

The 'Blame Game': Discourse Analysis of Family Members' and Therapist Negotiation of Problem Definition in Systemic Family Therapy

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Abstract

The present article aims at shedding light to the complex ways in which blame and responsibility are negotiated, when family members and the therapist engage in problem definition talk in systemic family therapy. The article draws from a qualitative research study which was designed to explore problem talk in systemic family therapy by means of discourse analysis methodology. Nine videotaped initial systemic family therapy sessions in which four different therapists and six different families with a variety of reported difficulties were sampled. They were transcribed verbatim and subjected to micro-analysis by means of the Discursive Action Model. In the present article, we present the detailed analysis of one of the identified patterns of blame allocation, in which family members are shown to construct the identified patient's deviation from normality as the cause of their difficulties while the therapist is shown to attempt to exonerate blame from the identified patient by means of positive connotation. We discuss the implications of our analysis for theory development and clinical practice in the field, in the context of a growing body of related research. We also hint to the potential of discourse analysis methodology for family therapy research.

Keywords: accountability, blame, discourse analysis, problem talk, qualitative research, responsibility, Systemic Family Therapy

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Introduction

The aim of this paper is to further contribute to a growing body of research which has recently highlighted how blame and responsibility attributions are part and parcel of systemic family therapy problem talk (Friedlander, Heatherington, & Marrs, 2000; O'Reilly, 2007, 2014; Patrika & Tseliou, 2015; Stancombe & White, 2005; Stratton, 2003). To that aim we present a detailed discursive analysis of initial systemic family therapy sessions, where family members and therapists seem to engage in what could be seen as a 'blame game'. In particular, they seem to deploy contradictory and, at times, shifting ways in order to manage accountability issues inherent in problem talk about the reported difficulties. This could be seen as having the quality of a 'game', in the sense that each move seems to be responded by another one in the context of a continuous, recursive, discursive interaction.

Problem talk is inextricably linked with blame and responsibility attributionsⁱ and psychotherapy discourse seems to be no exception to this rule (Buttny, 1996; Friedlander et al., 2000; Kurri & Wahlström, 2005; Patrika & Tseliou, 2015; Wolpert, 2000). However, problem talk in systemic family therapy is interwoven with a dynamic which has

a particular quality. Family members enter therapy with linear, causal attributions concerning the definition of their difficulties, which often seem to place the family member who bears the psychological symptom on the spot (Parker & O'Reilly, 2012; Patrika & Tseliou, 2015; Stancombe & White, 2005; Stratton, 2003; Wolpert, 2000). He / she is often blamed for the family's distress and the rest of the family members' problem definition positions him/her as the source of their difficulties. On the other hand, systemic family therapy adheres to a different type of causality as concerns the origins of mental distress, which favors a relational, circular perspective (Tseliou, 2014). Despite their differences, all family therapy models thus seem to share a non-blaming, non-pathologizing approach to mental distress and the reported family troubles. This accounts for the choice of the term 'identified patient', instead of the term 'patient' in the systemic vocabulary, in order to refer to the family member who is reported as the one who is in need of therapy (Goldenberg & Goldenberg, 2008; Hoffman, 1981). In that sense, systemic theorizing in psychotherapy introduces what has been identified as triadic thinking or as systemic, non-linear explanations about mental distress, which are reported as being contradictory to common sense explanations (Ugazio, Fellin, Pennacchio, Negri, & Colciago, 2012). Consequently, the systemic therapist is faced with the challenge of how to reduce the blaming of the identified patient for the family's reported difficulties (Stratton, 2003; Wolpert, 2000).

Such a perspective is perhaps mostly favored by the Milan model of systemic family therapy and its later developments (Boscolo, Cecchin, Hoffman, & Penn, 1987; Cecchin, Lane, & Ray, 1992; Palazzoli Selvini, Boscolo, Cecchin, & Prata, 1980). The Milan model has been central to the development of the field and is often discussed as the 'systemic' model due to its affiliation with Bateson's systemic epistemology (Hoffman, 1981). The model's development can be seen as mirroring the development of the overall evolution of the field, from the phase where the therapist-observer was considered as independent of the observed-family system, known as the 'first-order cybernetics' phase, to the one of 'second-order cybernetics' and social constructionist developments. In the context of the latter, the notion of 'therapeutic system' was introduced on the basis of the idea that any act of observation cannot be separated from the observer (Tseliou, 2014). According to the first era of the Milan model's development, the quest for the origins of psychological distress should aim at the understanding of inflexibility in meaning systems or systems of values and thus systems of relating with each other, which seem to be shared by family members when they experience distress (Boscolo et al., 1987). The identified patient's symptoms are therefore theorized as serving to the maintenance of the family's coherence or as constituting a meta-communication, that is a communication about the communication between the family members concerning their values, ideals and ways of relatedness (Watzlawick, Beavin-Bavelas, & Jackson, 1967). In that sense, psychological distress is not approached as a family member's deviation from the universally accepted norm of the 'psychologically healthy' individual (Tseliou, 2014). Instead it is considered as a particular type of the family system's way of organization when faced with developmental or other challenges which point to the necessity for change (Hoffman, 1981). In the first era of the Milan model, the therapist is thus urged to introduce a relational, communicational perspective by means of positively re-framing the identified patient's reported symptoms. Positive connotation entails the ascribing of new meaning to the identified patient's reported symptoms by shifting the context of their occurrence to include all family members' behaviors. These are re-framed in the sense that a positive function is attached to them, like the preservation of the unity of the family (Palazzoli Selvini et al., 1980). In this way, meaning is ascribed to the identified patient's symptoms by means of normalizing his/her behavior and by linking it with the family's relational and communication context. Thus, what may have previously been constructed as deviating from normality by family members, and therefore, as being irrational, becomes entirely rational when seen under this particular light, that is, in the context of family relationships. Positive connotation, thus, entails a re-framing of the identified patients'

symptoms but also ascribes a positive function to all family transactions. Positive connotation or positive re-framing are usually part of a message, which is delivered at the end of the session. The setting entails the operation of a therapeutic team instead of a single therapist and the use of a one-way screen facility (Goldenberg & Goldenberg, 2008).

Hence, the initial family therapy session setting introduces a serious challenge. In a context where there is an institutional expectation for formulations and reformulations of troubles talk, which aim at introducing change (Buttny, 1996; Friedlander & Heatherington, 1998), the clash between the family members' problem definition-including the related blame and responsibility attributions- and the systemic family therapist's attempt for an alternative perspective seems almost inevitable (Newman, Burbach, & Reibstein, 2013; Stancombe & White, 1997; Stanton & Welsh, 2012). Moreover, it has also been argued that the therapist's striving for a relational perspective in problem definition may instill further blame on family members about their distress (Anderson, 1986; Newman et al., 2013; Wolpert, 2000). It is exactly this dynamic of the initial family therapy session that our tentative use of the notion of 'blame game' here is meant to denote, as it points to a seemingly continuous, 'back and forth' type of movement between the therapist and the family members, denoting this clash between two diverse epistemologies.

Despite the importance of this particular dynamic for systemic family therapy, systemic family therapy theorizing seems to have approached the blaming issues which are inherent in problem talk in a largely unproblematic manner (Stratton, 2003). The existing quantitatively (Friedlander & Heatherington, 1998; Melidonis & Bry, 1995; Munton & Antaki, 1988; Stratton, 2003; Wolpert, 2000) and qualitatively (Bowen, Madill, & Stratton, 2002; Bowen, Stratton, & Madill, 2005) oriented studies have contributed with valuable insight to the study of attributions in family therapy, including blame and responsibility attributions. In the context of the latter tradition, a promising line of inquiry which deploys hermeneutic methods and attempts the study of the 'here and now' of the therapeutic dialogue seems to currently grow. Such methods include discourse and conversation analysis, which have been argued as promising for the study of family therapy (Strong, Busch, & Couture, 2008; Tseliou, 2013). They both share a broadly defined social constructionist epistemology (Burr, 1995; Gergen, 1999), in that they prioritize language and the socio-political and historical context as the locus for the constitution and the study of any phenomena, including the psychological phenomena. Discourse analysis is a widely deployed term which points to a variability of perspectives, theories, epistemologies and methodological choices (Willig, 2013). All of the diverse existing trends share the idea that we actively construct our worlds by means of language when we are in interaction. However, they place varying degrees of emphasis on the restraints that institutional or historical conditions may impose on such a freedom of construction (Tseliou, 2015). The discourse analysis trend which has forwarded such a perspective in the study and the theorizing of psychological phenomena is widely known as discursive psychology (for a comprehensive account see Edwards & Potter, 2005; Potter, 2012). It evidently departs from the mainstream, individually oriented psychological theorizing as it espouses a relational, discursive approach to all psychological phenomena, including blame attributions (Potter & Wetherell, 1987, 1995). In that sense discursive psychology meets the principles of systemic family therapy (Tseliou, 2013) and is also closely affiliated with the tradition of conversation analysis (Sacks, 1992; Sacks, Schegloff, & Jefferson, 1974).

A number of discourse and conversation analysis studies of family therapy have broadly focused on the study of family therapy problem talk with a variety of research aims like the study of the construction of a pathological identity of the identified patient (Avdi, 2005), and methodological choices, including non-systematically defined research questions or analytic strategies (for a critical methodological overview, see Tseliou, 2013). Few of these

have exclusively focused on the study of blaming in family therapy and have, in this way, offered a pertinent insight on the complex ways in which blame and responsibility attributions are negotiated in the 'here and now' of family therapy discourse. More specifically, one trend has focused on the study of family members' discourse and has thus highlighted how they seem to engage in lineal, causal attributions of responsibility for the reported problem(s), which also seem to include the blaming of characterological features of the identified patient (O'Reilly, 2005, 2007, 2014; Stancombe & White, 2005). For example, O'Reilly (2014) identified a number of discursive strategies by means of which parents seem to allocate blame on their child, like the construction of his/her behaviour as being extreme, or the use of psychiatric / diagnostic discourse. Another trend has focused on how systemic therapists discursively manage non-blaming or neutral accounts of the families' reported difficulties and strive to promote a relational type of responsibility (Friedlander et al., 2000; Kogan, 1998; Kogan & Gale, 1997; Kurri & Wahlström, 2005; Stancombe & White, 2005). For example, Friedlander et al. (2000) have demonstrated three strategies which include: ignoring the topic or changing it, challenging the family members' blaming constructions or attempting to re-frame them. Similarly, Stancombe and White (2005) have shed light on the paradoxes inherent in the systemic therapists' attempts to accomplish neutrality and multi-partiality, as these seem to reinforce blaming on behalf of the family members or presuppose a series of moral judgments on behalf of the members of the therapeutic team.

In previous work (Patrika & Tseliou, 2015), we joined the latter research tradition in our detailed micro-discursive analysis of initial family therapy sessions which highlighted one part of what we would like to see as a recursive pattern. In particular, our analysis demonstrated how the therapists' attempt to instill a systemic epistemology in family therapy problem talk may be approached by family members as attributing blame to them for the presenting problems. Here, we would like to continue building on this line of inquiry by further disentangling the puzzle of what we choose to name as a 'blame game'. We will attempt to highlight the other side of the circle, that is, the other side of what seems to constitute a recursive, discursive pattern of great significance for systemic family therapy discourse: the juxtaposition of what comes across as contrasting epistemologies, namely a lineal type of blame and responsibility attributions concerning the reported difficulties on behalf of the family members as compared to the therapist's attempt for a relational type of responsibility allocation. In particular, we will highlight how family members, excluding the identified patient, seem to engage in attributing blame for their distress on him/her by making an appeal to a discourse of deviation from normality in their attempt to define the problem. We will also highlight how systemic family therapists seem to respond with a non-blaming, normalizing account of the identified patient's symptoms by positively connoting the reported problem. Similar discursive strategies concerning either the family members or the therapist have been identified in previous studies mostly in the context of studying either the therapist (e.g., Kogan, 1998; Kogan & Gale, 1997) or the family side by sampling families with young children (e.g., O'Reilly, 2014, 2015), not necessarily focusing on the dynamic of initial family therapy sessions. Although continuing to build on this tradition, our aim here is to add to previous work (Patrika & Tseliou, 2015) by further highlighting the broader pattern of the 'blame game' in the context of which such strategies seem mobilized by the participants in the particular setting of initial sessions. Hence, by presenting a micro-detailed, systematic discursive analysis of initial family therapy sessions with a variability in the participant identified patients' ages and the reported difficulties, we will juxtapose both the family members' and the therapist side. To do so, we will draw from a research project (Patrika, 2012) which was designed with the aim to study family therapy problem talk by means of discourse analysis.

Method

Data Sampling and Procedures

The data in the analysis section below are derived from a more extended body of data, which was collected for the purposes of a broader research study (Patrika, 2012). Data included nine, videotaped family therapy sessions, sampled from a training institute located in Greece. The videotaping of sessions is a standard practice in the context of systemic family therapy training (Goldenberg & Goldenberg, 2008) and consent for the procedure of our research was sought from the participating families. Further to this consent, additional consent was sought and issued by the institute for the use of the material for research purposes. Four different therapists and six different families participated in the sessions, which took place between 2007 and 2011 and each one lasted for approximately one hour and a half. Our sampling criteria included the choice of only first and second sessions, due to our focus on problem construction in initial systemic family therapy sessions and a variety of reported difficulties, as we wanted to secure as much variability as possible. Thus we sampled families who reported difficulties concerning children and adults and which included adult depression, psychosomatic problems and child behavioural problems. Also the ages of the identified patients ranged from eight to sixty years old, with only two cases where the identified patient's age was between eight and ten years old. All the families were intact with five family members in two cases and four in the rest of the cases (for a more detailed description of demographic information see Patrika & Tseliou, 2015). Finally, we also sampled sessions which were conducted for training purposes by expert family therapists, with the aim to ensure that the basic premises of the Milan systemic model of family therapy were followed. The sessions took place in a room with a one-way screen and a team of mental health professionals, all trainees in systemic family therapy, acted as the therapeutic team behind the screen.

Method of Analysis

All sessions were transcribed verbatim, with a limited emphasis to the inclusion of non-linguistic features due to the particular type of analysis which we followed. Thus we only noted interruptions and audible pauses, following a variation of the Jefferson transcription notation system reported by Atkinson and Heritage (1984). As the sessions were originally conducted in Greek, the following extracts were translated into English by the authors for the purposes of this publication. However, we would like to acknowledge that neither transcription nor translation is an unproblematic issue in discourse analysis research (Patrika & Tseliou, 2015; Wooffitt, 2005).

Overall, our analysis followed the premises of Discursive Psychology (Potter, 2012). Therefore, we engaged in a micro-analysis of both the content and the structure of the sampled discourse by deploying theoretical notions like the one of interpretative repertoires (Wetherell, 1998), theoretical perspectives like the positioning theory (Davies & Harré, 1990) and a broadly defined systemic – discursive perspective (Tseliou & Eisler, 2007). In our analysis below, we make use of the notion of positioning (Davies & Harré, 1990) and of the related notion of membership categorization (Sacks, 1989), i.e. of the broad idea that while in dialogue, the participants constantly position themselves and the others by drawing from various categories. Most importantly, however, in our analysis we relied on the broadly defined analytic guidelines proposed by the Discursive Action Model (DAM) (Edwards & Potter, 1992) due to the latter's particular emphasis on accountability discursive practices in the context of which blame and responsibility attributions may be downplayed, debated and / or accounted for. Detailed explications of the DAM can be traced in previous work (Diorinou & Tseliou, 2014; Patrika & Tseliou, 2015). For reasons of facilitating the readability of the subsequent analysis, we will, however, briefly repeat some of the model's basic premises here. The DAM espouses what could be broadly defined as a rhetorical perspective about discourse in

interaction (Billig, 1996) and shares basic ideas with the tradition rooted in ethnomethodology (Garfinkel, 1967) and the British linguistic philosophy (Wittgenstein, 1958). According to the DAM, every discourse has an action orientation in the sense that whatever is uttered actively constructs the objects or subjects of what is talked about. Thus, every discursive exchange performs an action which also serves interpersonal functions. For example, it may perform the action of an accusation and, therefore, serve to blame the one accused for the reported incident (Drew, 1978). Due to its rhetorical orientation, the DAM further acknowledges that the discourse structure is revealing of the speakers' effort to avoid the risk of their arguments coming across as potentially biased. In that sense it is assumed that there is always a dilemma of stake, which can be managed by a discourse structure that constructs what is uttered as a fact existing independently of the speaker's biased opinion. According to the discourse analysis literature (e.g., Edwards & Potter, 1992; Wooffitt, 2005) this can be rhetorically accomplished with a number of discursive devices, like the vivid description of the reported events, the use of extreme case formulations, etc. In that sense, the DAM acknowledges that talk has a dilemmatic quality and that speakers need to address the complex accountability issues which are raised about their discourse. In particular, according to the DAM, every speaker needs to manage accountability both for what he/she reports in his/her speech but also for the very act of reporting it. A useful notion to that aim in the context of analysis is the notion of footing, that is, the role that the speaker undertakes in terms of the authorship of his discourse (Goffman, 1979).

It is widely acknowledged that there are no specific guidelines for how to conduct discourse analysis (Wood & Kroger, 2000). Furthermore, in the qualitative, hermeneutic research tradition there is extensive discussion about the replacement of the traditional, mostly positivist in orientation, criteria for judging the quality of a research study with criteria which better fit with epistemological traditions like social constructionism (Willig, 2013; Wooffitt, 2005). For example, alternative criteria have been introduced, like the trustworthiness of analytic claims, the transparency as concerns the research procedures and reflexivity about the researcher's choices (Gergen, 2014; Madill, Jordan, & Shirley, 2000). In tune with such a tradition, we have chosen to proceed with a verbatim transcription of the sampled discourse and with a detailed micro-analysis in which we both participated in order to secure a variability of perspectives. We also attempted to ground our analytic claims on the participants' own orientation, that is, on what participants themselves seemed to make relevant in their discourse (Potter, 2012; see also, Patrika & Tseliou, 2015). Yet we do acknowledge the hermeneutic, situated nature of our claims.

Analysis

Overall our findings indicated the operation of two broadly defined interpretative repertoires in the participants' discourse, in relation to identity construction and blame and responsibility allocation for the reported difficulties. In the first, the reported problems seemed located within an intrapersonal terrain as opposed to a relational one in the second (Patrika, 2012; Patrika & Tseliou, 2015). The analysis which we present here is part of the various patterns of blame and responsibility allocation that we identified both in the family members' and the therapists' discourse. More specifically, we identified three broad blame and responsibility allocation patterns in the family members' discourse, which we termed the 'guilty child - innocent parents', the 'guilty parents - innocent child' and the 'innocent parents - innocent child' pattern, depending on the allocation of blame and responsibility each time. As concerns the therapist's discourse, the identified pattern was named 'responsible system - innocent family members'. The analysis presented here is part of the analysis which is related to the 'guilty child - innocent parents' blame allocation pattern. In the context of this pattern, we identified the use of three types of discursive strategies, namely the positioning of the identified patient by the rest of family members as deviant from the norm, the con-

struction of the identified patient's reported symptoms as an inherited malfunction or, finally, as related to problems with developmental issues. Our choice is to exemplify in detail the mobilization of the first discursive strategy, in the context of only one of the blame allocation identified patterns ('guilty child - innocent parents') as concerns the family members' constructions, while juxtaposing it to the pattern identified in the therapist's discourse. In particular, we will show how the family members seem to attribute blame for their distress to the identified patient by constructing a case of the latter's deviant behaviour from what is commonly accepted as normal and how therapists seem to respond with an attempt to exonerate blame from the identified patient. Given the limitations in the available space, our choice is related both with our aim to present a detailed micro-analysis of the juxtaposition of the family and the therapist contribution to the broader 'blame game' pattern but also with the importance of the latter for the initial family therapy sessions' dynamic, which we have previously discussed. Furthermore, our choice to present extracts which originate in two different cases is meant to denote that the exemplified pattern is not attached to the dynamic of a single, particular case from the ones in our sample. The following extracts are selected as they better exemplify this pattern.

'Do You Consider This as Being Normal?': The Family's Side

The following two extracts are derived from the first session with Family Cⁱⁱ. The family consists of father, mother, daughter and two sons. The parents are in their fifties, the daughter is a twenty-year-old student, the first son Nikitas is aged eighteen and a half years old and he has just finished secondary school, whereas the younger son, Harris, is fourteen years old. In the first session, both parents and Nikitas are present. The family asked for help for Nikitas's misbehavior and reactivity. As the analysis of the following extracts highlights, both parents seem to construct their son's behaviour as being deviant from what is considered as being normal. This claim seems interwoven with them attributing blame for the family's distress exclusively to Nikitas. In Extract 1, the father differentiates his son from the rest of the family members and by using various characterizations, he positions him as the one exclusively accountable for the family's difficult situation.

Extract 1ⁱⁱⁱ

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- | | | |
|-----|-----|--|
| 25. | Th: | I am wondering, whose thought was it to call us? |
| 26. | M: | Mine (.) |
| 27. | Th: | Had you discussed this between you? Had you (.) |
| 28. | M: | Yes, we had discussed it between us (.) |
| 29. | | but I was the one who called |
| 30. | F: | Yes, okay, I, to tell you about it, I didn't agree with |
| 31. | | this (.) I was just saying that he should, that he himself |
| 32. | | should understand, namely our son, that he has now come of age |
| 33. | | and he should behave, at least to his parents and siblings, |
| 34. | | in the right way (.) because all of us together, we may have |
| 35. | | personal problems (.) I mean both with the family and with |
| 36. | | external (.) with the problems that we encounter in life (.) |
| 37. | | but that does not mean that, we shouldn't place our ego |
| 38. | | first (.) that is, first we should, as long as there is a |
| 39. | | family, I should think about the family (.) how there will be, |
| 40. | | let's say, tranquility within the family and then should place |
| 41. | | our personal ego first (.) the way we do it. |
| 42. | Th: | Hm (.) Hm (.) when you say 'I did not agree' (.) would |
| 43. | | you explain this to me a little bit because I did not |
| 44. | | understand it very well (.)= |

45. M: =Uh (.) he believes that (.)=
46. F: =Uh (.) I was just saying that for this meeting here (.)
47. because it had also been done in the past when he was
48. younger (.) because he creates problems to us since he was
49. young, Nikitas (.) he is one of the naughty children (.) he
50. is, ok, I'm not saying that he should be a quiet child, but
51. beyond that, he should be (.)=
52. Th: =I am wondering at that time also, you didn't agree to (.)
53. F: No ok (.) then there had been some sessions that had been
54. done (.) but ok (.) with time (.) ok this was overcome (.)
55. growing up uh (.) uh (.) were created uh (.) problems I think
56. by himself, without any problems at home, some rivalry or
57. some uh (.) let's say (.) uh (.) hostility neither between
58. the couple, but nor from the couple towards the children (.)
59. Th: When you say himself, when you say by himself how exactly
60. do you mean this? If you want to tell me (.) what do you mean
61. when you say that the problems were created by himself?
62. F: I mean that he always wanted everything to be done
63. his way (.) he didn't care about neither the opinion of his
64. parents (.) nor of his siblings (.)
65. Th: Who are a brother and a sister, right?
66. F: Brother and sister (.)
67. M: Yes (.)
68. Th: Young brother and older sister, right (.)
69. M: Yes (.)
70. F: That is, he wanted to have things in his own way, no matter
71. whether he was right or wrong.

In response to the therapist's query about the family member whose idea was the family's decision to ask for help, both parents seem to respond by undertaking responsibility. However, they seem to do this in a different way. Mother undertakes full responsibility by means of a personal footing, that is by undertaking the authorship of the reported speech (Goffman, 1979). Note the explicit statement delivered in a first person construction ('I was the one who called', 29). Father, however, responds in a different way: he explicitly admits to an overt disagreement on his behalf with the idea that the family should ask for help ('I didn't agree with this', 30-31). This constitutes a dis-preferred response (Levinson, 1983) in the context of the particular setting in the sense that agreement is normatively expected. His subsequent discourse seems to orient to the complex and subtle accountability issues which are raised following such an explicit statement. More specifically, father needs to account both for his own objection to mother's idea that the family is in need of family therapy sessions but also for his presence in such a setting. By definition, the latter is a setting where people usually report problems and ask for help from an expert who is also normatively expected to attribute causes to such problems (Bartesaghi, 2009; Patrika & Tseliou, 2015). Given also that a family therapy setting can easily evoke attributions of responsibility for the reported difficulties to family members (Wolpert, 2000), father also needs to pre-empt possible 'accusations' of this type.

Father seems to manage this complex dynamic of the session's conversational and institutional context, by basically structuring an accusation leveled against his son, Nikitas, the one positioned as the 'identified patient'. In his discourse, Nikitas is positioned as the one to be blamed for the family's difficulties and should be held as personally accountable for everybody's distress in the family (48-49, 55-56). In that sense, fathers' discourse seems to implicitly

construct an accusation: the blame for the family's distress seems attributed to his son's deviation from the norm. Father, thus, needs to manage the complex accountability issues involved in his derogatory discourse (Bozatzi, 2009) and account both for what he reports about his son but also for his own act of reporting, namely for his construction of an accusation (Edwards & Potter, 1992).

There are a number of ways in which both the rhetorical structuring of father's discourse and its content seem to back up this construction. First, father seems to argue that it is the deficient nature of his son's behavior which should be considered as responsible for the situation. In particular, he attributes the problem to his son's lack of awareness of the age phase to which he belongs. He claims that adulthood normatively points to a certain behavior: An adult 'should behave, at least to his parents and siblings in the right way' (33-34) and this is something that his son doesn't follow. The factuality of this argument is enhanced by the use of the hypothetical structure ('should') which adds a patterned quality to the reported, 'right' behaviour (Edwards, 1994). Note also that although he first refers to his son without identifying him ('he') (31), he soon resorts to making specific mention to him ('namely our son', 32). This formulation, along with the added emphasis ('he himself', 31), points to an actor agent formulation, which evidently leaves no doubt as to where blame and responsibility should be attributed in this context of problem talk (Pomerantz, 1978; Watson, 1978). His son is the one who has an obligation and responsibility to know how 'he should' behave properly, that is in accordance to the norms expected for the life stage of adulthood.

Thus, father's main argument seems structured on the basis of formulating his son's deviance from what is constructed as normatively scripted and, therefore, universally accepted, commonsensical scenario for the 'right' behaviour (Edwards, 1994). These include both what is normally expected in the context of a broadly espoused developmental perspective as concerns growing up and what is normally expected from universally accepted family values. This line of argumentation in father's discourse seems supported by his initial appeal to a collective footing ('we', 34), when he admits that we / they all face problems both personal but also problems in the family (35-36). Father thus seems to create a common place for 'all', by uniting family members against the problems they all encounter in life (34-36). He then makes an appeal to a collective, universal imperative: everybody should act with the aim to secure the interests or the tranquility of the social network to which they belong (39-41). As father claims, this can be achieved by giving priority to the family and not by 'placing our ego first' (37-38, 40-41), despite the fact that we all confront common problematic situations. Only his son is an exception to this norm because of his implied tendency to 'place' his 'personal ego first' prior to the tranquility of the family. Thus Nikitas seems to be exempted from the family unity and is differentiated on the basis of his non-compliance to the norm. The factuality of father's argument is further enhanced by means of the use of a disclaimer ('we all have personal problems...but', 34-35, 37), which serves to pre-empt a potential counter-argument against his claim (Edwards & Potter, 1992) and also by the reference to the minimum of what could be accepted from the particular, expected behavior ('at least', 32) (Edwards & Potter, 1992). What he argues for seems far from being his own, prejudiced opinion. Instead, it seems constructed as a fact existing independently of his potentially biased opinion.

The therapist's question picks up the theme of the father's reported disagreement in the past (42-43) and thus re-orientates the conversation to this issue. Father interrupts mother's attempt to account for that (45), while his response indicates that he has de-coded the therapist's question as an invitation to further account for this disagreement (for interesting discourse analysis of interruptions in family therapy see O'Reilly, 2008). Furthermore, his point of view does not seem to be in accordance with the family's request for help and this also seems as needing further accounting.

This time, father explicitly resorts to a problem description, which evidently points to his son's idiosyncratic elements of character. While drawing from a developmental or characterological discourse, father constructs a long-lasting situation by means of expressions like 'since Nikitas was young' (48-49) which he repeats twice (47-48 and 48-49). He, then, appeals to Nikitas's reported 'naughtiness'. By appealing to such a membership categorization (Sacks, 1989) for his son ('he is one of the naughty children', 49), father seems to manage a number of issues at stake. First, he constructs the problem as normatively expected in this context, which simultaneously exonerates blame from family members (O'Reilly, 2007). By resorting to a personality trait accounting ('naughty'), an externalizing discursive device which has been reported as deployed when accountability is at stake (Potter, 1996), father makes it clear that his son is the one accountable for their participation in therapy sessions. In the context of what comes across as a linear, one-way type of causal attribution, once more Nikitas is the one positioned as the person who is responsible for the family's distress: 'he creates problems to us' (48). Father seems to strengthen his argument by pre-empting a potential counter-argument once more in the form of a disclaimer: 'I'm not saying that he should be a quiet child, but...' (50). The juxtaposition of the 'naughty' to the 'quiet' child type, along with the use of a hypothetical structure ('should') further serve to account for Nikitas's behaviour on the basis of his character or 'nature'.

The therapist attempts to explore the topic of father's disagreement in further detail (52). Father responds with an overt denial ('No', 53) which possibly serves to confirm that his disagreement with the family's participation in therapy sessions is a lasting one. The latter is supported by the use of temporal markers ('then' 53, 'with time' 54), which indicate a plausible continuity over time (Edwards & Middleton, 1986) in accordance with a developmental perspective: 'this was overcome (.) growing up' (54-55). The hesitant markers ('Uh (.) uh', 55) which usually indicate conversational trouble (van Dijk, 1989), the repetition of the word 'ok' (52-54) and the repeated pauses in his response possibly denote the tension involved in his continuing attempt to account for his disagreement by means of constructing a case of attributing responsibility to his son. This time his claim seems temporarily and slightly mitigated by the passive construction ('were created uh (.) problems,...by himself', 55) and the qualifier ('I think', 55), a usual construction in the case of disagreements (Hutchby & Wooffitt, 1998), as he subsequently seems to build a strong case of his son's problematic behaviour. The reported problems are triggered 'by himself, without any problems at home, some rivalry or...hostility' (56-57). Nikitas's problems are created and provoked only by himself, whereas the family members do not seem to participate in any way ('no hostility neither between the couple, nor from the couple towards the children'). Therefore, none of them are to be held responsible for Nikitas's problems (57-58).

In the beginning of the last round of exchange, the therapist picks up the father's attribution of the reported troubles to Nikitas. He attempts to further clarify what father means by what seems as both a linear explanation of the creation of the problem and also an overt blaming act (59-60). Despite the care in the way that the therapist's question is delivered in order to not directly challenge father's construction (note for example the repetition of 'how do you mean this'), father's response indicates that he has decoded the question as potentially challenging the factuality of his claim. He thus responds with the delivery of an extreme case formulation (Pomerantz, 1986) which is also structured so as to denote stability and continuity over time to the reported behaviour: 'he always wanted everything to be done his way' (62). This extremity of Nikitas's character is further argued as father concludes with the delivery of another patterned, and therefore argued as factual, behaviour on Nikitas's behalf: 'he didn't care' about the rest of the family members' (63-64) opinion and 'he wanted to have things in his own way no matter whether he was right or wrong' (70-71).

Overall, father seems to struggle with the dilemma of how to account both for his family's presence at the session and for his own disagreement to this choice. On the one hand, he admits that his family faces problems, although he argues that no family member can be held accountable for these, except for his son, Nikitas. On the other hand, Nikitas's problematic behaviour is attributed to a developmental issue, a problem of growing up and also to a characterological issue, like when father appeals to Nikitas's 'naughtiness' or his 'strong-minded nature'. This possibly mitigates the severity of the problem construction and thus lessens the necessity for the family asking for an expert's help: a naughty child who needs to grow up is not necessarily the sort of a problem for which therapy is needed. Nikitas simply needs to understand what his age phase dictates in terms of the normally expected behavior, and act accordingly. Only that this leaves mother's idea that therapy is a good choice somehow unsupported.

In the following extract, mother will claim that Nikitas bears responsibility for the problematic situation, in this way, joining her husband in his main claim. This time her son's deviance will be argued on a slightly different basis: Nikitas's behaviour is not simply different from what is developmentally expected; it is different from what is expected as being normal from a 'psychopathological' perspective.

Extract 2

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- | | | |
|-----|-----|---|
| 76. | M: | He is working (.) he delivers leaflets here and there |
| 77. | | until he goes to the army for his service (.) because it is |
| 78. | | now time for him to go to the army. Uh (.) the problem, |
| 79. | | what is (.) that he has now no other interests. And he fights |
| 80. | | with his younger brother (.) That is, with the slightest |
| 81. | | reason he goes and hits him (.) do you consider this, do you |
| 82. | | consider this as being normal, as being right? With the |
| 83. | | slightest reason he passes around, Harris shrieks, |
| 84. | | 'tsap' one clout on the head. And (.) |
| 85. | Th: | I am wondering, do you consider it as being normal |
| 86. | | or don't you consider it as being normal? |
| 87. | F: | No, we do not consider it (.) |
| 88. | M: | And he is going to his father as well and (.) |
| 89. | Th: | You do not consider it. |
| 90. | F: | Or his sister, he teases her, let's say (.) |
| 91. | M: | Is this normal? He should tell him: 'Harris, don't shout. |
| 92. | | You must not shout like this. Why are you shouting?' |
-

In the above extract, mother's discourse possibly orients to the subtle issue of the couple's disagreement about the family's need for therapy sessions. The stake for mother is further complicated, if approached from this perspective: a couple's disagreement may prove 'fertile' ground for the blaming of the parents for the family's distress in the context of a family therapy session. On the other hand, mother needs to justify her idea that the family is in need of therapy.

Once more, the structure of mother's account seems to serve the management of the complex accountability issues raised by the particular discursive setting. First, mother joins father in his blaming of Nikitas as the family's main and only source of problems. Secondly, mother accounts for that by drawing a harder to refute picture of their son's problematic behaviour, as one deviating from normality. In this way, she manages both to construct an image

of a united couple, a non-problematic family and also exonerates blame from the two parents as it is the uncontested son's abnormality which accounts for everything. Simultaneously, in this way her claim that the family is in need of therapy comes across as entirely plausible. Again, there are a number of ways in which these are accomplished in the structural organization of mother's discourse.

Mother gives her own account for the problem, by once more pointing to Nikitas as the one accountable for their situation. Her son's deviance from normality is gradually built, as she first reports a possible explanation for what she later on constructs as an evidently abnormal behaviour: Nikitas 'has no other interests' (79), although he works and is also waiting to do his service in the army. The contrast between the appeal to normality by reference to Nikitas's work and his forthcoming service in the army and what is later on constructed as his entirely unjustifiable behaviour, further strengthens mother's argument. Her question, which is addressed to the therapist ('do you consider this, do you consider this as being normal, do you consider this as being right?', 81-82) seems to invite for ratification (Middleton & Edwards, 1990) of what comes across as an irrefutable argument: Nikitas's behaviour seems entirely unjustified. There are a number of rhetorical features which add factuality to mother's claims here. Note, for example, the vivid description (Edwards & Potter, 1992) of what is constructed as a regular, patterned, frequent scene (Edwards, 1994), which includes a vocabulary of sounds ('Harris shrieks', 83, 'tsap one clout on the head', 84) and also the active voicing (Potter, 1996; Wooffitt, 1992) of the suggested scenario of what would be a normal, right behaviour (91-92). Nikitas's accountability for his reported reactions seems managed in a way which constructs them as extreme and irrational, not corresponding to any plausible reasons behind them. Note, for example, the repetition of the phrase, 'the slightest' (80-81, 83), when mother refers to the reasons which motivate his behaviour. Little doubt seems left as to whether Nikitas's reactions should be considered as being normal. Father, also, verifies this claim, as he joins mother and supports her in her argument about their son's deviant behaviour (87), while he also adds further evidence (90). By means of this construction of abnormality, mother also seems to manage the removal of any potential attribution of responsibility for Nikitas's behaviour to any other family member (Stancombe & White, 2005). Finally, the contrast structure between the two united parents and the 'problematic' child serves so as to further support the attribution of abnormality to the latter (Edwards & Potter, 1992).

'The Child That Unites the Family': The Therapists' Side

The following extract originates from the first session of family F, where only mother is present. The family consists of both parents, the first son aged fifteen and the second son, Thymios aged ten. The family asked for help because of Thymios's behavioral problems. The following extract is the therapeutic team's final message. As is evident, the focus is now shifted towards attempts to normalize the identified patient's reported problematic behaviour, which both parents have previously constructed as accountable for the family's distress. In this way, an attempt is made to eschew the blaming inherent in the aforementioned lineal, causal attribution of responsibility to the identified patient by pointing to the contribution of his behaviour to the unity of the family.

Extract 3

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840. Th: child's behavior, right? Our own hypothesis is that
 841. because this little child was born in a new situation,
 842. right, for the family (.) that you were far away from your
 843. relatives, you were in a phase that many things had
 844. changed and you had an anger, huh? (...) ^{iv}
847. Th: In this thing that happened in the family by chance,
 848. which was as if it was unbearable (.) namely you became sick.
 849. Somehow this came out, huh? It was intense (.) and children,
 850. you know, they have antennas and it seems that he had
 851. realized it from a very young age and he was there to keep
 852. you busy.
853. M: Meaning;
854. Th: Meaning, like he does not let you sit down (.) you are
 855. constantly running behind Thymios (.) what does Thymios do,
 856. where is Thymios, again what is Thymios digging up again (.)
 857. you were busy with this child all the time. He didn't let
 858. other things to be done, to sit down and get angry or cry
 859. or do something else. Uh (.) after that, when he was around
 860. three years old and you started being better (.) the child
 861. starts from a very young age to focus on your differences.
 862. And he makes you, because you are a pretty different couple
 863. you grew up as it's shown, your families are different, different
 864. views, I don't know (.) you grew up differently as children
 865. as well (.) so both of you might have wished to give
 866. different values to this child, I don't know, or a different
 867. education. Each one of you. And these differences he does
 868. feel them (.) it is on these that Thymios focuses all the
 869. time. And he also makes you being weak. That is, any one
 870. can be concerned with Thymios. That is, 'I am going to help
 871. him study here' or 'here I will leave him alone' (.) but he
 872. worns you out. That is, Thymios is stronger. Thymios is
 873. provoking both of you.
874. M: But what does he win?
875. Th: The unity of the family. Thymios is the child that
 876. unites the family. That unites the couple. That doesn't let
 877. tensions exist between you. This means that he absorbs the
 878. tension so that it doesn't break out anywhere else (.)
879. M: But it is supposed that all of these years (.) //
880. Th: // To burst the tension out in couple, this is much more
 881. dangerous than for it to burst onto the child. You also say,
 882. I asked you 'What disagreements do you have?' 'But we have
 883. no time to, think about them, because (.)' This is
 884. Thymios's function. He keeps you busy all the time.
-

Both the therapist and the therapeutic team seem to be in a difficult position at the conclusion of the session: both parents have joined each other in an overt blaming of the identified patient, their younger son Thymios, for the family's reported difficulties. Any therapist is expected to eschew the danger that they may feel unheard (Stancombe & White, 2005). Moreover, the premises of systemic family therapy also 'dictate' that he/she should strive for the

forwarding of an alternative, relational accounting of the reported difficulties which does not pathologize the identified patient and exonerates him from the reported blaming (Goldenberg & Goldenberg, 2008). The therapeutic team's message, which the therapist delivers to the family, seems structured on the basis of the premises of positive connotation (Palazzoli Selvini et al., 1980). It, thus, seems to offer an elegant way out of the present dilemma of stake: how to remain loyal to the systemic principles but also avoid the potential accusation that the therapist is not respectful of the family members' perspective. By reframing Thymios's behaviour as one that secures the family's unity, the therapist both retains the parents' orientation towards attributing a central role to Thymios for the family's troubles, but also offers an alternative, non-pathologizing perspective about him.

The rhetorical organization of the therapist's discourse is once more revealing of the ways in which the accountability issues concerning Thymios's alternative positioning are managed. First, the therapist constructs the therapeutic team's message as a 'hypothesis' (840). Such a construction can be a powerful defense of one's argument (Pomerantz, 1978) as it leaves the space open for the expression of doubt or uncertainty. Second, the repeated use of tag questions seem to invite ratification ('right?', 'Huh?', 840, 844, 849) (Middleton & Edwards, 1990). In the context of a narrative about the family's past (841-844), the therapist refers to Thymios as a 'little child' (841). This positioning comes across as a sharp contrast with previous constructions of Thymios as a child who is out of control and, possibly, serves as an appeal to minimize his accountability for the reported troubles. Simultaneously, the focus is now shifted from this 'little child' to the family's 'unbearable' situation and in particular to mother's sickness (848). This shift seems to gradually build an exoneration of blame from the child, for the reported difficulties. Along with the vivid description of the family atmosphere in the past (847-849), it further seems to construct the child's behavior as entirely plausible and justified, as the logical repercussion of a series of actual facts, namely the 'unbearable' and 'intense' things which happened to the family (847-849). The introduced emphasis about the severity of the family situation and the appeal to commonly held knowledge about children ('they have antennas', 849-850) seem to prepare the ground for the delivery of the therapist's argument in a hard to refute way: Thymios's behaviour has a positive side as it keeps mother 'busy' (851-852) in the context of this 'unbearable' situation.

The therapist seems to understand mother's question ('Meaning?', 853) as an invitation for further elaboration, but also for further accounting for her previously reported construction. In her subsequent discourse (854-873), the therapist continues with grounding her argument about the positive function that Thymios's behaviour has for the family. This is accomplished through a number of rhetorical ways, like the vivid description of mother's constant running behind Thymios (854-857) or the three-part list ('get angry or cry or do something else', 858-859), which both facilitate the construction of a realist account (Edwards & Potter, 1992). The therapist's shift from the narrative about mother's sickness towards a narrative about the parental couples' differences (861-868) possibly indicates that she has also decoded mother's question as an invitation to account for what mother might have perceived as an attribution of responsibility to her for Thymios's behaviour. The latter is now accounted by Thymios's focus on the couple's differences (867-870), which is constructed as being constant ('all the time', 868-869) by means of an extreme case formulation (Pomerantz, 1978). Thus 'any one can be concerned with Thymios's (869-870) as the active voicing of a hypothetical internal dialogue vividly describes ('I' am going to help him study here or here I will leave him alone', 870-871). In this way, the therapist seems to manage to shift the focus from the mother-child relationship to the couple relationship. Only that now perhaps there is a danger that blame may be shifted to the parental couple. The therapist's subsequent shift to an actor agent construction, which positions Thymios as responsible for the reported pattern, possibly mitigates such a possibility: Thymios is the one who 'worns' his parents 'out', he is 'provoking both of' them (872-873).

Mother returns with another question ('But what does he win?', 874) which seems to further challenge the therapist's argument. This time the therapist delivers her answer with no qualifiers and a repetition: the positive reframing of Thymios's behaviour as one that 'unites the family. That unites the couple' (876) comes across as irrefutable. Mother's following interruption and further challenge (879) is ignored by the therapist whose discourse structure further builds a strong case for her argument. Note, for example, the repeated use of vocabulary which points to intensity ('tension', 877, 878, 880, 'burst', 880-881), the explicit reference to the danger (881) from which Thymios's behaviour protects the family and the active voicing of mother's own previously uttered words in the context of a conversational exchange with the therapist (882-883).

In tune with basic systemic principles (Palazzoli Selvini et al., 1980), the therapist's discourse manages to introduce an alternative positioning of Thymios: from the one who is solely accountable for the family's distress due to his uncontrollable behaviour, he is now the one who secures family unity and his behaviour is constructed as meaningful, as having a 'function' (884) in the context of the family relationships. The therapists' message has attributed a good cause to the identified patients' behaviour by means of shifting the focus from Thymios's reported problematic behaviour to a number of issues including: mother's sickness, the family's unbearable situation and the parental couple's differences. It then shifts the focus back to Thymios's now positively reframed behavior. As mother's brief discursive contributions seem to indicate, however, further issues about attributions of responsibility and potentially blaming accounts -this time concerning the rest of the family members and the parental couple- seem to be raised. As we have argued elsewhere (Patrika & Tseliou, 2015), the therapist's attempts for introducing a relational definition of the family's reported distress seem to be de-coded as an attribution of blame and responsibility to family members for their troubles. Could this linking of Thymios's behaviour with the family dynamic trigger a further round of what seems to come across as an everlasting 'blame game'? In other words, a further challenge for the systemic therapist may possibly lie in how to accomplish a relational systemic definition of the families' reported difficulties by simultaneously managing the subtle accountability issues which are inevitably raised and may be linked with blaming discursive sequences.

Discussion

In this article our aim has been to contribute to recent attempts for disentangling the details of what seems to be a subtle and difficult dynamic concerning systemic family therapy problem discourse in initial family therapy sessions, namely a multi-layered 'blame game'. This seems downplayed against the backcloth of the clash between two different epistemologies or world perspectives, the one of the family members and the one of the systemic family therapists. However, we would like to acknowledge the arbitrariness in our choice of the negatively connoted term 'blame game', which we place in quotation marks for this reason. Our choice inevitably points to our particular research focus but also to choices concerning our analysis.

As our analysis has explicated, family members seem to enter therapy with discursive constructions which seem to point to intra-individual, linear types of casual attributions about their distress. These seem to culminate on the blaming of the identified patient as the one responsible / accountable for their troubles. This finding is in tune with existing research and further validates previous research findings (Parker & O'Reilly, 2012; Stancombe & White, 2005; Stratton, 2003; Wolpert, 2000). In our analysis we have exemplified in detail one of the possible ways for discursively accomplishing such an attribution, namely the appeal to a discourse of abnormality (for a critical perspective on discourses of normal development see Burman, 2008). Similarly, O'Reilly's (2014) work has shown

how parents discursively accomplish attributing blame to the child, by constructing his/her behaviour as extreme and abnormal.

Our analysis has also exemplified in detail the alternative route that the systemic therapist seems to undertake. As also shown elsewhere (Friedlander et al., 2000; O'Reilly, 2014), the therapist seems to respond to the family members' blaming of the identified patient with a reframing of the reported troubles, as well as with continuous shifts of the locus of blaming attributions. This constant shift of alliances with a different family member each time, seems consistent with the therapeutic stance which is theoretically discussed as neutrality (Palazzoli Selvini et al., 1980) or multi-partiality (Anderson & Goolishian, 1988).

However, existing empirical evidence suggests that the discursive accomplishment of this particular systemic therapeutic stance is not so unproblematic. On the one hand, the use of circular questioning, that is the particular way of asking about relationships and differences which is consistent with systemic thinking (Palazzoli Selvini et al., 1980; Penn, 1982), seems to disrupt the chain of discursive sequences with causal attributions which entail overt blaming of family members by other family members (Diorinou & Tseliou, 2014). Also, the systemic family therapist strives for neutral accounts of family problems (Friedlander et al., 2000; Kogan, 1998; Kogan & Gale, 1997; O'Reilly, 2014). On the other hand, the more the systemic therapist strives for neutrality, the more this seems to reinforce blame (Patrika & Tseliou, 2015; Stancombe & White, 2005). Furthermore, there is also evidence that the members of the systemic therapeutic team engage in a series of moral judgments about family members in order to accomplish a systemically neutral account (Stancombe & White, 2005). Also, there is evidence that family therapists also engage in blaming attributions in their talk with the family members (Wolpert, 2000). Such evidence may be seen in tune with criticisms levelled against the family therapy models of the first-order cybernetic era (Anderson, 1986), although limited existing evidence suggests that post-modern developments should not be exempted from detailed scrutiny and criticism (Kogan, 1998).

In tune with the previously existing evidence, our study further exemplifies the particular dynamic of the first meeting between the family members and the systemic therapist, as it hints to the dynamic of a 'blame game' by juxtaposing the contribution of both sides to the overall pattern of shifting and contrasting attributions of blame and responsibility. Thus, it seems that there is gradually growing evidence about how systemic family therapy premises like neutrality or the preference for circular causality become discursively accomplished in the here and now of the therapeutic dialogue. Perhaps the findings of the existing discourse analysis studies, including our own, suggest the impossibility of entering into troubles talk without engaging in blaming discursive sequences, irrespective of whether one participates from the position of a family member or a therapist. In other words, psychotherapy discourse seems to be a fertile ground for 'blame games'. Therefore, if blame is inescapable in psychotherapy discourse, perhaps Stancombe and White (2005) are right in their suggestion for clinical practice. They claim that the best we could hope for is what Cecchin (Cecchin et al., 1992) urged us to do some time ago: to be reflexive about our own inevitably prejudiced contributions in therapeutic dialogue. In our view, this quest for therapist reflexivity may be the only suggestion for clinical practice which is consistent with the contextual and situated perspective of both the systemic and the discourse analysis epistemological perspective.

However, there are still a number of issues which remain open for further investigation if we want to adequately address questions concerning the dynamic of the 'blame game', including the facing of methodological restraints in the existing studies and the limitations in their choices about research design and sampling procedures. For example, in our case, the original focus was on the study of problem discourse and not on blaming discourse in

particular. Furthermore, we have loosely deployed the terms blame, responsibility and accountability and further empirical research is needed in order to come up with epistemologically and theoretically consistent ways to theorize about these notions and their mobilization in the context of problem talk in family therapy.

In conclusion, we argue that if we wish to tackle the 'blame game' in systemic family therapy or psychotherapy discourse in general, it is important that we actively work towards disentangling its details by undertaking the path of rigorous psychotherapy process and outcome research. For example, in tune with others (Friedlander & Heatherington, 1998; Friedlander et al., 2000; Patrika & Tseliou, 2015), we think that future research should address questions about the constitution and the evolution of blaming sequences over the course of therapy or about differences which may produce differences (Bateson, 1979) in our attempts to handle blame. Furthermore, it may be fruitful to systematically pursue a research focus on the identified patient's responses when present in family therapy sessions, on the variability of the therapist's attempts to manage blame or on the relationship between blaming patterns and existing differences between family members (for research on gendered variations in seeking help for mental health problems, see Gulliver, Griffiths, & Christensen, 2010). This would possibly necessitate a variability of methodological perspectives. In any case, we believe that discourse and conversation analysis methodologies can prove useful companions in this journey due to their unique ability to shed light to the details of such 'blame games' which are often obscured in our everyday psychotherapeutic practice. In that sense, they can offer a valuable tool for the development of the much needed therapist reflexivity (Kogan, 1998; Tseliou, 2013). They can also offer the unique possibility to study blaming sequences in the context of their occurrence and not as isolated statements. This can further help towards disentangling the obscure dynamics of blaming in systemic family therapy or psychotherapy discourse (Bowen et al., 2002).

Notes

- i) We use the terms to point to attributions of either blame or responsibility for the reported troubles (who is to be blamed or to be held responsible for the family's troubles) in the context of problem talk.
- ii) All names are pseudonyms and care has been taken in order to remove all potentially identifying information and thus preserve the family members' anonymity.
- iii) Transcription notation: Capitalized letters on the left stand for participants (Th for Therapist, M for Mother, F for Father), all transcripts are numbered consecutively and line numbers on the left indicate the position of the extract in the interview, = indicates that there is no discernible gap between utterances, (.) indicates a pause longer than 3 seconds, // indicates interruption.
- iv) Lines 845-846 are omitted for reasons of preserving the family's anonymity.

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