membership categorisation is often referred to as membership categorisation analysis (MCA, e.g. Fitzgerald and Housley 2015; Hester and Eglin 1997; Silverman 1998; Stokoe 2012), but can also be understood as an agenda for a study in conversation analysis (e.g. Schegloff 2007a) or discursive psychology (e.g. Nikander 2001).

The central analytic notion of the study of membership categorisation is the notion of a membership categorisation device, introduced by Sacks (1972, 1992). It delineates a collection of membership categories (e.g. 'stage of life' including categories of 'baby', 'child', 'teenager', 'adult' etc.) and rules of their application (e.g. if the first person was referred to as 'baby', then other persons around may be referred to by complementary categories from the collection of 'family' such as 'mummy' or 'daddy'). The production of recognisable membership categorisation devices is a form of cultural competence, and constitutes a method "for putting together a world that is recognisably familiar, orderly and moral" (Baker 2004: 175). Membership categorisation analysis is an ethnomethodological approach in the sense that categorisation devices are regarded not as a 'basis' for practical reasoning (that is, as cognitive entities constructed on the basis of previous knowledge, on which people rely when producing an utterance), but rather as occasioned, mutually elaborated *matters of practical reasoning* (Hester and Eglin 1997). In other words, the analysis aims to reveal the ways in which categories are invoked, negotiated and oriented to by conversation participants (Fitzgerald and Housley 2015).

Analytically, membership categorisation devices may be located as practices for referring to persons, which include two domains: doing descriptions and word selection (Schegloff 2007a). Namely, categories can be overtly 'named' in the discourse, but they can also be implied through the activities and characteristics, which are associated with particular categories (e.g. 'baby' and 'cry'). One of the focuses of membership categorisation analysis is on how members call upon categories by invoking 'category-bound activities' (Sacks 1992) or 'category-bound predicates' (Watson 1983). For example, when particular activities are accomplished by actors who belong to a category that is not associated with the activity (e.g. 'woman' and 'pipe-smoking'), incongruities may occur (Silverman 1998). These incongruities are marked by participants in their interactions (e.g. by displaying confusion or amazement), and are thus made observable for an analyst.

Stokoe (2012: 278) suggests that "MCA gives researchers with a primary interest in categorial or 'topical' (e.g. gender, sexuality, ethnicity, identity), rather than sequential, issues an empirically tractable method for studying those issues, as members', rather than analysts', categories". Meanwhile, the combination of the two analytical focuses – on sequential unfolding of interaction (CA) and membership categorisation (MCA) – allows tracing and describing how speakers use categories in talk-in-interaction. As Silverman (1998: 89) notes, "members pay detailed attention to the implication of using a particular category in a particular place": that is, they closely attend to the sequential positioning of categorisation devices (see also Watson 1997). This suggests 'the inescapable link' between membership categorisation analysis and conversation analysis: membership categorisation devices are locally and sequentially organised resources, which are designed and administered by members to perform particular communicative tasks. The analysis of categorial aspects within a sequential structure of interaction allows focusing on both categorial and sequential resources in combination.

2.4. Discursive construction

Still another focus of ethnomethodologically informed studies of talk and text, adopted in this thesis, is on discursive construction, advocated in discursive psychology (DP). This approach was introduced by Jonathan Potter and Margaret Wetherell (1987), who outlined the pioneering qualitative discourse research in psychology as an alternative methodology to the experiments and questionnaires that were dominant in social psychological research (for a historical review, see Potter and Wiggins 2007). Potter and Wetherell (1987: 1) suggested focusing research in social psychology on the constructive role of language and texts in people's social lives in order to look at "how language can be used to construct and create social interaction and diverse social worlds". While Potter and Wetherell suggested a discursive approach to the study of *social* psychological phenomena (e.g. attitudes and racism), later Derek Edwards and Jonathan Potter (1992) advocated its relevance also to the topics traditionally studied within *cognitive* psychology (e.g. memory and attribution). It was Edwards and Potter who coined the term 'discursive psychology'.

Discursive psychology has been inspired by ethnomethodology and conversation analysis (CA), and follows their methodological principles, one of which is a caution against approaching utterances as *expressions* of speakers' thoughts or any other 'psychological' matters (Silverman 1998). As Potter (2006: 132) puts it, "for the most part CA research has followed Sacks' injunction not to worry about people's thinking". In contrast to cognitivist approaches, where discourse is treated as dependent upon cognitive ('inner', mental) objects and processes, discursive psychology approaches discourse as a realm in and through which these psychological objects and processes are displayed and accomplished. Psychological issues, such as mind, personality,

experience, emotions and intentions, are conceptualised as conversation participants' concerns, and treated "in terms of how they are *constructed* and *oriented to* in interaction" (Potter 2006: 132, italics in the original).

Wetherell (2007) observes that in recent decades at least two different orientations developed under the umbrella of discursive psychology. The first group of researchers, "excited by the possibilities of conversation analysis" (Wetherell 2007: 664), engage in rigorous and detailed fine-grain analysis of interaction (e.g. Edwards 2006; Te Molder and Potter 2005). Meanwhile, the other strand of research, sometimes called 'critical discursive psychology', combines micro and macro discourse approaches as well as other approaches such as social identity theory (e.g. Billig 1995; Wetherell 1998). The present thesis draws upon discursive psychology in the first of these versions. The analytical focus on discursive construction, as it is outlined below, pertains first of all to this version of discursive psychology.

Potter and Wiggins (2007) outline three theoretical principles of discursive psychological research. Firstly, discourse is approached as both constructed and constructive: while it is made up of linguistic components such as words and idioms, it also produces versions of the world. Secondly, discourse is studied as action-oriented: it is a primary medium for social actions, such as blaming, justifying, inviting and complimenting. Thirdly, discourse is understood as being situated within a specific sequential environment (preceding and following words, turns or actions), and therefore needs to be examined in the context of that environment.

Essentially, discursive psychology studies discourse as texts and talk used in accomplishing particular social practices. Similarly to conversation analysis and membership categorisation analysis, it concentrates on *what people do* with words (Potter 2010). While it is argued that through talk and text people construct versions of reality, it is also emphasised that these constructions are situated accomplishments assembled in the service of particular actions at hand (Edwards and Potter 1992).

Thus, descriptions – one of the focal points of discursive psychology – are treated not just as being *about* something, but as also and primarily *doing* something (Potter 2006). The focus is on how the descriptions are treated by participants in the course of their activities. When people tell each other stories, they make points with their stories: for example, they may construct them as anecdotes for entertainment and laughter. Edwards and Potter (1992) suggested approaching an understanding of (factual) discourse with two fundamental questions in mind: that of *discursive construction* (How is the account constructed to seem factual and external to the author?) and that of *functional orientation* (What is this particular account designed to accomplish?). The construction issue concerns the devices and procedures which are used to make a description appear solid and independent of its author, for example as a report of an event rather than as a claim or opinion. The function issue, in turn, concerns the way in which the production of a description as a report (as 'real') allows this description to serve in a social activity, and to be used to perform an action (such as to make a claim).

In combination, these two focuses allow studying how a version of an event is *constructed* in order to *accomplish* a particular action.

In contrast to conversation analysis, which is concerned with sequential organisation of social actions, discursive psychology attends to descriptions (constructions), which are assembled in order to perform these actions. At the same time, discursive psychology's concern with the situated character of constructions entails a close attention to the sequential positioning of the descriptions in unfolding interactions. Therefore, "discursive psychology draws heavily on the analytic methods of conversation analysis" (Potter 2010: 191).

Methods and analytic techniques employed in the present thesis are primarily based on theoretical and methodological principles of (ethnomethodological) conversation analysis. The analytical focus on discursive construction (DP), together with the focus on membership categorisation (MCA), complements the focus on sequential properties of interactions (CA) by attending to the content of talk (as well as texts). In addition, discursive psychology informs the study on how cognitive phenomena (such as memories) can be treated as parts of social practices, and how texts (in analogy with talk) can be analysed as oriented to action.

3. Data and research process

3.1. *The Radio Psychologist*

The data for the study is composed of publicly available audio recordings of the Swedish programme *The Radio Psychologist* and its listeners' comments posted on the programme's web pages. I start with describing the radio programme and then proceed to presenting the data used in the thesis.

    The Radio Psychologist (Swedish: *Radiopsykologen*) has been broadcast once a week on the national radio channel P1 since 2009.[11] The programme lasts for about half an hour (29 minutes), and it is claimed to have more than 170,000 listeners (Seiving 2015). Here is a description of the programme from its web page (translation from Swedish):[12]

> *The Radio Psychologist* is a programme where Allan Linnér meets listeners in a psychotherapeutic conversation. It is your questions about something, that is difficult in your life right now, that compose the programme's content. Together, we seek a way to understand and move on. (…) Allan Linnér does not have all the answers you are looking for and he is not an expert who will solve your problems. However, he can be a sounding board and a good listener, who can help you to look at your situation in a different way when you listen to or take part in the programme.

This description refers to the present radio psychologist, Allan Linnér, participating in the programme since 2012. Until January 2012, the radio psychologist had been another professional – a female psychotherapist specialised in cognitive-behavioural therapy. At that time, the programme was organised as a phone-in with a producer in the role of a programme host and the psychotherapist in the role of a programme guest who responded to callers. Several listeners could call during one programme to tell about their concerns and get advice. Since 2012, the programme's radio psychologist has been a male psychotherapist trained in psychodynamic and family therapies, and

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[11] From 2007 to 2009 the programme existed as a thematic issue of the radio programme *Tendency* (Swedish: *Tendens*). The idea of this earlier format was that listeners would call in to the programme to share their stories in relation to the particular topics discussed in *Tendency*. It did not work as expected, however, because, as the producer of *The Radio Psychologist* put it, 'people did not call in about these topics, but they called in about anything and everything' (interview from 25.02.2015). Therefore, it was decided eventually to have a separate programme instead.

[12] *The Radio Psychologist*'s website, where the programme episodes are available for listening and downloading: http://sverigesradio.se/sida/avsnitt?programid=3637.

the format of the programme is different. It is now the psychotherapist who is the programme host, and the programme is recorded in advance.

The programme episodes are predominantly formatted as an interactive counselling, with the telephone conversation between the radio psychologist and a caller filling most of the broadcast time. After the telephone conversation with a caller, the radio psychologist may also answer one or two letters from the listeners. About once or twice a year the whole programme is dedicated to the radio psychologist's responses to listeners' letters, which they send by email or post. The predominant structure of the programme in its interactive format is as follows. The radio psychologist greets the listeners and introduces the day's caller. A telephone conversation with the caller ensues for about 20–25 minutes. When the conversation is over, the radio psychologist invites listeners to write to the programme with their reflections and associations evoked by what they have listened to. At the beginning or at the end of the programme, the listeners are invited to contact the programme to express their wish to talk to the radio psychologist.

Media counselling as formatted in *The Radio Psychologist* differs from media counselling on medical or welfare issues, where the callers' role is primarily confined to formulating a question to the professional and confirming that the advice received was helpful (see e.g. Hutchby 2006). In *The Radio Psychologist*, callers' talk constitutes a substantial part of the broadcast time: callers do not only report their concerns, but also answer elaborating questions from the radio psychologist, hypothesise about causes of their conditions and situations, tell about remedies they have already tried, and are sometimes engaged in therapeutic exercises, such as, for example, training to control their breathing in order to relax. Although the setting of the programme will be referred to as 'radio counselling', the conversations between the radio psychologist and callers are approached and understood as a combination of counselling activities (providing advice) and therapeutic work (encouraging introspection and self-analysis) (cf. Gaik 1994).

The specific setting of a radio conversation with a psychotherapist brings a number of particular concerns to which the co-participants inevitably orient in the conversation. Some of these concerns were raised and discussed in *The Radio Psychologist* broadcast on 2.02.2012. This programme episode was special, with two radio psychologists participating. The first radio psychologist was leaving the programme, and reflected on her participation in it over the previous years, and the new radio psychologist (the present one) was introduced to take over from her. I will briefly describe the content of this programme episode as it shows some 'backstage' orientations of the professionals (and to some extent also the producers) involved in the programme. The general aim of *The Radio Psychologist* was formulated as spreading psychological knowledge. Some specific challenges of a counselling on the radio were discussed. One of them was the short time expended on the encounters with callers. It was highlighted that the radio encounters constitute a 'psychotherapeutic conversation' rather than psychotherapy in its full sense. In terms of ethical considerations, this meant that it was important for

the programme participants (callers) to have adequate expectations: that is, to realise that they telephoned a radio programme, and not a psychotherapist's room. In addition, dealing with personal, and sometimes intimate, matters in front of the listeners presented a challenge for both the psychologist and the caller. One particular concern was about how to balance between the personal problem discussed and the public interest of the listening audience: in other words, how to make the conversations both helpful for the callers and interesting and useful for the listeners.

One issue of concern, mentioned in this episode, was the fact that conversations with callers were performed via telephone, with the concomitant limitation of lack of visual contact. At the same time, the radio format of the programme may possibly offer some advantages over a similar programme on television, which would include visual contact between the participants. For example, in comparison with radio counselling programmes, television offers no possibility of anonymity (Burns 1997).

In order to gather further background information about the programme and its production process I conducted two interviews: one with a programme producer, and another with the present radio psychologist (25.02.2015 and 3.03.2015). The interviews revealed the following. The programme appears to be a popular way of getting help with personal troubles. According to the programme producer at the moment of the interview, there are about thirty people on the waiting list wishing to talk to the radio psychologist. Meanwhile, two producers, not audible in the programme, are involved in the production process. It is the producers who perform the selection of the callers. When selecting callers, the producers seem to follow criteria similar to those used in other radio counselling programmes; for example, alike those described by Ten Have (1978) for a Dutch radio counselling programme with a non-expert host-counsellor: choosing cases that would make for an interesting discussion and are commonplace enough to allow identification on the part of the listeners, and excluding cases considered too personal or too shocking.

In the programme episodes studied, listeners were invited to contact the programme by sending an email or a letter by post and calling directly to the programme, both when it was on the air and for an hour after that. In their letters or telephone calls, they could express a wish to talk to the radio psychologist and briefly relate their troubles. Later, the producers contacted them back to schedule a telephone conversation with the radio psychologist. According to the programme producer, people who were in emotional or mental health crisis were advised to address professionals elsewhere instead. When talking to callers prior to their encounters with the radio psychologist, the producers helped callers to formulate their central concerns. For example, the interviewed programme producer mentioned: 'many [callers] want to start talking about their childhood right away, but we try to ask them to formulate a question which concerns the present'. This form of producers' control over the broadcast content is a feature that *The Radio Psychologist* appears to share with other interactive radio counselling programmes. Thus, Gaik (1994), who studied an American therapy talk show, described a similar practice: callers to the programme first described their

problems to a screener before they went on air, and the screener helped the callers to reformulate and focus their questions.

As the programme producer revealed, prior to the conversation with the radio psychologist callers gave oral consent for the conversations to be recorded and later broadcast on the radio. The broadcast conversations between the radio psychologist and the callers were edited versions of the original conversations that lasted from 45 minutes to about an hour. Thus, the broadcast versions were approximately half as long as the original conversations. This fact was, however, hardly noticeable to the listener. When editing, the aim was to preserve the natural progression of the conversations as much as possible.

Both the interviewed producer and the radio psychologist advocated the changed format of the programme, in which conversations with callers were recorded in advance and edited afterwards. They argued that both the prolonged time of the encounters, and the fact that they were not broadcast live, provided for the higher likelihood that the conversations might have curing effects. Besides this, the programme aimed to secure callers' confidentiality, and when editing the conversations the producers had an opportunity to cut out any information that could compromise callers' anonymity. For the same reason, callers' real names would be substituted by aliases, even though their voices were not distorted and stayed potentially recognisable to their relatives and friends.

The two programme producers performed the editing that aimed at shortening the conversations to a broadcastable length of about 25 minutes, and at the same time preserving their coherence so that they could be heard as if they were happening in real time. In addition to cutting out any personal information (e.g. when a caller's hometown or relative could be recognisable from their descriptions), the producers removed sections that could be perceived as too sensitive, or could be considered monotonous or repetitive. At the same time, they strived to preserve pauses and silences, which could be much longer (up to 10–15 seconds) than in other types of broadcasting.[13]

Generally, the broadcast versions aimed to reproduce three phases of the original conversations, which reflected the dynamics of the dialogues: identification of the caller's concern ('What is it you would like to talk about?'), discussion of possible ways to understand and solve the problem, and closing with a summary of achievements ('What are you taking away with you?' or 'What do you feel after this conversation?', see Paper III). The conversations were not scripted, but there seemed to be an implied understanding between the radio psychologist and the producers about how they were expected to proceed. For example, the encounters were expected to be closed with a summary of gains or an account of the (emotional and/or cognitive) change in the caller

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[13] My impression from the interview was that, when editing the conversations, the producers generally strived to preserve the emotional loadedness of the encounters (e.g. perceptible in long silences or callers' sobs). However, as it is outlined in the literature, edited versions of therapeutic consultations designed for broadcasting may be less dramatic than their originals (Huang 2015).

that would frame the conversation as helpful. Neither callers nor the radio psychologist would hear the conversations after they were edited and before they were broadcast. The callers, as well as the radio psychologist, seemed to trust the producers regarding the editing process. At the moment of the interview with the programme producer, none of the programme participants (callers) had ever withdrawn his or her consent for broadcasting his or her conversation with the radio psychologist, or informed the production team about regretting his or her participation.

The Radio Psychologist is the only radio programme of its kind in Sweden – that is, the only regularly broadcast programme in which a professional talks to callers about their personal troubles and concerns in extended exploratory dialogues. The collection of programme episodes constitutes a set of interactional trajectories from callers' troubles to their expert formulations, and on occasion to their solutions. This data set corresponds well to the task of the present study to gain understanding about how troublesome experiences are explored in publicly exposed encounters with professionals. Additionally, a routine element of the programme production is listeners' feedback, particularly on the programme's web page (see Paper IV), which allows addressing the research question as to how a listening audience may be involved in the interpretative work with troublesome experiences in the programme.

3.2. Research material

The research material for the study includes publicly available recordings of programme episodes of *The Radio Psychologist* and listeners' comments to the programme on its web pages. Table 1 below summarises data corpuses and selections upon which the empirical papers draw. Although the papers are primarily based on the data collections from the programme episodes broadcast during 2014 and 2015, I also listened to (and partly transcribed) programme episodes broadcast in earlier and later years. The particular years of broadcasting, especially the year of 2014, were chosen for two reasons. Firstly, it was a 'chronological' choice – I started working with *The Radio Psychologist* as a research material in 2014 and focused on the episodes which were the latest. Secondly, in 2014 the former radio psychologist substituted for the current one on several occasions, which made it possible to make a comparison between the episodes with each of the two radio psychologists within the same format of the programme. This comparison was helpful in terms of generalisability of analytical observations – the practices described in Papers I, II and III were used by both the radio psychologists, and thus did not pertain to a personal style of only one of them.

The edited nature of the publicly available recordings of the conversations between radio psychologists and callers is a limitation of this study, particularly in relation to those research questions that deal with the interactional practices used in these conversations. The decision to work with the edited data was due to several

considerations: firstly, due to the interest in radio counselling as publicly exposed talk on troubles (which is the edited version in this case) rather than telephone encounters between radio psychologists and callers; and secondly, due to the concern to preserve callers' anonymity that could be compromised in the case of getting access to the unedited versions of the conversations. To deal with the limitation of the edited material, I confined the analytical focus to questions that avoided engaging in aspects of the interaction that would require access to the unedited recordings, such as for example an overall sequential organisation of the encounters. In any event, those extracts, which were suspected to have been shortened, were treated with caution during the analysis.

Table 1. Data and focus of analysis in the sub-studies

	DATA CORPUS	DATA COLLECTION FOR CLOSER ANALYSIS	FOCUS OF ANALYSIS
Paper I	42 programme episodes from 2014	Sequences with age references from 24 programme episodes	Sequence organisation and membership categorisation (CA and MCA)
Paper II	42 programme episodes from 2014	16 programme episodes with childhood-grounded reasoning	Sequence organisation, membership categorisation and discursive construction (CA, MCA and DP)
Paper III	79 programme episodes from 2014–2015	Closing sequences from 38 programme episodes	Sequence organisation (CA)
Paper IV	25 programme episodes from Jan–Jun 2014; 416 forum comments	142 forum comments with 'experience-sharing'; 24 programme episodes	Discursive construction in responsive actions (DP and CA)

3.3. Research process

The research material for the study comprises two different kinds of data: audio recordings of the programme episodes (talk) as well as listeners' comments and programme descriptions (texts). I will start chronologically by describing how I worked with the audio data, and will then outline how the textual material was treated.

I started by listening (repeatedly) to the programme episodes from 2014, 2013 and earlier years, and partially transcribing them, in an attempt to identify closer focuses for analysis – some recurrent patterns of interaction that could be specific to this data. In line with the CA's data-driven perspective, I strived toward bracketing any abstractions or external theories and "letting the data speak first" (D. Maynard, a reading group at Helsinki University 28.05.2015). This work resulted in many pages of quite chaotic

observations, two of which later became developed in Papers I and III. Focus for analysis was selected by the criteria of recurrence and distinctiveness of an interactional practice,[14] that is when it emerged "as 'interesting' or worthy of pursuit" (Heritage 2010: 213). As Arminen (2005: 49–50) puts it, "in studies of social interaction, you tend to just notice a particular kind of sequential trajectory, or perhaps you get the feeling that something you have come across has appeared somewhere earlier and the reappearance gives you the idea that there seems to be or may be something that has a particular organization". The judgement about the distinctiveness of an action, a sequence or a practice was to a large extent based upon the existing knowledge about institutional and everyday interaction.

The initial observations led to identifying what I described in my notes as 'interactional puzzles' ('why are they doing this?'; 'what are they doing?') – the participants' moves (utterances) which recurred again and again, and seemed meaningful for the participants without making this meaning explicit. By listing the common features in the examples of such an interactional puzzle, I could describe a potentially interesting phenomenon for further analysis. Once the (potential) phenomenon (an interactional activity or practice) was identified, instances of it (in the form of extracts from the data) were gathered into a 'collection' for further detailed analysis (cf. Sidnell 2010). The sequences chosen for the analysis were scrupulously transcribed, registering pitch variation, prolongation of sounds, amplitude, overlapping speech and silences in order to capture "not only what is said but also details of how something is said" (Hepburn and Bolden 2013: 57). Table 2 below provides a legend to the transcription symbols used in the thesis.

The analytic procedure entailed examining turn-by-turn sequences of utterances in terms of the actions they performed. The central question guiding the analysis was 'Why that now?': why this particular utterance in this particular form comes at this particular place in the interaction (Heritage and Clayman 2010). Persistently asking this question allows a researcher to overcome "the tendency to view interaction as familiar and natural" (Heritage and Clayman 2010: 20) and thus provides an opportunity to uncover social rules that are otherwise tacit and taken for granted. Analytical reasoning was based on growing literature about how conversation works. The existing interactional and discourse studies were used as a comparison point for my own material and analysis (cf. Nikander 2008). The analysis aimed first of all at a qualitative description of the interactional phenomenon under investigation.

The work with the textual material proceeded in a similar manner. When working with listeners' comments on the programme (Paper IV), I first collected all the comments from half a year, and started by carefully reading and rereading them in an

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[14] *Practice* is understood as a feature of the design of a turn in a sequence that has a distinctive character, specific location within a turn or sequence, and is distinctive in its consequences for the meaning of the turn (Heritage 2010). It is the practice (of designing a turn in a particular way) that makes the turn recognisable to a recipient as a particular kind of action such as requesting, complaining or telling (Sidnell 2013).

attempt to come across recurrent patterns. One of the frequent features of the comments that occurred was 'experience sharing', when listeners described their own similar experiences in response to callers' stories. The comments which included 'experience sharing' were then collected for closer analysis with the focus on how the commonality of the experiences was discursively achieved, and what the listeners conveyed and communicated when they revealed their own feelings and stories.

Table 2. Transcription symbols

TRANSCRIPTION SYMBOL	EXPLANATION OF THE SYMBOL
`RP:`	Speaker identification: radio psychologist (RP), caller (C)
`[ ]`	Starting point and end point of overlapping talk
`(1.2)`	Silence measured in seconds
`(.)`	Pause of less than 0.2 second
`=`	No gap between two utterances
`.`	Falling or final intonation
`,`	Level or continuing intonation
`?`	Rising intonation
`.h`	Inhalation
`h.`	Exhalation
`heh huh`	Laughter
`wo(h)rd`	Laughter particle (aspiration) within a word
`word`	Stress or emphasis
`wo:rd`	Prolongation of sound
`WORD`	Loud voice
`*word*`	Quiet or soft voice
`#word#`	Creaky voice
`wo-`	An abrupt cut-off
`>word<`	Compressed or rushed talk
`<word>`	Slowed or drawn-out talk
`(word)`	Unclear but possible segment of talk
`↑word`	Rise in pitch or volume

The analytical work with audio data involved presenting audio extracts, together with their transcriptions, at so-called 'data sessions', which are a traditional form of research activity in the conversation analytical community (see e.g. Ten Have 2007: 140–141). At the data sessions researchers gather to present instances from their data (audio or video recordings and transcripts) and discuss them together, grounding their observations in the data at hand. I presented my data at several data sessions within the framework of seminars organised by the Finish Centre of Excellence in Intersubjectivity in Interaction, as well as at CA-related PhD courses. These data sessions provided

valuable opportunities to compare my observations with those of other researchers, and in such a way verify and develop the analyses.

Both the audio and textual data were presented at several 'analytical seminars' organised in Lund, where the data were discussed in a format open to input from different analytical and theoretical perspectives. These seminars were another valuable opportunity to discuss my observations with others. Scientific conferences, where I presented different stages of the analyses with short extracts from the data, were still another source of discussions and comments, which helped to refine and develop my analytical reasoning. Additionally, the analyses substantially benefitted from the collaboration with my supervisors as co-authors of the two joint publications (Papers I and III), as well as from suggestions by journal reviewers.

For each of the two papers that were written in co-authorship with my supervisors, the work was distributed in the following way. I performed the data work, including gathering and transcribing the material, making initial observations on the data, selecting the focus for closer analysis and identifying an interactional phenomenon under study. I then prepared the first draft of the paper, which was discussed with the co-author. We listened together to some of the extracts and, particularly in the case of Paper I, worked together on their English translations. While I wrote the first version of the analysis, it was subsequently revised in line with detailed suggestions of the co-author. After receiving comments from journal reviewers, we discussed them together, and I revised the manuscript accordingly. The revised version was jointly reviewed, and thereafter I made final corrections. We have estimated that the approximate percentage distribution of the overall work between me and the co-authors was about 75% and 25% respectively.

It is not typical for ethnomethodologically based studies, such as where the research method is CA, to account for the analyst's role in the research process. This may be due to some distinct features of these studies. Firstly, the data used are audio and video recordings of naturally occurring interaction. The research material is hence shaped by the researcher to a lesser degree than in other studies, such as, for example, where the primary data are field notes. Secondly, the analysis is data-driven and thus is not based on the researcher's theoretical preconceptions. Thirdly, the aim is to reconstruct the participants' own perspectives rather than apply the researcher's classifications or interpretations. The researcher's role may therefore seem to be confined to 'only' and 'simply' registering what's already there in the data, which may create an illusion of the researcher's 'absence' or 'invisibility'. In the present study, I would like to reflect upon my role as an analyst in respect of my background, as the latter might have introduced possible limitations in the analyses, as well as perhaps provided some advantages.

Research material in this thesis is in Swedish. Although fluent in Swedish, and using it as my home language, I am not a native Swedish speaker. This may have had consequences for the analyses in terms of my sensitivity to peculiarities, colloquialisms and subtle shades of meaning within the language, in the talk and texts studied. To deal with this as a possible limitation, every now and then I listened to and read the data

together with native Swedish speakers in order to get help with hearing and understanding the data (e.g. when transcribing). In this way, I could also check that my approach for evaluating what was indicated by the data was 'right'. On several occasions, at analysis seminars in Lund I presented the data for discussion together with colleagues, who included native Swedish speakers. I also discussed patterns from the data in informal conversations with Swedish-speaking colleagues and friends, asking them about the usage of particular Swedish phrases and their actual meanings (e.g. 'Vad tar du med dig?'/'What are you taking away with you?'). In a similar way, I sought and got help with translation of the transcripts into English. In addition, my different cultural background made me sometimes wonder about the 'adequacy' or 'appropriateness' of particular interactional moves in the data (such as enquiry about one's age, which seems to be a more delicate issue in the Ukrainian cultural context, where I come from), which I also 'checked' and 'clarified' in conversations with 'native Swedes'. It is noteworthy, however, that working with data in a foreign language is not new for CA research (see e.g. Peräkylä 1995).

Another aspect of my background that might have influenced the research process is my degree in psychology. While I believe this helped me to more easily comprehend the therapeutic component of the interaction in the data, it could also have distracted my attention from other possibly interesting focuses for analysis, for example those pertaining more to the programme as a media setting. Some of these focuses will be outlined as suggestions for further research in the discussion section.

3.4. Ethical considerations

The data for this thesis were obtained from public sources: recordings of *The Radio Psychologist* and listeners' comments on the programme were publicly available for anybody to access. Thus, I had access to them in the same way as any other radio listener or Internet user. The data comprise narratives, both oral in the programme, and written on the online forum, on emotional states and interpersonal relationships.[15] These narratives are anonymous. Aliases were used for the first names of the callers to the programme, and no surnames or any other personal details were revealed during it. The only information I had about the callers was from the programme episodes and the programme's web pages. Obtaining informed consent from the callers for this study would compromise their anonymity, and was therefore considered inadvisable. The forum messages studied were signed either without mentioning any names (e.g.

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[15] The narratives studied did not contain any information on such potentially sensitive issues as race, ethnic origin, political opinions, religious or philosophical convictions or membership in trade unions (Personal Data Act 1998: 204). Only in a few cases did the narratives include references to medical diagnosis (health issues) or deal with sexual life. However, these potentially sensitive disclosures were beyond the focus of the thesis.

'anonymous' or 'another mother'), or alternatively by only a first name or alias. In this case, obtaining informed consent was impossible.

A part of the data comes from an online forum – a setting that raises specific questions regarding research ethics. A major consideration has to do with the blurred distinction between public and private domains in the new media. The concern is that while operating in a public space such as the Internet, people can still maintain expectations of privacy (Frankel and Siang 1999; Hine 2013). Therefore, researchers using online data are advised to consider ethical, and particularly privacy, expectations which Internet users attach to the venue in which they are interacting (Markham and Buchanan 2012). The data in this thesis come from an open-access public web forum, which was not password-protected, and could be entered by any Internet user. The forum posts were thus written for anyone to read. Besides this, and importantly, forum participants had an opportunity to remain anonymous.

In the course of the interviews with the programme producer and the current radio psychologist (25.02.2015 and 3.03.2015 respectively), I told them about my doctoral project, to which they expressed interest and encouragement. In these interviews, I defined the focus of my thesis as interaction and processes of meaning-making. Yet I did not explicate the methodological understanding of social phenomena as being constituted through language and discursive practices. As Hammersley (2014) points out, it is an ethical challenge to adequately inform lay participants about the aims of discourse analytical studies. This is due to the contrast between a lay ('objectivistic' or 'realistic') view and a constructionist research perspective: people who are engaged in activities are likely to think about these activities as 'actual' rather than 'enacted' or constituted through language. For example, they are inclined to understand a family as a group of people and a sort of relationship rather than a form of talk. At the same time, Hammersley maintains that this ethical problem is avoided in the cases where no informed consent is required, and the researcher does not need to inform (and potentially mislead) research participants about the aims of the study – as in the studies where the data are already publicly available, which is the case in the present thesis.

Furthermore, Hammersley suggests that acting in an ethical manner is not a matter of meeting prior requirements (such as gaining informed consent or 'adequately informing' research participants). Rather, the ethical concern should be to minimise harm. He further points out that discursive research mostly involves little chance of harm to those whose discursive practices are studied, especially, when this research is judged against the background of other kinds of research (e.g. medical) and human activities more generally. Still, while working with the data I kept in mind the concern with the issue of harm. The discourse analytic approach, applied in the present study, requires exact quoting from the online data and unavoidably places the material into a new context not intended by those who produced it. Therefore, I was careful when formulating analytical observations and considered the potential effect of my wordings on those who could recognise themselves in the data examples.

Meanwhile, I believe that the ethnomethodological agenda, guiding this thesis, provides the possibility of an appreciative approach toward those who are involved in the social phenomena studied. The ethnomethodological approach instructs a researcher to understand these participants as competent members of society and treat their activities as socially organised artful practices (Garfinkel 1967). This is in contrast to research approaches which take a critical stance toward the activities under investigation, as for example in critical discourse studies aiming to unmask (and challenge) ideologies and prejudices (e.g. Fairclough 1995). My goal was to approach the participants' understandings and practices as skilful forms of meaningful social actions that merit observation and analytic elucidation.

4. Results

The four sub-studies comprising the thesis are summarised below as they are reported in the respective empirical papers. The sub-studies take different focuses on the data – their starting points are, respectively, in age categorisations, images of misfortunate childhood, conversation closing, and commonality of experiences. At the same time, all the papers attend to discursive practices employed in the interpretative work with personal troubles. The papers highlight different aspects of this interpretative work and reveal its complexity by showing how it is observable in the various aspects of the interaction between the radio psychologist, callers and listeners.

4.1. Age reference as interpretative resource

Paper I *'And how old are you?': Age reference as an interpretative device in radio counselling* explicates how reasoning about personal troubles may be grounded in cultural knowledge about ageing. In the Western world, human life is understood as a series of developments and events, which is captured in the concepts of 'life course' and 'stages of ageing'. References to one's location in the life course may be used to compare one's actions to the expectations associated with particular life stages in order to make sense of one's own and others' experiences and behaviours, and create images of being 'on time' or 'off time' (the so-called practice of 'life coursing', see Rosenfeld and Gallagher 2002).

Literature mentions that age is one of the key bases for production of self-image (Hockey and James 1993), and that the life course may be used as a schema of interpretation in psychotherapeutic practice (Atkinson 1980). Still, so far there have been no studies directly focusing on and exploring in detail how age categorisations can be invoked as an interpretative resource in counselling and psychotherapy. Paper I reports the first study of this kind showing in interactional detail how, in the programme, references to callers' age were used to position the callers as members of particular stage-of-life categories, and infer age-related interpretations of the callers' troublesome experiences.

Callers' age was most often revealed in response to the radio psychologist's question, 'How old are you?'. At first glance, this question might appear to be a matter of obtaining information. However, the radio psychologist was usually informed in

advance about callers' age. The question was thus asked not to elicit information new to the radio psychologist, but rather to make the age of callers known to listeners, and to incorporate it into the process of exploring callers' troubles. Even though a reference to one's chronological age does not categorise a person (in contrast to such descriptions as 'she is old' or 'he is a teenager'), it constitutes a category-implicative description, and therefore calls upon an array of category resonances (cf. Schegloff 2007a). The radio psychologist used references to callers' chronological age to invoke stage-of-life expectations and to contrast them to the callers' conduct. In such a way, age references were incorporated into normative reasoning about callers' problems – by depicting a deviation from expectations tied to the position in the life course. When contrasting cultural age-related expectations to callers' behaviours, the radio psychologist problematised the latter and inferred age-related interpretations of the troubles.

Callers' age was invoked to reason about the aetiology of their troubles (e.g. 'you feel anxious because you work too much for your [old] age') as well as to argue for particular remedies to these troubles (e.g. 'you are at the age when you need to look after yourself more'). Thus, the age-related normative reasoning was embedded in the therapeutic tasks of generating explanations and solutions for callers' problems. The callers never questioned this line of reasoning, and in almost all the cases (except for one) agreed with the age-based normative descriptions of their troubles. In such a way, reasoning about callers' problems was grounded in the cultural conceptions of life course and ageing, which were used as an interpretative resource for negotiating understanding of the problematic experiences.

4.2. Misfortunate childhood as explanatory framework

Paper II *Childhood-grounded explanations for personal troubles: Social problems work in radio counselling* examines how Western cultural images of fortunate and misfortunate childhood may be called upon to account for personal troubles in adulthood. The study draws upon the theoretical concept of social problems work (e.g. Holstein and Miller 1993, 2003), which designates a way of understanding and representing personal experiences through applying culturally shared categories. In this sense, the culturally shared categories are used as interpretative resources in making sense of personal experiences, while they are simultaneously maintained and confirmed through the individual cases to which they are applied.

Media counselling is a likely arena for the social problems work as it combines professional help for personal troubles with the public media context, where individual problematic experiences are routinely topicalised as instances of public issues (e.g. Loseke 2010). Still, it has not been studied so far how cultural understandings of social problems can be applied to individual experiences in this, or any other, counselling- or therapy-related setting. Paper II reports on such a study, explicating how the cultural

understanding of the social problem of child abuse and neglect was invoked in radio conversations with a psychotherapist to explain callers' problematic experiences in adulthood.

In one third of the episodes of *The Radio Psychologist* broadcast over a year, the childhood of callers to the programme was portrayed as problematic and as a cause for the callers' emotional or relational problems in adulthood. In half of these cases, the topic of childhood was raised by callers themselves, who right at the initial presentation of their troubles connected them to their childhood memories. In the other half of the episodes, callers' childhood memories were invoked later in the conversations in the context of searching for explanations for the callers' troubles – for example, after the radio psychologist asked 'Why do you think this is so?'. The childhood memories were called upon to explain troublesome experiences, and suggest that they were understandable and sensible rather than unreasonable or irrational. This reasoning was grounded in the understanding of the 'otherness' of the callers who had been severely harmed by the circumstances of their childhood.

The understanding of callers' childhood as severely misfortunate and harmful was reached in two ways. Firstly, callers could describe their childhood using emotionally loaded categorial descriptions of parent-addicts, parents with mental illness, and physical and/or psychological abuse. Secondly, when callers talked about their childhoods in less precise and more descriptive terms (e.g. as lacking love or suffused with loneliness), the conversation participants engaged in elaborative work to acknowledge and evaluate the callers' childhood experiences as significantly misfortunate (e.g. through reaching an understanding of the callers' parents as being physically and/or emotionally absent). In both cases, the conversation participants invoked moral obligations attached to parental roles to love and protect their children, and anchored their reasoning in the cultural image of a child as vulnerable and compliant to adults' influences.

The childhood experiences were drawn upon to make sense of callers' current problems in adulthood. The conversation participants integrated childhood experiences into callers' current (adult) selves using the images of compensation ('the love I longed for and needed when I was little, I am trying to get hold of it today') and continuation ('she carried those problems with her further'). By doing so, they developed coherent narratives of the callers' life stories and restored the rationality of the callers' behaviours. The participants also made moves to 'externalise' childhood memories (by means of the metaphors of 'old voices' and 'the inner child') in order for the callers to be able to manage these memories.

Thus, the conversation participants called upon callers' childhood experiences to explain the callers' present behaviours and feelings, and, simultaneously, they re-established and elaborated the cultural understanding of the social problem of 'threatened children' (Best 1990). Individual life stories of the callers illustrated how childhood conditions could be harmful and injurious, particularly through showing how a misfortunate childhood could be consequential for one's well-being in adult life.

4.3. Closing radio encounters by reviewing progress

Paper III *'What are you taking away with you?': Closing radio counselling encounters by reviewing progress* focuses on how conversations between the radio psychologist and callers to the programme were brought to an end. In particular, this sub-study explicates a practice used to round off the encounters by reviewing progress achieved in understanding and solving callers' problems. Among other things, the paper points at the asymmetry in the radio psychologist's and callers' entitlement to know about and decide on the problem formulations and solutions.

A recent discussion calls attention to the fact that ending a therapeutic relationship is an important part of psychotherapeutic work, and emphasises that there is an "almost complete lack of research and clinical discussion on this topic in the literature" (Hilsenroth 2017: 1). At the same time, interactional research shows that the way in which a conversation is brought to an end may reveal the specific goals of the encounter and give a 'signature' to the particular type of conversation (Schegloff and Sacks 1973). Paper III explores one distinct way of rounding off radio encounters in *The Radio Psychologist*, and discusses how it displays the participants' orientations to therapeutic goals of the interaction as well as its radio-related tasks.

Conversations between the radio psychologist and callers were routinely closed by the exchange of thanks and goodbyes. This terminal exchange was preceded by substantial preparatory work, which was more extended than in other media contexts such as news interviews and entertainment talk shows (cf. Clayman 1989; Martínez 2003). In contrast to these media settings, in *The Radio Psychologist* conversations were brought to closure with orientation to the task of a collaborative completion of a project of providing help. The conversations were rounded off in two ways: (1) by agreeing on concrete solutions to the caller's problem, and (2) by revisiting interpretations and solutions discussed earlier in the conversation. The paper studies in detail the latter group of the episodes, where the conversations were brought to an end by formulating conclusions from the conversation. This work was initiated by the radio psychologist's question, often formulated as a variation of the colloquial metaphorical phrase, 'What are you taking away with you?' (Swedish: 'Vad tar du med dig?'). The question invited callers to look back at the encounter and reflect upon their gains. In response, callers usually reinvoked material from earlier in the conversation as well as acknowledged the professional's help or explicitly displayed appreciation for particular advice or explanations.

In the majority of cases, the radio psychologist responded to the callers' conclusions by approving, complementing or revising them. In such a way, the radio psychologist assumed the expert (authority) position, and treated the callers' conclusions as candidate understandings which were subject to either ratification or revision (cf. Stevanovic and Peräkylä 2012). On the one hand, when inviting a caller to reflect upon possible useful elements of the conversation, the radio psychologist acknowledged the

caller's position of a help-seeker and his or her priority in passing judgement on the help received. On the other hand, the caller's conclusions were subsequently subject to negotiation between the radio psychologist and the caller due to the radio psychologist's role of expert on psychological issues, including the caller's problem.

The way of rounding off the encounters, explicated in this paper, differed from those described in studies on other radio counselling programmes (Ten Have 1978) and counselling via the Internet (Stommel and Te Moulder 2015), where conversation closure (exchange of goodbyes) immediately followed caller's or client's advice acknowledgement, either self-initiated or elicited by the counsellor. The work launched by the radio psychologist's question, 'What are you taking away with you?' appeared to be of a more therapeutic nature, and in line with such tasks in the ending phase of a therapeutic process as shifting focus to processing and reviewing progress, and summarising and solidifying gains from the encounter (cf. Fragkiadaki and Strauss 2012; Maples and Walker 2014). At the same time, when closing encounters by reviewing achieved progress, the conversation participants constructed the understanding of these encounters as helpful, and dramaturgically created stories with a happy ending, which appears to be in line with the objectives of the radio programme.

4.4. Shared problems and commonality of experiences

Paper IV *Shared problems: Establishing commonality of experiences in a radio counselling online forum* studies how, in their comments on the programme's web page, those listening to *The Radio Psychologist* could relate their own experiences to what they had heard in the programme. One of the motivations for listening to radio counselling programmes is a need for social comparison between one's own experiences, behaviours and problems and those of others (Raviv, Raviv and Arnon 1991). This paper examines how such a comparison can be accomplished discursively. The particular focus of the paper is on how, in their comments, listeners shaped their own experiences as recognisably similar to those of the callers. Earlier research has identified several discursive strategies and devices which can be used to build similarity of experiences, such as the phrasing 'as X said' and alignment markers 'also' and 'too' (Arminen 2004). Paper IV aims to complement the 'typology' of discursive practices by means of which one's experiences can be juxtaposed to experiences of the other. The study describes these practices in detail and explicates their functional orientations.

Listeners' feedback is a routine element of the programme production. At the end of the studied radio programme episodes, listeners were encouraged to comment on what they had heard in the programme, and they could be solicited to relate if they had undergone a similar experience to the caller's. Furthermore, the overall tendency of the programme was to frame callers' experiences as individual cases of typical situations, which was likely to facilitate listeners' identification with callers. The experience-

sharing in the forum had a discontinuous organisation: listeners shared their experiences in response to the programme episodes (usually addressing their posts to the callers in question) rather than relating them to other posts in the discussion thread. The experience-sharing was thus shaped as a mutual process between callers (revealing their experiences in the programme) and listeners (reciprocally revealing their experiences in the forum).

The commonality of experiences was achieved through an intricate discursive work, with the help of a number of linguistic practices. Firstly, the commonality was claimed or exhibited through explicit juxtaposition of one's own and the other's experiences: by establishing a connection of mutuality between the listener and the caller (using claims of identification, similarity markers and parallel assessments), shaping the experience in question as shared (in impersonal constructions), and positioning the listener and the caller as members of the same social group (in 'we' generalisations). Secondly, the commonality was implied by building intertextual links with the content of the radio programme through self-categorisations, replicated descriptive structures, reframed problem definitions and reproduced narrative logics. In this case, listeners used descriptions and explanations of the caller's problem as a template, which they applied to their own experiences.

When listeners explicitly indicated that their experiences were similar to those of the caller, they inferred that they were entitled to join in an evaluation of the experience, and they overtly displayed empathic affiliation with the caller. Meanwhile, when the commonality was implied rather than explicitly indicated, listeners affiliated with the caller's (and the radio psychologist's) stance toward the caller's experience in a more subtle way – through (re)affirming the interpretation of this experience as a particular kind of problem. By invoking their own experiences and shaping them as shared with the callers, listeners acknowledged callers' problems and displayed understanding of callers' experiences. They thereby created moments of 'empathic communion' (Heritage 2011). The listeners communicated to the callers 'you are not alone' and 'we are in the same boat', thus providing peer support grounded in mutuality and reciprocity of experiences.

5. Discussion

The empirical papers summarised above explicate the interpretative work with personal troubles as it is observable in the activities of those involved in the programme: both those who are hearable on the air, and those who are listening and responding to the programme. The sub-studies show how the participants cooperatively negotiate understandings of individual experiences. In this final chapter I discuss the findings from four discrete angles: the combination of personalised help and public guidance in radio counselling, the specifics of the process of problem formulation in a psychotherapeutic conversation on the radio, the potential of interactive radio counselling to create an opportunity for sociability between listeners and callers, and, lastly, the socio-cultural nature of problem talk.

5.1. Personalised help and public guidance

In analogy to lifestyle programmes and reality shows (see Lunt 2009), radio counselling appears to constitute a means of both emancipation of citizens and social control (cf. Seifarth 2007). *The Radio Psychologist* aims to provide professional help to callers as well as listeners, who recognise their own situations in those of the callers. At the same time, the programme contributes to shaping the public understanding of what can be considered as a personal problem and why.

The findings suggest that, while addressing their turns to each other and focusing their talk on issues in a caller's life, the programme participants (the radio psychologist and callers) subtly orient to the overhearing audience. Thus, one of the reasons the radio psychologist asked callers about their age was to make the age hearable to the radio listeners (Paper I). Besides this, the radio encounters were brought to an end in a specific way to illuminate and accentuate the progress achieved in understanding and solving callers' problems (Paper III).

In the programme, personalised help to the callers (and indirectly to listeners) is primarily provided through exploring and explicating the nature and origins of their distressing experiences (see Papers I, II and III). Thereby the problematic nature of the experiences discussed is acknowledged and elaborated by the expert (the radio psychologist). As Livingstone and Lunt (1994) suggest, the mere acknowledgement of a problematic experience and the process of publicly attending to the problem can have

a therapeutic effect. Those who have already begun working on their problems may be encouraged towards further progress through sharing their experiences, and having them recognised and legitimated.

As Paper IV shows, in *The Radio Psychologist* callers' problems were acknowledged and recognised not only in the conversations with the expert, but also in the listeners' comments on the programme's web pages, where the listeners reciprocally shared their own experiences and shaped them as similar to those of the callers. In such a way, the listeners provided support for the callers, communicating the sense of 'being in the same boat'. Through revealing their similar experiences, the listeners simultaneously indicated that the programme content could be useful in reflecting on their own personal problems. Thus, both callers to the programme and the listeners, who might have found explanations and suggestions in the programme useful for themselves, could be empowered through acquiring new perspectives on their problems.

At the same time, problem definitions and explanations suggested in the programme get disseminated through broadcasting and shape public attitudes and understandings. *The Radio Psychologist*, similarly to other media counselling programmes, positions the radio audience as people in need of expert guidance in their everyday living (cf. Behrens 2009). This guidance is provided in the programme in the form of a 'psychotherapeutic conversation', in which a professional communicates a psychological and therapeutic approach to personal troubles. Literature suggests that psychology and psychotherapy provide for a moral order by informing on 'healthy' or 'right' models of conduct (Behrens 2009; Furedi 2004; Hodges 2002; Kollind 2002). This is in line with findings of Papers I and II, which show that reasoning about callers' troubles could be grounded in culturally normative understandings of age-(in)appropriate conduct and (un)acceptable childhood conditions. By exposing the interpretative work with callers' troubles to the radio audience, the programme informs and guides how one can make sense of personal experiences with the help of particular interpretative frameworks.

5.2. Problem formulation in radio counselling

The particular interest of this study lay in how callers' experiences were explored and formulated into particular problems, when they were discussed in an encounter with a psychotherapist on the radio. As was outlined in the Introduction, *The Radio Psychologist* combines characteristic features of two institutional discourses: psychotherapeutic and counselling interaction on the one hand, and media communication on the other. While encounters between the radio psychologist and callers bear features pertaining to interactions in counselling (provision of advice) and psychotherapy (exploration of thoughts and feelings), these encounters are produced for a radio audience and thus are oriented to it. This challenging combination shapes the process of problem formulation in a particular way. The findings, reported in the

empirical papers, point to some possible specific features of the interpretative work with personal troubles in radio counselling in comparison to everyday interaction as well as other institutional settings.

Similar to other institutional settings, in the radio encounters with the radio psychologist the interaction was organised around institutional identities of the participants (a help-seeker and an expert) and their respective discursive identities (e.g. a questioner and a troubles-teller). Reasoning about callers' troubles was navigated by the professional by, for example, (re)formulations and leading questions (see Papers I, II and III). At the same time, the radio counselling encounters are distinct in terms of being time-limited and agenda-rich, as well as oriented to creating a story with a 'happy ending', that is a story that would incorporate an indication that the encounter was helpful for the caller (Paper III). They might thus incorporate (and make observable) the process of therapeutic problem formulation in a condensed and somewhat accentuated form as compared to a similar process in more conventional forms of psychotherapy and counselling, where it is stretched across sessions.

Jefferson and Lee (1992) suggested that troubles-telling in everyday interaction has a focal point on the troubles-teller and his or her experiences, while in a service encounter the focus is on the problem and its properties. Voutilainen (2010: 28) in her study of psychotherapeutic interaction suggested that the two activities, identified and contrasted by Jefferson and Lee, are fundamentally interwoven in psychotherapy: "to put this in very simplified words, in psychotherapeutic encounters, *the problems* under discussion *are the patient's experiences*" (emphasis added).

A similar convergence of activities was observable in the radio counselling. The findings of the present study suggest that the focus on the problem became possible after the radio psychologist and a caller had reached an agreement about problem formulation for the caller's experiences. In other words, the focus on the 'problem and its properties' was a result of a mutually agreed choice of an interpretative framework for the caller's trouble. While a caller's initial description of his or her troublesome experiences (e.g. 'pain in solar plexus' and 'anxiety') usually did not directly provide for particular solving strategies, the problem formulation incorporated interpretative resources, which allowed identifying causes of these experiences ('you are anxious because you work too much for your age'), and consequently suggesting a remedy ('to eliminate anxiety you need to slow down'). Thus, the two modes of interaction – therapeutic (exploration of experiences) and counselling (provision of advice) – that were earlier suggested to be merged or coexisting in psychological media counselling (Gaik 1994; Henricks and Stiles 1989), seem to have a connection of interdependence: a caller's experiences need first to be explored in order to be defined as a particular kind of problem, which in its turn enables recommendation of possible remedies.

The transformative process from trouble to problem in radio counselling is, however, not as linear and straightforward as it may sound. When a caller's problematic experiences were suggested to be understood as a particular kind of problem, the caller and the radio psychologist used to continue to further explore the caller's experiences

in order to link his or her behaviours and feelings (e.g. irrational expectations of punishment when experiencing joy of togetherness) to the established problem, as instances of such (e.g. emotional isolation originating in childhood, see Paper II). This is akin to what has been observed in more conventional forms of psychotherapy (cf. Davis 1986).

The process of reformulating callers' troubles into professional-informed problems appears to be distinct from the process of 'clientisation', in which people with their personal troubles are assigned institutionally relevant categories from a 'pre-arranged' list of such categories corresponding to the measures at the disposal of the institution (Cedersund 1992a; Järvinen 2014; Mäkitalo 2014). In contrast to other institutional contexts, such as social service, medical consultation or the police, problem formulation in the radio counselling was not based on sorting the cases in accordance with predefined categories (as would be the case in, for example, appealing to medical diagnoses) but rather was grounded in common-sense cultural knowledge about what is to be considered 'appropriate' and 'normal' (Papers I and II).

This might be due to the fact that the radio psychologist does not have any particular range of institutionally defined remedies at his or her disposal. The clientisation process presupposes a transformation of complex experiences into typified problems in order to provide the organisation with guidelines on which institutional measures can be applied to treat people with these experiences. By contrast, in counselling and psychotherapy personal experiences need to be defined not in an *institutionally relevant way* but rather in a *personally relevant way* in order to equip the client with the perspectives and understandings that will enable him or her to deal with the problem. These personally relevant understandings cannot be defined beforehand, but need to be searched for in a cooperative dialogue, and established individually for each case. In this sense, shared cultural understandings, such as stage-of-life expectations and images of an unfortunate childhood, invoked in *The Radio Psychologist*, provided interpretative resources, which could be applied to personal experiences (of both callers and listeners, see Paper IV) in individually meaningful ways.

The present thesis focused on the process of problem formulation as it was hearable on the air in the conversations between the radio psychologist and callers to the programme. The programme producers' activities of choosing and formatting topics for the programme were beyond the scope of this study. In future research, it would be interesting to study how producers select particular problems (and callers) for broadcasting, how they help the callers to formulate their main questions to the radio psychologist, and how they shape the on-air versions of the conversations through the editing process. Furthemore, radio counselling could be compared to lay–expert interactions in newspapers and on television to reveal the nature, opportunities and challenges of professional guidance in the different media contexts.

5.3. Interactive radio counselling and sociability

The Radio Psychologist involves the listening audience in several ways. Firstly, the programme enables audience participation both in the media (on the radio) and through the media (via Internet; cf. Carpentier 2011). Members of the audience are invited to participate in radio conversations with the radio psychologist and thereby bring their concerns and life stories as an agenda and topic for the programme. Radio listeners are also encouraged to engage in the discussion on the issues raised in the programme by responding to the programme on its web pages. Besides this, radio counselling in the format of interactive exploratory therapeutic encounters, as in *The Radio Psychologist*, appears to be particularly suitable for producing the 'communicative ethos' of public broadcasting, which "seeks to instill a sense of familiarity, and, hence, inclusiveness and sociability in the audience" (Hutchby 2006: 12; see also Scannell 1989). In contrast to counselling programmes formatted as experts' answers to listeners' letters (e.g. *Where shall I turn?* and *Just between us*, mentioned in the Introduction), where experts attach 'ready-made' instructive definitions and explanations to personal experiences, *The Radio Psychologist* exposes the process of shaping understanding of callers' problems as it is accomplished in the unfolding dialogues with the professional. The radio programme opens the black box of the psychotherapeutic work for the audience, inviting them to follow into the laboratory of therapeutic interpretation and change. Here, the details of professional interventions are on display, and radio listeners can observe whether and how help-seekers respond to and value the help received, and how particular problem definitions and explanations are tried out, agreed on and reconsidered.

Thus, the intricate work for reaching an understanding of callers' personal troubles, as it is explicated in Papers I, II and III, is exposed for the members of the audience, who are invited to be co-observers of this process and even to co-participate in it. Listeners to the programme go through the therapeutic process together with callers, possibly empathising with them and approving or disapproving the psychotherapist's interpretations and suggestions. The interactive format of the programme appears to provide for creating 'intimacy at a distance' (Horton and Wohl 1956). It allows the producers to relate to the audience in an inclusive and cooperative way, orienting to radio listeners as 'distributed recipients' (Hutchby 2006) of the broadcast content rather than as a mass public. By encouraging members of the audience to actively participate in the process of shaping understandings of callers' problems, for example by commenting on the programme on the Internet, radio listeners are positioned as (potential) co-creators of these understandings rather than mere recipients of them.

When members of the audience actively respond to the programme on the Internet, they engage in intricate interpretative work with callers' and their own experiences (Paper IV). The listeners shape a sense of the experiences as similar, shared and in-common, providing peer support for the callers and establishing a relation of mutuality

with them. The programme thus creates an opportunity for reciprocity of individual experiences and moments of 'empathic communion' (Heritage 2011) between callers and listeners. This sense of social support and connectedness may be of particular value for members of the modern Western, individualised society (see e.g. Mental Health Foundation's report *The Lonely Society?* by Griffin 2010).

In the present thesis listeners' responses to the programme were studied with the particular focus on the prevailing 'positive' supportive and solidarity mode of the programme forum: how listeners affiliated with the programme participants and re-affirmed problem formulations and interpretations suggested in the programme. In further research, it would also be interesting to study how interpretative agendas and frameworks from media counselling programmes may be questioned and challenged by radio listeners in their comments, and thereby how members of an audience may engage in public debate on what are to be considered as shared social norms and values (cf. Eldén 2009; Shattuc 1997).

5.4. Socio-cultural nature of problem talk

In this thesis, troubles and problems were approached as interpretative understandings (rather than objective circumstances). The empirical papers show how understanding of personal experiences as problematic and as problems of particular kinds is achieved in the details of the unfolding interactions. The findings indicate that the reasoning about problem formulations has a socio-cultural nature. Both the interpretative resources that the reasoning draws upon and the interactional format of the encounters are shaped by historical and cultural processes in the given society. As Pollner (1987) points out, there are cross-cultural as well as historical variations in constructions of mind, self and reality. These variations shape meaning-making processes and define how troubles and problems can be designated in any particular historical epoch and cultural context.

Papers I and II draw upon social constructionist theories of life course and childhood to contextualise the interpretative resources used in radio counselling. These papers show how programme participants – the radio psychologist as well as callers to the programme – invoked taken-for-granted normative expectations attached to stage-of-life categories and parental obligations towards children. While the detailed microanalysis of the interactions allowed revealing the intricate interpretative work jointly accomplished by conversation participants, the social constructionist theories elucidated the socio-cultural origin of the interpretative resources invoked in the conversations. The understanding of the life course as a linear development from childhood to adulthood and old age, as well as the image of children as vulnerably dependent on adults, are cultural concepts pertaining to the modern Western society (e.g. Ariès 1962; Hockey and James 1993). It is the availability of these concepts in the

shared cultural knowledge that provides for the possibility of applying them to individual experiences.

When transmitted through broadcasting, the cultural concepts and understandings are produced and reproduced, shaping public knowledge and reasoning. Lunt and Stenner (2005: 73) note that media programmes dealing in public with emotional conflicts "constitute a reflection on character and conduct in contemporary life". In *The Radio Psychologist* the cultural knowledge about ageing and a (mis)fortunate childhood was drawn on to make sense of callers' personal troubles. At the same time, the programme transmitted this cultural knowledge and promoted it, along with popularised versions of psychological and psychotherapeutic theories (see discussion in Paper II). The dynamic process of interpretative work with personal troubles in the programme thus constitutes popular knowledge and culture in the making. While in the present study the cultural specificity of stage-of-life concepts, invoked in the programme, has been referred to on a very general level, in further research it could be possible to investigate the particular twenty-first-century (and, perhaps, characteristically Nordic or Swedish) notions of childhood and aging as they may emerge in the radio discussions.

The format of *The Radio Psychologist* also reflects the socio-cultural understanding of what is seen as an appropriate and reasonable form of work with personal troubles. It mirrors (as well as promotes) the increased role of psychotherapeutic modes of dealing with personal experiences in the modern 'expert society'. As has been shown, particularly in Paper III, callers to the programme oriented to the psychotherapist as an expert with authority to define the nature of their experiences and remedies to their problems. A similar orientation was observable in listeners' comments on the programme's web pages, where the listeners reproduced problem definitions suggested by the radio psychologist and applied them to their own experiences (see Paper IV). *The Radio Psychologist*, and media counselling more generally, thus represent what Silverman (1997) calls 'a counselled society', where consulting a counsellor or a psychotherapist is a preferred solution for personal problems.

In the helping and caring professions, reflection upon the socio-cultural nature of problem definitions and explanations may be relevant in modern societies losing their cultural homogeneity in view of globalisation and immigration processes. The professionals may be challenged to be open to different (from their own) cultural understandings, reflect upon the cultural grounds of their judgements and look upon their own work as essentially an interpretative endeavour. Besides this, helping professionals, such as social workers, may be encouraged to reflect upon the psychologically informed character of their professional approaches and practices (e.g. Roy, Rivest and Moreau 2016). My hope is that this thesis may inspire such professional reflection.

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Summary in Swedish

Denna doktorsavhandling, *Offentliga samtal om personliga bekymmer: en studie om interaktion i radiorådgivning*, undersöker samtal om personliga problem i mötet med en specialist i radio. I synnerhet handlar studien om den dynamiska process då förståelse skapas – när upplevelser av personliga bekymmer förklaras och definieras som problem av särskilda slag. Denna meningsskapande process undersöks i detalj så som den utspelar sig i dialoger i radio och mellan programdeltagare och radiolyssnare.

Ett samtal mellan en specialist och en hjälpsökande i radio är en kombination av en professionell konsultation och mediakommunikation. Samtalet syftar till att ge professionell hjälp till en person som aktivt söker den (en inringare till programmet). Samtidigt produceras samtalet för radiolyssnare och ska därför vara informativt, kanske underhållande, eller åtminstone intressant för den bredare publiken. Denna utmanande kombination, där den professionella hjälpen ska vara relevant för många fler än bara den hjälpsökande, formar samtalet och hjälpen på ett visst sätt. Studien undersöker hur psykoterapeutisk hjälp utformas och anpassas till en radiokontext och har karaktären av såväl rådgivning (personlig vägledning) som psykoterapeutiskt samtal (utforskning av tankar och känslor) och allmän upplysning (vägledning för allmänheten).

Avhandlingen bygger på offentligt tillgängliga inspelningar av programmet *Radiopsykologen*, som sänds i Sveriges Radio på P1, och radiolyssnarnas kommentarer på programmets websida. Programmet är utformat som en halvtimmes telefondialog mellan en psykoterapeut och personer som söker hjälp med olika slags livssvårigheter och besvärliga upplevelser såsom ensamhet, oro, långvarig sorg och relationsproblem. I denna studie analyseras programavsnitt från 2014 och 2015 samt lyssnarnas kommentarer med syftet att undersöka (1) hur förståelse av personliga problem växer fram steg för steg under radiosamtalens gång, och (2) på vilket sätt radiolyssnare kan involveras i denna meningsskapande process. Analysen utgår ifrån ett konversationsanalytiskt tillvägagångssätt i kombination med insikter hämtade från närstående forskningsinriktningar som kategoriseringsanalys och diskursiv psykologi.

Avhandlingen består av fyra empiriska artiklar och en sammanfattning, en så kallad kappa. I kappan redogörs för tidigare forskning om hur bekymmer och problem kan förstås som tolkningar av verkligheten snarare än verkligheten i sig, hur personliga bekymmer behandlas i institutionella samtal inklusive rådgivning och psykoterapi, samt hur individuella problem kan belysas i media för att skapa och främja särskilda problemdefinitioner. Samtal med en psykoterapeut i programmet *Radiopsykologen* sorterar under vad som brukar kallas institutionella möten – det vill säga möten som präglas av institutionella regler och normer. *Radiopsykologen* har drag av två institutionella sammanhang: ett professionellt möte (rådgivning och psykoterapi) och media (radiokommunikation med publiken). Samtalens institutionella karaktär präglar samtalsparternas beteende genom att definiera deras dubbla roller som hjälpsökande och expert å ena sidan, och, samtidigt, som inringare och programvärd å andra sidan.

I de tre första artiklarna zoomas in samtalen mellan radiopsykologen och inringare in för att upptäcka hur samtalsparterna resonerar om inringarnas bekymmer i just den här specifika situationen – ett psykoterapeutiskt samtal på radio. I den fjärde artikeln studeras lyssnares kommentarer på programmets websida där lyssnarna sätter sina egna upplevelser och problem i relation till inringarnas berättelser i radio.

Den första artikeln handlar om hur västerländska samhällets föreställningar om livsförloppet framkallades som en tolkningsresurs i radiosamtalen.[16] Trots att radiopsykologen var informerad om inringarens ålder på förhand, togs åldern ofta upp i de radiosända dialogerna. Analysen visade att detta gjordes av två skäl: för det första, för att upplysa radiolyssnarna om hur gamla inringarna var, och för det andra, för att bilda kontraster mellan inringarnas livssituationer och åldersrelaterade förväntningar. Inringarnas positioner i livsförloppet åberopades för att omformulera definitioner av inringarnas problem: till exempel för att ersätta en personlig förklaring ('jag klarar inte stress') med en åldersrelaterad förklaring ('på ålderns höst har man rätt att ta det lugnare'). På detta sätt förankrades resonemang om inringares problem i kulturellt delade uppfattningar om ålder.

Den andra artikeln visar hur radiopsykologen och inringare till programmet frammanade inringarnas olyckliga barndomsminnen för att förklara deras problem i vuxen ålder. Populariserade versioner av psykologiska teorier om barndomsupplevelsers betydelse för framtida välbefinnande anfördes som ett slags 'folklig' kunskap i radiosamtalen – ofta föreslog inringarna själva (snarare än radiopsykologen) ett samband mellan sina barndomsupplevelser och problem i vuxen ålder. Bilder från inringarnas barndom framkallades i samtalen för att förklara beteenden, tankar och känslor i vuxen ålder, vilka annars kunde ha ansetts vara irrationella eller rentav bisarra. Samtidigt, genom inringarnas livshistorier, åberopades och bekräftades de förgivettagna föreställningarna om hur barndomen ska vara, och vilka konsekvenser en olycklig barndom kan få i vuxenlivet.

Den tredje artikeln handlar om hur dialoger mellan radiopsykologen och inringarna avslutades. Analysen redogör för ett återkommande sätt att avrunda radiosamtalen, nämligen genom att radiopsykologen brukade uppmana inringarna att dra slutsatser av vad som sagts om deras problem: 'Vad tar du med dig (från det här samtalet)?'. Denna avslutning visade sig att syfta på såväl psykoterapeutiska som radiorelaterade mål. Med hjälp av frågan 'Vad tar du med dig?' lockade radiopsykologen fram de uppfattningar som inringaren fått under samtalets gång om sina problem och lösningar till dem. Således kunde radiopsykologen granska och i viss mening ändra eller komplettera inringarens uppfattningar. Dessutom, genom att visa att inringarna hade något att ta med sig (vilket de alltid hävdade), skapades betydelsen av samtalen som hjälpsamma. Sålunda avslutades samtalen med ett slags lyckligt slut.

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[16] Se även Thell, N. (2016) "Att skapa mening i samtal om bekymmer: en studie av *Radiopsykologen*" i L. Harrysson och R.E. Lappalainen (red.) *Årsbok 2016*. Lunds universitet, Socialhögskolan.

Till sist, i den fjärde artikeln, vänds blicken mot radiolyssnarnas kommentarer till programmet. I programmets forum på nätet brukade lyssnare svara inringare och dela sina egna erfarenheter, vilka liknades vid vad inringarna hade berättat om i programmet. Genom sina berättelser gav lyssnarna sitt stöd till inringarna och visade förståelse för deras problem. Detta åstadkoms med hjälp av en rad diskursiva praktiker som lyssnarna använde sig av för att skapa och betona likheter mellan sina egna upplevelser och inringarnas upplevelser. Till exempel kunde de hävda att de identifierade sig med inringaren ('jag känner igen mig i dig'), använda likhetsmarkörer (t.ex. 'precis som du' och 'även jag'), placera sig i samma kategori som inringaren ('en annan mamma') och återanvända beskrivningar från programmet i berättelser om sina egna upplevelser. Lyssnare meddelade därigenom inringaren att '*du* är inte ensam om *ditt* problem', samtidigt som de antydde att de personligen kunde relatera till diskussionen i programmet: '*jag* är inte ensam om *mitt* problem'.

Resultaten som rapporteras i ovannämnda artiklarna, sammanfattas och diskuteras vidare i kappan. *Radiopsykologen* framstår som ett program med potential att erbjuda personlig hjälp till både inringare och de lyssnare som kan relatera till inringarnas problem. Programmet bidrar också till att formulera allmänhetens föreställningar om vad som kan anses vara ett personligt problem och hur det kan (och ibland bör) hanteras.

I den psykoterapeutiska form av radiorådgivning som uppstår i programmet, verkar problemformuleringsprocessen ha en rad distinkta drag. Till exempel skiljer den sig från kategoriseringspraktiker – det vill säga klassificeringar av klienter enligt förutbestämda typiska fall (t.ex. medicinska diagnoser eller lagstiftningsparagrafer) – som kännetecknar andra institutionella sammanhang såsom inom rättsväsendet, medicin och socialt arbete. I likhet med mer konventionella varianter av rådgivning och psykoterapi, formuleras inringarnas problem i *Radiopsykologen* på ett mer individuellt sätt för att förse inringarna med nya perspektiv och betydelser som är personligt meningsfulla och som därför inte kan vara bestämda på förhand utan behöver sökas individuellt i en dynamisk dialog.

Studien visar även att och på vilket sätt samtal om personliga problem är kulturellt präglade. Både tolkningsresurser som framkallas i samtalen (t.ex. åldersrelaterade förväntningar) och samtalsformat (t.ex. ett möte med en psykoterapeut) avspeglar en historisk och kulturell bild av hur personliga bekymmer kan förstås och hanteras.

Summary in Ukrainian

Дане дисертаційне дослідження[17] під назвою «Публічні бесіди про особисті проблеми: дослідження спілкування в радіоконсультуванні» присвячене вивченню можливостей та специфіки надання психологічної допомоги по радіо. Зокрема, досліджується радіопрограма, що транслює для широкої громадськості приватні бесіди із психотерапевтом, в яких надається допомога із особистими проблемами.

Бесіда, в якій спеціаліст надає професійну допомогу по радіо, поєднує в собі риси професійної консультації та медіакомунікації. З одного боку, бесіда спрямована на надання професійної допомоги людині, що звертається до радіопрограми. З іншого боку, бесіда записується або наживо транслюється для радіослухачів, і тому вона має бути інформативною або принаймні цікавою для слухачів широкого загалу. Ця складна комбінація, що вимагає від спеціаліста формулювання поради таким чином, щоб вона була не тільки корисною для того, хто звертається за допомогою, але і вартою уваги для радіослухачів, зумовлює специфічний характер професійної допомоги. Результати дослідження свідчать, що радіоконсультація із психотерапевтом поєднує в собі такі риси: 1) консультування або надання професійної поради, 2) психотерапевтичної бесіди, в якій увага приділяється особистісним смислам, почуттям та думкам, та 3) соціального просвітництва, тобто надання суспільної інформації та оприлюднення експертної думки.

Дисертація базується на матеріалі із шведської радіопрограми «Радіо-психолог», що транслюється щочетверга на одному з національних каналів країни. Радіопрограма має формат півгодинної телефонної бесіди із психотерапевтом, який надає допомогу з різноманітними проблемами особистого характеру такими як, наприклад, почуття самотності, тривога, туга за померлою близькою людиною або труднощі в міжособистісних стосунках. В радіопрограмі психотерапевт виконує роль «радіо-психолога», який запрошує слухачів до «психотерапевтичної бесіди» – бесіди в якій вони можуть поговорити про свої переживання, краще зрозуміти себе самих та отримати пораду про те, як впоратися зі своїми проблемами. В даному дослідженні аналізуються випуски радіопрограми, що транслювалися впродовж 2014 та 2015 років, а також коментарі радіослухачів на веб-сторінці програми. Мета аналізу полягала у виявленні того як, по-перше, психологічні проблеми формулюються в діалогах із психотерапевтом по радіо, та, по-друге, як радіослухачі можуть долучатися до того, що відбувається у радіопрограмі. В дослідженні застосовано методи аналізу мовленнєвої взаємодії (англ.: conversation analysis) та двох

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[17] Дисертація на здобуття ступеня доктора філософський наук у галузі соціальної роботи.

спoріднених дослідницьких підходів: аналізу категоризацій та дискурсивної психології.

Дисертація складається з чотирьох емпіричних статей, опублікованих та поданих до міжнародних наукових журналів, та інтегруючої вступної частини. В перших трьох статтях представлено результати детального вивчення процесу спілкування між радіо-психологом та учасниками програми, що звертаються до нього за допомогою. В четвертій статті проаналізовано коментарі радіослухачів, в яких вони розповідають про свої власні переживання та труднощі, схожі на ті, про які йшлося у радіопрограмі. В інтегруючій вступній частині обговорюються результати дослідження з огляду на те, як спілкування між спеціалістом (таким як психотерапевт) та людиною, що звертається за професійною допомогою, може розглядатися як динамічний процес смислотворення, під час якого спеціаліст допомагає прояснити природу і значення душевних переживань та життєвих ситуацій та зрозуміти, в чому полягає та чи інша проблема.

Згідно результатів дослідження, в програмі «Радіо-психолог» особистісні проблеми зазвичай обговорювалися з позиції загальноприйнятих культурно-зумовлених уявлень про природу людської поведінки та психіки. Наприклад, радіо-психолог міг спрямувати розмову таким чином, щоб переформулювати скаргу «я не справляюся із моїми обов'язками» у вікову проблему «у твоєму (похилому) віці час збавити темп та брати на себе менше зобов'язань». Таке формулювання проблеми ґрунтувалося на культурно-обумовленому розумінні того, що очікується від людини в певні вікові періоди (див. I статтю).

Учасники програми також пояснювали свої психологічні проблеми у дорослому віці (такі як, наприклад, нездатність побудувати близькі стосунки або необґрунтоване почуття самотності) з точки зору популяризованих версій психологічних теорій, згідно яких умови для психологічного благополуччя в дорослому віці закладаються в дитинстві, зокрема в стосунках з батьками (див. II статтю). Учасники програми посилалися на свої неприємні, а іноді болісні та травматичні спогади з дитинства для того, щоб пояснити свої вчинки та переживання, які інакше могли би тлумачитися як дивні або неадекватні (наприклад: «мабуть, це не дивно, що я не довіряю людям – я виросла в сім'ї, де насилля, як фізичне так і психічне, було нормою»). В цьому випадку, пояснення психологічних проблем ґрунтувалося на історично сформованому розумінні дитинства як специфічного періоду життя, в якому людина є уразливою та залежить від дорослих, турбота яких є визначною для психологічного здоров'я не тільки в дитинстві, але і в майбутньому дорослому житті.

Дослідження також вказує на певні характерні риси організації та структури психотерапевтичної бесіди по радіо. Зокрема, радіоконсультації зазвичай завершувалися підведенням підсумків: радіо-психолог запрошував учасників програми підсумувати, що вони «могли взяти із собою» з бесіди (див. III статтю). Таким чином, радіо-психолог перевіряв, як учасники програми зрозуміли його пояснення та поради, і в разі потреби міг підкорегувати їх висновки або додати

щось до них. Підводячи підсумки, учасники програми завжди висловлювали задоволення отриманими порадами. З драматургічної точки зору, у такий спосіб радіопрограма завершувалася щасливий кінцем, притаманним багатьом радіо- та телевізійним шоу.

Нарешті, в своїх коментарях в інтернеті радіослухачі часто ділилися власними хвилюваннями та проблемами, схожими на ті, що обговорювалися в радіопрограмі (див. IV статтю). Таким чином, слухачі надавали підтримку учасникам програми, повідомляючи, що ті були не самотні у своїх проблемах, і що слухачі розуміли їх та співчували їм. Одночасно радіослухачі натякали, а іноді і відкрито стверджували, що програма могла допомогти їм в подоланні їх власних труднощів.

Отже, результати дослідження вказують на те, що психотерапевтичне радіоконсультування є способом надання індивідуальної психологічної допомоги як учасникам програми, що спілкуються із радіо-психологом, так і тим слухачам, які можуть упізнати свої проблеми в розповідях у радіопрограмі та, можливо, захочуть самі скористатися порадами радіо-психолога. При цьому, учасники програми отримують не тільки професійну допомогу психотерапевта, але і підтримку від радіослухачів, які, залишаючи коментарі в інтернеті, висловлюють своє розуміння та співчуття тим, хто наважився розповісти про свої проблеми по радіо.

Водночас радіоконсультування, в якому спеціаліст з психологічних питань надає поради щодо внутрішнього емоційного життя та міжособистісних стосунків, є формою пропагування певних норм поведінки та ставлення до себе і оточуючих. Бесіда з психотерапевтом по радіо інформує слухачів про те, як розуміти власні переживання та вчинки, як визначати свої проблеми, до яких спеціалістів звертатися за допомогою, та, зрештою, які почуття, дії та ситуації можуть або навіть мають розглядатися як проблематичні і такі, що потребують професійного втручання.

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Public Talk on Personal Troubles

A study on interaction in radio counselling

Radio counselling is a form of professional guidance, in which an expert provides help with personal problems via radio broadcasting. While providing an opportunity for radio listeners to easily access a professional, and for the professional to reach a broad audience, radio counselling involves a number of challenges, such as to provide help within a short radio encounter and to make the advice not only useful for the person seeking help, but also relevant or interesting for the radio audience.

This dissertation studies a Swedish radio programme in which a psychotherapist, in a telephone dialogue, talks to people about their personal troubles, such as loneliness or relationship conflicts. The programme raises questions as to how psychotherapeutic help is provided in the specific situation of the radio dialogue (talk in public or 'public talk'), and how radio listeners can relate to what they hear during the programme. These questions are addressed through microanalyses of the dialogues in the programme and radio listeners' comments on the Internet. The study shows how programme participants engage in a dynamic interpretative process of seeking for and agreeing on what constitutes a caller's problem, its origins and explanations, and remedies to cope with it. Radio listeners in turn can participate in this process by juxtaposing their own experiences to those of the caller on the programme's web pages. The radio programme is discussed as a multi-faceted phenomenon with a potential to provide psychotherapeutic help to individuals along with public guidance on self-regulation and interpersonal relationships.

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