Developing a discourse analytic approach to change processes in psychodynamic-interpersonal psychotherapy

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(MA Hons)

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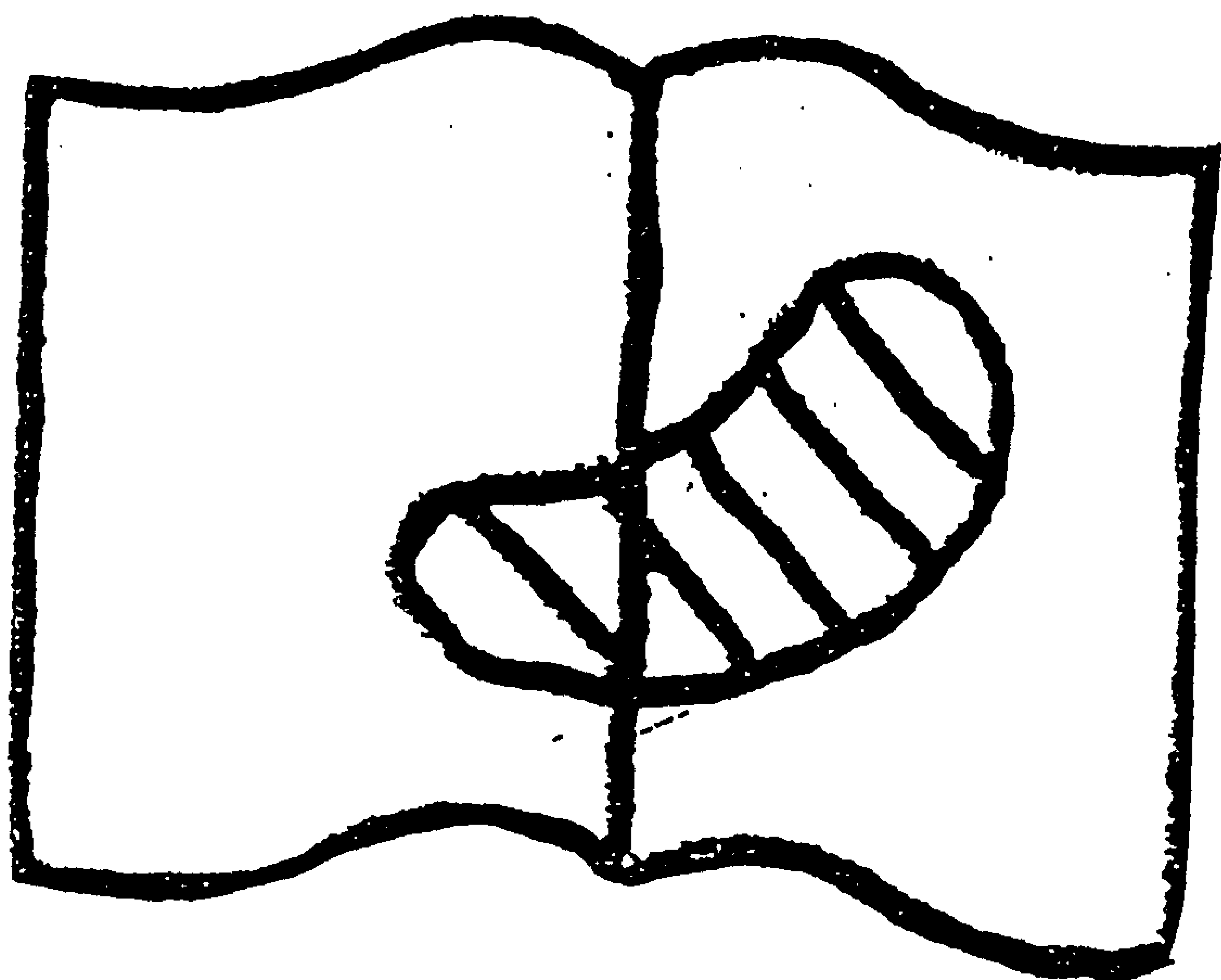

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Abstract

This thesis develops a discourse analytic approach to change processes in psychotherapy and addresses the question: *'how does change occur in psychodynamic-interpersonal psychotherapy?'*.

An extended rationale for utilising discourse analysis (Potter & Wetherell, 1987) is provided by way of a detailed deconstruction of an alternative stage model approach as represented by the assimilation of problematic experiences scale (Stiles, Elliott, Llewelyn, Firth-Cozens, Margison, Shapiro, & Hardy, 1990). Discursive analysis is then applied to the study of three cases of psychodynamic-interpersonal psychotherapy selected from the Second Sheffield Psychotherapy Project (Shapiro, Barkham, Hardy, & Morrison, 1990). Cases were selected on the criterion of client Beck Depression Inventory scores; two successful cases and one unsuccessful case of therapy. Analysis focuses on a resolved client-specified problematic theme from each of the successful cases, and on an unresolved theme from the unsuccessful case.

Findings suggest that the pattern of change promoted by psychodynamic-interpersonal psychotherapy is (1) the identification of a problem internal to the client, and (2) accomplishing an account of this problem implicating an external attribution of blame. Further research is required to assess the generalisability of this pattern and whether clients co-operating with such accounts are more likely to be helped by this form of therapy than those who do not. Specific rhetorical strategies utilised in negotiating and legitimating such accounts are identified and linked to the protocol of psychodynamic-interpersonal psychotherapy and the three stages of problem (re)formulation established by Davis (1984, 1986).

Findings are discussed in relation the connection between therapy processes and the moral sphere, particularly in relation to the negotiation of rights and obligations, responsibility and blame. Moreover, discursive psychology is offered as a means of facilitating the development of research on depression and attribution. Conceptualising accounts as occasioned versions of the world, rather than as verifiable descriptions of states of affair, speculation is made regarding the therapeutic utility of matching clients' preferred problem accounts with the preferred accounts implicit in therapeutic rationales.

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Chapter 1

Introduction

> It is enough to drive one to despair that in practical psychology there are no universally valid recipes and rules. There are only individual cases with the most heterogeneous needs and demands - so heterogeneous that we can virtually never know in advance what course a given case will take, for which reason it is better for the doctor to abandon all preconceived opinions. This does not mean that he should throw them overboard, but that in any given case he should use them merely as hypotheses for a possible explanation.
>
> C. G. Jung (1929/1966, p.163)

Evidence suggests that psychotherapy is, in general, effective (e.g., Lambert & Bergin, 1994; Smith, Glass, & Miller, 1980; Stiles, Shapiro & Elliott, 1986). We now need to know how it works. Accordingly, the present thesis utilises a discourse analytic approach to address the question '*how does change occur in psychodynamic-interpersonal psychotherapy?*'.

Can a useful research programme on the processes of psychotherapy be conducted, though, if we take seriously Jung's (1929/1966) proposition that there are no universally valid recipes and rules in practical psychology? This thesis offers such a programme. In using discourse analysis to investigate therapy processes the researcher explicates the specific contours of sequences as they unfold during the therapy conversation. Each unfolding sequence is viewed both as a unique interaction and as a communication embedded in the wider socio-cultural context. In conducting such research, then, the aim is not to produce rules of universal validity. The aim rather is to produce local, revisable but meaningful *understandings*; useful 'hypotheses for a possible explanation'.

This chapter first presents the context of psychotherapy research, offering an introduction to the different phases in the history of the field up to the present time. There is then an introduction to discourse analysis both in terms of its intellectual

heritage and as a research approach, and a link forged with the contemporary phase of psychotherapy research. Next is a review of interpretative, language- and communication-oriented approaches to psychotherapy research in order to contextualise the discourse analytic research on psychotherapy which is beginning to appear. This introductory chapter then concludes with a brief overview of the thesis.

The context of psychotherapy change process research

A number of phases in the history of psychotherapy research can be identified. As the identification of phases or generations of psychotherapy research depends on the particular features of methodology or theory focused on, reviewers have offered slightly differing historical maps of the field (e.g., Barkham, in press; Elliott & Anderson, 1994; Orlinsky & Russell, 1994; Shapiro, Harper, Startup, Reynolds, Bird, Suokas, 1994). Differences therefore are not in main due to dispute over the history of psychotherapy research. Moreover, the representations offered are acknowledged merely to be simplified but contextualising overviews of this rapidly developing discipline.

Table 1.1: Overview maps of the changing phases of psychotherapy research

Orlinsky & Russell (1994)	**Barkham (in press)**		**Elliott & Anderson (1994); Shapiro *et al.* (1994)**
Phase I (1943-1954)			(Generation I)
Phase II (1955-1969)	Generation I (1950s-1970s)	Generation II (1960s-1980s)	(Generation II) (Generation III)
Phase III (1970-1983)	Generation III (1970s-present)		Generation IV (1980s-present)
Phase IV (1984-present)			

Chapter 1

(i) Early psychotherapy research

Orlinsky and Russell (1994) identify four phases of psychotherapy research consisting of a 'pioneering period' followed by three further phases in the development of psychotherapy research as a scientific field. They suggest the main concern of researchers in Phase I (1943-1954) was "to demonstrate the feasibility and necessity of applying scientific methods to the study of psychotherapy" (1994, p.191). Bergin (1971) is cited as tracing the earliest statistical studies of therapeutic outcome to the late 1920s (e.g., Huddleson, 1927; Matz, 1929). However, the roots of *process* (generally what happens *in* psychotherapy sessions) as opposed to *outcome* (changes that happen as a result of the processes of therapy) research are traced to the early 1940s with the advent of phonographic recording technology (e.g., Bernard, 1943; Porter, 1943; Snyder, 1945). Many reviews (Gill, Newman, & Redlich, 1954; Gottman & Markman, 1978; Kiesler, 1973; Mahrer, 1985; Russell, 1987; Small & Manthei, 1986) see the beginning of process research in Carl Rogers' (e.g., 1942) investigation into "moments-of-movement" (Mahrer, 1985, p.92; for review see Seeman & Raskin, 1953). However, Hill and Corbett (1993) award Frank Robinson (e.g., 1950) with the initiation of process research through providing counsellors with recordings of their own work. This procedure was designed to offer counsellors a way of supervising themselves when other supervision resources were limited. However, it had the added benefit of providing an archive of recorded sessions enabling a programme of research.

Orlinsky and Russell (1994) see the end of the first phase of psychotherapy research signalled by Eysenck's (1952) critical review of the field; a review which is reported to have "created quite a stir among clinician psychologists" (Garfield, 1992, p.125). Eysenck's criticism focused on outcome research, questioning the effectiveness of psychotherapy through pointing to the high rate of spontaneous remissions in control groups of clinical populations receiving no psychotherapeutic intervention. Orlinsky and Russell, however, suggest that Phase I research did produce some significant achievements. These included the demonstration that the

complex phenomena of psychotherapy could be subjected to scientific scrutiny without compromising the data or client confidentiality and that sound recording and forms of statistical analysis were ways of achieving this.

An alternative map of the field offered by Barkham (in press), which focuses specifically on quantitative research, identifies three generations of psychotherapy research each guided by dominant research questions. Barkham suggests that the first generation of psychotherapy research was initiated by Eysenck's (1952) critique of the effectiveness of psychotherapy. In response to this critical review, the question '*is psychotherapy effective?*' is reported to have guided a generation of outcome research. Methodological issues related to the use of control groups, statistical concepts, and the development of meta-analytic techniques. Process research addressed the question '*are there objective methods for evaluating process?*'. Corresponding methodological issues were the development of observationally-based and self-report measures, and the use of random time samples of therapy interaction.

Barkham (in press) reports the achievements of this period to include the research critiquing the findings on which Eysenck had based his review (e.g., Bergin & Lambert, 1978). He reports that such research "clearly established the effectiveness of psychotherapy and also provided the basis for investigating components of what might make therapy effective" (Barkham, in press). In relation to process research achievements included findings on therapeutically facilitative conditions postulated in Rogerian therapy (empathy, warmth, and genuineness) (e.g., Carkhuff & Berenson, 1967). However, criticism of random time sampling of therapy interaction and lack of replication of specific findings are suggested to undermine the validity of much of this type of research.

In the formulation offered by Orlinsky and Russell (1994), the corresponding period of psychotherapy research is termed Phase II (1955-1969) and described as 'the search for scientific rigour'. These reviewers suggest that this project was carried out in line with the prevailing, logical positivist view of science in American psychology "interpreted by psychologists to mean that in order to be objective, their research had

to focus on the overt behaviours of individuals" (Orlinsky & Russell, 1994, p.193). This lead to a focus on quantifiable client and therapist behaviours using nonparticipant observational measures. Orlinsky and Russell, however, criticise the Phase II researchers' search for a single experiment to demonstrate the effectiveness of psychotherapy. They also question whether "the ideals of objectivity and experimental control that guided the quest for rigor were not wrongly conceived by the second generation" (1994, p.195).

(ii) The middle period of psychotherapy research

Barkham (in press) identifies a second generation of psychotherapy research spanning the 1960s-1980s initiated "in large part as a search for greater specificity in response to what became known as the 'uniformity myth'" (in press). Accordingly, this period of research is characterised as addressing the outcome question '*which therapy is more effective?*' and the process question '*what components are related to outcome?*'. Earlier studies had glossed differences across clients, across therapists and therapies, and across the *course* of therapy. And greater specificity was being demanded; "what treatment, by whom, is most effective for this individual with that specific problem, and under which set of circumstances?" (Paul, 1967, p.111). In relation to outcome, methodological issues were related to experimental design, particularly comparative outcome trials, and the measures utilised in such studies. Methodological issues in process research concerned the use of session as opposed to random time sampling techniques, based on an acknowledgement of intra-therapist variability (e.g., Gurman, 1973).

Barkham is tentative in drawing conclusions about the second generation of research. Although it failed in the goal of identifying specific differential effects of divergent therapy types, this itself has lead to the identification of the 'equivalence paradox'; the important finding that technically different therapies lead to broadly similar outcomes (Stiles *et al.*, 1986). However, in relation to process, the research of this period is reviewed as generally failing to demonstrate a direct relationship

between facilitative conditions (i.e., empathy, warmth and genuineness) and outcome (Mitchell, Bozarth, & Krauft, 1977).

Roughly corresponding to Barkham's (in press) second generation research (1960s-1980s) is Orlinsky and Russell's (1994) Phase III psychotherapy research (1970-1983). This period is characterised by Orlinksy and Russell in terms of increased methodological rigour; "the coalescence of a research mainstream committed to a program of objective, quantitative - and, where possible, experimental - studies" (1994, p.196). In concurrence with Barkham, it is suggested that attention was focused on "the evaluation of components of specific treatments and the comparison of alternative treatments for specific disorders" (Orlinsky & Russell, 1994, p.196). Comparative outcome studies (see Sloane, Staples, Cristol, Yorkston, & Whipple, 1975), controlled clinical trials (e.g., Elkin, Parloff, Hadley, & Autry, 1985) and meta-analytic techniques (e.g., Shapiro & Shapiro, 1982) dominated research strategy.

Also in concurrence with Barkham (in press), Orlinsky and Russell identify a disappointment with the process research on facilitative conditions and report a reconceptualisation of the relationship between client and therapist as a 'working alliance' (Bordin, 1979). This provided the impetus for the development of new measurement instruments to assess the therapeutic relationship (see Hovarth & Greenberg, 1994).

(iii) Contemporary psychotherapy research

Barkham (in press) characterises this contemporary period, third generation research (1970s-present), as addressing the outcome question '*how can we make treatments more cost effective?*' and the process question '*how does change occur?*'. These questions are viewed as a natural development of previous generations of research. For example, cost-effectiveness can be regarded an extension of Generation I outcome research ('*is psychotherapy effective?*'). Moreover, the focus on change mechanisms may be seen as following naturally from Generation II process research on specificity ('*what components are related to outcome?*'). Barkham acknowledges,

though, that Generation III may equally well be considered a *reaction to* the earlier research; "(i)t is an extension in terms of it retaining specificity as a hallmark but a reaction in terms of refocusing research onto the process of change" (Barkham, in press).

Methodological issues in relation to outcome research include the idea of 'dose effect' (that before an intervention is considered ineffective it must be established that this is not because too little of the intervention was given) and issues surrounding clinical or psychological, as opposed to statistical, significance. In relation to process research methodological issues relate to sampling strategy and how to 'tap' the working alliance.

Barkham identifies three shifts in third generation process research; development of the idea of the working alliance (Bordin, 1979), the publication of a single case study in the *Journal of Counseling Psychology* (Hill, Carter, & O'Farrell, 1983), and the use of new 'intensive' methodologies (e.g., task analysis, Rice & Greenberg, 1984). Other reviewers (e.g., Elliott & Anderson, 1994; Shapiro *et al.*, 1994), though, identify the early/mid-1980s as issuing a *fourth* generation of psychotherapy research associated with a growing advocacy of alternative, mainly qualitative methodologies. The significance of this point may be de-emphasised in Barkham's formulation as it is a review of quantitative research in the field. However, Barkham (1995, personal communication) suggests that evaluation of whether or not contemporary research constitutes a *new paradigm* is likely to become clear only in the perspective of time.

Orlinsky and Russell describe Phase IV (1984-present) research as a period of "consolidation, dissatisfaction, and reformulation" (1994, p.197). With regard to reformulation, they suggested that the contemporary period is premised on a 'context of discovery' as opposed to a 'context of verification' as previous phases of research. In the verification context it was considered that "those category systems participating in more interesting empirical relations would survive, and knowledge would be built up through induction and a bottom-up process of generalisation" (Orlinsky & Russell,

1994, p.201). Orlinsky and Russell, however, consider such a methodology to have resulted in an accumulation of facts of little clinical or theoretical relevance. In contrast they suggest that Phase IV research is characterised by a willingness to view phenomena from a number of different perspectives and the development and utilisation of intensive, qualitative methodologies.

It is argued here that transition into Phase IV (1984-present) (Orlinsky & Russell, 1994)/Generation IV (1980s-present) (Elliott & Anderson, 1994; Shapiro *et al.*, 1994) is the most significant transformation in psychotherapy research in relation to the present thesis. The reconceptualisation of the field represented by this shift, as discussed below, sets the context for the introduction of discourse analysis to psychotherapy research *within the remit* of the developing aims of psychotherapy research itself.

The current period of transition in psychotherapy research reflects a more general questioning of methodology and practice in other areas of psychology (e.g., Parker, 1989b). The change was heralded by a growing dissatisfaction with methodology (e.g., classification schemes and frequency ratings, Greenberg & Pinsof, 1986) and statistical analysis (c.f., Firth-Cozens & Brewin, 1988; Marziali, 1984; Silberschatz, Fretter, & Curtis, 1986). For example, Elliott (1989) suggests that quantification necessitates the over-simplification of the natural complexity of therapy and points to the failure, often, of such methods to produce clinically meaningful results. Moreover, Rennie (1995) expresses disillusionment with the tendency of such procedures to privilege the therapist's, or clinical, framework of understanding at the expense of the client's. This is so, perhaps, as coding systems are developed by clinical researchers and implemented by clinicians or those they have trained.

Earliest reconceptualisations of psychotherapy research in the contemporary period were published during the early- and mid-1980s (Elliott, 1983; Horowitz, 1982; Rice & Greenberg, 1984) and articulated a reaction against the research that had been conducted during the period of about 1970-1983 (Phase III). This former

period of psychotherapy research has been characterised as dominated by the 'group contrast' and the 'relational' paradigms (Horowitz, 1982). The primary criticisms of these paradigms stem from their subscription to what is known as drug metaphor assumptions (Stiles, 1988; Stiles & Shapiro, 1989, 1994; Strupp, 1986). Stiles and Shapiro (1989) consider the drug metaphor to have six assumptions:

(1) "that process and outcome are readily distinguishable from, and bear a simple cause-effect relationship to one another;

(2) that component names refer to ingredients of consistent content and scope;

(3) that the potentially active ingredients are known and measured or manipulated;

(4) that the active ingredients are contained in the therapist's behaviour, with the patient in a correspondingly passive role;

(5) that the does effect curve is ascending and linear in the range being examined;

(6) that the best way to demonstrate a psychotherapeutic procedure's efficacy is by controlled clinical trial...and that a process component's efficacy is shown by its correlation with outcome" (p.525).

Harper (1995) articulates the major criticisms of these drug metaphor assumptions which have influenced the development of a new paradigm of psychotherapy research. She divides the psychotherapeutic phenomena not captured by the traditional paradigms into four categories.

First is the synergistic relationship between process and outcome and between client and therapist. Traditional paradigms have viewed process-outcome as a linear, unidirectional and causal relationship. Similarly, the effective ingredients of therapy have been conceptualised in terms of the therapist's action on a passive client. These assumptions are considered inadequate. A new paradigm is challenged to manage the way in which "process affects outcome and outcome affects process [...] (and the) reflexive and transactive influences of client and therapist" (Harper, 1995, p.58). Outcome is therefore conceived of as a fluid and continuous process (e.g., Safran, Greenberg, & Rice, 1988).

Second, is the complexity of in-session process. The traditional paradigms conceptualise psychotherapy processes in terms of discrete ingredients which are either present or absent. A new paradigm is required to reconceptualise processes as functionally interdependent, responsively variant, context-dependent in meaning and therapeutic action, and having no predetermined effect.

The third category of psychotherapeutic phenomenon Harper (1995) identifies as missing from traditional paradigms is an adequate conceptualisation of the time course and location of change. This is compounded by or perhaps an influencing factor in the paucity of studies relating psychotherapy process and outcome (Parloff, Waskow, & Wolfe, 1978). However, in order to evaluate the *effectiveness* of intervention research must be carried out in the context of measures of outcome, particularly micro ('little 'o'), session or domain outcomes known as impacts. New paradigm approaches are therefore challenged to explore change in relation to (i) in-session, micro-level outcomes, (ii) inter-session outcomes, and (iii) the continuation of processes between sessions.

Finally, traditional paradigms are criticised for glossing 'between' and 'within' individual differences. In contrast, a new paradigm must seriously consider the proposition that "groups of clients are not homogeneous (and) individual client's are not average" (Harper, 1995, p.59). Thus, as suggested above, Generation IV research retains the Generation II emphasis on specificity but refocuses research onto processes of change (Barkham , in press).

There have been many calls over the years for research to be more directly informative to practitioners (e.g., Barlow, 1981; Bergin & Strupp, 1972; Elliott, 1983; Luborsky, 1972; Orlinsky & Howard, 1978). This too has had an influence on the development of a new paradigm for psychotherapy research. Harper argues that traditional paradigms have been inadequate for addressing questions at the micro-level of clinical practice (Bergin & Garfield, 1994). And, it is the micro-level questions - the 'when-then' questions - that are characterised as the ""process diagnoses" that clinicians make continuously in sessions to inform their choice of

strategy or intervention" (Harper, 1995, p.60). By implication then, it is argued to be the micro-, moment-to-moment processes that must be examined if psychotherapy research is to be informative to practitioners.

This new paradigm in psychotherapy research is designed to afford the development and testing of clinical theories of change and has been called the 'change process paradigm'.

The change process paradigm has been put into research practice through the development of qualitative, discovery-oriented methods of intensive process analysis; a shift in research away from prediction and towards explanation (Greenberg, 1986). The best developed of these approaches are task analysis (Greenberg, 1984a; 1984b) and comprehensive process analysis (Elliott, 1984). Intensive process analyses examine small episodes of therapy defined as "meaningful units of therapeutic interaction which according to the therapeutic approach being used, are designed to achieve an intermediate goal" (Greenberg, 1986, p.5). These small episodes are therefore clinically meaningful and contextualised units, and are considered potential significant change events. Such episodes are selected on the basis of explicit and implicit theory and are studied as sequences and patterns occurring over time. A discovery approach with the intensive analysis of these episodes is therefore advocated as a means of generating clinically meaningful hypotheses regarding processes of change from individual cases of therapy. This constitutes the 'change events research strategy' (Rice & Greenberg, 1984).

With the influence of new paradigm thinking there has also been a growing advocacy and practice of methodological pluralism within the field (e.g., Hine, Werman, & Simpson, 1982; Rice, 1992; Shapiro *et al.*, 1994) and of qualitative, language-oriented approaches in particular. Such approaches include, for example, conversation analysis (Gale, 1991), grounded theory (Rennie, Phillips, & Quartaro, 1988), and narrative approaches (White & Epston, 1990). This thesis contributes to the growing interest in qualitative, language-oriented psychotherapy research through utilising a discourse analytic approach which, it will be argued, is particularly

compatible with the new paradigm as it is being developed within psychotherapy change process research.

A discourse analytic approach[1.1]

Discourse analysis is an umbrella term encompassing a number of different strands of work which may be divided into four different types (Potter & Wetherell, 1994). First there is that concerned with the organisation of conversational exchange which has been influenced particularly by Austin's (1962) speech act theory (e.g., Coulthard & Montgomery, 1981). Second is that focusing on recall and understanding in the context of discourse structure (e.g., van Dijk & Kintch, 1983). The third is an approach developed within the sociology of scientific knowledge to explore scientists' own discourse (e.g., Gilbert & Mulkay, 1984). And fourth is that based in semiology and post-structuralism (e.g., Hollway, 1989; Parker, 1992). However, a principle which all discourse analytic approaches have in common is that texts, and particularly linguistic texts, are regarded the primary resource for research. In this context the word 'text' refers to any tissue of meaning on which one can place an interpretative gloss, e.g., words, actions, symbols, pictures (Parker, 1992).

The form of discourse analysis drawn upon in this thesis is that developed by Potter and Wetherell (1987; Edwards & Potter, 1992; Potter, Edwards, & Wetherell, 1993) which is closest to that developed in the sociology of scientific knowledge and in post-structuralism (Potter & Wetherell, 1994). For convenience then, the terms 'discourse analysis' (the approach to research) and 'discursive psychology' (as the paradigm is becoming known) in this thesis are to be understood as referring to this particular approach. This is not to forget that other discourse analytic approaches exist.

[1.1] A version of this section was presented at the international meeting of the Society for Psychotherapy Research, Vancouver, Canada: Madill, A. (1995, June). Discourse analysis: Understanding psychotherapy as text and social practice. In A. Bachelor (Moderator), C. Hill (Discussant), Qualitative methodology in psychotherapy research: Basic features of four approaches.

Chapter 1

(i) The roots of discourse analysis

The historical roots and general principles of Edwards, Potter and Wetherell's discourse analysis are discussed below. This then provides the context for the rationale of selecting this particular approach for the study of change processes in psychotherapy.

Although a relatively new approach in social psychology, discourse analysis or discursive psychology has roots in a variety of theoretical perspectives and sub-disciplines with longer and more established histories. These are listed specifying a primary feature of the approach which has contributed to the development of discourse analysis. Each is then discussed more fully below.

(1) Wittgenstein's later philosophy of language (e.g., 1953): that the meaning of a word is related to its context of use.

(2) Austin's speech act theory (e.g., 1962): that language is used to *do* things, i.e., is functional, rather than merely representative of states of affair.

(3) Post-structuralism (e.g., Foucault, 1971): forms of knowledge understood to be constituted in and through discursive formulations.

(4) Ethogenics (e.g., Harre, 1979): identification of the rules and conventions people use to generate their behaviour.

(5) Rhetoric (e.g., Billig, 1987): orientation to the way in which accounts are implicitly organised to be persuasive and to undermine alternatives.

(6) Ethnomethodology (e.g., Garfinkle, 1967): concern with the ordinary, everyday procedures people use to make sense of their social world.

(7) Conversation analysis (e.g., Sacks, 1972): explication of the methods and strategies by which conversations are managed and function as an integral part of social life.

Wittgenstein's later philosophy of language and Austin's speech act theory represent the philosophical background of discourse analysis. These philosophers offer *functional* approaches to the philosophy of language. This contrasts the approach formerly established in logical positivism in which language is regarded as

either emotive or as supplying empirically verifiable statements. Wittgenstein's controversial principle is that "the meaning of a word is revealed in its use" (Lyons, 1977, p.27). Thus he argues that there are no prescriptive rules governing language use at all times, only a variety of different 'language games'. Language games are understood to be determined by social convention and to be utilised to accomplish certain actions. For example, from this perspective, the language of the self or of 'inner' experience is understood to utilise particular conventions of language which publicly demonstrate for effect rather than represent a private, inner state (Harre, 1989).

Similarly, Austin demonstrated the inherently social nature of language through identifying how language is used to do things. He argued that in asserting truth, stating facts or describing events we are not merely representing the world but accomplishing social actions (Lyons, 1977). Instead of statements being true, false or meaningless, as asserted in logical positivism, the very fact of speaking is argued to have social consequence; "a functioning element in social process itself" (Gergen, 1989, p.71). For example, the act of promising can be seen to have meaning and consequence and to accomplish a social function without having to refer to anything outside of itself.

These philosophical perspectives highlighting the social and functional use of language preface more contemporary writings on language, discourse and text known as post-structuralism. Post-structuralism is particularly difficult to define, but is associated with a body of work produced by a number of French cultural analysts, historians and philosophers (e.g., Barthes, 1973; Derrida, 1976; Foucault, 1971; Lyotard, 1984). Post-structuralism, as the name indicates, was developed from a critique of structuralist approaches to language, perhaps most typified by the work of Chomsky but also present, to some extent, in the work of Saussure.

Chomsky's (e.g., 1966) psycholinguistic approach views language as "a formal system principally concerned with describing or representing the world" (Potter & Wetherell, 1987, p.28). From this perspective it is considered that language is best

examined for its structural properties isolated from its context of use. Saussure (e.g., 1974) also laid stress on language as a system with an underlying structure, however, undermined the idea that this system could be understood as representational. In fact, the central feature of semiology (the science of signs) developed by Saussure concerns the 'arbitrariness of the sign'. First, the association between the signifier and the signified was pointed out to be demonstrably arbitrary as different languages use different terms to denote the same object. However, second, and more controversially, semiology claims that the objects thus identified are themselves arbitrary. That is, different languages can be seen to divide up the world in differing ways. For example, the Japanese term 'amae' signifies a type of emotion which may be defined as an agreeable kind of 'sweet dependence'. However, this has no direct English translation or, in contrast to the Japanese, particular cultural significance (McDoe in Harre, 1986). From the stand-point of semiology, language is understood to acquire its meaning not through directly representing or naming features of reality but through being an abstract system of relationships and differences.

Post-structuralism can be understood as a development of semiology which stresses the constitutive role of language in defining reality, linking this to socio-historical processes of change, and which often address issues of ideology, knowledge, and power. In particular, Foucault's approach and writings on what he termed the 'archaeology' and later 'genealogy' of knowledge is of relevance to the development of discourse analysis. From a Foucauldian perspective all forms of knowledge are considered constituted in and through discursive formations. Interest is therefore turned to studying the development of the constitution of certain formulations as knowledges as, for example, in the humans sciences (Foucault, 1970). Foucault was also interested in studying forms of power and patterns of domination. However, rather than see power in terms of its possession by certain individuals or groups, Foucault regarded power in terms of *impersonal* rituals which have the effect of constituting categories of person and of subjectivity itself (Dreyfus & Rabinow, 1982). For example, psychiatry, medicine and the social sciences are identified as

modern regimes of power/knowledge, legitimating forms of regulation and control through the construction of standards of normalcy (e.g., Foucault, 1971).

Post-structuralism, particularly its emphasis on the way in which language functions to sustain and legitimate forms of truth, has had an influence on the development of discourse analysis (e.g., Parker, 1992; Wetherell & Potter, 1992). However, Edwards and Potter's more recent developments in discursive psychology (e.g., Edwards & Potter, 1992) is more directly related to the social psychological and micro-sociological perspectives of ethogenics, rhetoric, ethnomethodology, and conversation analysis.

Ethogenics (e.g., Harre, 1979) was developed in response to a dissatisfaction with traditional experimental methods in social psychology. Rather than attempt to control variables, the ethogenic approach was developed with a view to retaining the complexity of natural social interaction through analysing people's accounts. The central hypothesis of this approach is that "people possess a *store* of *social knowledge* which enables them to both act and to give accounts such as explanations or justifications of their action" (italics in original, Potter & Wetherell, 1987, p.57). The aim of analysis then is to identify the rules and conventions people use on a day to day basis to generate their behaviour.

Potter and Wetherell identify areas of concord with the ethogenic approach. First, is the stress on the range of purposes to which language is put. Second, is an agreement that the function of particular accounts is not always self-evident. However, rather than identifying the rules governing social competence, discourse analysis is more concerned with how participants' rule accounts are constructed and organised and the explication of what is achieved by particular accounts in specific circumstances.

Incorporating ideas developed in the rhetorical approach to social psychology (e.g., Billig, 1987), discourse analysis conceives of language in terms of the 'argumentative nature of talk and texts'. Rhetorical social psychology draws on the antiquarian art to inform a modern approach to the discipline. Principally, Billig

suggests a model of the subject as argumentative debater skilled in the 'witcraft' of persuasion and debate. Moreover, Billig stress the importance of argumentation in human thought drawing on Protagoras's maxim that there are two sides to every question so that "each form of thought can be contrasted by opposing form of thought" (Billig, 1987, p.6). Such an emphasis is offered as a counter-point to psychology's tendency to venerate logical and consistent thinking conceived of as the private property of the individual. As Billig states; "(i)f deliberation is a form of argument, then our thought processes, far from being inherently mysterious events, are modelled upon public debate" (Billig, 1987, p.5). Discourse analysis is concerned with explicating the strategies of witcraft as it occurs within everyday interaction as we discuss and formulate the nature and meaning of events, circumstances and relationships.

Discourse analysis also has roots in the orientation and approach to research of ethnomethodology (e.g., Garfinkle, 1967). Ethnomethodology is a discipline in micro-sociology concerned with the procedures people use to make sense of their social world (for example as in a half-way-house; Wieder, 1974). In this approach the researcher is encouraged to utilise her/his own cultural understanding, or knowledge as a member, to identify, interpret and question the processes and assumption of lay sense-making. However, for this reason, ethnomethodology has been criticised for being too subjective. Subsequently, ethnomethodology has developed the sub-disciple of conversation analysis which is utilised to study the process of sense-making as it is in on-going negotiation in talk which can be transcribed and presented as data.

The focus of conversation analytic research (e.g., Sacks, 1972) is the explication of the methods and strategies by which conversations are managed and function as an integral part of social life. Conversation analysis has three methodological principles. First, conversation is regarded as socially organised, rule-governed and functional. Second, conversations are regarded as embedded in, and thus inseparable from, the wider social context. This makes it vitally important to use naturally occurring data (absence of experimental manipulation or artificial

restrictions) and to analyse it with this context in mind. The third principle is that research is data- rather than hypothesis-driven. Analysis is conceived of as grounded in the data and constrained as little as possible by the researcher's assumptions as to what might be found.

The principles developed for conversation analysis are generally accepted in discourse analysis. However, although many of the analytic concerns in these related disciplines are naturally similar, discourse analysis may be considered both wider in its theoretical base and differing in its investigative emphasis. That is, discourse analysis tends to focus on a particular topic, on variation in accounting practices and to encompass written or spoken language rather than concentrate on explicating conversational procedures. Thus, in its interest in all forms of text, discourse analysis has been utilised with regard to a variety of different resources, e.g., literature (Madill, 1990; Potter, Stringer & Wetherell, 1984), newspaper reports (Potter & Reicher, 1987), interviews, (Wetherell & Potter, 1992), and television documentary (Potter & Wetherell, 1994).

In general then, understanding language as constructive (rather than representational) places discourse analysis within the social constructionist perspective in psychology and is therefore relativist in its epistemological stance (see Edwards, Ashmore, & Potter, 1995). Social constructionism regards human understanding as an artifact of socio-cultural discourses rather than a product of direct experience of ourselves and the world (Gergen, 1985a). This is a relativist epistemology in that there is considered to be no objective truth one can attempt to reflect, only plausible and useful accounts that may be offered.

(ii) Discourse analysis as a research practice

There are three major components to discourse analysis as a research practice.

(1) Text as social practice.

Approaching language as a social practice, a discourse analysis explicates the actions performed within the sequences studied (e.g., disconfirmation, agreement, blaming). As social actions may not always be made explicit, analysis explicates the action

orientation of talk through articulating the implications made available by particular accounts.

(2) Threefold concern with construction, variability and function.

Discourse analysis focuses on the way in which language is used to construct versions of reality. Potter and Wetherell argue that "(o)nce discourse is conceptualised in this way it becomes clear that there will be significant variation in, for example, descriptions of a phenomena, as participants perform different kinds of actions" (1994, p.48). In detailed analysis of text, then, descriptions of events, persons and circumstances are demonstrated to be variable and often inconsistent (e.g., in racist talk, Wetherell & Potter, 1992). Thus, one aim of discourse analytic research is to demonstrate the process of construction through revealing the variable ways in which people account for or describe themselves and the world.

Such variation in accounting practices is understood as orienting to the functionality of language. That is, accounts, or versions of the world, are understood to be implicitly organised to accomplish social actions, for example the allocation or mitigation of responsibility and blame (e.g., Buttny, 1985). Thus, orienting to variation in accounting practices allows the researcher to speculate on the social actions an account may be accomplishing within the context in which it was offered.

(3) Rhetorical or argumentative organisation of text.

Orientation to the constructed nature of accounts raises an issue regarding how the authority of particular versions is achieved or, for that matter, challenged. For example, the authority of an account may be achieved through presenting it as merely factual or may negotiated through more interactional debate and argument. Thus, a discursive analysis seeks to explicate the rhetorical strategies by which accounts are made persuasive, challenged and negotiated.

In general, discourse analysis requires one stop reading a text for the information it contains and begin to analysis how that information was presented. This entails looking for inconsistencies in description, the assumptions underlying an accounts rationale and articulating the implications a particular account makes

available. As Parker (1992) suggests in relation to a variant approach, discourse analysis "should be a process of exploring the connotations, allusions and implications which the texts evoke" (p.7). In this way the version, or versions, of reality a text offers is opened up to critical inspection.

Potter (1988) describes discourse analysis as "fundamentally an interpretative exercise which offers up readings of texts for scrutiny" (p.51). Thus, the goal of analysis is to reach an understanding of the text and to present it in such a way that the audience can assess this interpretation. To this end analytic claims are linked to specific extracts along with a detailed analysis as to why such claims are being made. The audience is therefore not asked to take the analyst's conclusions on trust (Potter & Wetherell, 1987).

The form of discourse analysis development by Potter and Wetherell was selected as the guiding research approach in this thesis on psychotherapy change process for a number of reasons.

First, discourse analysis is emerging as an important new qualitative approach in social psychology, Harre and Gillett (1994) suggesting that "(t)he rapid rise of 'discursive psychology' in the last five years indicates the appearance of a genuinely 'new psychology' compared with what has gone before" (p.vii). The approach is undergoing continual sophistication (e.g., the formulation of the discursive action model, Edwards & Potter, 1993) and has offered a new perspective on a variety of concerns relevant to traditional psychological research, e.g., attribution theory (Potter & Edwards, 1990), prejudice (Wetherell & Potter, 1992), memory (Edwards, Potter & Middleton, 1992), and diagnosis of mental illness (Harper, 1994). This indicates both that discursive psychology has a developing theoretical base and demonstrates that it has huge potential for the exploration of diverse and important psychological questions.

Second, conceptualising psychotherapy, the 'talking cure', primarily as a dialectical exchange between client and therapist, it is argued that the fundamental place of action and process in discourse analysis make it an ideal tool for researching

therapeutic conversation. That is, its micro-analytic focus allows a detailed examination of the processes inherent in these encounters and their effects.

Third, discursive psychology has been offered as an alternative the dominant cognitive paradigm in contemporary social psychology. So discourse, comprising social text in the widest meaning of the term, is approached in its own right rather than as a "secondary route to things 'beyond' the text" (Potter & Wetherell, 1987, p.160). This perspective immediately suggests a useful counter-point to and critique of the emphasis on intra-psychic process in psychology as a whole but also in approaches to psychotherapy research itself (e.g., the assimilation model, see Chapter 2).

Thus, it is argued that discourse analysis provides a means of addressing the reservations documented above levied at the dominant coding and quantification approaches in psychotherapy research (i.e., Elliott, 1989; Rennie, 1995) (see page 8). That is, first, in examining the on-going negotiation of meaning in sequences of naturally occurring therapy talk the researcher is obliged to deal squarely with the complexities of the phenomenon. And, second, as both client and therapist are regarded as negotiating discursive positions, analysis proceeds without assuming the priority of either participant's contribution. The focus, rather, is on examining how the legitimacy of alternative versions are managed and to give an account of their possible function within the therapeutic context.

A discourse analytic approach therefore contributes to research perspectives calling for an understanding of psychotherapy process in terms of the joint and local production and negotiation of meaning *between* client and therapist on a moment-to-moment basis (Friedlander & Phillips, 1984; Hill, 1982; Lichtenberg & Barke, 1981; Martin, 1984; Strong & Claiborn, 1982). Thus, as a research approach, discourse analysis is particularly compatible with the new paradigm as it is being developed in psychotherapy change process research (see pages 8-12).

Chapter 1

Review of interpretative, language- and communication-oriented approaches to psychotherapy research

Discourse analysis is an interpretative language- and communication-oriented approach. However, although discourse analysis itself is only recently being utilised in the field, other similar approaches have been drawn upon throughout the history of psychotherapy research. Discourse analytic research therefore, in a broad sense, follows a certain tradition already established in the field. The following review of these interpretative, language- and communication-oriented approaches is offered as an orientation to the main strands of research in the area. This then contextualises the discourse analytic research on psychotherapy process which is beginning to appear and which is the focus of the present thesis.

Language- and communication-oriented research approaches the therapeutic dialogue as a communication event and focuses on the development of meaning as it occurs between client and therapist (Chenail & Morris, 1995). What distinguishes the interpretative approach is "its insistence that the "facts" of social life have situation-specific interactional histories...stress(ing) the essential ambiguity of language and the essential interdependence of context and meaning" (Pea & Russell, 1987, pp.312-313). This contrasts approaches which conceptualise linguistic meaning as referential and autonomous of context.

An appropriate starting point for the exploration of interpretative, language- and communication-oriented approaches to psychotherapy research is Freud's 1937 paper *Constructions in analysis*. In this article Freud addressed the criticism levied at psychoanalysis in relation to assessment of the veracity of analytic interpretation. Freud paraphrases his critics; "if the patient agrees with us, then the interpretation is right; but if he contradicts us, that is only a sign of his resistance, which again shows that we are right" (Freud, 1937/1958, p.257).

Bouchard and Guerette (1991) suggest that Freud alternately supports an empiricist then a hermeneutic-constructivist (interpretative) viewpoint in his reply to this 'heads I win, tails you lose' objection to analytic strategy. Freud is identified as

supporting an empiricist position in suggesting that analytic goal is the *rediscovery of the truth* about the patient's 'forgotten years'. However, the therapist's task is formulated in hermeneutic terms, i.e., to *construct* what has been forgotten from the traces left behind. Addressing the issue of inaccurate constructions Freud appeals to the context of the continuing analysis. The therapist's construction is suggested to be open to verification through the nature of the patient's reaction to it; "(i)f the construction is wrong, there is no change in the patient; but if it is right or gives an approximation to the truth, he reacts to it with an unmistakable aggravation of his symptoms and of his general condition" (p.256). In Freud's view, the ideal outcome of this process is that the analyst's construction leads to the patient's recollection (empiricist thesis). However, if the patient does not recollect that which has been repressed "if the analysis is carried out correctly, we produce in an assured conviction of the truth of the construction which achieves the same result as a recaptured memory" (Freud, 1937/1958, pp.265-266) (hermeneutic thesis).

As Bouchard and Guerette (1991) point out, the debate regarding the epistemological status of psychoanalysis as an empirical science or hermeneutic discipline continues today (e.g., Ederson, 1984; Grunbaum, 1984; Steel, 1979). The importance of this debate for contemporary psychotherapy process research is that it sets the context for the interpretative, language- and communication-oriented approaches which study interaction in terms of the joint production of meaning *between* client and therapist and as such draw on a hermeneutic understanding of the process of therapy.

Frank and Frank's 1961 text *Persuasion and healing: A comparative study of psychotherapy*, represents an early but important work advocating a hermeneutical approach to psychotherapy research. These authors suggest that "(i)nsofar as the psychotherapist seeks to understand and interpret the meaning of the patient's communications, psychotherapy bears interesting resemblances to hermeneutics" (1961/1991, p.70). It is further suggested that as multiple interpretations are always possible, therapeutic understanding does not necessitate the recovery of *true* meaning

but the discovery of *shared* meaning between client and therapist. In this work a parallel is also drawn between the art of the psychotherapist and of the rhetortition. In particular, a commonality is identified in that both are characterised as operating within the realm of subjective experience and work with a notion of probable rather than certain truths. A similarity in technique (persuasion, argument and responsiveness), target (the discontented) and goal (influence) are also suggested.

Advocacy of a rhetorical approach to psychotherapy was echoed some years later by Szasz; "seeing therapy as a conversation rather than a cure thus requires that we not only consider the error of classifying it as a medical intervention, but we must look anew at the subject of rhetoric and assess its relevance to mental healing" (1978, p.11). Billig's development of a rhetorical social psychology (see pages 16-17) during the 1980s, which has influenced discourse analysis, can therefore be seen as part of a general, contemporary movement in psychology toward investigating hermeneutical understandings of meaning. This has remained a continuing interest in psychotherapy research (e.g., Bouchard & Guerette, 1991; Chessick, 1990; Frank, 1987)

In relation to empirical studies, the first interdisciplinary (psychiatry, linguistics, anthropology and kinesics), communication-oriented research on psychotherapy was brought together in 1956 in the Natural History of the Interview project (NHI). This study was designed to produce "a fine-grained analysis, transcription and interpretation of the speech and body motion of participants in a sound-filmed (and tape-recorded) family interview" (McQuown, 1971, p.1). A major goal of the project was the development of theoretical frames to interpret the rich interactional material provided by linguistic, paralinguistic and body-motion data. This project is reported (Leeds-Hurwitz, 1987) to have influenced the development of many other seminal studies of interaction in psychotherapy, e.g., *The first five minutes* (Pittenger, Hockett, & Danehy, 1960), *Communication structure: Analysis of psychotherapy transaction* (Scheflen, 1973), and *Therapeutic discourse: Psychotherapy as conversation* (Labov & Fanshel, 1977).

Labov and Fanshel's (1977) '*Therapeutic discourse*' project is of particular relevance to the present thesis. Characterised as "arguably the last of the NHI-style opuses" (Chenail & Morris, 1995, p.6), the approach adopted in this former study is similar in some ways to discourse analysis as developed by Potter and Wetherell (1987). Labov and Fanshel's study is therefore worth examining here in some detail.

Labov and Fanshel's aim was to explore "the goals and techniques of therapy through a close examination of the linguistic forms used by a patient and a therapist in 15 minutes of one session" (1977, p.ix). This study worked within the revolutionary framework of Pittenger, Hockett, and Danehey's earlier study (*The first five minutes*, 1960) providing a fine-grained analysis awarding attention "to the context-determined meaningfulness of prosodic cues, voice quality and well-specified body motions" (Pea & Russell, 1987, p.316). Labov and Fanshel also integrated features from psychiatry, cognitive and social psychology, philosophy of language, linguistic and sociology to produce the approach known as comprehensive discourse analysis (CDA).

CDA draws on principles developed in conversation analysis during the 1960s and 70s (e.g., Sacks, 1964-72) (see page 17). Conversation analysis offered a new methodology for research on linguistic interaction which by the early 1970s was being utilised in relation to psychotherapy conversation (e.g., Turner, 1972). Accordingly, Labov and Fanshel developed an approach which viewed psychotherapy as a form of conversational interaction; an approach which remains popular today (e.g., Gale, 1991; Morris & Chenail, 1995).

A central focus of the analysis offered by Labov and Fanshel was "demonstrating the hierarchical nature of speech act sequencing in client-therapist speech" (Pea & Russell, 1987, p.318). In doing so the researchers first identified 'fields of discourse' (e.g., everyday, narrative, interview, family) distinguished by stylistic features such as the use of common description, vocabulary, and paralinguistic cues. The second structural unit identified was the 'episode', commonly separated from each other by changes in conversational topic. The next step in CDA

is termed 'expansion'. This process articulates 'propositions' alluded to but not specified in what has actually been said, incorporates information from the larger context of the previous conversation, and an interpretation of the meaning of paralinguistic cues.

In their analysis, Labov and Fanshel distinguished two planes of conversational behaviour; 'what is said' (the expanded text) and 'what is done' ("a hierarchy of speech acts that comprise their interactional analysis" (Pea & Russell, 1987, p.327)). Four hierarchical levels of speech acts (Austin, 1962; Searle, 1969b, 1976) on which a single utterance may function simultaneously were identified in the examined text; (1) 'meta-actions' (related to the regulation of speech such as turn-taking), (2) 'representations' (indexing information), (3) 'requests' and, (4) 'challenges'/'supports'. Other possible speech acts, e.g., flattery, promises, boasts, were acknowledged but were not found it the sequences they studied. Rules relating to the production and interpretation of requestive, challenging, and narrative conversational structures were also identified which "enable a speaker to create, and a listener to understand, the actions which the surface linguistic forms convey" (Pea & Russell, 1987, p.332). The final stage of analysis was the production of an interactional statement specifying the set of actions accomplished in a single utterance.

Analysis in CDA is therefore represented by text plus cues, an expansion of the text, and an interactional statement conveying the actions performed. Analysis of a series of utterances, perhaps constituting an episode, is then assembled allowing an examination of how speech acts are linked to one another in sequences during the therapy interaction.

In orienting to function and social action, comprehensive discourse analysis is similar to discourse analysis as developed by Edwards, Potter and Wetherell. However, the approaches differ in that CDA offers a much more structured approach and is more prescriptive in the features of interaction deemed of interest. Moreover, the expansion of the text and statement of actions performed is presented as a given

interpretation. Discourse analysis offers a more analytic and argued account which makes a case the particular interpretation suggested. However, CDA does include information such as body movements which may be pertinent to linguistic meaning but, so far, not incorporated into the discourse analytic approach.

The Labov and Fanshel study was conducted on individual psychotherapy. Interpretative, language- and communication-oriented approaches to psychotherapy have, however, also been utilised in the area of family therapy with early studies conducted in this field (e.g., the NHI). The development of a systemic approach to family therapy (e.g., Weakland, 1960) lead to a conceptualisation of psychological symptoms "in terms of what people were doing in the context of ongoing human relationships" (Goolishian & Anderson, 1987, p.529). However, there are two strands of systemic approach. Maintaining the assumptions of the tradition social science paradigm, one strand views family systems in terms of *social* systems deriving their meaning from observed patterns of social organisation. The other strand in the family therapy field is "based on the proposition that systems can be described as existing only in language and communication action" (Anderson & Goolishian, 1988, p.375). This approach is informed by hermeneutics, semantics and narrative, viewing reality as socially constructed (see also Hoffman, 1990).

From this latter perspective psychotherapeutic change is conceptualised as the co-evolution of new meaning within language; problem *dissipation* rather than problem solving or resolution. The goal of psychotherapy process research would therefore be viewed as identification of the ways in which therapists can interact with clients so as to 'create a space for change' through "maintenance of the conversation until the problem disappears" (Goolishian & Anderson, 1987, p.535). Therapy becomes 'talking with' from a 'not knowing' position rather than 'doing to' from a position of expertise.

The social constructionist perspective in psychotherapy research has been promoted in *Therapy as social construction* edited by McNamee and Gergen (1992) and dedicated to the memory of Harold Goolishian. This collection contains chapters

from the perspective of individual therapy (e.g., O'Hanlon, 1992) but primarily draws on work conducted on family therapy (e.g., Anderson, 1992; Hoffman, 1992; Karl, Cynthia, Andrew, & Vanessa, 1992). A particularly interesting feature of this edited work, however, is its orientation to narrative approaches in psychotherapy research (e.g., the chapters by Epston, White, & Murray, 1992; Gergen & Kaye, 1992; O'Hanlon, 1992).

Narrative approaches are premised on the "idea that people make sense of and communicate their experience through stories, that we live in a 'storied world'" (McLeod & Balamoutsou, 1995, p.3). The narrative 'way of knowing' has been contrasted to theoretical, propositional or 'paradigmatic' knowledge which characterises the traditional approach to science (e.g., Bruner, 1986; Toukmanian & Rennie, 1992). White and Epston (1990) identify five dimensions on which the narrative and logico-scientific modes of thought differ:

(1) experience (lived, personal experience -v- classes of event)

(2) time (unfolding sequences -v- timeless laws)

(3) language (range of possible meanings -v- univocal word use)

(4) personal agency (active participant -v- passive object)

(5) position of the observer (involved protagonist -v- objective observer)

Narrative approaches suggest that experience is shaped by the stories people use to give meaning to their lives. 'Problem stories' are ones which award negative meaning to oneself and/or one's situation. Thus, an important concept in the narrative approach to psychotherapy process research is the idea of therapy as "providing opportunities for clients to 're-author' their lives" (McLeod & Balamoutsou, 1995, p.3). This may involve the development alternative accounts of oneself and one's life through awarding significant meaning to experiences overlooked or ignored in the problem story (White & Epston, 1990).

This 'narrative turn' has impacted the field of psychotherapy research (e.g., Edelson, 1993; Omer, 1993a, 1993b; Russell, 1991; Russell & Van den Broek, 1992; Schafer, 1980, 1992; Spence, 1982; White & Epston, 1990). For example, McLeod

and Balamoutsou (1995) present a study identifying the narrative processes occurring in a single session of therapy; embeddedness, co-construction, narrative tensions, point-of-view, markers, structural elements, and use of metaphor. The authors conclude that "merely asking the question 'what stories are being told here?' and 'how are these stories being constructed?' (Riessman, 1993) opened up the text to a deeper level of appreciation and understanding" (McLeod & Balamoutsou, 1995, p.15). Specifically, they point to the finding that therapeutic narratives are contextualised and co-constructed.

Rennie (1994e) has also drawn on the notion of storytelling in psychotherapy but within the context of advocating grounded theory (Glaser & Strauss, 1967) as a fruitful approach to psychotherapy process research (Rennie *et al.*, 1988). Grounded theory is an approach to the analysis of text which is discovery-oriented and emphasises the generation of theories based, or 'grounded', in a close examination of the data. Rennie, Phillips, and Quartaro (1988) offer a précis of the method suggesting the following overlapping and cyclical stages; (1) division of material into meaningful units, (2) generation of categories describing the data, (3) identification of a set of categories effectively describing all the data, (4) memoing of theme or patterns found in the data, (5) development of theory regarding the nature of the relationship between the categories.

Grounded theory is identified as a useful approach in relation to psychotherapy research as it offers a way of investigating complex phenomena which are "difficult, if not impossible, to address with traditional approaches to psychological research yet are inherent in the subject matter of psychology" (Rennie *et al.*, 1988, p.147). Rennie's empirical studies utilising grounded theory have included research on *Clients' accounts of resistance in counselling*[1.2](1994a) and *Clients' deference in psychotherapy* (1994b).

[1.2] In this thesis the term *counselling* will be understood as interchangeable with that of *psychotherapy* (see Hill & Corbett, 1993).

Research taking a critical stance (e.g., drawing on critical theory, taking a critical realist position, a feminist perspective, etc.) toward medical interaction in general has also begun to appear (e.g., Fischer & Todd, 1983; West, 1984). Such research highlights issues of ideology and power and often utilise a form of discourse analysis. Critical research has also been conducted specifically on psychotherapy interaction itself (e.g., Burman, 1992, *Identification and power in feminist therapy*). However, of particular relevance to the present thesis is the discursive research on counselling interaction conducted by Derek Edwards; one of the main contributors to the development of the strand of discourse analysis utilised. Edwards is currently developing this research and has produced an initial study utilising extracts from relationship counselling (1995, *Two to tango: Script formulations, dispositions, and rhetorical symmetry in relationship troubles talk*). This study explores the way in which participants use descriptions to suggests that certain behaviours or actions are recurring and predictable. A similar process was identified in the current thesis as a contributing means by which a therapist's interventions had the effect of transforming a client's account of externally located problems to problems considered internal to her (see Chapters 5 & 6). As Edwards points out, such formulations have implications for the moral accountability of the individual thus characterised.

To conclude, although interpretative language- and communication-oriented approaches have been utilised in relation to psychotherapy research from at least 1956 (NHI), many appear particularly compatible with the conceptual framework of the new paradigm as it is being developed within psychotherapy change process research today. To recap, change process research challenges the researcher to work with:

(1) a conceptualisation of outcome as a fluid and continuous process between client and therapist;

(2) a conceptualisation of processes as functionally interdependent, responsively variant, context-dependent in meaning and therapeutic action, and having no pre-determined effect;

(3) an explication of process within the context of evaluation of outcome;

(4) an appreciation of individual differences in clients (and therapists); and,

(5) a requirement for research to be informative to practice.

In general, many interpretative language- and communication-oriented approaches naturally concur with this framework in examining the co-construction of meaning as it occurs between client and therapist, orienting to meaning and process as context-dependent, and manage the complex variety in the phenomenon studied.

Such research, as reviewed above, has tended to utilised methodologies developed in other areas of psychology (e.g., discourse analysis from social psychology) and from outside the discipline (e.g., conversation analysis from micro-sociology). However, importation of methodologies to the field has often be carried out without specific orientation to the contemporary agenda of psychotherapy change process research itself. As Edwards states in relation to his (1995) paper; "it does not focus very centrally on how 'counselling' specifically is done" (1995, personal communication). In contrast, an aim of the present thesis is to introduce discourse analysis to psychotherapy research *within the remit* of the change process paradigm. That is, to do psychotherapy research with an appreciation of the historical development and transforming aims of the field. Thus the focus of this thesis subtly contrasts much of the former and current interpretative language- and communication-oriented research which has tended to utilise psychotherapy or counselling as a *topic*. Accordingly, this thesis addresses the research question '*how does change occur in psychodynamic-interpersonal psychotherapy?*' through the development of an approach linking discursive analysis of process with evaluation of outcome in a way which might inform psychotherapeutic practice. This may be characterised as psychotherapy research utilising a discourse analytic approach in contrast to discursive research utilising psychotherapy as topic.

Introduction to thesis chapters

The empirical work of the current thesis was designed as a series of research projects. Each of Chapters 2 and 4 to 7 are therefore presented as studies with an introduction (including a review of literature specific to that study), method, analysis, and

discussion. Links between these research projects and the rationale for progressing the research through this particular series of studies is also discussed as each new chapter is introduced.

To begin, Chapter 2 offers a developed rational for utilising a discourse analytic approach to change processes in psychotherapy. This is achieved through presenting a detailed deconstructive analysis of the assimilation model of change as a representative of a traditional methodology in change process research. Chapter 3 then offers the background to the four studies of psychotherapy interaction presented in Chapters 4 to 7.

Chapter 4 presents the pilot analysis of a good outcome psychodynamic-interpersonal psychotherapy contrasting this with previous quantitative research on the case which utilised the framework of the assimilation model. Chapters 5 and 6 are two studies exploring the issue of problem (re)formulation in one unsuccessful therapy, homing in on demonstrating this process in particular extracts selected from this case. Chapter 7 then looks at the process of problem (re)formulation in the context of one successful case, broadening the scope of analysis to examine this process throughout one sub-theme spanning the course of therapy.

Finally, this research is addressed as a cohesive body of work in the thesis discussion in Chapter 8. There is an evaluation of the research presented in the thesis and discussion regarding how the approach might be developed in subsequent research. The discussion also reflects on wider issues pertaining to the use of discourse analysis in psychotherapy research. Specific topics include the status of personal agency, representation of 'the other', and discussion of some of the political implications of this work.

Thus, the thesis now continues with a chapter offering a further rationale for the utilisation of discourse analysis in psychotherapy research through a deconstructive analysis of an alternative, stage model approach to change in psychotherapy.

Chapter 2

Deconstructing the assimilation of problematic experiences scale

This chapter continues to explore the rationale behind using discourse analysis to investigate change processes in psychotherapy. This is achieved through offering a deconstructive analysis of a more traditional stage model approach to psychotherapy change process research.

A traditional approach within psychotherapy process research has been the development and testing of stage models of change (e.g., the experiencing scale, Klein, Mathieu-Coughlan, & Kiesler, 1986; the stages of change model, Prochaska & DiClemente, 1984). Stage models rest on the assumption that there is a predictable and identifiable process common to most clients' progress through successful therapy. One such model, the assimilation model of change (Stiles, Elliott, Llewelyn, Firth-Cozens, Margison, Shapiro, & Hardy, 1990), will be focused on in this chapter.

Alternative methodologies or stage models could have been chosen for examination in this chapter. The assimilation model was selected primarily as it is being utilised as a research tool by the clinical research team associated with the supervision of the current thesis. There was therefore a pragmatic interest in providing analysis of the model itself. Moreover, the current thesis illustrates some of the benefits of a discursive approach to change process research through drawing a contrast with previous work utilising the assimilation model (see chapter 4).

The assimilation model is, however, also of interest in its own right. First, although its central hypothesis utilises constructs developed in cognitive psychology, the model is characterised as "integrative" (Stiles *et al.*, 1990, p.411). Specifically, the assimilation model is described as drawing on concepts from psychodynamic, experiential, cognitive-behavioural, personal construct theories and developmental psychology. So, the model appears a significant and important conceptual scheme in its potential relevance across a wide range of different therapies. Second, the

assimilation model has already been demonstrated to provide a viable and useful understanding of change processes in psychotherapy (e.g., Field, Barkham. Shapiro, & Stiles, 1994; Stiles, Meshot, Anderson, & Sloane, 1992). It therefore represents the successful utilisation of a traditional approach within the field.

Table 2.1: Assimilation of problematic experiences scale (APES)

0. Warded off. Content is unformed; client is unaware of the problem. An experience is considered warded off if there is evidence of actively avoiding emotionally disturbing topics (e.g., immediately changing the subject raised by the therapist). Affect may be minimal at level 0, reflecting successful avoidance; vague negative affect (especially anxiety) is associated with levels 0.1 to 0.9.
1. Unwanted thoughts. Content reflects emergence of thoughts associated with discomfort. Client prefers not to think about it; topics are raised by therapist or external circumstances. Affect is often more salient than the content and involves strong negative feelings - anxiety, fear, anger, sadness. Despite the feelings' intensity, they may be unfocused and their connection with the content may be unclear . Levels 1.1 to 1.9 reflect increasingly stronger affect and less successful avoidance.
2. Vague awareness. Client acknowledges the existence of a problematic experience, and describes uncomfortable associated thoughts, but cannot formulate the problem clearly. Affect includes acute psychological pain or panic associated with the problematic thoughts and experiences. Levels 2.1 to 2.9 reflect increasing clarity of the experience's content and decreasing intensity and diffusion of affect.
3. Problem statement/clarification. Content includes a clear statement of a problem - something that could be worked on. Affect is negative but manageable, not panicky. Levels 3.1 to 3.9 reflect active, focused work toward understanding the problematic experience.
4. Understanding/insight. The problematic experience is placed into a schema, formulated, understood, with clear connective links. Affect may be mixed, with some unpleasant recognitions, but with curiosity or even pleasant surprise of the "aha" sort. Levels 4.1 to 4.9 reflect progressively greater clarity or generality of the understanding, usually associated with increasing positive (or decreasingly negative) affect.
5. Application/working-through. The understanding is used to work on a problem; there is reference to specific problem-solving efforts, though without complete success. Client may describe considering alternatives or systematically selecting courses of action. Affective tone is positive, businesslike, optimistic. Levels 5.1 to 5.9 reflect tangible progress toward solutions of problems in daily living.
6. Problem solution. Client achieves a successful solution for a specific problem. Affect is positive, satisfied, proud of accomplishment. Levels 6.1 to 6.9 reflect generalizing the solution to other problems and building the solutions into usual or habitual patterns of behavior. As the problem recedes, affect becomes more neutral.
7. Mastery. Client successfully uses solutions in new situations; this generalizing is largely automatic, not salient. Affect is positive when the topic is raised, but otherwise neutral (i.e., this is nolonger something to get excited about).

The assimilation model was developed from a number of sources; listening closely to taped therapy sessions, clinical and life experience, reading and discussions (Stiles 1995, personal communication). The central hypothesis of the model is that

successful therapy entails the assimilation of a problematic experience to a schema; "a frame of reference, narrative, metaphor, philosophy, or theme that is developed in the therapist-client interaction" (Stiles, 1994). In this context a problematic experience is defined as "a feeling, idea, memory, impulse, wish or attitude that is threatening to the client" (Stiles *et al.*, 1992, p.81). The model also posits a sequence of eight predictable stages through which a client progresses during this process of assimilation. These stages are presented in the assimilation of problematic experiences scale (APES) which articulates the therapeutic impacts associated with each stage of the model (see Table 2.1).

Description of the theory behind the assimilation model has been articulated in a number of articles (e.g., Stiles, *et al.*, 1990; Stiles, *et al.*, 1992). However, as a concise description of the change processes posited by the assimilation model the APES is the specific text subjected to detailed analysis in this chapter.

METHOD

This chapter presents a detailed deconstruction of the assimilation of problematic experiences scale (APES). Deconstructionism is a process developed in philosophy (e.g., Derrida, 1972/3, 1978) which has been adopted in the social sciences and utilised in the study of a variety of phenomena, e.g., automatic teller machine messages (Manning, 1992), objectivity and subjectivity (Parker, 1994), and Ilongot culture (Rosaldo, 1989).

Deconstructionism rests on three primary assumptions. The first is that ideology, ways of understanding and evaluating reality, imposes limits on expression. So, "clarify(ing) what is marginal, absent, or excluded" (Waitzkin & Britt, 1989, p.586) is offered as a means of assessing the values and interests on which any particular text is premised. A second assumption of deconstructionism is the importance of dichotomies. Dichotomies are argued to artificially limit ways of understanding to binary oppositions (e.g., inner-outer, female-male, subject-object), one side of which is commonly privileged in any particular text. Deconstructionism seeks to explicate this process and subvert the subsequent restrictions in meaning.

Third, is the assumption that there is no one true meaning of a text but fluid understandings which change across time and context. Thus, the process of deconstruction is advocated as a way to expose how seemingly self-evident meaning is crafted within the organisation of a text and to reveal how alternative meanings are always possible. This involves close and critical reading of the text with a view to articulating the assumptions on which it is based, seeking out paradoxes and contradictions (disruptions) undermining its logic. This procedure appears particularly relevant to the study of the assimilation model which was specifically aimed to be "a concise, internally consistent, researchable model" (Stiles *et al*, 1990, p.411). Thus, as an analytic process, deconstructionism entails three primary moves; "looking at silences and gaps, dismantling dichotomies, and analyzing disruptions" (Feldman, 1995, p.51).

A deconstructive analysis may be understood as offering a critique of the text under scrutiny. Gergen (1993) however argues that there are some significant shortcomings associated with the growing prevalence of critique in academic psychology. First, he suggests that critique is often symbiotic and binary. That is, in serving as negation of a pre-existing framework "the opposing sides come to depend on the image of the other for their very sustenance" (Gergen, 1993, p.137). Moreover, although the aim of critique may be to undermine totalitising forms, one ideology may merely be replaced with another. So, following from the first, the second limitation of critique is suggested to be the danger of promoting atomisation and antagonism within the academic community. The third limitation alluded to is that much of contemporary critique can be understood as self-negating in that it is subject to the same deconstructive moves as that which it aims to undermine.

It may be that aspects of these limitations identified by Gergen (1993) arise from the understanding of critique as synonymous with criticism. Although this may be an integral feature of critique, Cameron (1990) points to a more specialised meaning of the term. She suggests that "to undertake a critique of something is to examine the conditions on which it exists" (p.2). Thus, the following deconstructive

analysis of the APES does not merely offer criticism and promote an alternative discursive approach, it offers a foundation for understanding why the assimilation model might be considered an acceptable and useful account of psychotherapy change processes at this particular socio-historical juncture.

ANALYSIS OF THE ASSIMILATION OF PROBLEMATIC EXPERIENCES SCALE (APES)

The description comprising each stage of the assimilation model, as represented in the assimilation of problematic experiences scale (APES), will be presented followed by a detailed, deconstructive analysis.

0. Warded Off.
Content is unformed; client is unaware of the problem. An experience is considered warded off if there is evidence of actively avoiding emotionally disturbing topics (e.g. immediately changing subject raised by the therapist). Affect may be minimal at level 0, reflecting successful avoidance; vague negative affect (especially anxiety) is associated with levels 0.1 to 0.9.

During this initial 'warded off' stage the client is described as "unaware of the problem". As being 'unaware' presupposes something about which one could be aware, the client is characterised as oblivious to a problem which is assumed to exist. This is so, although describing the client as 'unaware' suggests that s/he does not report or complain of the difficulty. However, it is stated that "an experience is considered warded off if there is evidence of actively avoiding emotionally disturbing topics". So, the assumption of a pre-existing problem is maintained through pointing to the client's avoidance of certain topics of discussion.

In this segment it can be observed that there is a change from describing the client as "unaware" to considering her having "warded off". Furthermore, there is a change in description from reference to "the problem" to that of "an experience". Such descriptions carry particular implications. That is, first, describing the client as "unaware" of the problem may merely indicate that s/he is not in possession of relevant information. However, the phrase "warded off" denotes the successful end point of defensive, psychological avoidance. Moreover, if something is considered completely 'warded off' this implies that it is excluded from awareness. This changed

description therefore suggests that the client is "unaware of the problem", not perhaps because the situation itself is unclear, but due to her/his own defensive, psychological mechanisms. Second, although the term "problem" may refer to anything considered a difficulty, "an experience" indicates an event or situation that the client has gone through or the psychological effect of such an encounter. It is therefore further implied that the client is "unaware of the problem" because s/he has defensively avoided and so is oblivious to the psychological effect of it on her/him.

This set of descriptions from the warded off stage of the APES thus imply the following two seeming paradoxes. First, it is suggested that the client can be unaware of her/his experience of a problem when by definition an experience presupposes awareness. Second, it is suggested that s/he can be actively avoiding an experience of which s/he is unaware. How are these two paradoxes accounted for within the APES?

The initial statement that "content is unformed" may provide an explanation for the first paradox; being unaware of one's own experience. Although it is not clear to what the term "content" refers, it is connected via a semi-colon to the description of the client as "unaware of the problem". So, it is possible to understand 'content' as referring either directly to the nature of the problem or to how this problem is discussed within therapy. The implication of suggesting that "content is unformed", though, is to suggest that the client might be unaware of her/his experience of a problem because the experience does not have 'shape' or 'form'. However, it is usual to consider an experience immediate to the individual who has it, so how might the characterisation of an experience as "unformed" be understood? Perhaps "unformed" refers to a lack of coherence in the client's *understanding* of what s/he has experienced? It may be argued, though, that an incoherently understood experience might more likely be regarded as puzzling or worrying than for the client to be "unaware" of it. The APES does suggest the client has little psychological involvement with the problem through characterising her as 'avoidant'. However, as suggested above, this itself may be considered paradoxical as active avoidance requires an account of the client's motivation to behave in such a way.

The APES does provide an alternative means of managing the first paradox; the implication that one can be unaware of one's own experience, which also offers an account of the second; avoidance of an experience about which one is unaware. That is, as well as indicating that "content is unformed" it is stated that the client's experience may be considered "warded off". This latter phrase implies the workings of unconscious and defensive psychological processes. Thus the client may be considered "unaware of the problem" through invoking the workings of unconscious processes. Moreover, avoidance of such a problem could then be explained in terms of *unconscious* motivation. Thus, in order to account successfully for both the client being unaware of her/his experience of the problem and her/his active avoidance of it, it appears necessary to appeal to a psychodynamic understanding of psychological functioning, rather than rely on positing "unformed content" of which s/he is oblivious.

In order to account for the client's motivation to avoid without invoking unconscious processes it would seem necessary to understand her/him, contrary to description, as having some awareness of the problem. And, the "warded off" stage of the APES does in fact allow this inference to be made. That is, it is stated that "vague negative affect (especially anxiety) is associated with levels 0.1 to 0.9". This suggests that the client does have some *affective* awareness of the problem throughout most of this stage with which to furnish a motivational explanation for her/his described avoidance behaviour. However, maintaining that "affect may be minimal at level 0, reflecting successful avoidance" appears still to require some appeal to unconscious motivation as "minimal" implies little or no affective awareness.

A further point can be made in relation to the description of the client's affect during this warded off stage. Suggesting that "minimal" affect at level 0 reflects "successful avoidance" and that "levels 0.1 to 0.9" are associated with "vague negative affect" implies that the client experiences increased and discomforting feelings as s/he less successfully avoids her/his experience of the problem. The connection between negative affect and less successful avoidance suggests that the

client's "anxiety" is caused by the presence if not increasing awareness of the problem itself. However, it is possible to account for such negative affect in an alternative way. That is, the assumption that a specific problem exists despite the client's lack of complaint may itself provoke anxiety if a client is unable to provide what appears expected of her/him (i.e., an account of a problem). This is so particularly in light of an alternative understanding of the warded off stage suggesting that the client's lack of complaint, or her/his being "unaware of the problem", is indicative of there in fact being no, 'hidden' problematic issue.

A final point of interest in relation to the description of affect in this warded off stage is the statement that the client is actively avoiding "emotionally disturbing topics". Given that the client is described as feeling at most only vaguely negative it seems reasonable to assume that, within the terms of the APES, s/he is unlikely to report or experience the avoided topic as particularly disturbing. A question is therefore raised as to the origins of the description of the avoided topic as "emotionally disturbing". A reasonable possibility is that this description entails an implicit clinical judgement regarding the high emotional charge of certain topics in themselves, or specifically in relation to particular clients. However, it may be suggested that alternative descriptions of the avoided topic are possible and which might, in fact, more easily account for both the characterisation of the client's behaviour as avoidant <u>and</u> her minimal affect. For example, the avoided topic could have been described as uninteresting or irrelevant to her/him. Given such alternatives, it is possible to speculate on why the description of such a topic as "emotional disturbing" might have been selected. It may be suggested that this particular description, as opposed to the alternatives offered, supplies the motivational implication that the client is avoiding the topic due to its problematic content. It can therefore be understood as an inference from a perspective which both presupposes and further implicates the existence of a specific problematic issue.

The APES maintains the characterisation of the client as avoidant through suggesting that this is evidenced by her/his behaviour in therapy. For example, with

regard to avoiding emotionally disturbing topics, it is suggested s/he may "immediately chang(e) the subject raised by the therapist". Two points will be made in relation to this statement. First, alternative accounts may also furnish reasonable explanations for the client's change of topic. For example, s/he could be understood as considering the subject of minor relevance and thus wish to pursue alternative matters. Second, if the client is to be understood as avoiding certain topics it is possible that s/he might be able to account for this as a deliberate act and, as opposed to being "unaware of the problem", to be able to offer a full account if choosing to do so. The important point here is that alternative accounts of the client's behaviour, as described in the warded off stage, may be offered which do not require inference to reasons opaque to the client or of "unformed content" to which s/he is oblivious. Considering the client's behaviour warding off or avoidant, therefore, can be seen to be *premised on* the assumption of the existence of a hidden problem rather than being *evidence for* this.

1. Unwanted Thoughts.
Content reflects emergence of thoughts associated with discomfort. Client prefers not to think about it; topics are raised by therapist or external circumstances. Affect is often more salient than the content and involves strong negative feelings - anxiety, fear, anger, sadness. Despite the feelings' intensity, they may be unfocused and their connection with the content may be unclear. Levels 1.1 to 1.9 reflect increasingly stronger affect and less successful avoidance.

'Unwanted thoughts' describes the set of therapeutic impacts associated with the second stage of the APES. During this stage there is described as being the "emergence of thoughts associated with discomfort" that the client "prefers not to think about". Furthermore, s/he is characterised as managing "less successful avoidance".

Analysis of this stage will commence with the observation that the description of there being an "emergence of thoughts" can be understood in two similar but distinguishable ways. Thus the term 'emergent' may imply the *revelation* of something pre-existent or, on the other hand, may indicate the *generation* of something new. The former of these meanings would appear to be the understanding most compatible with the APES. That is, the client is described as managing "less

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successful avoidance" during this second stage. So, the implication becomes available that her/his 'emerging but discomforting thoughts' are related to the assumed, pre-existent problem about which s/he was characterised as "unaware" but avoidant in the initial stage. Moreover, in this previous warded off stage it was suggested that the client was oblivious to her/his "experience" of the problem as content was "unformed" or/and "warded off". As articulated above, an implication of these descriptions is to suggest that the client is unaware of something which s/he psychologically 'owns' due to the workings of her/his own inner, psychological processes. It is therefore further implied that the discomforting thoughts described as emerging during the second stage are revealed from within the client her/himself.

It is interesting to note that a number of descriptions of the client's thoughts are offered during this stage; "unwanted", 'emergent', "associated with discomfort" and those the client "prefers not to think about". However, given that thoughts imply a private, intra-psychic process, it seems pertinent to enquire into the evidence for utilising such descriptions of the client's thoughts in the APES.

A justification for characterising the client's thoughts as 'discomforting' is alluded to in the statement that "content reflects emergence of thoughts associated with discomfort". That is, it is suggested discomforting thoughts are reproduced or evidenced in the "content" of something. However, as in the former stage, it is not clear to what the term "content" refers. Here it could be understood as referring to content of the client's 'mind'; the contents of her/his thoughts, or as a scale designed for use with therapy dialogue, to content of the therapy conversation. If "content" refers to the client's 'mind', this begs the question as to how a description of the client's thoughts was obtained, if not through the client's self-report during therapy. The statement that "content reflects emergence of thoughts associated with discomfort" therefore appears to necessitate that the description of the client's thoughts presented in the APES is grounded in the therapy conversation itself. It may be argued, though, that it is very possible that a client may not actually refer to her/his thoughts in the therapy conversation at all or describe them in terms similar to that

found in the APES. What seems more likely is that description of the client's thoughts is an *extrapolation* from what s/he says in therapy.

However, two observations can be made with regard to such a process. First, extrapolation from what someone says to a characterisation of their thoughts is an interpretative enterprise. Second, the APES offers a blanket characterisation of the client's thoughts at this particular stage in the process of change, e.g., "unwanted" and "associated with discomfort". So, as both interpretative and blanket it seems relevant to enquire into how the particular characterisation of the client's thoughts presented in the unwanted thoughts stage of the APES was selected.

One way of addressing this issue is to speculate on the implications made available by the particular descriptions offered. Thus, it can be suggested that characterising the client's thoughts as "associated with discomfort" makes the implication available that they are "unwanted" because they are emotionally disquieting. This then provides a reason for describing the client as preferring "not to think about it" as it is understandable that one should avoid painful topics. So, within this context, the statement that "topics are raised by therapist or external circumstances" carries the implication that certain topics are *not* raised by the client *because* of their emotional charge. Moreover, the suggestion that avoided topics are "raised by therapist", the psychological expert, suggests that such topics can and perhaps should be considered relevant to the client's problems. The set of descriptions comprising the unwanted thoughts stage of the APES therefore has the effect of construing the client's behaviour as *defensive* at this point in therapy. This is concordant with the description of her/his behaviour as avoidant in the warded off stage. In addition, the focus on the client's thoughts makes the implication available that it is the client's cognitive processes that are the phenomena of primary importance in the investigation of therapeutic change.

As in the former warded off stage, however, rather than consider the client defensive there are alternative possible understandings of her/his behaviour. For example, the client may not raise certain topics because s/he considers them irrelevant

to her/his issues and/or it has merely not occurred to her/him to so. Topics "raised by therapist or external circumstances" might therefore represent a *novel* perspective to the client on her/his issues. This would therefore be compatible with the understanding of the client's thoughts as 'emergent' in terms of the generation or creation of something new. The important point is that an account of the client's "unwanted thoughts" can be offered which does not rely on the revelation of pre-existent, emotionally charged but formerly occluded psychological content.

The description of the client's affect at this unwanted thoughts stage is also interesting; "often more salient than content" and although 'intense' "may be unfocused and their connection with the content may be unclear". Reference is therefore made to a connection between the client's affect and 'content' which, as suggested above, may most coherently be understood during this stage of the APES in terms of the content of the dialogue between client and therapist. Describing the connection between the client's affect and 'content' as "may be unclear" suggests that it may alternatively *not* have been unclear. This, plus raising the issue of there being a connection at all, suggests that a link between the client's affect and content of the therapy conversation does in fact exist. A possible explanation for the lack of clarity in this connection is suggested by the description of the client's feelings as possibly "unfocused". That is, it is implied that the link between the client's affect and the content of the therapy dialogue is confused as the client's feelings are chaotic or mixed-up. Such description therefore excludes an alternative possibility that the connection is unclear because the topics discussed are *not* immediately relevant.

A final point in relation to description of the client's feelings will be made with respect to the suggestion of there being "increasingly stronger affect" with "less successful avoidance". In the initial stage of the APES, successful avoidance was associated with minimal affect and the client having psychologically warded off her/his experience of a problem. The implication therefore becomes available that in this second stage "less successful avoidance" is connected to a change in the client's psychological process; that s/he is not able to 'ward off' as effectively as before.

However, as with the former stage, if the client does experience "strong negative feelings" this may be accounted for in alternative ways. For example, there could have been changes in the client's circumstances or her understanding of her/his situation. So, unlike that offered in the APES, such an account does not require the existence of a problem psychologically belonging to the client but outside of her/his awareness.

2. Vague Awareness.
Client acknowledges the existence of a problematic experience and describes uncomfortable associated thoughts, but cannot formulate the problem clearly. Affect includes acute psychological pain or panic associated with the problematic thoughts and experiences. Levels 2.1 to 2.9 reflect increasing clarity of the experience's content and decreasing intensity and diffusion of affect.

During the 'vague awareness' stage the client is described as "acknowledg(ing) the existence of a problematic experience". Two important implications can be drawn from this description. First, characterising the client as "acknowledg(ing)" a difficulty suggests that s/he is recognising or admitting something which s/he did not previously do. This implies that what the client acknowledges was present prior to her/his recognition of it. Second, as the term 'experience' presupposes an individual who 'has' the experience, describing the object of the client's acknowledgement a "problematic experience" suggests a focus on the client's difficulty in terms of her/his psychological ownership of it. With these two implications it is therefore suggested that the client is beginning to admit, or realise, her/his psychological ownership of a pre-existent problem.

Characterisation of the client in the vague awareness stage continues with the statement that s/he "describes uncomfortable associated thoughts" in relation to her/his problematic experience. So, it is suggested that the client will offer a description of her/his "thoughts" during this stage of the APES. It may be argued, though, that a blanket claim that clients will describe or refer to their thoughts during the therapy conversation would be difficult to maintain. However, the claim might be understood in a more general sense as suggesting merely that the themes a client raises during therapy are indicative of what is 'on her/his mind'. But even so, characterisation of the client's thoughts from what s/he says in therapy is still an

interpretative enterprise. This therefore contrasts with the suggestion in the APES that characterisation of the client's thoughts issues directly from her/his self-report in therapy.

If the description of the client's thoughts in the vague awareness stage is an extrapolation from what s/he says in therapy, it is likely that other alternative descriptions might have been possible. An issue is therefore raised as to why the particular description of the client's thoughts as "uncomfortable" was selected. One way of approaching this issue is to examine the specific effects of describing the client's thoughts as "uncomfortable". It may be suggested that such a description functions to sustain two particular assumptions. First, although the client is described as unable to "formulate the problem clearly" characterising her/his thoughts as "uncomfortable" makes the assumption that they are "associated" with her/his "problematic experience" appear reasonable. Second, claiming the presence of such disturbing thoughts further substantiates the assumption that a "problematic experience" does in fact exist.

Although the client is described as reporting "uncomfortable associated thoughts" s/he is also characterised as unable to "formulate the problem clearly". This suggests that s/he is unable to comprehend and express her/his difficulty comprehensively or coherently. However, the statement that the client cannot formulate the problem "clearly" implies the possibility that its articulation *could* be clear and thus that a difficulty does in fact exist. Why, therefore, should the client's comprehension of this difficulty be obscured?

A possible reason is suggested in the description of there being "increasing clarity of the experience's content" as the client progresses through this vague awareness stage. That is, suggesting there is "increasing clarity" implies that there has been a general *lack* of understanding regarding the "content" or nature of the problem up to this point. If, as is implied in the APES, the client's problem is to be understood as belonging psychologically to her/him, it would seem necessary to account for this lack of understanding as a peculiarity, or at least effect, of the client's own

psychological processes. If, on the other hand, the client's psychological ownership of the problem was not assumed, such lack of clarity regarding the nature of the problem may be accounted for in alternative ways. For example, it could be that the client's specific circumstances might make it difficult for her/him to acquire relevant information or particular aspects of her/himself or her/his life have not yet become defined as problematic.

Some final points will be made in relation to description of the client's feelings during this vague awareness stage. It is suggested that levels 2.1 to 2.9 reflect the operation of two processes; (1) "increasing clarity of the experience's content and" (2) "decreasing intensity and diffusion of affect". In referring to the 'content of an experience', the first of these processes can be characterised as mental or intellectual. The second process describes the client's affective improvement. Although it is not explicitly stated that the client's affective improvement is linked to her/his increasing intellectual clarity regarding the problematic experience the implication is made available that such an association exists. This is so due to the association forged between the client's mental processes and her emotional distress during description of this vague awareness stage. That is, first, the client is described as expressing some "uncomfortable associated thoughts" in relation to a problematic experience. Thus, in describing the client's thoughts as "uncomfortable" is it suggested that they are associated with some emotional distress. Second, the client's affect is characterised as including "acute psychological pain or panic associated with the problematic thoughts and experiences". Characterisation of the client's cognitions as "problematic", and thus as difficult or puzzling, makes the implication available that they are related to her/his "psychological pain and panic". So, it would appear reasonable to assume that the cognitive therapeutic impact of "increasing clarity of the experience's content" may be understood as associated with the affective therapeutic impact of "decreasing intensity and diffusion of affect". Thus, it is implied that the client's movement toward emotional recovery is linked to her/his increasing ability to comprehend the nature of her/his problem.

However, it can be suggested that instead of improving, alternative accounts of the client's affect might also be tenable here. For example, it would be reasonable to argue that a client might become *more* upset as the nature of a problem becomes clearer. This could occur, for example, as distressing implications are thus revealed or because the emerging issue seems particularly difficult. Focusing on increased understanding as the source of the client's emotional improvement can therefore be argued an assumption privileging intellectual or at least mental processes. Such an assumption would contrast a possible alternative account which might, for example, stress the therapeutic impact of emotional support from the therapist.

3. Problem Statement/Clarification
Content includes a clear statement of a problem - something that could be worked on. Affect is negative but manageable, not panicky. Levels 3.1 to 3.9 reflect active, focused work toward understanding the problematic experience.

'Problem statement/clarification' describes a stage during which it is suggested that "content includes a clear statement of a problem". Although it is not directly specified to what the term "content" refers, there is indicated to be a "statement" and thus a declaration regarding the nature or account of a difficulty. Within the context of a scale designed for use with therapy dialogue, it seems reasonable to assume that it is to be understood such a statement appears in the 'content' of the therapy conversation. It is therefore suggested that a point has been reached in therapy when an account of the nature of a problem is articulated. Moreover, as "a clear statement" within this wider "content" of the therapy dialogue it is implied to be a discrete, overt expression of the problem.

This "clear statement of a problem" is described as being "something that could be worked on". Although this description indicates that the articulation of a difficulty is the starting point of further effort, it can be interpreted as referring to two distinguishable processes. First, the suggestion that there is "a clear statement of a problem" may indicate merely that comment is made in therapy obviously pertaining to the nature of a difficulty. With such an understanding it is possible that subsequent "work" refers to refining this statement and sophisticating its, otherwise provisional, account. On the other hand, if "clear" is understood as meaning 'free from

complication', the implication becomes available that the problem statement is to be taken as definitive or at least accurate for the particular client. Thus, with this understanding, it would be the *implications* of reaching such a definitive account of the problem that is suggested to require further effort, i.e., what having such a difficulty *means* for the client.

The APES provides an extended description of the nature of the "work" entailed during the problem statement/clarification stage which might throw light on this ambiguity. It is stated that work is "toward understanding the problematic experience". As increased "understanding" could refer to either fuller comprehension of a provisional account or of the wider implications of a definitive problem, this does not itself clarify the nature of the processes involved. However, the suggestion that progress is made toward understanding "the problematic experience" provides two relevant implications. First, as suggested previously, describing the difficulty a "problematic experience" indicates an event or situation that the client has gone through or the psychological effect of such an encounter. Moreover second, describing the difficulty "the" problematic experience implies the assumption that one definitive issue is being explored. These implications therefore suggest that the work of this problem statement/clarification stage entails going beyond the problem statement, so investigating its wider implications, with the assumption that its account relates to a definitive issue. However, an ambiguity remains in that an interpretation is still available that the statement is only an approximate representation of the problem and thus provisional.

It is stated that this "work toward understanding the problematic experience" occurs during "levels 3.1 to 3.9" and, by implication, not at level 3.0. In contrast, though, through not specifying when the problem statement may occur, the claim that "content includes a clear statement of a problem" implies that such a statement could occur at *any* point in the therapy conversation during this stage. However, it is a problem statement which is described as being the starting point for further effort; the "something that could be worked on". Thus, although it is not specified in the APES,

it seems necessary that a clear problem statement must occur at level 3.0, prior to and enabling the "work towards understanding" during levels 3.1 to 3.9. This observation is important for if such a statement must occur at level 3.0, it is the defining characteristic of a client's progress *into* the problem statement/clarification stage, so providing a specific marker for coders utilising the scale.

Such a marker would most likely be of benefit to coders, however, there are some problems with the interpretation that a clear problem statement must occur at level 3.0. First, there is no express stipulation in the APES that a problem statement must occur at this point. So, the possibility is maintained that one may not be found at point 3.0. Here there appears a potential inconsistency with the fuller description of this problem statement/clarification stage which implies that the problem statement is the starting point for the work of levels 3.1 to 3.9. Second, it is stated in the APES only that "content includes a clear statement of a problem". So, the possibility of content including several other perhaps less clear or even more developed problem statements is not excluded. Thus, to use a problem statement as a marker of level 3.0 a coder, presumably, must be certain that it is the first one articulated.

Other more general points may be suggested in relation to the description of the problem statement. Although "a clear statement of a problem" may in fact occur and be "something that could be worked on", the APES does not consider whether this statement should issue from the client or therapist nor whether it should be agreed by both parties. Moreover, in making no reference to such details they are implied to be of little consequence. However, it may be argued, first, that as a scale designed with regard to therapeutic impact, the *client's* ability to produce a clear statement of a problem might be a more persuasive indication of her/his progress than one offered by the therapist. Second, concerning the issue of agreement, it would seem that if consensus were not reached the problem statement must clearly be awarded provisional, rather than as the APES perhaps implies, definitive status.

It has been argued that the problem statement/clarification stage contains certain ambiguities. First, it is not clear whether the stage involves working on the

fuller comprehension of a provisional account of a difficulty or on the wider implications of a definitive problem. Second, it has been argued that the problem statement is implied to be definitive while, at the same time, the possibility of there being more than one, and thus provisional, problem statements is not excluded. The upshot of such indefiniteness is that the problem statement/clarification stage is ambiguous with regard to the processes it maps. However, an interpretation of this stage can be offered which attempts to encompass these ambiguities. That is, with an initial problem statement occurring at level 3.0, the work of levels 3.1 to 3.9 could be understood to entail developing the accuracy of this account in subsequent problem statements *with* an increasingly deeper comprehension of its implications and meaning for the client. However, producing such an interpretation requires going beyond what is strictly provided in the APES description and management of its ambiguities and potential inconsistencies.

Some further points can be made with regard to the characterisation of the "work" of the stage as "active, focused" and aimed towards "understanding". First, selecting the terms "active" and "focused" suggests that these are aspects of the work particularly worthy of comment. As such, it is implied that until now the work has *not* been active or focused and thus that there is an initiation of agentic and directed effort. Second, such effort is stated to be "towards understanding the problematic experience". The term "understanding" can indicate knowing of the intuitive, empathic or intellectual kind. In this regard it is interesting to note that the client's affect at this stage is characterised as "negative but manageable, not panicky". The term 'panic' indicates the tendency to be affected by frantic or sudden fright and thus the inability to carry out concentrated, rational effort. So, explicitly stipulating the client is "not panicky" makes the implication available that the processes involved are rational.

The privileging of intellectual factors in the mechanisms of change, argued with regard to the former vague awareness stage, is therefore echoed in this problem statement/clarification stage. So, by implication "understanding the problematic

experience" is suggested to be the product of an active and directed rational or at least intellectual process. As such, understanding the problem is implied to be under the control of the client, be this with the therapist's help. Thus, the alternative possibility that understanding the problem is restricted by factors outside the client or therapist's command, e.g., access to information such as the motivations of other people, is apparently excluded.

4. Understanding/Insight.
The problematic experience is placed into a schema, formulated, understood, with clear connective links. Affect may be mixed, with some unpleasant recognitions, but with curiosity or even pleasant surprise of the "aha" sort. Levels 4.1 to 4.9 reflect progressively greater clarity or generality of the understanding, usually associated with increasingly positive (or decreasing negative) affect.

In the 'understanding/insight' stage it is stated that "the problematic experience is placed into a schema". The term "schema" commonly means a plan, outline or standard formed from past experience used to evaluate and understand the new. In the discipline of psychology the term usually denotes prototypic cognitive representations used to organise information. Description of the understanding/insight stage continues stating that the problematic experience is placed into a schema, "formulated, understood, with clear connective links". Thus, 'schematisation' is associated with the ability to specify in detail, comprehend the meaning of and identify links with other things. It is therefore suggested that making sense of the problematic experience is related to it existing in a particular cognitive form.

Suggesting that "the problematic experience is placed into a schema", though, raises a question as to how such a process was triggered? As the APES represents a progressive process, it might be assumed that the "active, focused work toward understanding" indicated in the former problem statement/clarification stage might be such a mechanism. However, as it is directly specified that the problematic experience is "understood" in this latter understanding/insight stage a more basic question is raised as to what reference to a "schema" adds this description? (see Fiske & Linville, 1980). This issue seems particularly relevant when considering that the APES is designed for use by coders evaluating therapy dialogue. That is, a "schema" is a psychological construct denoting a cognitive representation which is not directly

observable to coders. It might be argued stating that a 'schematised' experience is "formulated, understood with clear connective links" does offer observable evidence for coders to judge when this process has occurred. However, on the other hand, it may also be suggested that an ability to specify a problem in detail and relate it to other things does not provide evidence for the operation of a particular cognitive process. The question therefore remains as to why, rather than merely indicate that the problematic experience has been "understood", the schema concept has been incorporated into the understanding/insight stage of the APES?

One approach to this issue is to examine the implications such a description makes available. So first, as suggested, describing the experience as "placed into a schema" attributes the understanding of the problem, and thus a process of change, to the operation of a particular cognitive mechanism. This echoes the peculiarity psychological emphasis in the description of the client's difficulty as a problematic "experience" and the focus on intellectual or mental processes observed in the former stages. Second, describing the experience as "placed" into the schema is not neutral with regard to agency. That is, the term 'placed' suggests a deliberate rather than, for example, random action. Schematisation is therefore implied to be in some way controllable. Incorporation of the schema concept in the description of the understanding/insight stage therefore implies the operation of a cognitive and agentic process of understanding a difficulty in therapy.

Description of the understanding/insight stage continues stating the client may have "some unpleasant recognitions". The term 'recognition' indicates either identification of something already known or acknowledgement of its existence or validity. Therefore, describing the client as making some "recognitions" in relation to understanding the problematic experience suggests, as observed in former stages, the existence of a problematic experience prior to the client's awareness of it. In this understanding/insight stage, the client's recognitions are characterised as "unpleasant". However, the origins of this particular description are unclear. That is, describing the client's recognitions as unpleasant could be understood as suggesting they are

inherently distasteful and thus obviously and objectively so. On the other hand, 'unpleasant' could refer to the client's own particular evaluation of her/his recognitions which may or may not concur with that of others. In this latter case, describing her/his recognitions as unpleasant would have to rely on the client's direct self-report in therapy or on an interpretation of her/his reaction.

Description of the client's recognitions appears in the extended statement that "affect may be mixed, with some unpleasant recognitions, but with curiosity or even pleasant surprise". "Mixed affect" appears to refer to the contrast between the client's "unpleasant recognitions" and "pleasant surprise". So, "unpleasant" is indicated to refer to the *client's* emotional state and thus her/his own evaluation of or reaction to her/his recognitions. Description of the client's recognitions as unpleasant therefore must rely on the client's self-report or an interpretation of what s/he says in therapy. This is so, although as suggested above, the description may have the effect of implying an objective evaluation.

It may be asked, though, why the complexity of characterising the client's affect as both "pleasant" and "unpleasant" is required? It can be suggested that describing the client's recognitions as "unpleasant" is functional in maintaining the assumption that they are in fact related to a pre-existent problematic experience; something one would expect to be discomforting. However, it is not so evident that unpleasant recognitions should bring "pleasant surprise". This pleasant surprise is suggested to be of "the 'aha' sort". In the discipline of psychology the 'aha experience' refers to the process of insight learning whereby a solution to a problem emerges spontaneously and seemingly unconnected to prior effort. It is possible, though, to imagine that a client might not find it pleasant to know more about something she experiences as uncomfortable. So, why should the client be characterised as reacting perhaps with "pleasant surprise" in the APES?

In approaching this question it is interesting to note that the client is also described as 'curious' during this understanding/insight stage. As such it is implied that s/he is interested in acquiring knowledge. It is therefore implied that the

acquiring of knowledge, even about something discomforting, is motivating to the client. Moreover, "progressively greater clarity or generality of the understanding" is described as "usually associated with increasingly positive (or decreasingly negative) affect". The gaining of knowledge is therefore linked to the client's emotional improvement. Thus there can understood to be a privileging of the intellectual in that it is insight into and clarity regarding the nature of the problem that is implied to motivate the client and affording her/him improved affect even though this insight is with regard to unpleasant things.

It is possible, though, to imagine clarity with respect to the nature of a problem increasing rather than decreasing the client's distress. Although this is not strictly contrary to the APES description, it is a possibility which is not alluded to. Thus, it may be interesting to speculate on the origin and function of the 'curious and positive' client suggested in the understanding/insight stage. It can be suggested that such a description characterises the model client; an interested and co-operant participant the therapeutic endeavour. The APES therefore could be regarded as describing how a client 'ought' to react or feel in order to be helpful in relation to the clinical or therapist's perspective. Thus, there can be understood to be a moral implication to this description in that it is implied the client should be interested in exploring even unpleasant facts in order to solve her/his problems.

The final three stages of the APES; 'application/working through', problem solution' and 'mastery' refer to a point after a problematic experience is characterised as having been identified and understood. These stages describe increasingly effective management of this problem by the client, adaptive changes and integration of solutions into everyday life. These stages will be discussed together as offering a particular conception of the appropriate outcome of successful therapeutic intervention.

5. Application/working through
The understanding is used to work on a problem; there is reference to specific problem-solving efforts, though without complete success. Client may describe considering alternatives or systematically selecting courses of action. Affective tone is positive, business-like, optimistic. Levels 5.1 to 5.9 reflect tangible progress toward solutions of problems in daily living.

6. Problem Solution.
Client achieves a successful solution for a specific problem. Affect is positive, satisfied, proud of accomplishment. Levels 6.1 to 6.9 reflect generalizing the solution to other problems and building the solutions into usual or habitual patterns of behavior. As the problem recedes, affect becomes more neutral.

7. Mastery
Client successfully uses solutions in new situations; this generalizing is largely automatic, not salient. Affect is positive when the topic is raised, but otherwise neutral (i.e. this is no longer something to get excited about).

These final stages will be discussed in relation to three over-arching themes or values emphasised in these descriptions of therapeutic impact; agency, rationality and control. Although addressed separately these themes overlap and are not to be understood as mutually exclusive.

Agency, the power to act on rather than merely react to the world, is stressed in the first two of these final stages of the APES. This occurs through offering an account of the personal effort required of the client in the successful resolution of a problem. Thus 'understanding/insight' is not considered the end point of therapy but the basis of the following stage of 'application/working through' in which "understanding is used to work on a problem". So, in requiring further "work", the successful resolution of a problem is linked with the client's agency in terms of her/his making a directed effort toward this goal. This work is alluded to through the suggestion that there is "reference to specific problem-solving efforts". As an 'effort' suggests an actual attempt, the client is indicated to have active endeavours at problem-solving to report during therapy. Moreover, although during this stage problem-solving is suggested to be "without complete success" the client's affective tone is described as "positive, business-like, optimistic". The implication therefore becomes available that, despite initial failure, the client is hopeful of success and so committed to the active pursuit of problem-solving.

Agency also appears as a theme in the following 'problem solution' stage. This stage is initiated by the "client achiev(ing) a successful solution for a specific problem" and being "proud of (the) accomplishment". Describing the client as 'achieving' a solution and this as an "accomplishment" implicates the client's agency in having succeeded in bringing something to completion. However, a successful

solution is described in relation to only one specific problem and the continuing process during this stage is suggested to "reflect generalizing the solution to other problems". Problem solution is therefore suggested to entail not merely the resolution of one issue but the ability to use this solution adaptively and thus agentically. Moreover, it is indicated that the client is required to "build(ing) the solutions into usual or habitual patterns of behavior". In describing the client's usual way of behaving "habitual" it is implied to be automatic. So, the aim of building the new problems solutions into this habitual behaviour suggests that, at this stage, the client must make an active or voluntary effort to change her/his reactions.

The final stage, 'mastery', is described as a point at which the "client successfully uses solutions in new situations". The term 'mastery' suggests proficiency and control. However, the generalisation of the problem solution to new situation is characterised as "largely automatic". So, having implicated the necessity of the client's agency in the adaptive utilisation of a successful problem solution, in the mastery of this problem the client is described as relatively passive. Thus, the final stage of successful therapy is characterised as one in which the client no-longer has to make an active effort. Agency is therefore indicated to be an integral part of problem-solving but no-longer necessary once the solution is integrated into normal behaviour.

The second theme focused on in the final three stages of the APES is that of rationality. Rationality refers to the employment of reason and logic and is emphasised through the description of strategies for effective action in these last stages of successful therapy. So, during 'application/working-through', problem-solving efforts are suggested to entail the client "considering alternatives or systematically selecting courses of action". Problem-solving is therefore presented in terms of thoughtful reflection, logical reasoning and methodical planning. It is also indicated that although problem solving efforts are "without complete success" there is "tangible progress toward solutions". By implication therefore it is suggested that the client is testing out the potential of various, selected possibilities. Thus,

description of client problem-solving during this application/working through stage suggests the rational utilisation of the hypothetico-deductive method.

The following stage, 'problem solution', reflects "generalizing the solution to other problems" to the extent that at the final 'mastery' stage this process is "largely automatic". So, having generated and tested approaches to the problem, the client is characterised as using inductive methodology to generalise this solution to other problems. Thus the complete resolution of problems is conceptualised in terms of the client's utilisation of the scientific method. The successful client is therefore presented in the image of the rational scientist.

The third theme observed to saturate these final three stages of the APES is that of control. That is, the identified emphasis on agency and rationality suggest that the solution to the client's problems is reliant on the tenacious application of the correct method. Thus the implication becomes available that problem solution is under the client's control. Moreover, describing the end point of successful therapy 'mastery', implies that control is a central aim of the therapeutic endeavour. Control is also emphasised in description of the client's behaviour during these final three stages. In the 'application/working through stage' the successful client is described as "systematically selecting courses of action". So, by implication the benefits of planned and thus controlled procedures is suggested in contrast to perhaps random or spontaneous activity. Moreover, in the 'problem solution' stage describing the client as "building the solutions into usual or habitual patterns of behavior" suggests a deliberate and thus controlled moulding of otherwise automatic reactions.

Emotional control is also suggested in several ways in these final stages. The client's affect during the 'application/working through' stage is described as "business-like". S/he is therefore suggested to be controlled, centred and focused on the work at hand. Moreover, during the 'problem solution' stage the client's affect is described as "become(ing) more neutral" so that at 'mastery' the problem is now "no longer something to get excited about". So, a consequence of the client having modified

her/his own behaviour is suggested to be emotional control; "positive [...] but otherwise neutral affect" regarding the formerly problematic issue.

DISCUSSION

As articulated in the introduction, deconstructive analysis entails three primary moves; analysing disruptions, identifying silences and gaps, and dismantling dichotomies. Discussion of the above analysis of the assimilation of problematic experiences scale (APES) will therefore be structured in relation to these three procedures. Before proceeding with this discussion though it is important to note that as the analysis has been of the APES the points raised are in relation to the assimilation model as it is articulated in the APES. However, as the APES as a concise description of the therapeutic impacts posited by the model it should be compatible with the general literature on the assimilation model. This literature will therefore be drawn on at points in the discussion where some amplification regarding the theory behind the model is necessary.

The analysis of disruptions involves explicating the paradoxes, contradictions and ambiguities inherent within a text. These are aspects often obscured in a conventional 'reading for information'. Thus, in bringing such disruptions to the foreground a deconstructive analysis reveals a text to be fragmented and problematic.

Analysis of the APES identified two seeming paradoxes in the initial warded off stage; (1) that the client can be unaware of her/his experience of a problem when by definition an experience presupposes awareness, and (2) that s/he can be actively avoiding an experience of which s/he is unaware. The possibility that the therapeutic impacts described in the warded off stage might be accounted for by 'unformed content' (terminology compatible with the idea of a cognitively unassimilated experience) was argued to be untenable. That is first, it was suggested that 'unformed' content might more likely be regarded puzzling or worrying rather than the client be 'unaware' of it. Second, it was argued that this would not provide an explanation for the client's described avoidance behaviour. In contrast, it was argued that the above paradoxes may be successfully accounted for by invoking a psychodynamic

understanding of unconscious psychological processes including unconscious motivation, i.e., resistance (particularly at point 0.0).

The assimilation model is described as integrative and as drawing on a number of different conceptual schemes including cognitive-behavioural and psychodynamic theory (Stiles *et al.*, 1990). However, the central hypothesis of the assimilation model draws on cognitive theory (assimilation of a problematic experience to a schema). A question is therefore raised regarding the compatibility of a psychodynamic and schema accounts of change within one model of change.

The idea of an unconscious is compatible with a cognitive account of psychological functioning. However, Power and Brewin (1991) suggest that the unconscious is understood in different ways in cognitive science and psychodynamic theory. The distinction of particular relevance here is that the Freudian account includes provision for repressed information in principle accessible but rendered inaccessible to consciousness ('repressed unconscious', Eagle, 1988; Moore, 1988; 'inhibited dynamic unconscious', Horowitz, 1988). This contrasts the cognitive science account which characterises the unconscious in terms of habitual sensory and motor patterns, and specialist programmes such as face recognition ('computational unconscious', Horowitz, 1988). Clearly, the description of the client's avoidance of a problematic experience of which s/he is yet unaware in the warded off stage of the APES is in line with the psychodynamic rather than cognitive account of unconscious processes. This is so although Stiles has stated that "(t)heoretically, considering such experiences as unassimilated differs from considering them as having been previously processed, symbolized, and then repressed, as some psychodynamic accounts seem to imply" (Stiles, 1994, p.3). Power and Brewin do attempt an account of the unconscious incorporating both psychodynamic and cognitive theories, however they conclude pessimistic of the possibility of including the notion of repressed but formerly conscious material in such a model.

In relation to the assimilation model, the indication is that although combining aspects of several different understandings of psychological functioning might be

useful clinically it may be premature theoretically. Moreover, if revised in light of the contemporary theoretical debates it is likely that the APES would be required to be more specific regarding the psychological processes it maps. For example, if maintaining a cognitive account, in line with Power and Brewin, it may be necessary to specify that the warded off experience referred to in the initial stage must have never been conscious to the client. In this regard, the phrase 'problematic experience' might be potentially misleading as an 'experience' implies something about which one has been aware. However, although such tightening of description might be required by theory it is also likely to restrict the kinds of clinical material for which the assimilation model could meaningfully account.

A further disruption identified in analysis of the APES was the particular ambiguity in description of the problem statement/clarification (4th) stage. That is, first, the description logically requires a problem statement at the beginning of this stage however this is not directly stated. Second, it is not specified whether there is one or many problem statements or, related to this, whether the statement is to be understood as definitive or provisional. Furthermore, it is not identified whether the problem statement issues from client or therapist or whether or not it is agreed. So, as with the description of the warded off stage which evokes a psychodynamic understanding within a more explicitly cognitive account of change, description of the problem statement stage is flexibly ambiguous in relation to the processes it maps. Such flexibility may be useful in accounting for clinical data, however, by the same token, it may provide an inadequate description for coders to identify a client's progress through this stage. Moreover, an ambiguous description of a stage suggests some lack of clarity in the theoretical underpinnings of the model.

The second primary move in deconstructive analysis is identification of silences and gaps. This analytic procedure is derived from the assumption that descriptions are necessarily premised on an ideology. Assessment of the ideology on which a particular text is based is explicated through an examination of the alternative viable meanings marginalised or excluded from its account. Several such gaps were

identified in the analysis of the APES. These were; (1) absence of factors other than the psychological with regard to the client's problem, (2) marginalisation of factors other than intellectual and (3) omission of factors outwith the client or therapist's control in the promotion of the client's improvement.

Although distinguishable, these three gaps are closely related to each other. The implication that the client's improvement is a controllable process is first raised in the problem statement/clarification (4th) stage with reference to the client initiating agentic and directed problem-solving efforts. Agency and control then appear as themes in the remaining stages. However, control is characterised in terms of client change as a rational, cognitive and intellectual process; a theme appearing in all but the warded off (1st) stage and emphasised most strongly in understanding/insight (5th). In turn, the idea that client change is a psychological process is enabled by the assumption of the client's psychological ownership of the problem and subsequent implication of her/his aberrant psychological processes. This theme saturates the warded off (1st) stage and appears, though in declining importance, in all the early stages (excluding problem statement (4th)) until understanding/insight (5th).

So, the analysis of the assimilation of problematic experiences scale (APES) demonstrates it to be premised on a notion of change in psychotherapy as a controllable, psychological and intellectual process. Such an account echoes Pilgrim's (1992) identification of a tendency toward psychological reductionism in psychotherapeutic thinking. In line with the assumptions of deconstructive analysis, such an account can be understood to evoke two binary oppositions and to privilege one side of each dichotomy. That is, first, emphasis on the psychological and controllable evoke an 'inner-outer' dichotomy privileging the 'inner'. Second, the focus on the intellectual and controllable evoke a 'rational-emotional' dichotomy privileging the 'rational.'.

The first dichotomy was identified as 'inner-outer'. It was suggested that the APES privileged the 'inner' in its focus on the psychological and controllable. First, in relation to the psychological, it can be observed that drawing on both cognitive

science and psychodynamic theory, the APES focuses on processes occurring within the client's head. Thus the client's problem and processes of change are individualised as a matter of personal psychology (for critical review see Waitzkin, 1989; Waitzkin & Britt, 1989). Second, the implication that processes of change are controllable contributes to the emphasis on the 'inner' in placing the client's improvement within her/his personal sphere of influence. To examine the exclusion of 'outer' conditions (e.g., situational, social and cultural) from the account of change offered in the APES the ways in which the process of change is maintained as psychological and controllable will be explicated in more detail.

First, analysis suggested that the APES maintained an account of the client's processes of change as a psychological matter. This was accomplished, for example, through the suggestion in the warded off stage that certain client behaviours (changes of topic) may indicate avoidance of a problematic experience. That is, as the client is also characterised as 'unaware' of this problem during this warded off stage the implication becomes available that her/his avoidance is motivated by psychological defences. It was suggested, however, that such behaviour could also be accounted for in other ways. For example, the topic may have been considered by the client to be of minor relevance to her/his problems. In fact, the analysis demonstrated that considering the client's behaviour 'avoidant' is *premised on* the assumption of the existence of a warded off problematic experience rather than being *evidence for* this.

Analysis also suggested that, although presented as unproblematic, many descriptions of the client or of her/his self-report in therapy were necessarily interpretative or, at least, speculative. However, such descriptions had the effect of promoting the psychological assumptions on which the APES is based while excluding alternative possibilities. For example, the client is characterised as having some 'unpleasant recognitions' in the understanding/insight (5th) stage. Analysis suggested that although such a description implies 'unpleasant' to be an inherent feature of the client's recognitions and thus to be an objective evaluation the description must rely on either the client's self report in therapy or an interpretation of

her/his reaction. The term 'recognitions', though, was observed to indicate either identification of something already known or acknowledgement of its existence. Describing the client as making some 'unpleasant recognitions' was therefore argued to sustain the assumption that a hidden problematic experience existed prior to the client's awareness of it.

The omission of 'outer' conditions from the account offered in the APES is also sustained by the assumption that the client's process of change is a controllable matter. That is, in the problem statement/clarification stage (4th) stage the client's successful progress is predicated on her/his initiation of agentic and directed effort. Moreover, the successful mastery of her/his problems in the final three stages is accounted for in terms of the tenacious application of the correct methodology. Thus 'outer' conditions which might conceivably contribute to the genesis of the client's problems and place restrictions on her/his personal control resolving these problems, are omitted from the account offered in the APES (see Sampson, 1981).

The second dichotomy was identified as 'rational-emotional'. It was suggested that the APES privileged the rational in marginalising factors other than intellectual processes in the promotion of the client's improvement; an understanding which is also supported by the emphasis on control. For example, this is apparent during the understanding/insight (5th) stage where the client is described as 'curious' and thus motivated to learn more even though this may be about unpleasant things. Moreover, in the final stages of successful therapy there is an emphasis on rationality in the use of the correct (scientific) methodology in order to master a problem. It can be argued that such an emphasis therefore marginalises potential alternative processes such as emotional support from the therapist in the promotion of the client's improvement.

The implication that processes of change are controllable also contributes to the emphasis on the 'rational' in the 'rational-emotional' dichotomy. That is, rationality and control have been characterised as qualities associated with the ideal self of contemporary Western culture (e.g., Foucault, 1971; Gaines, 1992; Hermans, Kempen, & van Loon, 1992). Emotion, on the other hand is negatively evaluated in

relation to thought and, amongst other things, associated with the irrational and uncontrollable (Lutz, 1988). Thus, it has been suggested that "(e)motion, like mental illness, in psychiatry's psychology, is an assault on and an insult to the ideal self" (Gaines, 1992, p.16). It can therefore be argued that an emphasis on control suggests a valuation of the rational and marginalisation of the emotional.

So, two dichotomies were identified as underlying the account of the processes of change in successful psychotherapy offered in the assimilation of problematic experiences scale (APES); 'inner-outer' and 'rational-emotional'. Moreover, it was argued that the APES privileged the 'inner' and 'rational' sides of these dichotomies. In relation to dismantling dichotomies, the first stage of deconstructive analysis is to reverse the hierarchy of the oppositions (Wood, 1979). In a move toward this reversal, it may be argued that 'psychological' problems may be viewed as an *effect* of socio-cultural conditions. For example, Westkott (1986) has investigated the historical and cultural conditions of female dependency, Hare-Mustin and Marecek (1986) suggesting that "(w)ithout social change, autonomy may not be a realistic goal of therapy for women" (p.205). Moreover, Mac an Ghaill (1994) has explored the way in which schooling produces a range of masculinities which young men come to inhabit which are then policed by themselves and others.

The marginalisation of emotional factors in the process of change may also be traced to cultural factors. In a cultural constructivist reading of the Diagnostic and Statistical Manuals (DSM-I to III-R) Gaines (1992) identifies north-European-Protestant assumptions regarding psychological functioning. Specifically, this is identified with regard to viewing emotional extremes as problematic; a view contrasted to Latin-Mediterranean ethnopsychiatry.

Having demonstrated how it is possible to reverse the hierarchy of dichotomies, the next stage of deconstructive analysis is to prevent the old opposition from being re-established through providing a transformation; "the irruption emergence of a new 'concept', one which nolonger allows itself (not that it ever did) to be understood on the earlier ground." (Wood, 1979, p.24). In this respect,

discursive psychology (e.g., Potter & Wetherell, 1987; Potter & Edwards, 1992) will now be discussed as having the potential to more fully challenge dichotomies such as 'inner-outer' 'rational-emotional', and offer an alternative perspective from that offered in the assimilation model to the processes of change in psychotherapy.

From a discursive perspective, change is conceptualised as a process of negotiation between client and therapist. That is, for example, the formulation of something as a 'problematic experience' is viewed as a discursive achievement. Thus, it is unnecessary to presuppose that if articulated only later in therapy a 'problematic experience' had previously existed but in a hidden realm of the client's psyche. Rather, the psychotherapy dialogue is considered one of many sites in which the client's reality is accounted for and awarded meaning. As Anderson and Goolishian state; "(the) resource for change, the *not-yet-said*, is not "in" the unconscious or any other psychic structure. This resource is not "in" the cell of the biological structure, nor is it "in" a social structure such as the family. This resource is in the "circle of the unexpressed"" (italics in original, 1988, p.381).

Rather than view process of change as 'inner-outer' and/or 'rational-emotional', a discursive approach would explicate how participants themselves orient to such categories. For example, Chapters 5 and 6 investigate how a client and therapist debate differing accounts of the client's problems structured around an 'inner-outer' dichotomy, i.e., the client situating her problems in the 'outer' circumstances of her life as wife and mother, the therapist offering a (re)formulated understanding in terms of the 'inner' conditions of the client's personal psychology. Moreover, Chapter 7 looks at how a change in the client's account of her feelings toward her mother *becomes understood* as a revelation of formerly obstructed emotion.

Another feature of the discursive approach is that such an account demonstrates how sense is achieved through drawing on meanings inherent in the local socio-cultural context. In doing so, however, discursive psychology can be understood as privileging the 'outer' side of the 'inner-outer' dichotomy. In a development of a theory of subjectivity for critical discursive psychology Parker

implicitly addresses this point. He suggests that "(t)he 'model' of the person which critical psychology has been searching for but has so far been unable to find is one which conceives of subjectivity as *the point of contact* between the individual and the social (rather than opting for one or the other)." (italics in original, Parker, 1992, p.117). Parker offers the beginnings of such a model utilising studies demonstrating the suffusion of psychoanalysis through contemporary Western culture, e.g., in America (Berger, 1965), Britain (Bocock, 1976), and France (Moscovici, 1976). Parker argues that psychoanalysis has had a powerful influence on the discourse of selfhood in Western culture (1995) and can be considered *both* socially constructed and 'real' (Parker, 1993). That is, psychoanalytic understanding of subjectivity can be understood as socially constructed in presenting a culturally and historically relative model of the person. However, it can also be considered true for contemporary Western culture in that subjects inhabit the psychoanalytic subject positions or 'discursive complexes' that have thus been provided.

A benefit of these ideas for the current study is that it offers a foundation for understanding why the assimilation model might be considered an acceptable and useful account of psychotherapy change processes at this particular socio-historical juncture. As suggested in the analysis and earlier in the discussion, the warded off (1st) stage of the assimilation of problematic experiences scale (APES) is difficult to interpret without invoking a psychodynamic understanding of unconscious psychological processes. However, it may also be argued that the first five stages (warded off, unwanted thoughts, vague awareness, problem statement/clarification, understanding/insight) lend themselves to the straightforward psychodynamic understanding of the lifting of a repression. It can be argued that it is through being interpretable in psychoanalytic terms, and thus drawing on cultural 'common-sense', that the APES offers a viable framework for mapping processes of change in psychotherapy for contemporary Western subjects.

Such an understanding, though, also highlights certain drawbacks to the assimilation model and the APES as a scale for use by coders assessing

psychotherapy tapes and transcripts. That is, first, if the initial five stages are as easily or better understood in terms of psychodynamic processes, incorporation of concepts drawn from cognitive science appears redundant. This is so particularly if, as argued, there are theoretical problems with the compatibility of psychodynamic and schema accounts within the one model of change. Second, if the psychodynamic model of the subject is embedded in our cultural common-sense and the APES is interpretable in this light, there is an argument that coders using the APES may be understanding the stages psychodynamically rather than in terms of the assimilation processes it posits.

In a theoretical development of the model, Stiles (1994) uses the notion of semiosis to amplify understanding of change offered by the assimilation model. Semiosis refers to "the creation and elaboration of signs, or of meaning-making during conversation" (p.1). In this way assimilation of a problematic experience is understood in terms of "establishing ways to think and talk about" (Stiles, 1994, p.4) problematic experiences. Such an understanding of the assimilation model is not incompatible with the position of discursive psychology. However, as the analysis presented here suggests, in accounting for change the APES implies the existence of abnormal psychological process within the client's head, locates problems within the individual client, and fits the process of change into a pre-hypothesised sequence of stages. In contrast to this a discursive approach would examine how the existence of particular psychological process or the source of particular problems becomes established within the therapy conversation. Moreover, a discursive analysis would seek to explicate the specific contours of actual sequences from the psychotherapy dialogue and posit local and revisable micro-theories of change from this empirical basis.

Accordingly, the first chapter analysing extracts from psychotherapy (Chapter 4) illustrates how a discursive approach may be utilised in relation to change process research through offering an alternative perspective on material already demonstrated to be understandable in terms of the assimilation model. But first Chapter 3

introduces the background to the analysis of therapy interaction presented in Chapters 4 to 7.

Chapter 3

Background to analysis

This third chapter introduces the background to the discursive analyses presented in Chapters 4 to 7. These analyses comprise studies from three cases of therapy and explore the links between therapy process and outcome in relation to the question '*how does change occur in psychodynamic-interpersonal psychotherapy?*'. The design utilises a comparative case study methodology in line with a tradition of clinical research (e.g., Davidson & Costello, 1969; Freud, 1901/1953; Kazdin, 1986).

The Second Sheffield Psychotherapy Project

The parameters on which cases of therapy could be selected were set by the large comparative study of individual psychotherapy process and outcome from which the present research draws: the Second Sheffield Psychotherapy Project (SPP2; Shapiro, Barkham, Hardy, & Morrison, 1990; Shapiro, Barkham, Rees, Hardy, Reynolds, & Startup, 1994). This project sampled professional, managerial and white-collar workers suffering from depression and/or anxiety who considered their problems to be affecting their work. Screening criteria excluded three categories of client; those with (1) more than two years continuous history of psychiatric disorder prior to referral; (2) those having had treatment similar to that offered in the study within the previous five years; (3) those having undergone a significant change in psychotropic medication during the previous six weeks.

The design called for 120 cases comprising 30 cases in each of four therapeutic conditions; two therapy methods (psychodynamic-interpersonal (PI) & cognitive-behavioural (CB)) and two treatment durations (8 & 16 one-hour weekly sessions). The five project therapists (2 female, 3 male) were each required to treat 24 clients; six in each of the four conditions. Three cases were excluded due to pre-treatment gain and missing data. The project therefore provided an archive of 117 audio-taped therapy cases of clients meeting a DSM-III diagnosis of major depressive episode.

Clients were assigned to treatment conditions at random following a full clinical assessment. The initial assessment comprised the Present State Examination (PSE: Wing, Cooper, & Sartorius, 1974), the Personality Disorders Examination (Loranger, Susman, Oldham, & Russakoff, 1987), and items from the Diagnostic Interview Schedule (Eaton & Kessler, 1985) sufficient to make a diagnosis of major depressive episode, generalised anxiety disorder, and panic disorder. All clients were required to meet a diagnosis of major depressive episode. In addition, clients were required to meet a criteria of 5 on the Index of Definition of the PSE indicating confidence in the PSE diagnosis. Severity of clients' symptoms for the purpose of allocation to one of three severity groups (high, moderate, low) were obtained from a criterion measure of depression; the Beck Depression Inventory, designed to tap recent depressive symptomatology (BDI: Beck, Ward, Mendelson, Mock, & Erbaugh, 1961).

At the second part of the intake assessment clients were presented with a list of individualised problems derived from the initial assessment interview. Clients were asked to select a total of 10 items, 2 from each of 5 categories: symptoms, mood, self-esteem, relationship, and specific performance (Personal Questionnaire: Mulhall, 1976: Phillips, 1986). Informed consent proceedings were used such that clients knew they were taking part in a research project and knew that they were receiving one of four possible treatments. After therapy was completed (i.e., when the client knew the content of the therapy tapes) clients' permission was sought to release these tapes for research purposes.

Other studies using this data set include Agnew, Harper, and Shapiro (*Resolving a challenge to the therapeutic relationship: A single case study*, 1993), Shapiro, Barkham, Reynolds, Hardy, & Stiles (*Prescriptive and exploratory psychotherapies: Toward an integration based on the assimilation model*, 1992), and Stiles, Reynolds, Hardy, Rees, Barkham, and Shapiro (*Evaluation and description of psychotherapy sessions by clients' using the session evaluation questionnaire and the sessions impacts scale*, 1994).

Eight-session psychodynamic-interpersonal psychotherapy

The present study focuses on a detailed analysis of three cases of therapy in order to maintain the possibility of linking therapy process with the measures of macro-outcome obtained in SPP2. Such a procedure might have been compromised had extracts had been sampled across a wider number of cases. Moreover, as the two therapy methods utilised in SPP2 had been specifically selected for their differential rationales it was considered appropriate to focus on the process of one therapy type in detail in this thesis.

The orientation of interest was the psychodynamic-interpersonal psychotherapy (PI). The particular variant of PI therapy used in SPP2 was based on Hobson's conversational model (Hobson, 1985). It has several key features. First is the assumption that clients' problems arise from disturbances in personal relationships. Second, the therapeutic relationship itself is regarded as a vehicle for the manifestation, exploration and modification of such problems. And third, intervention consists of the therapist's use of certain conversational strategies; posing "hypotheses to be explored in relation to the client's behaviour and experiences within the therapy situation" (Shapiro & Firth, 1985, p.7-8), the use of negotiation, metaphor and the development of a 'common feeling language'. In contrast, CB therapy focuses on problem identification and solution and so is more task oriented and therapist directed. PI therapy was selected for two reasons. First, as a process-oriented, exploratory therapy it was assumed to offer greater potential than CB therapy for studying clients' accounts of their depression. Second, as intervention focuses on conversational strategies it seemed particularly compatible with discursive analysis. Third, the author had a particular interest in studying a form of psychodynamic psychotherapy as research has suggested that psychoanalytic ideas have had a formative influence on contemporary Western culture (see Chapter 2, pages 66-67). In understanding the extracts presented in the thesis it is important to note that, as therapy was carried out in a research context, the therapist was under particular onus to adhere to manualised therapeutic guide-lines.

In order to investigate differentials in process and so identify elements contributing to successful therapy both 'successful' and 'poor' outcome cases were selected for study. As discursive analysis does not require a mass of data and, furthermore is a relatively labour intensive approach, the 8-session PI therapy (as opposed to the 16-session) was selected as a more practical time period for investigation.

Case selection

Three cases of 8-session PI therapy were selected for detailed study. This comprised a pilot study of a successful case and then comparative poor and good outcome cases. Case selection was made on the basis of client BDI scores.

Table 3.1: BDI scores for all 30 cases of 8-session PI therapy

Case	7 wks before session 1	4 wks before session 1	Prior to session 1	2 wks post-therapy	12 wks post-therapy	52 wks post-therapy
1	-	23	-	1	4	27
2	32	19	30	24	19	7
3	-	22	26.25	27	30.45	32
(A)	**29**	**25**	**27**	**2**	**4**	**5**
5	17	15	7	2	0	0
(C)	**21**	**20**	**24**	**0**	**0**	**0**
7	17	10	8	1	1.05	4
8	19	24	23	16	13	-
(B)	**28**	**24**	**22**	**23**	**19**	**10**
10	31	28	21	23	7	3
11	20	22	9	3	3	11
12	22	19	14	7	9	3
13	22	17	18	6	9	6
14	40	36	26	16	20	26
15	22	13	18	19	16	23
16	26	16	15	17.85	14	15.47
17	36	25	25	13	12	7
18	17	12	15	1	0	0
19	20	18	15	13	11	6
20	33	29	28	10	12	5
21	22	20	22	19	22	20
22	23	17	19	17	11	3
23	17	16	12	1	0	0
24	27	26.25	31	24	35	25
25	27	30	21	16	16	2
26	29	16	15	8	4	1
27	16	12	13	19	12	17
28	17	17	12	-	15	-
29	19	18	22	15	6	21
30	26	15	21	20	12	15

The BDI was administered to all clients on three occasions before therapy commenced; 7 weeks, 4 weeks and immediately prior to the first session. The measure was administered again at three occasions after therapy completion; 2 weeks, 12 weeks and at one year follow-up. Possible BDI scores range from 0-63, guide-lines suggesting the following severity categories:

Table 3.2: BDI severity categories

BDI	Category
0-9	Normal
10-15	Mild
16-19	Mild-moderate
20-29	Moderate-severe
30-63	Severe

Case (A)

BDI scores (Table 3.1) indicated that case (A) had a particularly successful outcome. That is, the client's scores suggested a moderate-severe depressive episode at all assessment points prior to therapy commencing (29, 25, 27), this falling to well within normal range after therapy completion (2, 4, 5). Change therefore met the most stringent criteria of clinical significance offered by Jacobson and Truax (1991). Moreover, as material from this case had already been transcribed during the course of previous research (Field *et al.*, 1994) the case was utilised as a pilot study exploring how discursive analysis of process might be linked with client self-report measures of outcome.

Case (B)

BDI scores indicated that case (B) had a particularly poor outcome. The client's scores remained within the moderate-severe range before therapy (28, 24, 22), at the first assessment point 2 weeks post-therapy (23) and at the top of the mild-moderate range 12 weeks after therapy completion (19). Although the client's score fell to almost normal levels at one year after therapy completion (10), and cannot be discounted, this was considered to be of less import to micro-level process research than assessments immediately prior to and following the course of therapy.

Case (C)

BDI scores indicated that case (C) had a particularly good outcome. The client scored within the moderate-severe range before the start of therapy (21, 20, 24), her scores however suggesting no depressive symptomatology at all three assessment points up to a year after therapy completion (0, 0, 0). So, as in case (A), the client's improvement met Jacobson and Truax's (1991) most stringent criteria for clinical significance.

Although these three cases were selected for detailed study on the criteria of client BDI scores they offered a particularly appropriate data set for intra-group comparison as certain important features of these cases were similar. That is, all three cases comprised female clients of similar age (40-50 yrs) who were in full-time, professional employment. Moreover, the therapist in each case was male. In fact, cases (B) and (C) offered a particularly good comparison as they were among the least and most successful cases of 8-session PI therapy of one of the SPP2 therapists.

Theme selection

One problematic theme was selected for detailed study from each of these three cases of therapy. Problematic themes were selected from the Personal Questionnaire (PQ) data (lists of 10 individualised statements identifying two of the clients' most salient issues). Items were elicited from clients before the start of therapy. All 10 statements were rated each week immediately prior to session. The task required the client rate how much each problem had bothered them during the week on a 7-point scale with anchor points of 1 ('not at all') and 7 ('maximum possible'). Tables 3.3, 3.4 and 3.5 below present the PQ information obtained for each of the selected cases detailing (1) the client-specified problem, (2) PQ scores in session order for that item, (3) mean score and (4) range for that issue (session 4 PQ data were not completed by the client in cases (A) and (C)):

Table 3.3: PQ information for case (A) (good outcome)

PQ item (case A)	1	2	3	4	5	6	7	8	Mean	Range
1. Fear of becoming ill and taking time off work	5	5	5	-	5	7	4	2	4.7	2-7
2. Feeling wound up and panicky	6	4	6	-	6	5	3	1	4.4	1-6
3. Difficulties looking after my dementing mother	**7**	**7**	**4**	**-**	**5**	**2**	**1**	**1**	**3.9**	**1-7**
4. Working more slowly than I should do	3	5	4	-	4	5	3	2	3.7	2-5
5. Feeling I'm not contributing enough time to my marriage at the moment	3	4	4	-	3	2	2	1	2.7	1-4
6. Feeling people at home aren't doing their share of the work	2	3	5	-	3	2	1	1	2.4	1-5
7. Feeling scared that I will become depressed again	7	7	5	-	6	7	4	1	5.3	1-7
8. Feeling flat and empty inside	6	6	3	-	5	4	2	1	3.9	1-6
9. Feeling that people might notice that I'm not in control at work	7	7	7	-	6	6	4	2	5.6	2-7
10. Feeling I'm being blamed for keeping my mother at home	**2**	**2**	**2**	**-**	**3**	**1**	**1**	**1**	**1.7**	**1-3**

Table 3.4: PQ information for case (B) (poor outcome)

PQ item (case B)	1	2	3	4	5	6	7	8	Mean	Range
1. Worrying about things	6	5	5	4	5	4	5	5	4.9	4-6
2. Not having time to relax	5	5	6	4	4	4	5	5	4.7	4-6
3. Difficulty seeing any future	6	6	5	4	4	3	4	4	4.5	3-6
4. Feeling disenchanted with work	6	6	6	5	4	5	5	4	5.1	4-6
5. Difficulty shouldering all the responsibility at home	**5**	**6**	**6**	**5**	**4**	**5**	**5**	**5**	**5.1**	**4-6**
6. Not feeling attractive to people	5	5	5	5	5	5	5	5	5.0	5-5
7. Retreating and becoming detached from my husband	6	6	5	5	5	4	5	5	5.1	4-6
8. Lack of self-confidence	6	6	6	5	5	5	5	5	5.4	5-6
9. Feeling irritable with eldest	3	2	2	2	2	5	3	2	2.6	2-5
10. Having to push myself to do things because I'm so tired	5	5	5	4	4	5	4	4	4.5	4-5

Table 3.5: PQ information for case (C) (good outcome)

PQ item (case C)	1	2	3	4	5	6	7	8	Mean	Range
1. Difficulty thinking clearly	6	5	4	-	2	2	2	2	3.3	2-6
2. Feeling wound up and anxious	5	6	6	-	3	2	2	2	3.7	2-6
3. Difficulty planning and organising my work	5	4	3	-	2	1	2	1	2.6	1-5
4. Not doing things at work that I know I should do	3	5	2	-	2	1	1	1	2.1	1-5
5. Feeling angry with people at work	1	1	1	-	1	1	1	1	1.0	1-1
6. Feeling irritable at work	5	4	1	-	2	2	1	2	2.4	1-5
7. Difficulty standing up for myself with others	5	6	5	-	4	2	2	2	3.7	2-6
8. Feeling that I have let my family down	**6**	**5**	**5**	**-**	**4**	**2**	**2**	**2**	**3.7**	**2-6**
9. Feeling I'm being blamed for the breakdown of my marriage	6	5	7	-	3	2	2	2	3.9	2-7
10 Feeling uncertain about the future at work	2	1	1	-	1	1	1	1	1.1	1-2

One successfully resolved issue was chosen for detailed analysis from each successful case and an unresolved issue from the unsuccessful case. It was decided to select problematic themes which reflected the general outcome of the case to allow a clear division in the outcome of the material studied. However, as can be seen from the PQ data (Tables 3.3, 3.4 & 3.5), most PQ items do in fact reflect the general outcome of each case.

Resolution of a problem was judged by reduction in PQ score from an initial rating of at least 5 ('considerably'), suggesting that the issue was problematic immediately prior to the client commencing therapy, to a score 2 ('very little') or less at the assessment point immediately prior to the final session. Selection of an unsuccessfully resolved problem was based on there being no ultimate improvement by the final assessment point from a PQ score of 5 or more. On a practical level, as therapy dialogue had to be selected from audio-tapes, the potential ease with which themes could be differentiated from other topics was taken into consideration. Thus, for example, although the PQ item 'worrying about things' from case (B) fulfilled the

criteria for an unsuccessfully resolved item, it was considered too general for selection as a problematic theme for detailed study. Moreover, to enable a comparison between cases, themes were also selected for face similarity across cases.

Case (A)

One successfully resolved problematic theme was selected from this more generally successful case. The theme chosen for detailed analysis concerned the client's difficulties with respect to her mother (Table 3.3). This theme was specified by the client in the two relationship problem statements elicited from her at the intake assessment: 'difficulties looking after my dementing mother' and 'feeling I'm being blamed for keeping my mother at home'. On PQ score, both items were resolved by the end of therapy with the former fulfilling the criteria for a successfully resolved issue utilised in the current study. That is, PQ scores for 'difficulties looking after my dementing mother' ranged from maximum possible severity (7) immediately prior to the first session to a minimum score (1) immediately prior to the final session. As all this client's items were successfully resolved, this particular item was utilised as transcription of relevant material was available from previous research on clients' problems with authority figures (Field, 1995).

Case (B)

Reflecting the domestic and family theme, the item selected from case (B) was 'difficulty shouldering all the responsibility at home' (Table 3.4). This item was selected for its poor outcome. Client PQ scores prior to sessions one and eight indicated a 'considerable' problem (5) with scores ranging between 'moderate' (4) and 'very considerable' severity (6) throughout therapy.

Case (C)

Continuing to reflect the domestic and family theme, the successfully resolved PQ item selected from case (C) was 'feeling that I have let my family down' (Table 3.5). PQ scores indicated that this item was of 'very considerable' severity (6) at the start of therapy falling to 'very little' difficulty (2) immediately prior to the final session.

Critique of case and theme selection procedure

Both case and theme selection were made with regard to self-report questionnaire data gathered from clients. However, within a discursive research approach both diagnostic categories such as 'depression' and outcome definitions like that provided by the BDI can be regarded as artifacts constructing the phenomenon they aim to evaluate (Gaines, 1992; Hare-Mustin & Marecek, 1988; Smith, 1983). Furthermore, client problem statements, like those of the PQ, could be considered artificially constraining the variable ways clients' may define aspects of their problems throughout therapy. This study acknowledges these potential criticism of selection procedures. The use of such criteria though is defended on the grounds that the aim of this research is to offer a discursive approach to material which would be understood as successfully or unsuccessfully resolved within a traditional clinical setting.

Selection of dialogue for analysis

In order to obtain transcripts of therapy dialogue for detailed study, conversation pertaining to the selected problematic themes from each case was gathered from audio-tapes of therapy.

Case (A)

In case (A) Field *et al.* (1994) identified sessions 1, 3, 5 and 7 as reflecting a range of therapeutic impacts from 'no change' to 'high change' while covering the range of PQ severity scores for the selected theme (7, 4, 5, 1). Extracts were therefore selected only from these four sessions. This procedure was accomplished by Field *et al.* in two stages. First, two research assistants independently selected extracts pertaining to the client's difficulty with her mother from audio-tapes guided by a manual (Field, 1991 - see Appendix 1 for précis). Both were psychology graduates in their mid-twenties; one female and one male. If both specified confidently that a passage was relevant it was transcribed and divided into therapist-client adjacency pairs (i.e., two consecutive conversational turns). Second, these adjacency pairs were then judged for their meaningfulness when considered in isolation. This task was accomplished by three researchers selected for their familiarity with the case; the therapist, an experienced

male clinical psychologist and female psychology post-graduate (first author of the former study). This process yielded 24 adjacency pairs; 2 from session 1, 3 from session 3, 9 from session 5 and 10 from session 7. For the purposes of the current study consecutive dialogue was re-united.

Case (B)

For case (B) extracts pertaining to the client's 'difficulty shouldering all the responsibility at home' were selected from audio-tapes of all eight sessions of therapy. Material was selected by three psychology graduates. All were in their mid- or late-twenties; two were male and one female (the author). One was working as an assistant psychologist in a psychiatric hospital and the others were doctoral students in clinical related research. Selection of material was organised in such a way that each session of therapy had extracts chosen independently by two of the three listeners using selection instructions prepared by the author (Appendix 2). The listeners were instructed to be as inclusive as possible in their selection of material as (1) there was considered to be no absolute criterion on which passages could be considered irrelevant and (2) the aim of this procedure was merely to collect material for further study. All identified passages were therefore fully transcribed. This provided 16 passages varying in length from a few lines of dialogue to 5 pages of transcript.

Case (C)

A similar process to that accomplished for case (B) was carried out in the selection of material from case (C). Material relevant to the client's problematic theme 'feeling that I have let my family down' was selected from all eight, audio-taped session of therapy. Material was selected independently by one of the male listeners and the female listener involved in collecting material from case (B). As before, selection instructions were provided by the author (Appendix 3). Inclusive selection yielded 29 extracts varying in length from a few lines of dialogue to 18 pages of transcript.

Transcription

Transcription was carried out by a number of different people. However, all transcripts were carefully checked against audio-tapes by the author until she was

satisfied with the level of accuracy. As much detail of the spoken text was incorporated in the written transcriptions as was considered useful for the type of discursive analysis to be carried out (see Cook, 1990). A modified version of transcription conventions developed by Jefferson (Atkinson & Heritage, 1984) was therefore adopted:

(0)	Pauses timed in seconds
(.)	An untimed short pause
word	Stress on word by speaker
(inaudible)	Transcriber's doubt
C:	Client's turn
T:	Therapist's turn
T: (mm)	Overlapping utterance
.	End of turn
...	Extract started or finished mid-turn
(son's name)	Names excluded for client confidentiality
child (wife's)	Clarification where required
(whispered)	Tonal information
[...]	Excluded text

Analytic procedures

Discourse analysis is not a methodology but may be considered a 'craft skill' developed though applying the theoretical perspective of discursive psychology to the analysis of texts. However, a guide to analytic procedures will be given here, although this will not be in the form of a set methodology. Rather, a description of how analysis was approached will be offered.

In each case the first stage involved listening to audio-tapes of the complete 8-hour therapy in order to contextualise the extracts obtained for detailed study. In the second stage, all selected extracts were subjected to preliminary analysis. This involved paying close attention to both content (the meaning conveyed) and form (how this meaning was 'put together' or constructed). Detailed notes examining how the extracts appeared to 'make sense' were written from this close reading of the text from which patterns of consistency and variability in description were identified. Other features of interest were the implication particular accounts made available within the context of the therapy and from this, speculations made regarding the social actions or functions performed by these accounts. From this preliminary

analysis, then, key sections of text were identified for presentation which appeared significant in the preliminary analysis. The final stage entailed production of a detailed analysis of these key samples of text, linking analytic claims to specific extracts. This final stage is presented in full and comprises the analysis offered in each analytic chapter.

Relevant case, theme and dialogue selection details, and analytic procedures will be reiterated in the method section of each of the following analytic chapters.

Validity and evaluation criteria

Many qualitative research approaches entertain different assumptions from the natural sciences regarding the nature of the investigative enterprise and the kind of knowledge which may be obtained (Rennie, 1994c). Independent evaluative criteria have therefore been developed for these approaches in the context of psychotherapy (Elliott, 1994; Rennie, 1994d; Stiles, 1993). However, in their original book Potter and Wetherell (1987) suggest three evaluation criteria pertaining specifically to discourse analytic research: (1) coherence of interpretation, (2) increased understanding of the subject matter, and (3) the raising of issues which would not have been found in other ways.

As a developing approach Potter (in press) suggests four more quality criteria which may be applicable to different kinds of discourse analytic studies. First, studies aiming to show some regularity in a discursive phenomenon, e.g., that a question is followed by an answer, might offer an analysis of deviant cases in which this pattern is not followed. Deviant case analysis may disconfirm the pattern or demonstrate its genuiness through showing how a break in the pattern is attended to by the interactants. Second, there is a check on the analyst's interpretation of a text through the use of participants' own understandings. That is, a turn would be interpreted, e.g., as a confirmation, only if the participants oriented to the turn in this way in subsequent conversation. Third, the validity of earlier studies can be gauged from their ability to inform later research as this suggests they are demonstrating something useful about interaction. And, fourth, in presenting the extracts which are being

analysed and thus providing the 'raw data' discourse analytic research is more open than most approaches to the reader's own evaluation. As Rennie (1994d) suggests, analytic rigour can be judged by the plausibility and persuasiveness of the presented analysis which is always directly accountable to the data.

The following four chapters present analyses drawn from the three selected cases of 8-session psychodynamic-interpersonal psychotherapy. These studies represent a developing approach to linking a discursive analysis of psychotherapy process with evaluation of theme outcome addressing the question '*how does change occur in psychodynamic-interpersonal psychotherapy?*'.

Chapter 4

Subject position and discursive processes of change in one successful case of psychodynamic-interpersonal psychotherapy

This chapter introduces the first empirical study of extracts from therapy dialogue presented in this thesis. The study constitutes the initial stage of developing an approach linking discursive analysis of therapy process with evaluation of case and domain outcome. This is accomplished through demonstrating how a detailed analysis of dialogue pertaining to a client-specified, problematic theme offers an understanding of how this theme was successfully resolved; an outcome indicated by a client self-report measure.

Another feature of this study is that it offers an opportunity to compare a qualitative, discursive approach with a quantitative, stage model approach to change process research. This is so as the text on which this analysis draws also formed the basis of a recent quantitative study assessing client change in terms of the assimilation model (Field *et al.*, 1994). This former study was designed to test the stages of change predicted by the assimilation model (Stiles *et al.*, 1990). The assimilation of problematic experiences scale (APES), which offers a concise description of the stages posited by the model, was subjected to deconstructive analysis in Chapter 2. To recap briefly, the assimilation model proposes eight consecutive stages of therapeutic impact on the client's cognitive representation of a problematic experience as this experience becomes assimilated to a schema: warded off, unwanted thoughts, vague awareness, problem statement/clarification, understanding/insight, application /working through, problem solution, mastery (see Table 2.1, p.34).

Field *et al.*, articulate the methodological difficulties defining and identifying schemata from transcripts of conversation. Accordingly, the criterion of validity for schema identification they decided upon was observer consensus from independent review of the material (Horowitz, 1990). Six raters were familiarised with the

assimilation model and given a training of a minimum 7 hours practice rating. These raters then assessed 17 randomised client-therapist adjacency pairs (one therapist plus one client conversational turn, e.g., a question and a reply) for level of assimilation. These adjacency pairs were selected from the therapy discussions of a client-specified problematic theme. Results showed that ratings of schematic assimilation via the APES scale were significantly correlated with the chronological order of the adjacency pairs across therapy. Field *et al.* concluded that "(r)esults were consistent with the assimilation model's suggestion that problematic experiences tend to progress through predictable series of stages in successful psychotherapy (1994, p. 404).

The present chapter offers an alternative, discursive approach to the clinical material studied by Field *et al.* In this way the differences between the approaches and the potential merits of a discursive analysis are highlighted.

To recap again briefly, discourse analysis is a qualitative approach recently developed in social psychology for the study of written and spoken text (Edwards & Potter, 1992; Potter *et al.*, 1993; Potter & Wetherell, 1987) (see pages 12-21). This approach focuses on the way in which language is used to construct versions of reality. In detailed analysis of text, descriptions of events, persons and circumstances are demonstrated to be variable and often inconsistent. Such inconsistency is regarded a natural feature of accounts and used in analysis as a means of assessing how that account functions in its interactional context. Accordingly, in the analysis presented here, the client was noted to offer inconsistent accounts of her ability to remember her childhood. This observation was utilised to understand what these differing descriptions accomplished in the context in which they were offered. However, this is not to suggest that such accounts are always cynically, or even deliberately, manufactured (Potter *et al.*, 1993).

A central focus of the present study is the concept of subject position (Althusser, 1971). Subject position is a concept drawn from perspectives viewing subjectivity and identity as linguistic constructions and hence to be located in discourse. However, this is not to suggest that selfhood, an experience or expression

of individual identity, does not exist or is not in some way real. It is to suggest that the kind of person one can 'be' is restrained, and enabled, by the acceptable linguistic descriptions available at a particular historico-cultural juncture. Accordingly, cross-cultural and historical investigations reveal differing ideas about the nature of the self. For example, Logan (1987) identifies the middle ages as the period during which the contemporary Western notion of the self as an autonomous subject first began to develop. Previous to this the individual had been merged in group life in which social role and group status were considered paramount.

As an analytic tool, the concept of subject position offered the possibility of a case study tracing the *effect* of the client's characterisation of herself and her mother within the therapy dialogue without becoming involved in judging the accuracy of her descriptions. Moreover, in viewing such characterisation as drawing on recognisable cultural meanings the process of psychotherapy is immediately set within a wider social context. Accordingly, this study offers an analysis demonstrating the way in which the client characterises herself and her mother with regard to expectations and obligations sustained purely through being in a mother-daughter relationship. In orienting to the impersonality of such obligations, therefore, analysis becomes relevant beyond the specifics of this particular case.

Hence, the aim of the present study is to demonstrate the merits of a discourse analytic approach to psychotherapy change process research and begin to develop an approach to linking discursive analysis of process with evaluation of domain outcome. This is achieved through offering a discursive analysis of selected extracts from the therapy discussions of a successfully resolved, client-specified, problematic theme.

METHOD

Case selection The case was a successful therapy of a female client who completed 8 one-hour, weekly sessions of psychodynamic-interpersonal psychotherapy. This therapy was drawn from a pool of 117 cases comprising the Second Sheffield Psychotherapy Project (Shapiro *et al.*, 1990). The case was selected on the basis of

the client's scores on the Beck Depression Inventory (BDI; Beck *et al.*, 1961) which was the criterion outcome measure for the study.

The BDI was administered on 6 occasions resulting in the following scores: at initial screening (29), intake assessment (25), immediately prior to the first session (27), 2 weeks after completing therapy (2), 3-months follow-up (4), and 1-year follow-up (5). At the intake assessment the client was interviewed by a trained assessor and obtained a diagnosis of Major Depressive Episode. The client's BDI scores indicated a moderate-severe depressive episode prior to commencing therapy, this falling to well within normal range after therapy completion. Change therefore met the most stringent criteria of clinical significance offered by Jacobson and Truax (1991).

Written informed consent to use audio-tapes of this therapy for research purposes was obtained from the client after therapy completion.

<u>The client</u> The client was female, in her early forties, in full-time white-collar employment and lived with her husband and elderly mother who she described as suffering from senile dementia.

<u>The therapist</u> The therapist was male, in his mid-thirties and with two years post-qualification experience. He had received training within the project prior to seeing project clients as well as with an external supervisor. Peer group supervision was the norm.

<u>Theme selection</u> At the second part of the intake assessment the client was presented with a list of individualised problems derived from the assessment interview. She was asked to select a total of 10 items, 2 from each of 5 categories: symptoms, mood, self-esteem, relationships, and specific performance. The problem chosen for detailed analysis concerned the client's difficulties with respect to her mother. This theme was specified by the client in the two relationship problem statements elicited from her at the intake assessment: 'difficulties looking after my dementing mother' and 'feeling I'm being blamed for keeping my mother at home'. All 10 personal statements were rated by the client each week immediately prior to session. The task required the

client rate how much each problem statement had bothered her during the week on a 7-point scale with anchor points of '1' ('not at all') to '7' ('extremely'). The ratings for the 2 selected statements across the 8 sessions were as follows: difficulties looking after my dementing mother: 7 7 4 - 5 2 1 1; and feeling I'm being blamed for keeping my mother at home: 2 2 2 - 3 1 1 1. [Data from session 4 was missing]. Thus, both these problems were resolved by the end of therapy on the criterion of client personal questionnaire ratings of problem severity (Mulhall, 1976; Phillips, 1986).

<u>Selection of dialogue for analysis</u> Sessions 1, 3, 5, and 7 were identified as reflecting a range of therapeutic impacts from 'no change' to 'high change' while covering the range of severity scores for the selected theme. Extracts were therefore selected only from these four sessions. This procedure was accomplished in two stages (Field *et al.*, 1994). First, two research assistants independently selected extracts pertaining to the client's difficulties with respect to her mother from audio-tapes of these session guided by a manual (Field, 1991 - for précis see Appendix 1). Both were psychology graduates in their mid-twenties; one female and one male. If both confidently agreed that a passage was relevant it was transcribed and divided into therapist-client adjacency pairs. Second, these adjacency pairs were then judged for their meaningfulness when considered in isolation. This task was carried out by the case therapist, an experienced male clinical psychologist and a female psychology postgraduate (first author of the former study, Field *et al.*, 1994). This process yielded 24 adjacent pairs; 2 from session 1, 3 from session 3, 9 from session 5, and 10 from session 7. For the purposes of the current study consecutive dialogue was re-united.

For extended details of case, theme and extract selection see Field *et al.* (1994).

<u>Analytic procedures</u> The first stage of analysis involved listening to audio-tapes of the complete 8-hour therapy in order to contextualise the extracts obtained for detailed study. In the second stage, all selected extracts were subjected to preliminary analysis. This involved paying close attention to content (the meaning conveyed) and form (how this meaning was constructed or 'put together'). Detailed notes examining how

the extracts appeared to 'make sense' were written from this close reading of the text and patterns of consistency and variability in descriptions identified. In focusing on change processes, particular attention was directed to points during which the client's account appeared to change significantly. During this preliminary analysis, then, key sections of text were identified for presentation. The final stage entailed the production of a detailed analysis of these key samples of text, linking analytic claims to specific extracts. This analysis was then revised in light of 'audit' comments offered by other researchers. This analysis is presented in full below.

ANALYSIS

Therapy commenced just after the client had made the decision to place her elderly mother in care and covers a period over which the client's mother entered respite and then finally permanent care. Analysis first explicates the three subject positions identified as characterising the client's account; the client as dutiful daughter, as damaged child, and the client's mother as the bad mother. Second, session five is then focused on as a turning point in the therapy. The process of change is linked to the discursive management of the client's positioning as dutiful daughter. Finally, an examination is made of the client's account of her recovery from depression which is shown to be linked to the subject positions of the bad mother and the damaged child.

<u>The dutiful daughter</u> The first subject position typifying the client's account is that of the dutiful daughter. This can be identified in the first session during discussion of the client's depression:

Extract (1)[4.1] Session (1)

1	T:	What have you (.) what have <u>you</u> done to
2		(tails off).
3	C:	(upset) <u>Exactly</u> (.) <u>yeah</u> (.) or <u>why</u> am I
4		<u>like</u> this you know? I can't think of any
5		<u>particular</u> reason why I should be like that
6		or why I'm so frightened of <u>illness</u> (.) um (.)
7		me mum lives with us (.) and she's eighty-four
8		(.) and (.) um (.) (upset, whispered) I'm <u>very</u>
9		sorry (.) er (.) she's lived with us for
10		seventeen years (.) she has senile dementia
11		(.) and I <u>finally</u> made the decision <u>last</u> week

[4.1] Extract numbers do not necessarily correspond with those in the former study (i.e., Field *et al.*, 1994).

12 that she has (upset) to go into permanent
13 (whispered) care (.) because I can't cope with
14 it any more er (.) my own doctor seems to
15 think that's sort of the problem (.) but I feel
16 very guilty but I really can't cope (whispered)
17 any more (9) so I'm just waiting to hear now
18 (9) (in tears) I wish she'd die (whispered)
19 before I have to send her in (.) (very upset)
20 I'm awfully sorry.

The client indicates her dutifulness toward her mother in several ways in this first extract. First, the length of time the client's mother has been living with her, "seventeen years" (line 10), suggests a prolonged commitment even though the decision has now been made "that she has (upset) to go into permanent (whispered) care" (lines 12-13). However, second, having lived with the client for all this time, suggesting that her decision to place her mother in care has been "finally made" (line 11) implies that it has been a drawn out process. The decision therefore is suggested to have been made reluctantly and with some consideration. Third, she uses the phrase "permanent (whispered) care" (line 12-13) instead of 'a home' or other alternative. As such, the importance of her mother being looked after properly is emphasised rather than her just residing elsewhere. Fourth, the client offers a reason for having her mother 'go into care'; it is "because I can't cope with it any more" (line 13-14). Thus, in specifying a reason, it is implied that the inevitable mental and physical decline of her mother suggested by the diagnosis "senile dementia" (line 10) is not to be considered sufficient justification, in itself, to stop looking after her at home. Furthermore, in stating that she cannot cope "any more" (line 14 & 17) it is indicated that the client has attempted to manage the situation up to this point and thus that she is not giving up at the first difficulty.

Although the client indicates her dutifulness toward her mother, another interesting feature of this extract is the way she introduces the idea that looking after her mother may be linked to her depression. Thus, she states; "I can't cope with it any more er (.) my own doctor seems to think that's sort of the problem (.) but I feel very guilty" (line 13-16). The idea that the problem may be her inability to cope with her mother anymore is presented as her 'doctor's' opinion. This lends the speculation

particular credibility. That is, issuing from a medical professional, the suggestion that the client can no-longer cope with her dementing mother is implied to be an *informed* opinion. Moreover, as a 'doctor' suggests someone outside the immediate situation, the opinion is implied to be reasonably objective.

The client, however, distances herself from the suggestion that looking after her mother may be linked to her depression. First she indicates that she, herself, cannot account for her depression (lines 4-5), so indicating that she has not necessarily accepted her doctor's suggestion as true. Second, that she feels "very guilty" (line 16) implies that such an idea is, actually, troubling to her. Thus, the client retains her positioning as dutiful daughter; something which might have been compromised had she been more directly blaming. However, in raising the issue, the implication becomes available that the client's mother might be a cause of or at least aggravation to the client's depression.

<u>The bad mother</u> The client as dutiful daughter is a subject position readily identifiable in the client's account throughout therapy. The other two subject positions, the bad mother and damaged child, are easier to identify in later sessions. These latter subject positions can be found in the early sessions of therapy but appear in an ambiguous and implicit form. For instance, the client's mother as the bad mother is only implicitly suggested in discussion of the client's marriage during the third session:

Extract (2) Session (3)

1	C:	...I always sort of think that I'm (.) if
2		there is to <u>be</u> one (.) the bad (laughs)
3		half of the relationship (.) and it's funny
4		because (.) you've made me remember
5		something actually (.) um (.) before (.) I
6		think it was before I was married to him (.)
7		and I remember me <u>mum</u> saying to me (.) and
8		as I said (.) she <u>very</u> rarely said anything
9		(.) or discussed anything (.) and she said if
10		<u>anyone</u> (.) is to go off the rails in <u>that</u>
11		relationship it will be <u>you</u> (.) and at the time
12		I thought she hasn't got a clue (.) she
13		doesn't know what she's (laughs) talking
14		about (.) and I mean she couldn't possibly know
15		(husband's name) well enough to know that
16		(.) um (.) how secure he would be (.) how
17		stable he would be (.) but she was <u>right</u> (.)
18		so maybe she <u>did</u> see something in me that

19 (.) I didn't even know about myself at the
20 time (.) I don't know?

Several features of this extract are suggestive of the client's mother as the bad mother. First, the client states that her mother predicted she would be the one to "go off the rails" (line 10) in her marriage. This phrase is commonly used to indicate a person who has begun to live or behave in an unbalanced way, usually with the connotation that such behaviour is also morally questionable. It is therefore indicated that the client's mother had been willing to be critical of her to the extent of questioning the client's potential to act appropriately and ethically as a wife. Second, the client suggests that she did not take the opinion seriously at the time because her mother "couldn't possibly know" (line 14) her husband-to-be well enough to compare her to him unfavourably. Such criticism is therefore implied to have been based on little or no evidence when it was offered. The implication therefore becomes available that the criticism may have been unjustifiably negative. Third, the client offers a statement regarding her own pervasively low self-evaluation with respect to her marriage; "I always sort of think that I'm (.) if there is to <u>be</u> one (.) the bad (laughs) half of the relationship" (lines 1-3). The implication therefore is also available that her mother's criticism has had a long-term, negative effect on the client's self-evaluation.

The client concludes, though; "but she was <u>right</u> (.) so maybe she <u>did</u> see something in me that (.) I didn't even know about myself at the time" (lines 17-20). This might indicate a certain respect for her mother's insight as it is suggested that her opinion was subsequently validated. However, the extent, circumstances and destructive effect of the criticism have also been implied making her mother's articulation of such insight appear rather thoughtless and destructive.

By the seventh session the client is more explicit in the presentation of her mother as the bad mother, for example during the report of a conversation had with a relative about her birth:

Extract (3) Session (7)

1	C:	...I think I was unexpected and (.) er (.)
2		me eldest sister-in-law (.) I once said
3		something about me mum (.) looking after me mum
4		(.) and she said (.) um (.) well oh (.) er (.)
5		I said (.) I ventured to say (.) that we'd
6		never really been that close (.) me mum and I
7		(.) and she said (.) no (.) well your mum never
8		wanted you (laughs) anyway she said in fact (.)
9		she'd tried to take tablets to get rid of you
10		(2) and that hurt (.) that hurt more than
11		anything...

In this extract, the client comments that she did not achieve a "close" (line 6) relationship with her mother. In itself this may not be unusual. However, this comment is suggested to have been reacted to by her sister-in-law with a statement to the effect that the client's mother "never wanted" (lines 7-8) her and had even "tried to take tablets to get rid" (line 9) of her. It is therefore implied that her mother's attempted destruction of her as an unborn child was connected to their subsequently poor relationship. Thus, rather than just not 'close', the distance between them is suggested to be a product of her mother's more profound rejection of her.

The damaged child The third session sees the introduction of the third subject position typifying the client's account; the client as damaged child. As with the bad mother, this positioning is only hinted at during this early session, in this instance through the client's description of her inability to remember her childhood. This will be explicated through contrasting an account offered in session three with one the client offers in a later session. So, first consider this extract from session three:

Extract (4) Session (3)

1	C:	No (.) I can't go back past um (.) past
2		meeting (husband's name) really (.)
3	T:	(right)
4	C:	I can't go back (.) um (.) I remember
5		basic things (.) I remember (.) um (3)
6		(laughs) where I lived (.) I mean that
7		sounds silly (.) but you know what I mean
8		(.) I remember that sort of thing (.) but I
9		really (.) when people talk about their
10		childhood it bothers me sometimes (.)
11		because it's like amnesia (.) I really cannot
12		remember (.) I do not remember it (.) I can't
13		remember being five years old (.) I can't
14		remember being ten years old...

Although indicating that she can remember "basic things" (line 5) from her childhood, the client describes how "when people talk about their childhood it bothers me sometimes (.) because it's like amnesia" (line 9-11). A contrast is, therefore, drawn between other people's ability to talk about, and so by implication remember, their childhood and her own inability to do so. Now consider the following extract from session seven in which the client and therapist discuss the events from the client's life covered during therapy:

Extract (5) Session (7)

1	C:	...I've talked about them all (.) from
2		childhood adolescence right through 'til now
3		(.) and let them go.
4	T:	Mm (.) even though they're (.) even though
5		they're so vivid?
6	C:	Yeah (.) and they are (.) um (.) I don't (.)
7		I suppose because I've kept them (.) and I
8		suppose I'll always be able to remember
9		them (.) but they're not important any more (.)
10		um for whatever reason if I was to think of
11		one of the incidents (.) like when I was
12		molested (.) then I would even feel (.) feel
13		afraid (.) just thinking about (.) on my own
14		(.) and I would try to stop meself from
15		thinking about it (.) from recalling it
16		(.) from being able to remember it (.) I
17		would try and force it away...

In this seventh session the client recounts how she has discussed many events from her life including those "from childhood" (lines 1-2). So, in having "talked about them" (line 1) it is indicated that she must have had some memory of the incidents. She also states, in relation to such events, that she has now "let them go" (line 3). It is, therefore, implied that she had previously 'held onto' and thus remembered them for a significant time. Moreover, the client agrees with the therapist that these events are "vivid" (line 5), stating that this might be "because I've kept them" (line 7) and that she presumes she will "always be able to remember them" (lines 8-9). So, in having 'kept' something 'vivid' it is suggested that some clear memories of childhood events have remained available to her throughout her life.

As well as suggesting that she has always had some memory of her childhood, another interesting feature of this extract is the description of the type of events these memories relate to. That is, they are described as things which are "not <u>important</u> any more" (line 9) and so, by implication, to have been of significance to her in the past. Moreover, the client offers an example of one of the incidents; "when I was molested" (lines 11-12), so indicating a particularly distressing event. Thus, although the indication that the client remembers *some* events from childhood appears consistent with her statement in session three that she only remembers "basic things" (extract 4, line 5) like where she lived (extract 4, line 6), the implication that she remembers significant and traumatic events does not.

How might this inconsistency in the client's description of her memory of her childhood be understood? In the seventh session (extract 5) the client does suggest that remembering some childhood incidents offered particular difficulties. That is, in relation to being molested, she states; "I would try to stop meself from thinking about it (.) from recalling it (.) from being able to remember it (.) I would try and force it away" (lines 14-17). So, she indicates that she 'tried' not to remember this event. Conceivably, such an attempt may be described as 'memory loss' early in therapy. However, describing 'not remembering' as both a struggle and as only an attempt, the implication remains that these memories were available to trouble her and so could not be "like amnesia" (extract 4, line 11). A perhaps more plausible explanation is that, given the client has made reference to having been molested, her report of memory loss in the third session might be understood as a device relieving her from talking about such distressing things early in therapy. However, another explanation is to regard inconsistency as an inherent feature of accounts. From a discursive perspective, such inconsistency is regarded as an indication of an account's contextually *functional* nature. That is, memory claims can be approached as a social, accounting activity (Edwards, Potter, & Middleton, 1992). Thus, it may be suggested that the client's reported memory loss can be understood as an account oriented to the

interactional context of its telling; a context which has changed between sessions three and seven.

Exploring this discursive perspective further, it might be fruitful to speculate on the function(s) the client's third session report of having little memory of childhood might serve. To achieve this it is necessary to examine the implications made available by this particular account (see extract 4). So, first, it is interesting to note the strength of the client's claims; "I really cannot remember (.) I do not remember it" (lines 11-12), and that it is 'like amnesia'. If, as suggested possible above, the client merely did not want to discuss her childhood early in therapy she might have been expected to have either stated her wishes, avoided or at least de-emphasised the topic. However, rather, she draws attention to the issue through stressing her memory failure and, by implication, to suggest its inherent importance. Second, likening her memory loss to "amnesia" (line 11) suggests that she ought to be able to remember what she cannot and thus implies her experience is abnormal. Third, she states that the loss "bothers" (line 10) her. So, furthermore, it is indicated to be disturbing and thus problematic.

Thus, the client's third session account makes the implications available that her memory loss is important, abnormal and problematic. Such an account can be seen to contrast other possible descriptions that may have been offered, e.g., that the loss was due to normal fading over time or to her childhood having been particularly uneventful. In speculating on the functionality of her account, therefore, it can be suggested that, particularly within the context of psychotherapy, presenting her childhood memory loss as important, abnormal and problematic suggests the existence of disordered psychological processes. An obvious implication is, therefore, that the loss might be due to repressed childhood trauma, so invoking the subject position of the damaged child. As psychodynamic concepts, like that of the defence mechanisms, have been suggested to permeate our culture (Moscovici, 1976) allusion to these mechanisms by lay-persons in the construction of versions of events and experiences may not be unusual (Hoffman, 1992; Walker, 1988).

The dutiful daughter, the bad mother and the damaged child are subject positions abstracted from the client's account. Analysis now focuses on the fifth session as a turning point in the therapy when a resolution, vis-à-vis issues surrounding the client's mother, is accomplished. This resolution is linked to the subject position of the dutiful daughter. (The pivotal value of this session is also suggested by the client's PQ ratings of problem severity).

The client's guilt In the fifth session the client discusses how she feels now that her mother has been temporarily hospitalised awaiting a place in permanent care. During this conversation she states:

Extract (6) Session (5)
1 C: ...when I go to see her I feel very guilty (.)
2 um (.) that perhaps I ought to carry on and try
3 and keep her at home and look after her...

The client states that she feels "very guilty" (line 1) visiting her mother in hospital while looking to place her in care. In this context, the client's 'guilt' has two important implications. First, in feeling guilty it is implied that she could be considered to have done something wrong. The client's suggestion that she perhaps "ought" (line 2) to keep her mother at home implies this is something which could be regarded as her duty. So, in looking to place her mother in care, the implication becomes available that she might be considered to have failed in her responsibilities toward her. However, second, guilt indicates that the client is aware of and troubled by this failure. Thus, although suggesting she has failed in her responsibilities, feeling guilty also sustains the client's inherent dutifulness. The first stage of examining the process of change focused on in this fifth session, therefore, will be to examine how the client herself manages these two implications of 'feeling guilty'. So, consider the following extract from slightly later in the session:

Extract (7) Session (5)
1 C: ...and when I come home at night (.) I take
2 over another job if you like (.) straight
3 from the one I've left (.) and I'm very often
4 up through the night with her and before I
5 go to work I have to see to her...

In this extract the client suggests that she has to "take over another job" (lines 1-2) when she gets home, look to her mother sometimes during the night and always before going to work in the morning. She therefore describes a situation making tremendous demands on her time and energy. So, although it is not made explicit, it is suggested that the client has given as much to the care of her mother as could be expected of anyone. This theme appears again slightly later in this session:

Extract (8) Session (5)

1 C: ...um (.) people keep saying to me you know
2 (.) you've done your bit (.) and all this
3 (.) and really (.) she will be much better
4 off I don't need them to tell me that (.) I
5 do know that (.) I do know even if I give up
6 work and stay at home all the time (.) that
7 I can't give her the care and attention that
8 she needs (.) um so why the guilt? why must I
9 feel so damn guilty?

In stating "people keep saying to me you know (.) you've done your bit" (lines 1-2) the client indicates that she is regarded by some as having fulfilled her duties toward her mother. Furthermore, these people are reported to be of the opinion that her mother "will be much better off" (lines 3-4), presumably in care. It is, therefore, suggested that such a move would actually be beneficial to her mother. Note how these suggestions are presented as issuing from other "people" (line 1). As in extract one, with the presentation of her doctor's opinion, this has certain consequences. First, the idea that the client has 'done her bit', is articulated while she, herself, remains neutral in her endorsement of this view. By implication, the client's dutifulness toward her mother is suggested without the client contravening the cultural norm of presenting positive claims about oneself modestly. Second, reporting what 'other people' say also offers a persuasive account of her dutifulness as the client's own opinion could be undermined as self-serving. That is, she can be understood as orienting to the possibility that her decision to place her mother in care may be regarded as selfishly motivated. Moreover, the client states; "I do know even if I give up work and stay at home all the time (.) that I can't give her the care and attention

that she needs" (lines 5-8). Thus in drawing attention her mothers needs, it is indicated to be her mother's welfare that is of primary concern. Placing her mother in care is, therefore, further implied to be an extension of the client's dutifulness toward her. Thus, in these two extracts the client suggests that she *has* been and *is* being dutiful in her mother's care.

At the end of extract 8 the client asks; "so why the guilt?" (extract 8, line 8). She therefore indicates that her feelings of guilt are a puzzle. That is, feeling or being 'guilty' requires a cause; something one could be regarded as having done wrong. In this question, therefore, the client can be understood as orienting to the conundrum that if placing her mother in care is motivated by a concern for her mother's welfare her guilt must be *without* cause. This idea is made more explicit later in this fifth session:

Extract (9) Session (5)

1	C:	...something inside me does tell me that I
2		don't have any reason to be guilty (.) but
3		I'm not convinced by me...

In the statement; "I don't have any reason to be guilty" (lines 1-2) the client explicitly indicates that she has not done anything wrong to be guilty about. In such circumstances, as in extract 8, therefore, feeling guilty would be unjustified and unnecessary and so constitute a puzzle. The client presents this idea as issuing from "something inside" (line 1) suggesting a part of her unclear and unfamiliar, even to herself. However, as such, this is an opinion for which she does not have full responsibility and so can express without suggesting acceptance. In this context, the statement "but I'm not convinced by me" (lines 2-3), is particularly interesting. That is, first, in not being 'convinced' it is suggested that the client is not fully persuaded of the idea that she has 'no reason to be guilty'. Second, as such, it is implied that she does, in fact, feel guilty and possibly with reason. However, third, in raising the issue of being convinced, the client's suggestion that she is not convinced 'by me' makes the implication available that she might be persuaded her guilt is unnecessary by someone else. Thus, rather than having a specific referent, 'something inside' can be understood

as a useful rhetorical device with which to express a possible solution to a dilemma without the individual having to 'own' it.

It was suggested that the basis of the process of change in session five is the management of the implications made available by the client's guilt in no-longer looking after her mother at home. That is, 'guilt' was suggested to have the consequence of (1) implying she has done something wrong, while (2) sustaining her inherent dutifulness through indicating that she is troubled by this failure. From the analysis of extracts 7 to 9, it can now be suggested that early in the session the client undermines the implication that her guilt indicates she has done something wrong through suggesting her past and present dutifulness toward her mother, even in placing her in care. An implication of maintaining her guilt, therefore, is that it functions primarily to sustain her dutifulness. In this context, though, the client is in danger of compromising her dutiful positioning if she relinquishes her guilt. This particular difficulty is, however, managed by the client subtly through raising the possibility of placing the responsibility, and thus any subsequent ramifications of persuading her do so, onto another authority.

Negotiation of change The second stage in examining the processes of change focused on in this fifth session is to examine how the client's account of her dutifulness toward her mother is developed in subsequent interaction with the therapist. Thus, consider the following extract drawn from a discussion slightly later in the session regarding how the social worker is looking for a place for the client's mother in permanent care:

Extract (10) Session (5)

1	T:	If you (.) for you to give yourself
2		something is actually (.) it's a statement
3		about what you feel about you.
4	C:	Yeah (.) it would be much easier (.) to ring
5		the social worker and (upset) say stop
6		trying to sort it out (.) just let her come
7		home (.) I'll sort it out (.) I'll take care
8		of it (.) I'll do what's necessary but I'm
9		not going to do that (sighs)...

In this extract the client indicates that she will accept the social worker's help and thus that she is committed to placing her mother in care. However, this is not suggested straightforwardly and can be understood as an account, in some way, enabled by the therapist's comments. So, the extract commences with the therapist's comment that "for you to give yourself something is actually (.) it's a statement about what you feel about you." (lines 1-3). He, therefore, suggests that the client 'giving herself something' would be an indication of her self-evaluation; presumably being rewarding toward herself indicating some self-worth. Although the therapist merely offers a statement, a certain implication becomes available through this statement. That is, as a feeling of self-worth is a generally desirable state, it is implied that the client being generous toward herself would be justifiable.

In reply, the client links this idea of 'giving herself something' with the issue of her mother's care. She states; "it would be much easier (.) to ring the social worker and say stop trying to sort it out (.) just let her come home" (lines 4-7). She, therefore, draws a contrast between having the social worker 'sort it out' and letting her mother come home. However, that it is 'easier' to 'stop' the social worker, it is suggested that accepting help is, actually, the more difficult option. How might this be understood given the client has previously indicated both that she cannot cope with her mother at home any more (extract 1) and the amount of time and energy doing so entails (extract 7)? It appears that, particularly in this context, suggesting it would be easier to have her mother home implies that the difficulty accepting help from the social worker concerns something more important than the demands her mother's care makes on her. The client has already implied that it could be regarded as her duty to look after her mother at home (extract 6), so accepting help in order to place her mother in care would appear incompatible with this. She could be understood, therefore, as implying that accepting help is difficult because she places more value on fulfilling her duty than on losing the burden of caring for her mother.

The client indicates, though, that she is "not going to do that" (line 9); not going to stop the social worker, so, by implication, will accept help and commit to

placing her mother in care. Again, how might this be understood given that it has been indicated to be the more difficult option? Implying that she places more value on fulfilling her duty than on losing the burden of caring for her mother suggests that any action she takes in this regard is not motivated by selfishness; a possibility that would compromise her positioning as dutiful daughter (see also extract 8). So, with the implication available from the therapist's turn that being generous toward herself would be justifiable, and thus not selfish, an account becomes available in which placing her mother in care does not mean severely risking her dutifulness. Discussion continues on this theme later in the session:

Extract (11) Session (5)

1	T:	...if I do things because I care about <u>me</u>
2	C:	(yes)
3	T:	then (.) the world will be different for <u>me</u>
4	C:	(maybe)
5	T:	that's the (.) that's the risk (.) that's the
6		thing that you take in your hand and you say
7		this is maybe something which is different for
8		<u>me</u> now
9	C:	(yes)
10	T:	(.) I mean it's it feels like an incredibly
11		courageous
12	C:	(yes)
13	T:	a (.) decision (.) I mean it's not a <u>small</u>
14		decision (.) it's not as if you're taking
15		something and saying I'll test this out.
16	C:	Oh <u>no</u> (.) it's for <u>good</u> (.) I <u>know</u> wherever she
17		goes (.) whatever they decide (.) <u>that</u> <u>is</u> <u>where</u>
18		<u>she's</u> <u>going</u> <u>to</u> <u>go</u> <u>to</u> <u>die</u> (.) that I <u>won't</u> <u>have</u>
19		to do <u>anything</u> else other than visit her
20	T:	(mm)
21	C:	any more (.) and that's for <u>me</u>.

In this extract, the client states; "I <u>know</u> wherever she goes (.) whatever they decide (.) <u>that</u> <u>is</u> <u>where</u> <u>she's</u> <u>going</u> <u>to</u> <u>go</u> <u>to</u> <u>die</u>" (lines 16-18). She, therefore, explicitly articulates her commitment to having her mother looked after permanently in care. Moreover, the client suggests; "I <u>won't</u> <u>have</u> to do <u>anything</u> else other than visit her (T: mm) any more (.) and that's for <u>me</u>" (lines 18-21). So, particularly with the stress on the word 'me', she indicates that in only having to visit, placing her mother in care would be done, at least in part, for the client's own benefit. This

account, therefore, contrasts the client's former management of her dutifulness, particularly in terms of her own unselfishness.

How might this change be understood? The client's account was offered in reply to some comments of the therapist. He suggests; "if I do things because I care about me (C: yes) then (.) the world will be different for me" (lines 1-3). 'Caring about oneself' implies regarding it legitimate to fulfil one's own needs. Suggesting that acting in this way 'the world will be different', indicates that as it will invoke complete change this is contrary to how the client has currently been behaving. Moreover, given that the client is suffering from depression, suggesting that things will be 'different' implies that they will be better. So, the therapist's statement makes the implication available that improvement in the client's condition may reside in her beginning to regard it as permissible to fulfil her own needs.

However, the solution of 'caring about me', which might be considered an indication of selfishness, is offered in a context where the issue of selfishness is pertinent in its undesirability. How does the therapist manage this dilemma? He describes 'caring about me' as "the risk" (line 5) but also as "an incredibly courageous (C: yes) a (.) decision" (lines 10-13). As such, it is suggested this would be a brave move demanding respect, particularly as being a 'risk' it will not guarantee results. So, as a decision commanding respect, the client fulfilling her own needs is indicated to be legitimate in a way in which selfishness, as inherently negative, could not. In this context, therefore, the client's account of placing her mother in permanent care "for me" (line 21) which, when her duty was construed in terms of looking after her mother at home could have been considered selfish, appears sanctionable, and indeed necessary, if an improvement in the client's depression is to occur.

In extracts 10 and 11, therefore, the therapist implies that the client is justified in being generous towards herself and fulfilling her own needs. Such suggestions can be understood as premised on, and offering a solution to, the dilemma created by the client's positioning as dutiful daughter. That is, the client implies that as dutiful daughter she has unselfishly looked after her mother at home with all the demands

this involved. So, making the implication available that looking after her own needs is both legitimate and perhaps necessary offers a way of the client retaining a moral positioning while placing her mother in care as, from this perspective, such action is not necessarily selfish or undutiful.

<u>The client's account of her recovery from depression</u> This final section now focuses on how the client produces an account of her recovery from depression. The cause of her depression had been an issue concerning the client throughout therapy. Earlier in therapy she reported her doctor's opinion that looking after her mother could be considered such a cause (extract 1, lines 12-15). It is an idea alluded to again early in the fifth session as the client discusses who she has told about her depression:

Extract (12) Session (5)

1 C: ...my immediate family and friends know
2 <u>obviously</u> (.) that I had one (.) or have had
3 <u>more</u> than one (.) (.) um (.) and sort of tend
4 to say to me now (.) um (.) over this business
5 with me mum (.) well (.) you <u>couldn't</u> have her
6 back (upset) you'd be <u>ill</u> again [...] <u>their</u>
7 suggestion <u>is</u> (.) that I would have another
8 breakdown or (.) become ill or have a
9 depression (.) whatever (.) whatever you want
10 to call it (.) and that sets me off thinking
11 (.) (laughs) <u>why</u> (.) again (.) I'm back to the
12 same old question (.) <u>why</u>? why does it make
13 any difference? are we saying that depressions
14 are the result of (.) extra (.) <u>work</u>? extra
15 pressure? um (.) because there are <u>lots of</u>
16 people that are in <u>that</u> position...

The client states that the family and friends who know about her depression suggest, with regard to her mother, that "you <u>couldn't</u> have her back (upset) you'd be <u>ill</u> again" (lines 5-6). She expands on this indicating that they are suggesting if her mother came home she might "have a depression" (lines 8-9). The implication is, therefore, that the people close to her regard caring for her mother at home connected to, if not the cause of, her depression. However, the client goes on; "are we saying that depressions are the result of (.) extra (.) <u>work</u>? extra pressure? um (.) because there are <u>lots of</u> people that are in <u>that</u> position" (lines 13-16). She, therefore, questions the cause of her depression beyond that implied by her family and friends

thereby suggesting that she does not fully accept that looking after her mother is such a cause. Specifically, the client suggests that 'lots of people' are in the situation of having 'extra work' and 'extra pressure'. It is therefore implied that, as presumably these people are not all in therapy for depression, the cause must be something other than these added demands.

The causes of, and the client's recovery from, depression are explored in more depth during the seventh session. In this session the client talks more about her childhood (see extract 5). For example, the following extract is drawn from an account of a family holiday in which the client's father was taken ill and had to be rushed home:

Extract (13) Session (7)

1	C:	...so me mum went with him and she left me
2		there (.) on me own and that wasn't (.)
3		wasn't good um (.) but then I thought
4		(sighs) (.) she didn't treat me bad (.) she
5		just didn't she just wasn't aware of me...

In this extract the client recounts how her mother went with her sick father and "left me there (.) on me own" (lines 1-2). Although details of the situation were not offered, the client describes her reaction; "that wasn't (.) wasn't good" (lines 2-3). Her mother's action is, therefore, implied to have been a source of distress to the client at the time. The client goes on to reflect that her mother "didn't treat me bad (.) she just didn't she just wasn't aware of me" (lines 4-5). So, rather than actively abusive, the client suggests her mother was merely 'unaware' of her. However, in the context of an example of having been left on her own, likely in an unfamiliar place, during a family crisis it is thus implied that her mother was incognisant of, or at least insensitive to, her child's emotional needs.

Similarly, towards the end of the seventh session the client discusses a childhood incident when she was molested but did not tell her parents. Reflecting on her mother's likely reaction to the incident she states:

Extract (14) Session (7)

1 C: ...I still can't help wondering if she would
2 have blamed me (.) I always felt that she
3 thought there was something really bad about me
4 (.) I always felt that (.) always (.) and
5 certain things she's said made (.) made me feel
6 (.) like (.) made me feel like that (.) um.

The client states that she "still can't help wondering if she would have blamed me" (lines 1-2). It is therefore suggested to have been possible her mother may have regarded the client as responsible for having been molested. Given that such an opinion would be contrary to the contemporary account of a child's responsibility, such a speculation is serious indeed as it positions her mother not only as unreasonable but, possibly, reprehensible. The client continues; "I always felt that she thought there was something really bad about me" (lines 2-3). With respect to an evaluation of a person, the phrase 'something really bad' implies a pervading malevolency. Moreover, the client suggests this 'feeling' as to her mother opinion of her came from "certain things she's said" (line 5) and, as such, to be grounded in comments actually articulated by her. So, the client's speculation that her mother may have thought her responsible for having been molested is suggested to be justified by indications the client had that her mother thought her malevolent.

In extracts 13 and 14, therefore, the subject positions of the damaged child and the bad mother are strongly implied. It is in this context that the client produces an account of her recovery from depression:

Extract (15) Session (7)

1 C: ...now me mum's gone (.) um (.) a lot of
2 badness has gone with it (.) and that has to be
3 (.) I mean (.) on the outside of things (.) um
4 (.) people looking in would say that's simply
5 because I haven't got to look after her (.)
6 the physical (.) um (.) side of it again (.)
7 not having to get her up (.) not having to
8 see to her (.) but I know it's not that (.)
9 it's (.) it's a lot more than that (.) it's (.)
10 um (.) it is letting go (.) it's letting go of
11 (.) of everything that was ever bad when I
12 was young (.) somehow me mum (.) and I didn't
13 know until (.) really (.) until she went (.)
14 somehow she reminded me of all those things
15 (.) um.

The client states; "now me mum's gone (.) um (.) a lot of badness has gone with it" (lines 1-2). In connecting her mother's placement in care with the departure of 'a lot of badness' the client's mother is suggested to be linked with something poisonous or sinister. Furthermore, that 'this badness has gone with it' suggests that her mother's departure has released the client from its effects. The client expands on this suggesting that "on the outside of things (.) um (.) people looking in would say that's simply because I haven't got to look after her (.) the physical side" (lines 4-6). The expressions; 'on the outside of things' and 'people looking in', suggest those uninvolved in and distant from the situation. Their suggestion that the reason for the 'badness' departing with her mother is 'simply because I haven't got to look after her' is therefore implied to be at least ill-informed. Moreover, in being 'simple' this account is suggested to be naive or unsophisticated. In fact, the client directly states; "I know it's not that (.) it's (.) it's a lot more than that" (lines 8-9). In being 'more', therefore, having less work to do is accepted only as part of the explanation. Furthermore, suggesting 'I know' in contrast to those 'outside of things' implies that, unlike them, she is intimately involved in the situation and so in better position to know the truth. An account of her recovery based on having less work to do is therefore rejected by the client an inadequate explanation (see also extract 12).

Alternatively, the client indicates that the reason the badness has gone with her mother is that "it's letting go of (.) of everything that was ever bad when I was young" (lines 10-12). So, placing her mother in care is connected specifically with being released from negative aspects of her childhood. She explains; "me mum (.) and I didn't know until (.) really (.) until she went (.) somehow she reminded me of all those things" (lines 12-14). Being able to 'remind her of all those things' implies that the client's mother was intimately linked with these negative aspects of the client's childhood. Moreover, 'all those things' implies that there were many such features. The positionings of her mother as the bad mother and the client as damaged child are, therefore, again suggested. However, that the client did not realise that her mother

reminded her of such things until after she left makes the implication available that motivation for placing her mother in care was not retribution. So, the client indicates that being released from something, perhaps, poisonous with her mother's departure is due to her mother's connection with a traumatic past rather than the work of looking after her. It is, therefore, implied that the client's depression was linked to poisonous effect of the 'bad mother's' presence in her home.

In the seventh session, therefore, the subject positions of the bad mother and the damaged child, alluded to obliquely and ambiguously earlier in therapy (extracts 2 & 4) are more explicitly expressed. Furthermore, these subject positions are utilised in an account of the client's mother as a cause of the client's depression over and above the effort of looking after her at home. It may be suggested that the subject positions of the bad mother and damaged child appear later in therapy in more explicit form as the criticism of her mother they imply cannot now severely compromise the client's positioning as dutiful daughter as this was fully validated in session five. Moreover, implicating her mother as a cause of her depression over and above the effort of her care, through the positionings of the bad mother and damaged child, further establishes the client's dutifulness in caring for a mother who, it is suggested, cared little for her.

DISCUSSION

The analysis of this successfully resolved theme within a more generally successful case approached the process of therapy as a discursive activity. This activity was viewed in terms of the utilisation of meanings embedded in linguistic resources; meanings, it is argued, that will be recognisable by most cultural members. In fact, subject positions such as the dutiful daughter, bad mother, and damaged child have an almost archetypal quality to them. Specifically, the process of change was argued to involve discursive management of the dilemma created by maintaining the client's *moral* positioning as dutiful daughter within the context of her placing her dementing mother in care.

Chapter 4

The first part of the analysis explicated the three subject positions identified as characterising the client's account; the client as dutiful daughter, as damaged child, and the client's mother as the bad mother. The process of change was then linked to the discursive management of the client's positioning as dutiful daughter. It was demonstrated how a resolution occurred through negotiation with the therapist. Specifically, an account was accomplished in which the client's action of placing her mother in care was understood in such a way that it did not severely risk the client's dutifulness. Analysis then explicated how the client accounted for her own recovery from depression during the therapy dialogue. This was linked to the client's characterisation of herself as the damaged child and her mother as the bad mother. Utilising these positionings an account was formulated in which her mother's mere presence in her home was understood as a factor contributing to her depression. That is, looking after the bad mother was understood to be a contributing factor to the client's depression in terms of its *psychological* rather than merely physical stress. This was an important distinction for this particular client as physical stress was considered insufficient grounds to stop caring for her mother at home. This understanding itself appears linked to the client's positioning as dutiful daughter.

An important feature of this analysis is the identification of the subject position of the dutiful daughter within the client's account. Our contemporary understanding of the dutiful daughter arguably draws on 18th and 19th century discourses of female subjectivity. During this period subject positions were provided for women based primarily on their domesticity so that "in opposition to the self-serving individualism that the business world required, women were held to be naturally selfless, desiring only to live for others" (Westkott, 1986, p.214). Although the social and economic situation has changed, this picture of woman as carer can still be seen, as this case suggests, to influence the subjectivity available women today (e.g., Lemkau & Landau, 1986). In fact, such socio-cultural considerations are argued to be an essential element in understanding this client's particular dilemma. That is, this client's problem can be considered embedded in expectations and obligations

pertaining to mother-daughter relationships; moral standards delimited by social convention but open to dispute and negotiation in individual cases. In fact, the client's problem can be understood as rooted in the attempt to maintain a moral positioning in circumstances in which her dutifulness may be compromised.

An interesting facet of the client's own management of this dilemma was her maintenance of the ideal of woman as carer. It was suggested that the process of change in session five involved the management of the implications made available by the client's guilt no-longer looking after her mother at home. The analysis suggested that the client obliquely undermined the possibility that her guilt indicated that she had done something wrong, for example through reporting what other people have said; "you know (.) you've done your bit" (extract 8, lines 1-2). It was therefore argued that the client's guilt functioned primarily to sustain her inherent dutifulness. This is not to doubt the client's feelings, but to draw attention to the way in which guilt positions one as a moral being. Problem resolution then involved accounting for the client's action of placing her mother in care without severely compromising her dutifulness. This was aided by the client's positioning of her mother as the bad mother. That is, positioning her mother in this way offered a reason for placing her in permanent care as caring for such a person at home was suggested to be a contributing factor to the client's depression. Moreover, 'the bad mother' sustained the client's own dutifulness in having cared so long a mother who had cared little for her. The bad mother however is a subject position also premised on the ideal of woman as selfless carer, in this case of their children. The client therefore presents an understanding and implicitly negative evaluation of herself and her mother in terms of this historically created standard.

The analysis suggests that the client's change was aided by the therapist's incorporation of the more traditionally masculine discourse of individualism. This was achieved through his alluding to the legitimacy of fulfilling one's own needs and introduced as a successful counter-point to the client's more traditionally feminine positioning premised on relationship and service to others. The therapist therefore

accepted and worked with the client's problem as she presented it, offering an account in which placing her mother in care is not necessarily selfish or undutiful. An alternative might have been for the therapist to question the client's evaluation of herself in terms of the standard of dutifulness. Although there is no way of ascertaining how successful this tack might have been, the current study demonstrates the therapeutic benefits of working with the client's problem as presented.

Accordingly, the analysis suggests that the client's problem presentation itself implied the solution introduced by the therapist and subsequently accepted by the client. That is, the tension between 'duty to other' and 'duty to self', the themes underlying the client's problem, can be understood as an 'ideological dilemma'; a contrary theme constituting part of our cultural commonsense. Billig (1988) describes such contrary themes as "the preconditions for those dilemmas in which people are faced with difficult decisions [...] enabl(ing) people to discuss and puzzle over their everyday life" (pp.2-3). Stressing one side of the dilemma thus implies the other as solution or at least alternative. So, the client's stress on her duty to her mother and subsequent guilt over no-longer looking after her at home itself implies the contrasting theme that there is also a case that the client has a duty to herself. Moreover, the therapist can be understood to build on the idea implied in the client's account that looking after her mother could be considered a factor contributing to her depression. That is, placing her mother in care is legitimated through linking it to the client's recovery from depression.

This discursive analysis, therefore, offers an understanding of therapeutic process based in a view of language *use* and cultural meanings rather than viewing mechanisms of change hidden within the client's head. Specifically, this case study demonstrates the importance of approaching participant's accounts as functional rather than purely descriptive. For example, the client's presentation of her problem made loaded implications available about its possible cause and potential solution. The analysis also demonstrates how the process of therapy may be intimately linked with the moral sphere, for example, in the negotiation of what constitutes legitimate

action. From the discursive perspective, therefore, problem resolution might more useful be considered problem *dissipation*; the co-evolution of new meaning within language (Anderson & Goolishian, 1988). Thus in offering a way of understanding the client's dilemma and the resolution of if as discursively managed and drawing on meanings embedded in wider cultural considerations the presented analysis can be understood as of general heuristic value.

Evaluation criteria have been developed specifically for discourse analytic research: coherence of interpretation, increased understanding of the subject matter and the raising of issues which would not have been found in other ways.

Regarding the first of these, coherence of interpretation can be judge through how well analysis accounts for variation in descriptions identified in the text. For example, the observation that the client's positioning of herself as damaged child and her mother as the bad mother was only alluded to obliquely in early sessions but articulated more fully later in therapy was accounted for in the presented analysis. That is, it was suggested that such positionings might have undermined the client's dutifulness toward her mother had they been articulated before this had been fully established during the interaction. Second, in linking processes of change to cultural meanings it is argued that this analysis has increased understanding of the subject matter through incorporating a dimension often de-emphasised in the conventional psychological account. And third, in doing so the analysis raises issues in relation to how moral, cultural and gendered issues are negotiated within the therapy dialogue.

The present study was introduced as offering an opportunity to compare a qualitative, discursive approach and a quantitative, stage model approach to change process research. Some of the benefits of a discursive psychology will be explicated through drawing a contrast between the present research and the former study on this clinical material.

Field *et al.* found a significant correlation between ratings of assimilation and the chronological order of adjacency pairs selected from therapy discussion of this client-specified, problematic issue. The approach utilised in the former study is

consistent with a tradition of good methodological practice in change process research. The following critique of this methodology is illustrated by reference to this former study but is to be understood as of general significance.

First, to what extent did the study succeed in achieving consensus observations from independent review of the material? Field *et al.* report "the estimated reliability of a single rater's judgements - ICC(1,1) - was only .55, indicating that to obtain trustworthy APES ratings, the work of several raters must be pooled" (1994, p.401). It is not disputed that pooling several raters work is often an appropriate strategy. However, there are problems with the use of such a technique in assessing a stage model of change in psychotherapy. That is, (1) rater *consensus* was a criterion of validity for the construct measured; the client 'schema'. Moreover (2) in a stage model each stage is qualitatively differentiated from the others. Accordingly, questions need to be raised about the use of research strategies which are so permissive in the extent of variability acceptable at the level of the individual rater.

A second related point regards the utilisation of a particular model of change to rate adjacency pairs. In evaluating a model of change, the traditional methodology is to train raters in rating procedures and to familiarise them with the model under investigation. However, a growing number of perspectives within the analysis of text point to the inherent ambiguity of linguistic meaning (e.g., Derrida, 1967; Sacks, 1964-72). Having raters evaluate extracts in terms of one model of change, therefore, can be understood as artificially constraining the possible ways such material may be interpreted. For example, it can be speculated that had raters been trained in another framework, e.g., the Experiencing Scale (Klein *et al.*, 1986), a positive linear trend similar to that obtained by Field *et al.* with regard to the assimilation model might have been found. Hence, the finding from Field *et al.* appears to demonstrate client change in the direction of problem resolution and that the assimilation model was a viable interpretative framework. However, the finding does not demonstrate that change occurred by way of the mechanisms posited by the model; assimilation to a schema.

Third, if meaning is oriented to as an interactional achievement, the importance of the chronological order of the material under investigation becomes apparent. Presenting raters with randomised and decontextualised material, therefore, minimises the chance of raters having difficulties understanding the text within the framework offered through seeing how the text can be plausibly understood in other ways. An alternative, however, is to build up an understanding of the text sensitive to its own particular contours (see Patton, 1989). This leads into an articulation of the benefits offered by a discursive approach.

The first benefit regards level of explanation (see Potter & Reicher, 1987). The raw material of most change process research is text; audio-tapes and transcripts of therapy dialogue. Utilising intra-psychic explanations, therefore, requires extrapolation to psychological process presumed to lie behind this text. A discursive approach does not deny the existence of intra-psychic events. It is argued, though, that description of such events are embedded in culturally relative, discursively constructed understandings. So, although discursive processes may indeed have psychological correlates, these may be understood in a variety of differing ways. The appearance of *grounding* texts in intra-psychic processes is therefore argued to be illusionary. One way of addressing the conundrum presented by differing intra-psychic explanations of change processes is to attempt to make the differing accounts compatible (e.g., Power & Brewin, 1991). An alternative, and perhaps simpler, solution is to focus analysis on the therapeutic dialogue without extrapolating to events inside the client's head. Locating the process of change in the therapy interaction, therefore, makes this a directly observable phenomenon.

A second benefit regards the potential utility of discursive analysis to practitioners. It can be argued that, although understanding change in terms of, for example, cognitive or psychodynamic mechanisms may be useful theoretically, it may be less so to the practising psychotherapist. For example, understanding change in terms of assimilation to a schema or the lifting of a repression offers little indication of how this might be achieved during therapy. In contrast, a discursive approach

explicates the process of change in actual sequences of therapeutic interaction. Moreover, it offers a heuristic; a way of understanding the functional and constructive use of language and the interactional negotiation of meaning which might transfer to the consulting room.

A third benefit of the discursive approach is an ability to work with the dynamic complexities and specific contours of a given text. This allows a flexibility and openness to the different ways change may be achieved in therapy; something which may be lost when attempting to fit process to a pre-determined model. Moreover, in presenting as much of the actual text as possible along with a detailed analysis of why analytic claims are being made, the process of understanding client change is open to inspection. The audience does not have to take the analyst's interpretation on trust and has the material available to challenge the analyst's understanding.

A fourth benefit of a discourse analytic approach to change process research is that it incorporates a sensitivity to socio-cultural context through orienting to how historically and culturally situated meanings shape the reality in which we live. This is a dimension usually unarticulated in a traditional psychological account. Thus a discursive analysis maintains the complexities of cultural meanings on which psychotherapy as a human activity draws, rather than attempt to study change as if it occurred in a vacuum.

Having discussed some of the benefits of the discursive approach to change processes in psychotherapy, some of the limitations of this particular study must now be considered.

First, this study was conducted as a pilot case utilising extracts identified by (Field *et al.*, 1994). In this former study extracts were selected from only 4 of the 8 sessions of therapy. Moreover, therapist-client adjacency pairs were screened for their meaningfulness in isolation. It may be therefore that the choice of excerpts was inadequate for the purposes of this discursive study. For example, processes crucial for the understanding of this case might have taken place in the other sessions or in

other therapist-client exchanges. These possibilities are acknowledged. Accordingly, in the following three studies presented in this thesis (Chapters 5 to 7) problematic themes were traced through all 8 sessions of therapy and transcripts prepared encompassing all dialogue considered to pertain to the selected themes.

Second, in attempting to account for client change across a number of sessions only a fraction of the dialogue pertaining to the theme could be presented in the analysis section. This means that the audience must take the researcher's *selection* of significant extracts on trust. Moreover, this selection procedure also necessitates that individual sequences were relatively decontextualised. In response, the following two studies focus on a micro-process as it occurred at various points in the therapy dialogue. In these chapters therefore no attempt is made to characterise a complete problem domain within one study.

However, given these drawbacks the present study can be defended. First, utilising the same data base as Field *et al.* facilitates a comparison between the two studies. This was a primary aim. Second, session five was identified in the discursive analysis as the session in which the therapist and client negotiated new meaning for the client's predicament so facilitating her process of change. This concurs with the client's PQ evaluation of the severity of the problematic theme studied (session 5 ('5'), session 6 ('2')). And third, although necessarily selective in the extracts presented, the analysis offers a coherent and informative understanding of the processes of change involved.

In light of the limitations of this pilot study, the following two chapters now present a further stage in the development of a discursive approach within psychotherapy change process research. These studies explore the process of problem (re)formulation in relation to one unsuccessful case and continue to address the question '*how does change occur in psychodynamic-interpersonal psychotherapy?*'.

Chapter 5

Problem (re)formulation in psychodynamic-interpersonal psychotherapy: Discursive analysis of client disconfirmations[5.1]

As indicated in the thesis introduction, the majority of reviewers have supported the finding that psychotherapy has been demonstrated, in general, to be effective (see page 1). Research is therefore being directed toward explicating the processes by which therapeutic success may be achieved. However, in doing so it is essential to examine *unsuccessful* as well as successful outcomes in order to understand what can go wrong. One unsuccessful case of psychodynamic-interpersonal psychotherapy is therefore the focus of Chapters 5 and 6.

The following two studies represent a continued development of an approach linking discursive analysis of process with evaluation of therapy and domain outcome. Accordingly, in response to the limitations identified with the previous study, research on this unsuccessful case examines extracts selected from across the complete 8-session case. Moreover, analysis focuses on explicating a specific micro-process rather than attempt to characterise the complete process of change across the selected problem domain. The micro-process focused on is that of problem (re)formulation. This micro-process was identified in the discovery-oriented preliminary analysis of the transcripts selected as pertaining to the unresolved client-specified problem domain chosen for study. This chapter continues with an introduction to the first study from the second case of psychodynamic-interpersonal psychotherapy examined in this thesis.

Psychotherapy, the 'talking cure', can be regarded primarily a conversational interaction. Thus, therapy talk is likely to share features in common with ordinary

[5.1] Sections of this chapter were presented at the international meeting of the Society for Psychotherapy Research, York, UK: Madill, A., Barkham, M., & Shapiro, D. A. (1994, July). A discourse analytic approach to change processes in psychotherapy. In D. A. Shapiro (Moderator), Qualitative approaches in psychotherapy process research and at the Psychology Postgraduate Affairs Group, Postgraduate Conference, Sheffield: Madill, A. Barkham, M., & Shapiro, D. A. (1994, July). Discourse analysis and psychotherapy: Representation and construction.

conversations. At most basic, psychotherapy is organised on a turn-by-turn basis, each turn projecting the relevance of a particular next turn. For example, a question makes an answer relevant. The turn-by-turn organisation of conversational interaction requires that meanings are necessarily constructed and negotiated between people. Turn-by-turn organisation is also a useful analyst's tool. That is, whatever next turn is produced displays the participant's understanding of the prior speaker's utterance. Moreover, as in ordinary conversation, turns in psychotherapy dialogue are designed to accomplish actions; identification of problems, interpretation, seeking clarification, etc. The links between therapy talk and ordinary conversation therefore suggest that conversation analytic studies could shed light on psychotherapy process.

Research drawing on conversation analysis have already contributed to explication of therapy processes (e.g., Gale, 1991; Maynard, 1991; Peyrot, 1987). Accordingly, the present study builds on Davis' (1984, 1986) work on the process of problem (re)formulation in psychotherapy in which she utilised a form of discursive analysis combining elements of conversation analysis (see pages 17-18) and comprehensive discourse analysis (Labov & Fanshel, 1977) (see pages 25-27). The topic of problem (re)formulation is important as identifying problems is a central requirement for therapeutic intervention: "the most common type of negotiation in therapy" (Peyrot, 1987, p.261). Moreover, problem identification is often regarded a matter of straightforward and objective diagnosis (for critique see Harper, 1994). Davis' discursive analysis of an initial therapy session, however, demonstrated that the identification of a problem was "the result of considerable interactional 'work' on the part of the therapist" (Davis, 1986, p.44). More specifically, she suggested that the client's presenting problems with respect to her pregnancy, position as housewife and mother and the inequalities in her relationship with her husband were transformed, or (re)formulated, by the therapist into an issue regarding her inability to talk about her feelings. Davis suggested that the process of problem (re)formulation occurred in three distinct stages; definition, gathering evidence, and finally organisation of the client's consent to work on the problem.

An important feature of Davis' research is the demonstration that psychotherapy processes are the product of interaction between client and therapist. That is, to understand process the researcher must pay attention to the joint production and negotiation of meaning carried out between participants (Friedlander & Phillips, 1984; Hill, 1982; Lichtenberg & Barke, 1981; Martin, 1984; Strong & Claiborn, 1982). To this end, the present study concentrates on explicating the rhetorical detail of specific sequences in which the client counters, or disconfirms, a (re)formulation of her problems offered by the therapist. This study therefore develops the understanding of this particular aspect of therapy interaction noted by Davis (1986). Davis' findings are also extended through linking discursive analysis of process with criterion measures of outcome as extracts were selected from the therapy discussions of an unresolved, client-specified problem from a more generally unsuccessful case. In this way, a primary aim of the current research is to contribute to the understanding of the unsuccessful resolution of the problematic theme studied. In doing so, there is a continuing demonstration of the utility of a discourse analytic approach for the understanding of change processes in psychotherapy.

This current discourse analytic study also utilises concepts from the related field of conversation analysis. As suggested above, although the dialogue between client and therapist is framed by the institution of psychotherapy, participants are considered likely to draw on communicative competencies and discursive strategies they use in their daily lives. There is an analogy here with Atkinson's (1984) research on the use of rhetorical devices in political speeches. For example, he suggests that the use of contrastives, i.e. the juxtaposition of two contrasting items, is "massively recurrent across a range of environments, both interactional and textual, where persuading or convincing an audience is a central practical concern" (Atkinson, 1984, p.404). Formulations, as focused on in Davis' work on psychotherapy and extended here, are another rhetorical strategy used in ordinary conversation. A formulation occurs when a participant in a conversation "says-in-so-many-words-what-they-are-doing-or-talking-about" (Heritage & Watson, 1979, p.124). A primary function of

formulations, therefore, is to exhibit understanding and may occur through a participant providing an explanation, characterisation, explication or summary of what has gone before (Garfinkel & Sacks, 1970).

Formulations have been identified as having three central properties; preservation, deletion and transformation. That is, in producing a formulation, certain features of the preceding talk may be retained whilst other features are either glossed or recast. However, this is not to suggest that formulations are in some way 'defective' as adequacy is understood to be "exclusively decided by members on each occasion upon which formulations are produced and monitored" (Heritage & Watson, 1979, p.160). This follows from the perspective that conversational meaning is not unambiguous, even for participants, and that formulations therefore enable the selection of one of many possible interpretations of preceding talk. However, in appearing to demonstrate understanding, rather than merely a candidate reading, formulations may actually provide a sense that meaning has been self-evident rather than, as suggested, a conversational achievement. By way of illustration Heritage and Watson (1979, p.138) offer the following example of a formulation utilised here by the second participant:

Participant (1): ...I just felt life wasn't worth it anymore - it hadn't anything to offer and if this was living I had had enough
Participant (2): You really were prepared to commit suicide because you were a big fatty

Heritage and Watson identify a subclass of formulations which may be used by the recipient of new information. This subclass is divided into 'gists' and 'upshots'. Gists, as in the above example, formulate the sense achieved up to a point in the conversation. Upshots, on the other hand, presume to indicate an implication or ramification of what has been said. Such strategies appear particularly relevant to the therapeutic setting in which the therapist is expected to comment upon the client's presentation of problems.

Formulations of all kinds require the recipient make a decision; they can be confirmed, disconfirmed, or a more general decision made regarding the appropriateness of the formulation. Confirmations are overwhelmingly preferred, possibly as they usually entail the least interactional work (Pomerantz, 1975). In contrast, disconfirmations, the focus of the present study, can be a particularly complex response to manage. This is so as they may appear to challenge the sense that participants have a mutual understanding. This in turn may be taken as a criticism or challenge and tend to precipitate the need to establish new collaborative meaning. The participant offering the disconfirmation often, therefore, orients to retaining interactional ease by presenting the disconfirmation in a mitigated or 'round-about' manner and combined with confirmatory elements. This occurs, for example, in the following extract in which the second participant offers a hedged disconfirmation to the first participants upshot formulation (from Heritage & Watson, 1979, p.147):

Participant (1): Yes so then you know you will get the results and you could get a job
Participant (2): (Well look) you see, it's not just that gets me down...

The aim of this study, therefore, is to show the utility of a detailed analysis of language in explicating psychotherapy processes. This is accomplished through demonstrating how a discursive analysis of client disconfirmation of therapist attempted problem (re)formulation may be informative regarding the implications of certain therapeutic interventions and contribute to understanding the poor outcome the client specified problem studied. Thus this chapter continues to address the question '*how does change occur in psychodynamic-interpersonal psychotherapy?*'.

METHOD

Case selection The case was an unsuccessful therapy of a female client who completed 8 one-hour, weekly sessions of psychodynamic-interpersonal psychotherapy. This case was selected from the Second Sheffield Psychotherapy Project (Shapiro *et al.*, 1990). This project provided an archive of 117 audio-taped therapy cases of clients meeting a DSM-III diagnosis of Major Depressive Episode at

intake assessment. The case was selected on the basis of client Beck Depression Inventory scores (BDI: Beck *et al.*, 1961); the criterion outcome measure for the study.

The BDI was administered on 6 occasions resulting in the following scores: at initial screening (28), intake assessment (24), immediately prior to first session (22), 2 weeks after therapy completion (23), 3-months follow-up (19), and 1-year follow-up (10). The case selected for study was chosen as the client's assessment pattern was considered particularly unsuccessful in comparison with the other cases receiving the same treatment method and duration. Although the client's BDI score fell to almost normal levels at one year after therapy, and cannot be discounted, this was considered of less import to micro-level process research than assessments immediately prior to and following the course of therapy.

Written informed consent to use audio-tapes of this therapy for research purposes was obtained from the client after therapy completion.

<u>The client</u> The client was female, in her forties and in full-time white-collar employment. She lived with her partner and their two young children. The client's partner was separated from his wife (referred to therefore as (ex-)wife in the following analysis) and their child. However, he remained in regular contact with them.

<u>The therapist</u> The therapist was male, of similar age to the client and with 18 years experience with psychodynamic-interpersonal therapy. As was the norm, the therapist was subject to peer group supervision.

<u>Theme selection</u> At the second part of the intake assessment, the client was presented with a list of individualised problems derived from the assessment interview via a variant of the therapy questionnaire method (Mulhall, 1976; Phillips, 1986). The client was asked to select a total of 10 items, 2 from each of 5 categories: symptoms, mood, self-esteem, relationships, and specific performance. One unresolved problematic theme was selected for detailed study from this more generally unsuccessful case. The theme chosen for analysis concerned the client's domestic

circumstances: 'difficulty shouldering all the responsibility at home'. All 10 personal statements were rated by the client each week immediately prior to session. The client was required to rate how much each problem statement had bothered her during the week on a 7-point scale with anchor points of '1' ('not at all') to '7' ('extremely'). The ratings for the selected statement across the 8 sessions was as follows: 5 6 6 5 4 5 5 5. A score of '5' (severity = 'considerably') indicated that this theme remained unresolved at therapy completion.

Selection of dialogue for analysis In order to obtain transcripts of the therapy conversation pertaining to the selected issue, three psychology graduates listened to audio-tapes of the case for relevant passages. All three were in their mid- or late-twenties; two were male and one female (the author). One was working as an assistant psychologist in a psychiatric hospital and the others were doctoral students in clinical related research. Selection of material was organised in such a way that each session of therapy had extracts chosen independently by two of the three graduates using selection instructions prepared by the author (Appendix 2). As the aim of this procedure was to obtain relevant material for study, all selected passages were transcribed. This provided sixteen passages varying in length from a few lines of dialogue to five pages of transcript.

Analytic procedures The first stage of analysis involved listening to audio-tapes of the complete 8-hour therapy in order to contextualise the extracts obtained for detailed study. In the second stage, all selected extracts were subjected to a preliminary analysis. This involved close and repeated reading of the text while making notes on patterns of consistency and variability in the interaction. During this process it was noted how the client's presentation of her problems was followed by some debate as to the source and nature of these issues. It was also observed that this continued throughout the therapy. This feature of the interaction was therefore deemed of interest. In the third stage, three extracts were selected for presentation and subjected to a detailed analysis which is presented in full below. The particular extracts were chosen as they offered good examples of client disconfirmation of attempted therapist

(re)formulation of her problems. The selected examples also range from the subtle to the dramatic and complex and, as such, demonstrate a variety of the micro-processes involved. This is in line with the theoretical sampling procedure of grounded theory (Glaser & Strauss, 1967).

ANALYSIS

The first full discussion of the client's domestic circumstances occurred during the second session of therapy. The first of the extracts selected for detailed analysis is taken from this initial discussion in which the client comments on the amount of time her partner spends with his (ex-)wife:

Extract (1) Session (2)

1	C:	...he seems to spend an awful lot of time there
2		and I find it very very difficult to cope with
3		(.) um although you know he says there's
4		nothing in it and all the rest of it I still
5		feel that there are things that he should do to
6		make <u>me</u> feel (tails off).
7	T:	So he is spending time with <u>her</u> (tails off).
8	C:	Just to go and visit you know
9	T:	(yes)
10	C:	but to me it's a lot of time because we have a
11		very busy life (.) um (.) and <u>I</u> feel as if I'm
12		left (.) with you know collecting the children
13		taking them home (.) tea you know we've got a
14		solid fuel cooker that needs stoking up and all
15		the the rest of it fire to light and so (.) and
16		everything seems to be down to <u>me</u> and after
17		work (.) he's got lots of meetings and things
18		but quite quite often if he's got a meeting
19		he'll go there for an hour first and then go
20		off and I feel I'm just left with <u>everything</u>
21		(.) um so I can support the way he wants to do
22		things um.

<u>Client's description of a problem</u> The client's account of an aspect of her domestic situation, her relationship with her partner, is presented in such a way that certain inferences about the source and nature of one problem are suggested. The extract begins with a complaint about the amount of time her partner spends with his (ex-)wife. That is, the client says "he seems to spend an awful lot of time there" (line 1). By describing the time spent there as 'an awful lot' she implies that it is excessive.

Thus the basis of her complaint about her partner is that he spends too much time with his (ex-)wife, further stating that she "find(s) it very very difficult to cope with" (line 2). Recipients are likely to make inferences about the reasons why the client finds the excessive time her partner spends with his (ex-)wife difficult to cope with. An obvious inference is that she is fearful or jealous of a possible resumption of their romantic involvement. She orients to this potential understanding through reporting that her partner "says there's nothing in it" (lines 3-4). This is an idiomatic phrase used to characterise a relationship as platonic in circumstances where the status of the relationship as such may be open to doubt. By using this phrase she therefore dismisses the implication that his visits may be motivated by a continuing romantic interest in his (ex-)wife.

The client portrays the impression that her partner's statements are designed to reassure her. However, she implies that they do not remedy the situation because she "still feel(s) that there are things he should do" (lines 4-5). The phrase 'I still feel' suggests that she has not been reassured by his claim that 'there's nothing in it' as it has not fulfilled her needs or requirements. That is, that there are things he 'should' do indicates both that she regards there to be an onus on him to behave in a certain way and that he is not doing so. Furthermore, in the context of dismissing the significance of his verbal reassurances, that his behaviour should "make me feel (tails off)" (line 6) implies that she is suggesting that his actions ought to make her feel less anxious. The client therefore implies the problem is that reassurance about the nature of her partner's relationship with his (ex-)wife should be, but is not, reflected in his actions; thus her complaint that he spends too much time there.

Therapist's problem (re)formulation The therapist then produces a gist of what the client has said. As mentioned in the introduction (see page 120), a gist is a subclass of formulation used by a recipient in order to summarise an understanding of new information. The therapist's gist of the problem is that "he is spending time with her" (line 7). This preserves some aspects of the client's account but deletes others. Specifically, the therapist preserves the client's reference to her partner "spend(ing)

time" (line 7, line 1) with his (ex-)wife but does not repeat and thus deletes her reference to the amount; the "awful lot" (line 1) of time. Moreover, he does not recycle "there" (line 1) but adds "with her" (line 7). He therefore focuses on the fact that the client's partner is visiting his (ex-)wife rather than on the client's complaint regarding the amount of time he spends there or his behaviour toward the client herself. Thus the therapist preserves only the implication of a possible romantic basis of her partner's visits. In doing so, although not stating it directly, he makes an inference available that the problem may be the client's jealousy or insecurity insofar as 'spending time with her' suggests her partner's preference for his (ex-) wife's company.

Client's disconfirmation In her reply, the client disconfirms the therapist's (re)formulation of her problem. Thus, she displays awareness of the potential inference the therapist has oriented to but dismisses it. That is, she suggests the contact between her partner and his (ex-)wife is "just to go and visit" (line 8). Use of the description 'just' implies that he goes to visit and nothing more. She therefore directly disconfirms sexual or romantic motivation. In contrast, her next utterance "but to me it's a lot of time" (line 10) re-emphasises that the problem is the excessive time he spends there.

The client goes on to stress the legitimacy of this particular complaint in several ways. First, she describes their lives as "very busy" (line 11) thereby suggesting that they are very full. Second, she points to the inequalities in their domestic responsibilities stating that "everything seems to be down to me" (line 16) and lists the daily family and household activities her partner's absences leave her with to manage on her own (lines 12-15). Third, she mentions that her partner will "quite often" (line 18) visit his (ex-)wife before attending after-work meetings. It is therefore implied that he will find time to see his (ex-)wife in a busy day rather than come home to her. Suggesting that he often visits his (ex-)wife therefore functions to counter a possible objection that he does not have time to contribute to the domestic chores. Thus, the client suggests a further aspect of the problem is that in spending a

lot of time with his (ex-)wife her partner is not contributing to running the household he shares with her.

The client completes this account with a statement of her grievances; "I'm just left with everything um so I can support the way he wants to do things" (lines 20-22). So, she again stresses the problem of her partner's lack of domestic contribution and in describing herself as "just left" (line 20) implies his general thoughtlessness towards her. Moreover, that she is left 'so I can support the way he wants to do things' suggests that she is being used primarily as a facilitator to his requirements. In this final statement therefore the client implicates her partner's selfish motives thereby presenting his behaviour as culpable. Thus, she disconfirms the therapist's (re)formulation through a clarification that the basis of her complaint is the unreasonable amount of time that her partner spends with his (ex-)wife and the implications this has for the inequalities in their contribution to the domestic chores.

The analysis of this first extract demonstrates how identification of the client's problem is a product of ongoing negotiation within the therapeutic dialogue. It also demonstrates how this process can be quite subtle. A particularly interesting feature of this sequence is the contrast between the client's focus on her partner's behaviour; an externally located problem, and the therapist's (re)formulation of this through the implication of her possible jealousy to a problem that is internal to her. A similar pattern occurs later in the same session in a more dramatic example of problem (re)formulation and subsequent client disconfirmation. This sequence commences with the client extending her account of the inequalities present in the relationship with her partner which she introduced in the first extract as a means of legitimating her complaint about his behaviour:

Extract (2) Session (2)

1	C:	...um (.) and it's almost as well as if (.) you
2		know (.) his career his what he wants to do is
3		paramount it's it's taken for granted you know
4		if he's got a meeting this that and that well
5		got a meeting and that's it if I have to do
6		anything (.) you know I've got to sort of book
7		in three weeks in advance you know say is it
8		alright for me to you know even a (work)
9		meeting (.) or anything like that.

10	T:	Yeah this is maybe something which hits you
11		very hard (.) particularly because of this idea
12		that we've looked at already about you somehow
13		having you know nothing inside the collapse the
14		emptiness or whatever
15	C:	(mm)
16	T:	that somehow you can't you can't impinge on him
17		you you don't really count for anything.
18	C:	Mm (.) I feel very nervous actually asking for
19		anything (.)
20	T:	(mm)
21	C:	it takes me a long time to work up to it (.)
22	T:	(mm)
23	C:	even if it's something you know fairly
24		insignificant
25	T:	(mm)
26	C:	in the lives of ordinary folk as it were (.)
27	T:	(mm)
28	C:	um you know (.) if um I don't know if I want to
29		go into Sainsburys or something one evening (.)
30		there's always um I always have to take the
31		children because he's always got something on
32		you know and and
33	T:	(mm)
34	C:	and just saying well are you going to help me
35		with the shopping tonight (.) it takes an
36		awful an awful lot of effort to actually say it
37		because I know I'm frightened I suppose of the
38		response because I think I know what it's going
39		to be (.) um (5)...

Client's description of a problem This sequence begins with the client's description of certain expectations her partner has with respect to his working life. She states; "his career his what he wants to do is paramount" (lines 2-3). So, in characterising her partner's 'career' as 'paramount' she suggests that his work has priority over other things. Moreover, she describes this as "taken for granted" (line 3) suggesting it is an unquestioned state of affairs. The client provides an example. If he has a work meeting "well got a meeting and that's it" (lines 4-5). She thereby suggests that the priority of her partner's career duties is something he will not negotiate and that he will just go to meetings when necessary.

The client then describes some of her own expectations in similar matters, suggesting that they are rather different. So, when she has to do anything she must "sort of book three weeks in advance" (lines 6-7). She therefore indicates that, unlike

her partner who may have 'got a meeting and that's it', there is an onus on her to make her plans known well ahead in order to have the opportunity to fulfil them. Also, she must check with him, "say is it alright for me" (lines 7-8), suggesting that rather than 'take it for granted' she must consult him about what she does and ask permission. Furthermore, that these contingencies apply to "anything" (line 6) she has to do implies that her life is regulated by such requirements. She then makes their career asymmetries particularly relevant by claiming that these procedures apply for "even a (work) meeting" (lines 8-9). By implication, it is indicated that her career does not have the same priority as his and, unlike him, she must surmount obstacles in order to pursue her own career or accomplish tasks. The basis of her complaint, then, is that these asymmetries in the relationship are unfair.

Therapist's problem (re)formulation The therapist replies by producing a formulation through offering an understanding of what the client has just described. He does this by way of a summary assessment. He suggests that the client's circumstances are "something which hits (her) very hard" (lines 10-11). He therefore orients to the problematic effect of the circumstances on the client rather than on the inequalities in her relationship itself. Thus he makes the client's personal response a relevant new topic for discussion.

Having defined the effect of circumstances on her, the therapist produces an explanation for this through pointing to the cause. He suggests that circumstances 'hit her hard' because the client has "nothing inside the collapse the emptiness or whatever" (lines 13-14). He therefore suggests that such an effect is a manifestation of an underlying personal problem. This explanation is then justified through suggesting it is something they have discussed earlier in therapy; "this idea that we've looked at already" (lines 11-12), although it is not indicated whether agreement had been reached on this. Finally, the problem is then stated in terms of the client being unable to "impinge on" (line 16) her partner. However, the term 'impinge' implies that the client's difficulty is in actually asking rather than that fact that she *has* to ask. The therapist's description, therefore, transforms the client's suggestion that her having to

ask is, itself, unfair. Moreover, with the suggestion that she doesn't "really count for anything" (line 17) it is implied that the identified underlying personal problem is the client's low self-esteem or feelings of self-worth.

Client's disconfirmation The client's reply commences with a statement as to her difficulty making demands on her partner; "I feel very nervous actually asking for anything" (lines 18-19). However, in this she does not repeat the term 'impinge' but uses the milder description of 'asking for anything'. So, although confirming the therapist's suggestion that she has difficulty actually making requests, this is presented in diluted form. Moreover, rather than characterise her feelings as being 'hit hard' the client describes herself as 'feel(ing) very nervous'. She thereby suggests the difficulty is less extreme.

Describing her difficulty making demands on her partner, the client states that it takes her "a long time to work up to it" (line 21). Furthermore, she suggests that it is problematic for her to make even "insignificant" (line 24) requests. So, we are presented with a puzzle insofar as there is a discrepancy between the nature of the client's requests and the difficulty with which their production is associated. How does the client account for this? She first, continues by providing an example of an 'insignificant' request: asking for help with the shopping (lines 28-29 and 34-35). In this regard she states that she always has "to take the children because he's always got something on" (lines 30-31). Several implications can be drawn from this. First, in making 'taking the children' relevant, she implies that he does not, but that she would like him to look after the children while she shops. Second, it can be inferred that she is at least inconvenienced by such lack of contribution as having to take the children shopping can be understood as adding to her work. Finally, that he does not contribute 'because he's always got something on' suggests that her partner gives precedence to his other commitments over helping her with such domestic chores. Thus, in this example the client reinforces the reasonable nature and ordinariness of her requests and orients to the asymmetries in their domestic and personal commitments. Moreover, the client introduces her partner's behaviour as relevant to

the problem, and by implying that he considers helping her even trivially with domestic chores a low priority she makes the implication available that his behaviour is unreasonable.

Against the background of having described a trivial, 'anybody's' request, she re-emphasises the difficulty asking for help; "it takes an awful an awful lot of effort to actually say it" (lines 35-36). Again, this raises the question as to why such a trivial thing is so difficult to ask for? The client addresses this issue indirectly through implication. First, she says, "I'm frightened I suppose of the response" (lines 37-38). Her fear, and thus difficulty, is therefore made contingent on her partner's answer to her request. Second, she is afraid "because I think I know what it's going to be" (lines 38-39). A feature of the problem is therefore implied to be the difficulty asking for something the client anticipates she will be refused. Finally, in juxtaposing the mundane and ordinary nature of her request with her partner's implied negative response, she further implies that his behaviour is unreasonable and thus problematic. So, the therapist's formulation characterising the problem as the client's low self-esteem, and therefore as internal to her, although not explicitly denied is implicitly disconfirmed through identifying the basis of her 'nervousness' in her partner's unreasonable behaviour and unwillingness to help.

An observation can be made with regard to these first two extracts. That is, it is noticeable that the therapist's (re)formulations are produced with minimal warrant whereas the client's disconfirmations are made credible through a more lengthy account. Why should this be so? It can be suggested that in offering an extended rejection of the therapist's account the client mutes her disagreement thereby maintaining, at least the appearance of, co-operative interaction. Another possibility is that orientation to internal causes, as in the therapist's (re)formulations, are perhaps hard to refute as there is always the possibility of characterising the internal cause as subconscious and thus denied or repressed. This is so particularly in a situation in which one is in therapy and disagreeing with an expert in such matters.

A more complex example of the process of problem (re)formulation-disconfirmation appears in the following sequence drawn from the final discussion of the client's domestic problems during this therapy. Again the therapist can be seen to construct a problematic feature of such difficulties as internal to the client whereas she locates this problem in external circumstances. In contrast to the previous two extracts, however, this final example commences and concludes with a therapist problem formulation, analysis demonstrating how the client's disconfirmation is subsequently (re)formulated by the therapist as another manifestation of her underlying personal problem. Discussion prior to this sequence concerned the client's complaint that she cannot talk to her partner about her struggle to manage their older child. The therapist comments on this ten seconds after the client completed her turn:

Extract (3) Session (6)

1	T:	I'm I'm looking at what you were saying
2		about feeling alone with the problem
3	C:	(mm)
4	T:	which is partly about not being able to share
5		it as you've decided to do here but it's also
6		about feeling that you wouldn't get the support
7		if you did (.) or it's not (tails off).
8	C:	I think I'm more frightened of being condemned.
9	T:	Yeah.
10	C:	Um (.) not for being a bad mother in inverted
11		commas but for reacting too strongly to it
12	T:	(yes)
13	C:	and
14	T:	(mm hm)
15	C:	creating these
16	T:	(mm hm)
17	C:	um (tails off).
18	T:	Scenes (.)
19	C:	(scenes)
20	T:	episodes (.)
21	C:	(yes)
22	T:	sessions you called them (.)
23	C:	(yes)
24	T:	yes (.) yes (.) yes so this is the this is once
25		again it's the it's the guilt and the sense of
26		being open to accusation (.) which I still feel
27		is aroused for you when you rush to your
28		mother's defence because you see your
29		perception of me as blaming your mother is
30		really stemming from a sense that you were
31		blameworthy as a mother (5)...

Therapist's problem formulation The therapist begins by producing a formulation through offering a gist summarising an understanding of what the client has just said. He states; "I'm looking at what you were saying about feeling alone with the problem" (lines 1-2). In reporting that 'feeling alone with the problem' is something she has 'said', he suggests that this description has issued directly from the client herself. That is, he presents it as part of the client's own perspective. However, that he is 'looking at' it indicates that he has selected this particular aspect of her account for further discussion. As such he implies that the client's reaction to the problem is the relevant aspect of her account meriting his professional attention.

The therapist then expands the formulation offering a further speculation regarding this matter. He states that 'feeling alone' is "partly about not being able to share it as you've decided to do here" (lines 4-5). He therefore suggests that the client's feelings arise, in part, from her 'not being able to share' her problem managing the elder child with her partner. The therapist then draws a contrast between the client 'deciding to share' the problem with him but not with her partner. It is therefore implied that the issue is not perhaps that she is unable to talk about the problem per se but that she has chosen not to do so at home. But why should the client chose not to share the problem with her partner? The therapist suggests that 'feeling alone' is "also about feeling that you wouldn't get the support if you did" (lines 5-7). Two features of this are of particular interest. First, describing this as her 'feeling' of not receiving support focuses on her understanding as a subjective matter. Second, that she feels she would not get support 'if she did', raises the implication that sharing the problem with her partner is something which she may not have tried. So, 'not getting support' is implicated as the reason the client chooses not to share the problem with her partner. However, it is oriented to as a feature of the client's *own anticipation* of the unhelpful response she may receive from him. So, rather than address her partner's behaviour directly, the therapist's formulation implies that the client's problem is a consequence of her own self-defeating behaviour.

Client's disconfirmation The client offers a disconfirmation of this problem formulation through emphasising another matter; that she is "more frightened of being condemned" (line 8). The use of the qualifying term 'more' typically hedges the disconfirmation through suggesting that the therapist's formulation captures some features of the problem although not the most important. Thus she suggests the main problem is that she might be 'condemned' by her partner. She therefore indicates that what she is afraid of is her partner's judgement of blame and censure. Condemnation is an extreme reaction on his part to the client's implied or potential attempts to discuss the problem. Hence the justification for her fear. Furthermore, in describing herself as 'frightened' of such a reaction the client implies that such a judgement would have a significantly negative effect on her.

The client then goes on to suggest the basis for her partner's condemnation. First, she discounts one explanation; it is "not for being a bad mother" (line 10). This explanation was made available from the discussion immediately previous to this sequence which concerned the client's difficulty managing their elder child. She can therefore be understood as orienting to this context, raising the possibility that her ability as a mother could have been the basis of her partner's criticism of her. However, she dismisses this explanation suggesting rather, that the condemnation is for "reacting too strongly to it" (line 11) and 'creating scenes'. She therefore indicates that her partner may criticise her inappropriately strong response to her difficulty with the child.

An implication of this presentation of the cause of her partner's criticism is that it raises the issue of the reasonableness of his behaviour. First, the description of being 'condemned' for 'reacting too strongly' suggests a mismatch between the severity of his judgement and the nature of the behaviour for which she is being criticised. Second, suggesting that 'being a bad mother' is not the cause of her partner's condemnation whereas over-reacting and creating scenes is, raises the implication that instead of appreciating her concerns he simply criticises her reaction. And, finally, suggesting that her partner will criticise her for being over-reactive

further implies that her reaction is considered inappropriate. This in turn implies that the child is not a great problem and consequently that he does not take her concerns seriously. The connotations of the client's problem account are, therefore, different from those of the therapist. That is, rather than merely the anticipation of her partner's lack of support, the nature of the problem is implied to be the lack of appreciation and the damaging and unreasonable criticism she may receive from him with respect to her problems.

Therapist's problem (re)formulation The therapist helps the client complete her account, offering the word "scenes" (line 18), which she repeats (line 19) and "episodes" (line 20) and "sessions" (lines 22) which she agrees with (line 23). He also suggests that 'sessions' was a term the client had used earlier (line 22). All this helps create the sense that the interactants have a mutual understanding of the topic under discussion. This is further suggested by the therapist's agreement with the client's account; "yes (.) yes (.) yes" (line 24). However, he goes on to produce another (re)formulation of the nature and source of the client's problem.

The therapist commences the (re)formulation with a summary assessment offering an understanding of what client has said. He states; "this is once again it's the it's the guilt and the sense of being open to accusation" (lines 24-26). The phrase 'this is once again' indicates that the client's account is another example of something already identified and so indicates the appearance of a common pattern. This pattern is identified as 'guilt'. However, although the client used the word 'condemned', which makes the topic of blame relevant, she used it to describe a feature of her partner's behaviour; that of criticising her for being over-reactive. So, in characterising the client's problem account as indicating 'guilt' and 'being open to accusation', being 'condemned' is transformed into a feature of the client's own feelings. It is therefore suggested that 'guilt' is an underlying personal problem belonging to the client.

Having characterised the client's guilty feelings as a recurring pattern, the therapist goes on to produce a specific example. He describes a feature of the client's behaviour in therapy stating; "you rush to your mother's defence" (lines 27-28). So,

'motherhood' is re-introduced as a topic in direct contrast with the client's problem description in which 'being a bad mother' was specifically discounted as relevant (see lines 10-11). In describing her reaction to 'defend her mother' as a 'rush', the therapist implies that she is hasty and unreflective in her response to such matters. As such, particularly in the context of psychotherapy, he may be understood as raising the possibility of the presence of unconscious defences. Moreover, the therapist produces two explanations for the client's reaction. First, from the client's perspective; "your perception of me as blaming you mother" (lines 28-29). Second, from his own; "really stemming from a sense that you were blameworthy as a mother" (lines 30-31). In characterising the client's perspective a 'perception' the therapist makes the subjectivity of her viewpoint relevant. On the other hand, his own perspective is precursed 'really' suggesting that this is the truth of the matter. By implication, therefore, further doubt is raised regarding the accuracy of the client's judgement on maternal issues and her imputed understanding of the therapist 'blaming her mother' suggested to be mistaken. Her reaction, rather, is accounted for as consequence of her own feelings of blameworthiness. This particular characterisation of the client's behaviour in therapy therefore functions to justify the status of the client's 'guilt' as an underlying and pervasive problem.

The therapist therefore draws an implicit analogy between the therapist blaming the client's mother; construed as a distorted perception created by the client's own feelings of blameworthiness, and her partner condemning her; presented in terms of her own feelings of guilt. The client's account of the nature of her domestic difficulties implicating her partner's unreasonable behaviour is therefore (re)formulated by the therapist to that of the client's own guilty feelings about her ability as a mother. As such, the client's presentation of an externally located problem is again transformed to one considered internal to her.

Chapter 5

DISCUSSION

This detailed discursive analysis of interactional sequences between a client and therapist demonstrates the way in which differing versions of the source and nature of aspects of the client's domestic problems were presented within the therapy dialogue.

In the sequences presented here, the therapist complied with various elements of the therapy protocol; a focus on or implication of the client's affect or reaction (all extracts); the use of hypothesis (extract 2), and reference to the therapeutic relationship as a vehicle for the manifestation of the client's problems (extract 3). However, the analysis demonstrated that the therapist's interventions, particularly his emphasis on the client's feelings or reactions, had the effect of transforming the client's account of externally located problems to internal ones (a pattern noted in other studies, e.g., Davis, 1984, 1986; Sampson, 1977; Smith & David, 1975; Waitzkin & Britt, 1989). That is, the client's account of her partner's ineffectual reassurance, paucity of domestic contribution, career priority, and unreasonable criticism of her were (re)formulated by the therapist. Specifically, they were transformed to implicate the client's jealousy, low self-esteem, self-defeating behaviour and guilt about her ability as a mother. Each of these, however, was disconfirmed by the client. In doing so, though, she maintained the appearance of a co-operative encounter through producing 'round-about' (extracts 1 & 2) and qualified (extract 3) rejections. This analysis therefore demonstrates how the client and therapist produced contrasting accounts of the source and nature of the client's problems suggesting the absence of a consensus understanding by the final discussion of this topic during therapy (extract 3).

A general question is therefore raised. Why should the therapist continually, if implicitly, (re)formulate the client's own perspective regarding the source and nature of her problems? The answer might be found in the principle of many psychotherapeutic approaches that progress requires the location of a core dynamic within the client. This is so as the client is considered the medium through which therapeutic change is promoted. From this perspective, one task of therapy will be the

identification of problems considered directly amenable to intervention (i.e., of problems that 'belong' or are internal to the client). The analysis presented in this paper demonstrates such a process but goes beyond mere documentation. Given that problem identification is central to therapeutic intervention it is reasonable to speculate that the lack of consensus regarding the client's problem contributed to the poor outcome in this particular domain. Moreover, demonstrating how the differing problem accounts were produced in the sequences studied here, raises questions about the nature, functions and legitimation of such alternative versions.

The client was demonstrated to characterise her problems in terms of her partner's unreasonable behaviour. This account is, perhaps, relatively easy to understand as an interested version (Edwards & Potter, 1992; Potter *et al.*, 1993). That is, in presenting her problems in such a way, the client can be understood to position herself as a victim thereby absolving herself of blame for the circumstances which cause her distress (Buttny, 1990; Edwards & Potter, 1993). However, the legitimacy of such an account may be sustained in many ways. For example, it carries the force of the client's direct and intimate acquaintance with her life situation (Watson, 1978). Furthermore, her account resonates with our cultural understanding of the domestic burden often placed on working mothers and the relative lack of importance traditionally awarded their careers in relation to that of their male partners.

On the other hand, the therapist's perspective on the client's problems may also be considered interested and functional. As suggested, the function of internalising therapeutic interventions appears to be the transformation of a client's presenting problem into a form considered more suitable for treatment (Davis, 1986). This is legitimated by a tradition of good clinical practice and by the therapist's category entitlement. That is, his perspective is lent credibility through his being a member of a professional group expert in psychological matters (Coulter, 1991; Jayyusi, 1984; Sacks, 1974). However, category bound authority to speak does not, itself, guarantee an account's credibility and other specific tactics may be required to legitimate an

account (Potter, 1995). For example, the present analysis did identify a number of specific legitimation strategies utilised by the therapist within the interaction; connection made between an internalised account and ideas raised earlier in the therapy (extract 2), presenting internalising descriptions as issuing from the client's own perspective (extract 3), and the interpretation of the client's disconfirmation as, in fact, offering a further example of her underlying personal problem (extract 3).

From the clinical perspective, a client's non-compliance with attempts to identify an internal dynamic may be understood in terms of resistance; that her account is a defensive externalisation of the problem. In fact, the therapist has a number of psychological mechanisms to draw upon in order to account for 'reality disjunctures' created during the dialogue (Pollner, 1975) (see extract 3). However, such an understanding appears to attend to the functional implications of the client's account; mitigation of personal blame, at the expense of the possible legitimations sustaining it. The concept of resistance can, itself, therefore be understood as a rhetorical device functioning to legitimate the therapeutic perspective; appealing to psychic forces rather than preferred accounts (Schafer, 1980).

In this context therapies have been developed which aim to "equally attend(s) to intrapsychic and social/contextual variables" (Brown & Brodsky, 1992, p.52) and therefore to the legitimacy of socio-culturally framed problem accounts. For example, feminist perspectives within psychotherapy have challenged the assumption that progress requires the identification of problems within the client. Critical perspectives, in general, point to the political implications, particularly for clients belonging to less privileged groups, of de-emphasising the effect of social context in the genesis of problems (Enns, 1993; Sampson, 1977; Waitzkin, 1989). Thus, in suggesting that therapy may proceed with the incorporation of such features, (re)formulating externalised presenting problems may be viewed as a choice rather than therapeutic necessity (Pilgrim, 1992; Polkinghorne, 1992). In a similar vein, Rennie (1994a) stresses the importance of "being sensitive and open to the client's thoughts about the best approach to treatment" (p.55). He suggests that the main

implication of his research on client 'resistance' is that encouragement of the client's perspective is essential to offset the power differential in the counselling relationship and to "contribute directly to the establishment of a productive working alliance" (p.55).

The analysis presented in this study also raises an issue in relation to the mode of therapy utilised; a variant of psychodynamic-interpersonal therapy based on Hobson's conversational model (Hobson, 1985). This model delineates a number of therapeutic principles including an assumption that the client's problems arise from disturbances in significant personal relationships, the development of mutuality through negotiation and on the client's experiential field (Shapiro & Firth, 1985). However, the current study points to a possible inconsistency in this therapeutic rationale under certain circumstances. That is, although in the presented extracts the therapist complies with the model in his attempts to focus on the client's affect, this appears to be at the detriment of the development of mutuality as it had the effect of changing central features the client's account.

Sass (1992) voices a reservation about the application of constructionist and relativistic positions to psychotherapy. He asks; "what is to prevent psychotherapy from turning into an elaborate workshop for rationalisation, a place for spinning self-justificatory fantasies and fostering all the subtle complacencies of narcissistic entitlement and self-satisfaction?" (p.177). Such a criticism implies that self-justificatory accounts are dangerous, or at least inappropriate, to the therapeutic enterprise. What a discursive approach does is to point out that when all accounts are understood as constructed and inherently functional we begin to see how the legitimacy of different versions of reality are continually under negotiation. Prescribing forms of acceptable accounts before the therapeutic conversation begins, therefore, may have the effect of inhibiting the development of a mutual understanding through prima facie privileging of the clinical framework. However, this is not to suggest that a therapist should always defer to the client's account as the negotiation of new meanings may create possibilities for client change (Anderson &

Goolishian, 1988; Hare-Mustin & Marecek, 1988). It is only to speculate on the merits of sticking closely to therapy protocol should a client continue to disconfirm, for example, attempted internalising (re)formulation. This is particularly so in light of the above discussion of the possible legitimation of externally situated problem accounts and their incorporation into other therapeutic rationales.

Accordingly, the analysis presented here suggests that the therapist's strict compliance with the therapeutic protocol contributed to the failure to resolve the issue selected for study. This speculation is supported by Rennie's suggestions, reported above, regarding the establishment of a working alliance and Anderson and Goolishian's (1988) linguistic systems approach; "initially, our client's determine their problem, not the therapist. Thus, the burden of diagnosis is switched from the therapist to the client. In other words, the first step toward a collaborative problem definition is making room for and grasping the client's view" (p.389). However, this account of the poor outcome is also supported by the therapeutic rationale itself. That is, in stressing the importance of mutuality, the model suggests that success would, at least, require the achievement of some consensus regarding central features of the client's problems. A further aspect of this finding, therefore, is to demonstrate how clients are active participants in the therapeutic endeavour and to which therapeutic protocol must sensitively adjust.

Thus, this study demonstrates the merits of a detailed analysis of language for understanding the psychotherapy process. Moreover, in identifying generic conversational strategies and demonstrating how these may be utilised in unproductive ways during therapy, findings are also of general relevance. A discursive approach also has the benefit of explicating the ways in which differing problem accounts may be constructed and legitimated during therapy. This offers a new perspective on and approach to understanding the processes of psychotherapy.

The following chapter continues to explore the process of problem (re)formulation in relation to this unresolved problematic theme in this more generally unsuccessful case.

Chapter 6

Discursive analysis of therapist initiated topic shifts: Problem (re)formulation, sequencing, and the construction of relevancy

This chapter presents detailed discursive analysis of two extracts from a dialogue between client and therapist during psychodynamic-interpersonal psychotherapy. The specific focus of this study is how the therapist uses shifts in conversational topic to make particular states of affair relevant to the client's presenting issues. This work builds on the previous chapter's findings on the process of problem (re)formulation in psychodynamic-interpersonal psychotherapy. The material examined in both studies is drawn from therapy discussions of one particular unresolved, client-specified problem from a more generally unsuccessful case. This chapter therefore continues to investigate the processes contributing to the poor outcome of this particular problem domain. Acknowledging the importance of research to be relevant to practice, understandings of general significance are sought.

To recap briefly, Davis (1984, 1986) identified the process of problem (re)formulation in psychotherapy (see pages 118-119). She demonstrated how, during the conversation in an initial session of therapy, a therapist transformed the client's description her presenting problems. Specifically, the client's account implicating the difficulties of her situation as wife and mother was recharacterised by the therapist as a problem expressing her feelings. This transformation was shown to have been achieved by the therapist through the conversational strategy of formulation.

Formulations are an everyday conversational device used by participants to negotiate joint understanding of the matter under discussion (see pages 119-121). This occurs when one interactant offers a 'candidate reading' of the sense achieved up to that point in the conversation. For example, this may take the form of offering a summary, implication or characterisation of what has gone before. However, in doing so, features of the preceding talk may be preserved, deleted or transformed (Heritage

& Watson, 1979). Describing the therapist's identification of a problem a '*(re)*formulation', Davis emphasises the use of this device to *transform* conversational meaning during the therapy interaction she studied.

Davis (1986) identified the process of problem (re)formulation as occurring in three distinct stages. First, the client's problem was defined by the therapist. Second, evidence was gathered for this problem. And third, the client's consent was sought to work on it. The previous chapter concentrated on detailed discursive analysis of particular features of this process; client disconfirmation, or rejection, of attempted therapist problem (re)formulation. In concurrence with Davis, in the particular problem domain studied, (re)formulation was demonstrated to entail the transformation of externally located problems to those considered internal to the client. Accordingly, problems presented as stemming from her partner's behaviour were (re)formulated by the therapist to issues regarding the client's own jealousy, low self-worth and guilt about her ability as a mother. In particular, this former analysis demonstrated how the therapist's focus on the client's feelings or reactions, a feature of the therapy protocol, had this (re)formulating and internalising effect.

An aim of the former study was to demonstrate how therapy process can be approached as an interaction unfolding in turn by turn sequences. In any conversation participants rely on a number of linguistic competencies in order to accomplish social actions; constructing the nature of problems, disconfirming, blaming, etc. By recognising that psychotherapy is essentially a dialogue, it is possible to identify the everyday conversational strategies and skills brought to bear during the interaction. This may be achieved through utilising the approach developed in conversation analysis and certain forms of discourse analysis.

The present study contributes to the understanding of problem (re)formulation in psychotherapy through the detailed analysis of two extracts in which this process occurs with, and is developed through, the therapist's use of shifts in conversational topic. The study therefore pursues an aspect of problem (re)formulation noted, but not studied in detail by Davis (1986). Moreover, topic shift is considered an important

phenomena to study as it has also previously been linked both to the therapeutic alliance (Friedlander & Phillips, 1984) and to therapy outcome (Tracey, 1987).

Although the process of topical flow has long been a subject of study (e.g., Harvey Sacks unpublished lectures 1964-72 quoted in Jefferson, 1984) it has also been suggested to be one of the most subtle and complex of conversational phenomena "and, correspondingly, the most recalcitrant to systematic analysis" (Atkinson & Heritage, 1984, p.164). Offering an initial taxonomy, however, Sacks suggests that conversational topic shift may be divided into two major categories; 'boundaried' and 'stepwise'. Boundaried shifts occur when one topic is closed and another completely new topic initiated. A disjunction is therefore created in the flow of conversation. Thus, in the following example, a boundaried topic shift is made in the second participant's second turn (from Jefferson, 1984, p.193):

Participant (1): I mean it's not good enough
Participant (2): Hh it isn't it isn't
Participant (1): No
Participant (2): Hhhh and what've you been doing this last week

Although boundaried shifts are not uncommon, the more usual feature of topical organisation is a flow of one topic into another. Such stepwise shifts involve the linking of the previous and new topics through the production of 'features in common' so that although the conversation may develop far from its starting point the change is systematically achieved.

Conversation analytic research on topical flow has been conducted in relation to the discussion of personal problems or troubles during ordinary conversation. Jefferson (1984), for example, suggests that a 'troubles telling' has the effect of constraining the topic of subsequent discussion as participants are obliged to orient sensitively to the appropriateness of following talk. That is, the nature of troubles talk demands that following discussion "exhibit deference to it by preserving the interactional reciprocity that is a feature of such talk." (Jefferson, 1984, p. 194). A radical change of topic, as in a disjunctive, boundaried break will most likely not successfully maintain such reciprocity. It may, therefore, be regarded an inappropriate

conversational move. A topic shift orienting to the interactional cohesiveness achieved in a prior troubles-telling might, therefore, be expected to be managed in (1) a stepwise fashion through the production of features in common and (2) to be other-attentive. For example, such a topic shift is made by the second participant in the following example (from Jefferson, 1984, p.199):

Participant (1): ...course I know Mister Cole's sick, let's God'
let's hope he hope he gets well, but hhhhh I know the
problem hhh you know, hh
Participant (2): What does he have.
Participant (1): Hh oh he's got this gallbladder...

Although there is an introduction of a new topic; the nature of Mister Cole's illness, it is related to the concerns of the prior troubles-talk, is other-attentive and so orients to maintaining reciprocity. In fact, Jefferson (1984) suggests that such strategies constitute a special justification for a shift in topic after a troubles telling.

The focus of the current study is the therapist's use of topic shift in the development of problem (re)formulation during therapy. Sacks noted that in order to achieve a shift from one topic to another, which addresses apparently unconnected matters, participants often produce a common feature. This is so, even though what is offered as a common feature may have only minimal relevance to the matter at hand (Sacks, lecture, February 19, 1971, pp.15-16, quoted in Jefferson, 1984, p.198). The following analysis of two sequences from a therapy conversation demonstrate how the therapist produces features in common between disparate aspects of the client life, so construing their relevancy to her current domestic problems.

The aim of this study therefore is to develop understanding of the process of problem (re)formulation in psychotherapy through exploring the therapist's use of topic shift within the context of his offering an understanding of one of the client's specified problems. In doing so a further aim is to explicate processes contributing to the poor therapeutic outcome of this problem domain and so address the question '*how does change occur in psychodynamic-interpersonal psychotherapy?*'.

Chapter 6

METHOD

For details of method see Chapter 5 (pages 121-124).

ANALYSIS

The first extract is drawn from the second session of therapy and demonstrates the way in which the therapist makes the therapeutic relationship relevant to the client's domestic problems. The sequence is drawn from a discussion of the issue of power in the therapeutic relationship. This was initiated by the client commenting that she felt her status diminished in relationship with the therapist. We enter the conversation as the client concludes a description of her experiences looking for a new house offered as an example of her dislike imposing on people; an issue she had related to her feelings in the therapeutic situation:

Extract (1) Session (2)

1	C:	...I hate to impose myself on people I hate to
2		intrude upon their
3	T:	(mm hm)
4	C:	their privacy (.) um and I suppose it's a bit
5		symptomatic of that that I always feel as if
6		I'm in the (.) under position.
7	T:	You're in the under position (.) and you feel
8		you mustn't you mustn't try and try and impose
9		yourself (.)
10	C:	(mm)
11	T:	but at the same time you feel bitter and
12		resentful about being exploited pushed around
13	C:	(mm)
14	T:	and neglected (.)
15	C:	(mm)
16	T:	so there's a real conflict there you you limit
17		yourself to a role (.) to a relationship with
18		somebody of of inferior in a way (.)
19	C:	(mm)
20	T:	and then you feel bad about the fact (.)
21	C:	(mm)
22	T:	and so (.) I'm here I am trying to give you the
23		power to chose what we talk about to use the
24		time for you and all those things and (.)
25		there's a part of you not wanting to do that
26		(.) being frightened of maybe frightened of the
27		responsibility frightened of something about
28		what that could lead to (.)
29	C:	(mm)
30	T:	so maybe there's part of you that's wanting to
31		be taken care of by a powerful other person (.)
32	C:	(mm)
33	T:	maybe it would be okay at home if you felt that
34		you were being really taken care of and looked

35		<u>after</u> and <u>supported</u> (.) then he could have all
36		the power he <u>wanted</u> (.) and that would be okay.
37	C:	Mm (5).
38	T:	And I feel <u>I'm</u> in the position where (.) you
39		know I'm offering to help you but I'm setting
40		there are limits to what I can do.
41	C:	Mm.

<u>Client's description of a problem</u> The client summarises her account of house-hunting stating; " I <u>hate</u> to impose myself on people I <u>hate</u> to intrude upon their privacy" (lines 1-4). When looking for a new house one must enter, inspect and evaluate the homes of strangers. The client orients to the awkwardness or unpleasantness of such a situation through describing house-hunting as 'imposing on people' and 'intruding upon their privacy'. Moreover, she repeats and stresses that this is something she 'hates' having to do. She goes on to state that "it's a bit symptomatic of that that I always feel as if I'm in the (.) under position" (lines 5-6). Being 'in the under position' suggests being disadvantaged or inferior. However, this description is qualified 'feeling as if' indicating that this is the client's own subjective impression. This makes the implication available that, whatever her feelings, in many ways she may actually have the upper hand. Feeling in the under position, though, is described as a 'symptom' (line 5) and therefore an unfortunate consequence of her strong dislike of imposing and intruding on people.

The client's impression of being at a disadvantage is offered in the context of looking for a new house. Offered as an example of her strong dislike imposing on people this can be understood as an analogy explaining her feelings of diminished status in relationship with the therapist; the immediate prior context of this sequence. That is, discussing one's personal problems with someone else, even in a professional capacity, may be experienced as imposing on their time, energy and expertise. Moreover, in attending a clinic one may feel at a disadvantage with respect to intruding on the therapist's territory.

Therapist's problem (re)formulation The therapist commences his reply with a formulation of what the client has said in the form of a gist. A gist is a subclass of formulation used to summarise an understanding of what has gone before. As such, features of the preceding talk may be preserved, deleted or transformed (Heritage & Watson, 1979). He states; "You're in the under position (.) and you feel you mustn't you mustn't try and try and impose yourself" (lines 7-9). So, although preserving the client's reference to being 'in the under position' the therapist deletes her qualification of this description; her "feel(ing) as if". He therefore presents her inferiority as a state of affair in contrast to the client's description of it as her subjective impression oriented to the possibility that in other ways she is not at a disadvantage. The therapist also characterises the client as feeling she 'mustn't' try and impose. He therefore implies that her reticence is an imperative or obligation rather than, as the client suggests, a 'hatred' and thus a strong dislike. There is therefore a transformation in the meaning of the client's account. She suggested that her impression of inferiority was a consequence of her strong dislike burdening other people. The therapist, however, (re)formulates this in terms of the client's feeling that her low status obliges her to restrict the demands she makes on others.

This (re)formulation is then used by the therapist as a basis from which to develop a more detailed account of the client's feelings. So, having described her as feeling she 'mustn't impose' it is suggested "but at the same time" (line 11) she feels "bitter and resentful about being exploited pushed around and neglected" (lines 11-14). This description of the harsh treatment received from others is not something the client had complained of in her account. Being 'exploited pushed around and neglected' can, however, be understood as an implication the therapist has drawn from her description of feeling in the 'under position'. In this context the client is characterised as feeling one thing; that she 'mustn't impose', 'but at the same time' another; bitterness and resentment. Juxtaposing these reactions in this way therefore implies that experiencing such things at the same time is problematic.

The therapist expands this description of the client's problem. He states; "there's a real conflict there you limit yourself to a role (.) to a relationship with somebody of inferior in a way (.) and then you feel bad about the fact" (lines 16-20). So, feeling she 'mustn't impose' is transformed to the client 'limiting herself to a role of inferior'; feeling 'bitter and resentful' summarised as 'feeling bad'. These revised descriptions have implications for the development of the therapist's account of the client's problem. That is, in suggesting that the client 'limit herself' to an inferior role in relationship with someone else indicates this to be self-imposed. Moreover, suggesting that she 'then feels bad about the fact' construes her imputed distress over this to be her own fault. On the other hand, other people's behaviour; 'exploiting, pushing around and neglecting' her, is not developed. So, even if this is construed only as the client's perception of how she is treated, possible external causes for her distress are not explored.

Therapist's topic shift to the therapeutic relationship The therapist then changes topic to that of power in the therapeutic relationship. He therefore returns to the topic originally raised by the client prior to offering her description of house-hunting. In doing so, though, a disjunction is made with the immediate prior matter; the client's self-imposed inferiority and resulting inner emotional tensions. That is, he suddenly refers to his own actions and motivations in the therapeutic relationship. However, he prefaces this topic shift "and so" (line 22) thereby indicating a connection. So, over and above the normal expectation that participants' contributions are relevant to the matter at hand (Antaki, 1994) the client is primed to seek features in common between the two topics.

The therapist states; "here I am trying to give you the power to chose what we talk about to use the time for you" (lines 22-24). Thus he offers an account of his own intentions suggesting that he is 'trying' to give the client 'the power to chose'. However, in describing this as only 'trying' the therapist orients to the effort involved while indicating that his attempts have been unsuccessful. So, it is suggested that even when empowerment is offered the client does not accept it.

The therapist goes on to produce an account of this failure. First, he states; "there's a part of you not wanting to do that" (line 25). It is therefore suggested that his efforts failed due to the client 'not wanting' and thus rejecting the power offered her. As such, her feeling of diminished status in relationship with the therapist is itself implied to be self-imposed. Second, he suggests a reason as to why the client might behave in this way; that she is "maybe frightened of the responsibility frightened of something about what that could lead to" (lines 26-28). The cause of the client's disempowerment is therefore suggested to be her own personal shortcomings insofar as 'fear of responsibility and what that could lead to' implies inappropriate adult behaviour. Finally, having characterised the client as responsible for her own disempowerment he suggests that this might indicated something about her. He states; "so maybe there's part of you that's wanting to be taken care of by a powerful other person" (lines 30-31). It is therefore implied that 'being afraid of responsibility', suggested to be manifest in the therapy situation, indicates a general, underlying need within the client to be looked after.

Thus, through reference to the situation in therapy, the therapist produces evidence for the legitimacy of his problem (re)formulation that the client is, herself, responsible for her low status. This then also legitimates his avoidance of exploring alternative, external causes. He therefore produces a step-wise shift in topic through producing a feature in common between his (re)formulation of the client's presenting problem and the therapeutic relationship; the self-imposed nature of the client's inferior status in relationship with others.

Therapist's topic shift to the client's current domestic situation The therapist continues his account, using his suggestion of the client's 'need to be taken care of' as a means to connect the therapeutic relationship with the client's current domestic problems. This is achieved through using this particular characterisation of the underlying issue to provide a solution to the client's home difficulties. So, the therapist states that "maybe it would be okay at home if you felt that you were being really taken care of and looked after and supported" (lines 33-35). Describing the possible requirements for

things to be 'okay at home' in this way resonates with the therapist's earlier reference to the client "wanting to be taken care of by a powerful other person" (lines 30-31). That is, needing to be 'really taken care of', 'looked after and supported' implies childlike dependency as opposed to the self-sufficiency commonly regarded an indication of psychological health and maturity in contemporary Western culture (Hare-Mustin & Marecek, 1988; Sampson, 1977). So, although it is not directly stated, the therapist's description of the client implies that it is her strong dependency needs, rather than not being 'looked after' per se, that is a cause of her domestic problems. Finally, the therapist goes on to suggest that maybe if she were really taken care of her partner "could have all the power he wanted (.) and that would be okay" (lines 35-36). In raising the issue, he indicates that the client's partner 'having a lot of power' might have been considered problematic. However, suggesting that power issues might not be a problem if she were 'really taken care of', indicates that the client's unfulfilled dependency needs, as manifest and identified in the therapeutic relationship, may be considered the real issue.

Client's response The section of audio-tape selected as relevant to the discussion of the client's domestic problems ends at line 37. However, a few extra lines of dialogue have been presented to assess the client's reaction to the therapist's (re)formulation. The client offers a minimal response; "Mm" (line 37), although the therapist has offered a possible explanation of her domestic problems which provides many features which could have been developed. That is, a relevant next turn would be for the client to inspect the therapist's account and provide some assessment of it's utility. Thus, producing a minimal response can be understood as a 'topic-bounding' utterance oriented to the closure of the topic that has been in progress (Shegloff & Sacks, 1973). It therefore appears to be, if not a rejection, at least a not an immediate acceptance of the therapist's offered explanation.

In order to continue the conversation, a minimal response must be responded to by the introduction of a new topic, an invite to furnish a topic, or by an attempt to re-establish the prior topic (Button & Casey, 1984). In this sequence, the therapist

waits five seconds, presumably for the expected fuller response from the client, and then himself introduces a new topic; an evaluation of his own role. Thus he suggests that although he is offering to help the client "there are limits to what I can do" (line 40). He therefore orients to the client's implicit non-acceptance of his account of her domestic problems through mitigating the extent of what she can reasonably expect from him.

Analysis of this first extract therefore demonstrates how the therapist presents the therapeutic relationship as relevant to the client's current domestic problems. That is, he first offers a (re)formulation of the client's presenting account and then accomplishes a stepwise shift in topic to the therapeutic relationship through the production of features in common between the two; her self-imposed inferiority. Offering an explanation for this, he suggests the underlying problem is her strong dependency needs which is then used to offer an understanding of the client's domestic problems through a second step-wise shift in topic. This is an understanding, however, that is not taken up by the client.

The therapist uses similar strategies in producing an account of the client's domestic problems in the following extract drawn from the third session of this client's therapy. In this sequence, the therapist offers a problem (re)formulation in which the therapeutic relationship and the client's childhood are made relevant to her present domestic issues. Analysis explicates both the process of problem (re)formulation and related therapist initiated topic shifts but also, in this particular sequence, how the therapist continues to pursue his (re)formulation after the client's disconfirmation of it. We enter the conversation during the client's description of her childhood. She has explained that she was the only child of parents who ran a business, the nature of which required they work particularly long hours:

Extract (2) Session (3)

1	C:	...so it's always been <u>work</u> (.) I suppose (.)
2		and very I mean when we <u>did</u> have time they
3		were so tired anyway (.) we just didn't sort of
4		<u>have</u> the stereotype sort of family <u>life</u> that
5		you know (.) I think <u>that's</u> um (.) that's why
6		it means a lot to me <u>now</u>.

7	T:	Sure (.) that's something (.) that you've never
8		really had (.)
9	C:	(mm (.) mm)
10	T:	I think there was something you see that
11		there's something about what happened when we
12		first met as well as I mean yeah there was a
13		very strong theme that I picked up a lot of
14		time about you feeling neglected (.) and
15		uncared for.
16	C:	Mm I'd never really thought of it in that way
17		um (.) because they did what they could I
18		suppose (.)
19	T:	(exactly)
20	C:	um
21	T:	(mm)
22	C:	in the circumstances.
23	T:	They did what they could in the circumstances
24		and you have been very good at providing a
25		rational construction that enables you in a way
26		to hide from your own feelings (.) of course
27		you know they had no alternative they were
28		busy with the business so I had to do the
29		shopping (.) they had to be busy at Christmas
30		and other family times (.) but what that leaves
31		you with is is an emotional gap about not not
32		just not feeling cared for um (.) and (.)
33		those feelings don't go away it doesn't matter
34		how rational you try to be (.) if you feel
35		neglected you feel neglected (.) and so then
36		you start looking for explanations and you
37		come up with feelings of (.) you're no good (.)
38		and that nobody will be interested in to hear
39		you tell your life story or nobody wants to
40		know you as you (.) you're someone to be used
41		(.) whether it be for the shopping when you
42		were a child or running a house now (.) it's
43		the same pattern.
44	C:	Mm.
45	T:	And coming here maybe you're someone to be used
46		you know this is this is just research...

Client's description of her childhood In concluding the account of her childhood the client offers a summary; "so it's always been work" (line 1). She expands on this suggesting that "when we did have time they were so tired anyway" (lines 2-3). The phrase 'when we did have time' suggests that having time was an unusual occurrence for her family. It also functions, though, as a qualifier preserving the main theme - that it was mostly work - while portraying the more credible situation that it was not

work all the time. However, that her parents were 'so tired anyway' in turn acts as a qualifier implying that they did not have the energy to make good use of such an opportunity when it arose. The client, therefore, presents her childhood as one in which there was little opportunity to spend quality time together as a family. She goes on to characterise this in terms of not having a "stereotype sort of family life" (line 4) thereby suggesting it was unusual or, at least, different from the norm. This is then linked to her current circumstances as she states; "that's why it means a lot to me now" (lines 5-6). The client, therefore, indicates not having had a normal family life in her childhood is an explanation for why such things are important to her in her current adult life.

Therapist's problem (re)formulation The therapist then produces a formulation offering an understanding of what the client has just said by way of a summary assessment. So, presumably referring to the client's reference to 'family life', the therapist states; "Sure (.) that's something (.) that you've never really had" (lines 7-8). In this, the client's description of a non-normative family life in her childhood becomes something she has 'never really had'. Moreover, the therapist does not repeat and thus deletes her account that this an explanation as to why family life is important to her now. Thus, although prefacing this (re)formulation 'sure' suggests an agreement, the therapist's statement transforms salient issues of the client's account. Specifically, suggesting that family life is something she has never had makes a new theme pertinent; things absent or missing in the client's life, which the therapist then subsequently develops.

Therapist's topic shift to the therapeutic relationship Introducing the theme of absence through a summary assessment of the client's account of her childhood, the therapist produces a topic shift to his experience of her in the therapeutic relationship. In fact, summary assessments have been identified as a strategy often deployed prior to a shift in topic (Jefferson, 1984). This topic shift is initiated by the therapist's suggestion that his experience of the client feeling neglected "was something that happened when we first met as well" (lines 11-12). The suggestion that such feelings are manifest in

therapy 'as well' indicates that a link is being identified between the new and previous topics. The topic shift from the client's childhood to that of the therapeutic relationship is therefore accomplished by the therapist in a stepwise fashion through indicating that there is a feature in common. However, instead of pointing to aspects of the client's background and features of her family situations, the therapist focuses on her feelings which it, is implied, may be a consequence.

So, the therapist indicates that he experiences the client as feeling "neglected (.) and uncared for" (lines 14-15). Although it is not something the client has directly complained of, this particular characterisation of her feelings is justified by the therapist in a number of ways. Thus, he describes 'neglect' as "a very strong theme that I picked up a lot of time" (lines 12-14). First, describing 'neglect' as 'a very strong theme' implies that it is something very obvious to him. Second, that he perceived it 'a lot of time' suggests it was a pervasive feature of their interaction. Third, in suggesting that her 'neglect' was something he 'picked up', the therapist implies that this emotion has an objective status; that it is 'out there' and directly available to perception. Thus, the therapist's claim is particularly difficult to contend as it appeals both to private evidence; his own perception of things, and his category entitlement as an expert in psychological matters (Potter *et al.*, 1993). Presenting his experience of the client in this way, therefore, functions both to establish his characterisation of her as feeling 'neglected', as at least, tenable and as a valid issue for discussion in therapy. Moreover, describing these feelings as manifest "when we first <u>met</u>" (lines 11-12) implies that the client brought them with her to therapy. It is thus suggested that 'neglect' is an underlying and long-standing personal problem belonging to the client.

<u>Client's disconfirmation</u> The client responds to the therapist's problem (re)formulation around her feelings of 'neglect' as a new idea; "I'd never really <u>thought</u> of it in that way" (line 16). She therefore does not reject this understanding outright. However, her reply can be understood as a hedged disconfirmation in that having 'never really thought' of being neglected she indicates that, in contrast to the therapist's description this has not been an obvious or long-standing issue for her. Moreover, she does not

continue the topic of her feelings but, instead, offers an explanation for why she had 'never really thought' of being 'neglected'. She suggests this was; "because they did what they could I suppose (.) (T: exactly) um (T: mm) in the circumstances" (lines 17-22). She therefore takes up the implication in the therapist's comments that 'feeling neglected and uncared for' refers to the previous topic; her childhood experience. However, in stating that her parents 'did what they could in the circumstances' she mitigates their behaviour. That is, she suggests that they did their best and if their circumstances did not allow them to do more this was not their fault. The client, therefore, again orients to the specific context of her childhood (see lines 1-4), the aspect of her account avoided by the therapist, suggesting that her childhood was limited by this situation rather than by parental neglect. She thereby implies that she had not thought of her childhood in terms of neglect because she had no reason to.

Therapist's continuing problem (re)formulation However, the therapist continues his problem (re)formulation, specifically linking his characterisation of the client's feelings with her childhood circumstances. But he first indicates agreement with the client's mitigation of her parents behaviour both through commenting "exactly" (line 19) after she describes her parents as 'doing what they could' and by repeating her phrase "They did what they could in the circumstances" (line 23). He therefore suggests that this account of her specific circumstances is not under dispute and furthermore implies that, although disconfirmed by the client, his problem (re)formulation around her feelings of neglect is compatible with such an account.

The therapist then goes on to establish the compatibility of his account of her feelings and the client's account of the limitations of circumstances. He describes her account as a "rational construction" (line 25). So, it is implied that, although not 'wrong', it is a motivated and defensive interpretation. Second, he offers an account of the motivation behind this stating; it "enables you in a way to hide from your own feelings" (lines 25-26). He therefore reintroduces the topic of the client's feelings, which she had not continued, suggesting that she is 'hiding' from them. It is therefore implied that she might not be fully aware of her emotions with respect to her

childhood. Characterising her account as a 'rational construction' and suggesting this allows her to 'hide' from her feelings, especially in the context of psychotherapy, implicates the presence of unconscious defences. So, stating that she has "been very good at" (line 24) this implies that these unconscious defences have been successful. It is therefore suggested that her conscious experience may be distorted. Characterising her disconfirmation thus, functions to raise doubt regarding the client's account of her own feelings. Moreover, it also allows the therapist to claim to be able to articulate the client's feelings, in this instance, more accurately than she herself can. Her disconfirmation of feeling neglected is therefore construed as compatible with the therapist's problem (re)formulation around such feelings by characterising her account as defensively, although unconsciously, motivated.

The therapist then goes on to develop his account of the client's problem through focusing on a feature of her childhood. He states; "of course you know they had no alternative they were busy with the business so I had to do the shopping (.) they had to be busy at Christmas" (line 26-29). Prefacing this description 'of course' indicates that the client's mitigation of her parents behaviour, that 'they had no alternative', is not under dispute. Moreover, by utilising the first person the therapist implies that the account he is offering reflects the client's own perspective. However, he goes on to develop his problem (re)formulation through presenting an account of the problematic, emotional consequences of her childhood circumstances.

So, first the therapist suggests; "but what that leaves you with is is an emotional gap about not not just not feeling cared for" (lines 30-32). The phrase 'emotional gap' suggests a discrepancy between one's emotional needs and the support received. The therapist therefore implicates the existence of an emotional problem with respect to her 'not feeling cared for'. Second, he stresses the existence of this problem; "those feelings don't go away it doesn't matter how rational you try and be if you feel neglected you feel neglect" (lines 33-35). Thus he offers two statements making a similar point emphasised through repetition; 'those feelings don't go away' and 'if you feel neglected you feel neglected'. That the client feels neglected is

therefore presented as a general statement of fact. Moreover, in suggesting that 'it doesn't matter how rational you try and be', the therapist again discounts the client's mitigation of her parents as a defensive, post hoc explanation of the past which will not change the nature of her problematic feelings. Third, he offers another problematic, emotional consequence of the client's childhood. He states; feeling neglected, "you start looking for explanations and you come up with feelings of (.) you're no good" (lines 36-37). So, he suggests that a further consequence of feeling neglected is that the client arrive at a self-deprecatory account of herself for which she will seek an explanation. Feeling neglected in her childhood is therefore presented both a problematic issue in itself and the source of a subsequent problem; low self-esteem. Feeling neglected is therefore further construed as a valid and important issue for discussion in therapy.

Thus, the therapist pursues his problem (re)formulation regarding the client's feelings of neglect after her hedged disconfirmation of this by means of three strategies. First, he characterises her disconfirmation as influenced and thus distorted by unconscious defences. Second, her explanation for her disconfirmation; the mitigation of her parents behaviour, is construed as perfectly compatible with the therapist's account of her feeling neglected. And, finally, childhood neglect is presented as a problem in need of redress, as causing other problems and thus to be an important issue for therapy.

Therapist's topic shift to the client's current domestic situation Having construed the client's childhood as having problematic, emotional consequences, including low self-esteem, the therapist then makes a direct connection between this and the client's current domestic situation. That is, he suggests that having concluded that she is 'no good' she is "someone to be used (.) whether it be for the shopping when you were a child or running a house now (.) it's the same pattern" (lines 40-43). The therapist therefore accomplishes another stepwise shift in topic, this time from the client's childhood to her current domestic situation, through the connecting issue of the client being 'someone to be used'. Furthermore, in describing being 'used' as a 'pattern' he

indicates that this is not haphazard or accidental but a systematic connection between childhood and present day. As such, it is implied both that the client does feel 'used' in her current domestic situation and also that this has its roots in her childhood experience. By implication, the nature of the client's current domestic difficulties is construed in terms of her own predisposition to feel or be taken advantage of; an emotional handicap, and thus the source of her current problems are located within her.

<u>Client's response</u> The section of dialogue selected as pertaining to the client's domestic problems ends at line 44. However, as in extract one, a few extra lines of dialogue have been added in order to assess the continuing development of the conversation. As in the first extract, the client responds minimally to the therapist's suggestions; "Mm" (line 44). This is so even though he has offered an explanation for her current domestic difficulties which provided many features for further discussion. She can again, therefore, be understood as not immediately accepting his account although not violating the co-operative nature of the discussion or challenging the therapist's professional role through overt disagreement. Orienting to the research context of the therapy, the therapist himself continues; "And coming here maybe you're someone to be <u>used</u> you know this is this is just research" (lines 45-46). So, in contrast to extract one in which the therapist introduced a new topic, in this sequence he pursues the previous topic; 'feeling used', although the client did not contribute to the development of this theme.

Analysis of this second extract, therefore demonstrates how the therapist presents both the therapeutic relationship and the client's childhood as relevant to her current domestic problems. As in extract one, the therapist was shown to first offer a (re)formulation of the client's account; in this extract the importance of family life. Second, he then accomplished a stepwise topic shift to the therapeutic relationship through producing features in common between her childhood and his experience of her in therapy; the client's feeling of being neglected. Finally, although the client offers a disconfirmation of this, the therapist continues his (re)formulation

implicating the client's low self-esteem. He then produces a further stepwise topic shift to the client's current domestic problems through the connecting feature of her feeling used. The client had originally oriented to the relevancy of her childhood as an explanation for why quality time together as a family is important for her now (see lines 2-6). The connection the therapist makes by way of her own emotional problems thus can be seen to issue from his particular (re)formulation of her childhood experience. The therapist's account of her domestic problems is, however, not taken up by the client.

DISCUSSION

This analysis shows several features of this unsuccessful therapy. It is demonstrated how the therapist produces accounts of the client's domestic problems through making other states of affair, particularly the therapeutic relationship (extracts 1 & 2) and the client's childhood (extract 2), relevant to her current home situation. This was shown to be accomplished in three stages in both extracts. First, the therapist transformed features of the client's account; house-hunting (extract 1) and the importance of family life (extract 2) by way of a problem (re)formulation. Second, he made a stepwise shift in topic from his particular characterisation of the client's problem to a description of features of the therapeutic relationship. An important aspect of move was deleting the contextual aspects of the client's account and making the identified problems part of the general pattern of the client's experiences. And, third, this was followed by another stepwise topic shift to an account of the problems in the client's current domestic situation.

This study points to the implications such strategies have for the understanding of the client's problems. That is, it is shown to be the therapist's (re)formulation of the client's presenting account that allows the production of features in common between these otherwise disparate areas of the client's life. Furthermore, an implication of such a move is that, as common denominator, the client is construed as the source of her current domestic problems. Thus, the client's difficulties, "at home" (extract 1, line 33) or ""running a house now" (extract 2, line

42) are construed as stemming from her underlying personal vulnerabilities; a need to be looked after (extract 1) and a predisposition to feel neglected and used (extract 2). This finding is in concurrence with the earlier study on problem (re)formulation (Chapter 5) which showed a similar effect of the therapist making relevant and focusing on the client's feelings or reactions.

A major feature of this research therefore is to demonstrate that therapeutic interventions can transform the nature of clients' presenting problems and, with the interventions studied, in the direction of locating problems within the client. However, in order to identify the source of problems as internal they must be shown to occur consistently across different situations. The present study shows how consistency, and hence internality, requires a lot of work on the part of the therapist (see Edwards, 1995). It is he who decontextualises the client's account by selecting certain aspects (e.g., emotional reactions) and deleting reference to others (e.g., particular situations and others' behaviour). It is also he who constructs the client's consistency through drawing analogies between therapy and home or different aspects of the client's life. Having constructed consistency, the therapist is then able to claim a common, underlying internal cause. A general implication of this is that it may be therapeutic principles, themselves, that encourage therapists to produce such accounts of their clients' consistency. In contrast, the meaning of actions, words, experiences, etc. can be understood as indexical; in part determined by context. Similarly, demonstrations in the variability in accounts point to the way that they are constructed to do a certain job and to be coherent and meaningful in particular contexts (e.g., Wetherell & Potter, 1992).

In following the procedure identified above, the therapist can be understood to be complying with therapy protocol with regard to the use of hypotheses (Hobson, 1985). The protocol distinguishes three distinct types of hypotheses; understanding, linking, and explanatory. The protocol also advises on sequencing, suggesting that the therapist utilise these forms of hypotheses in this particular order. Thus, in an understanding hypothesis, the therapist coveys an empathic understanding of the

client's account but also "brings something of his own perspective to bear in the mutual understanding of the client's experience" (Shapiro & Firth, 1985, p.2). This was identified in the analysis in terms of problem (re)formulation by which the therapist offered a characterisation of the client's account which had the effect of transforming features of that account. In a linking hypothesis, the therapist makes connections between the client's feelings, behaviours and experiences in the therapeutic situation with those in other contexts and at other times. Linking hypotheses were, therefore, identified in terms of stepwise topic shifts, first to the therapeutic relationship, as advised in therapy protocol, and then to the client's current domestic situation through the production of features in common. Finally, an explanatory hypothesis is made when the therapist expresses "the possible underlying reasons for behaviour and experience" (Shapiro & Firth, 1985, p.3) which is open to modification by the client. In producing a causal account of the client's domestic problems, the therapist's second topic shift to the client's domestic situation can therefore be understood as moving into such an explanatory hypothesis.

This study therefore shows in detail how elements of the therapy protocol were accomplished, identifying strategies and devices which are part of everyday communicative competence. Moreover, in showing how the therapist complied with protocol the sequences analysed in this particular study cannot be discounted as 'bad therapy'. Rather, in demonstrating how following therapeutic protocol can fail to produce a therapeutic result this analysis is of general significance.

There is also a link here with Davis' (1984, 1986) identification of three stages of problem (re)formulation; definition, gathering evidence and obtaining the client's consent to work on the problem. Although Davis came to an understanding of these stages through an analysis of one full session of therapy, indicating that the process develops over a period of time, the first two stages can be identified in each of the short extracts presented in this paper. This study, therefore, suggests that (re)formulation can also be studied as a micro-process occurring over short periods and possibly at many points in the therapy dialogue.

Davis describes the first two stages of problem (re)formulation 'definition' and then 'documentation' of the problem. So, in the extracts presented here, the therapist can be seen to characterise the nature of certain features of the client's problems and then to gather evidence that these features are, in fact, problematic. However, this study also demonstrates that stepwise shifts in topic were a conversational device utilised by the therapist to produce evidence supporting a particular problem account. For example, in both sequences, an appeal to the immediate context of the therapeutic relationship allowed the therapist to ground his proposals in an account of his own experience of the client (a strategy also noted by Davis, 1986). Such claims carry particularly strong entitlement unless, of course, one's rationality is under dispute. This can therefore be understood as an effective legitimation device open to the therapist who otherwise has no direct knowledge of the client's life and circumstances; knowledge to which the client has direct appeal. However, although the therapist increases the credibility of his perspective in this way, the evidence thus raised was shown to be premised on his particular (re)formulation of the client's account and his particular characterisation of her feelings in the therapy situation. The pursuit of the understanding offered by the therapist therefore requires the client co-operate with this account of her problems and affect.

The final stage of problem (re)formulation as identified by Davis; organisation of the client's consent, was not found in either of the extracts presented here. In fact, the client was shown to respond to the therapist with topic bounding turns closing down the discussion potential of his suggestions. Davis suggests that the final stage of problem (re)formulation concerns "the client's resistance to having her problem defined in a particular way and how the therapist goes about overcoming it" (1986, p.65). When co-operation is not immediate the therapist would appear to have two options; either to drop his line of understanding (as in extract 1) or to pursue it despite the client's reticence (as in extract 2). This second option would require the therapist at least persuade the client to explore the merits of a new perspective.

This second option connects with Frank and Frank's (1961) seminal work pointing out the close associations between rhetoric and psychotherapy. That is, the practitioner is regarded as seeking to influence the listener through personal character, engaging the emotions and through "providing a truth, real or apparent, by argument" (p.66; see also, Spence, 1982). The connection to the process of problem (re)formulation is particularly striking given that Frank and Frank report the rhetoricians definition of 'argument' as "methods for transforming meanings" (1961, p.68; see also Frank, 1986).

If meaning is understood as a discursive achievement the basic precondition for the creation of *therapeutic* meaning would appear to be, at least, the continuance of a dialogue between client and therapist. In fact, counselling techniques have been characterised merely as "a set of social devices for making conversation happen" (Patton, 1984, p.449). Moreover, from a linguistic perspective, Anderson and Goolishian (1988) suggest that the goal of therapy is to "participate in a conversation that continually loosens and opens up, rather than constricts and closes down" (p.381). As noted by Davis (1986) and demonstrated in the extracts presented here from the discussion of an unresolved issue, some therapist (re)formulations may have a 'closing down' effect on the client's participation and therefore potentially disrupt the therapeutic potential of the encounter.

The former study (Chapter 5) on this client's particular problem domain suggested a mismatch between the client's presenting issues; her partner's behaviour, and the implications of the therapy protocol; internalisation of problems. It was speculated that, in light of the client's continuing disconfirmation of problem (re)formulation, the therapist's strict adherence to the protocol contributed to the poor therapeutic outcome. This present study points to a similar conclusion.

Chapter 7

Construction of anger in one successful psychodynamic-interpersonal psychotherapy: Problem (re)formulation and the negotiation of moral context[7.1]

Chapters 5 and 6 presented detailed studies of therapist-attempted problem (re)formulation. These two chapters concentrated on explicating this process as it occurred within therapy conversation pertaining to one unresolved, client-specific problematic theme in a more generally unsuccessful case of psychodynamic-interpersonal psychotherapy. This final empirical chapter continues to investigate the process of problem (re)formulation but within the context of a *successfully* resolved, client-specified theme in a generally *successful* case of psychodynamic-interpersonal psychotherapy. Factors contributing to the success and failure of problem (re)formulation will therefore be explored through studying these contrasting outcome cases. In fact, these two psychodynamic-interpersonal therapies offer a particularly good comparison for the following reasons. First, the two therapies were conducted by the same male therapist. Second, both female clients were similar in age, background and presenting diagnosis. And third, both problematic domains studied had a domestic theme. A comparison of these two cases, along with the understandings of process gleaned from the initial study (Chapter 4), will therefore be conducted in the discussion chapter of this thesis. This chapter though presents the final empirical study of this thesis addressing the question '*how does change occur in psychodynamic-interpersonal psychotherapy?*'.

As in the initial study of extracts from therapy (Chapter 4), the current chapter presents research on a successful case of psychodynamic-interpersonal psychotherapy. One aim of this thesis, however, is to develop an approach to linking discursive

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[7.1] Sections of this chapter were presented at the international meeting of the Society for Psychotherapy Research, Vancouver, Canada: Madill, A., Barkham, M., & Shapiro, D. A. (1995, June). Construction of anger in a successful psychodynamic-interpersonal psychotherapy: Negotiation of moral context and justification. In W. B. Stiles (Moderator), Accomplishing key tasks in contrasting psychotherapies: Qualitative studies from the Second Sheffield Psychotherapy Project.

analysis of process with evaluations of domain and case outcome. This concluding chapter therefore presents a modification of the approach adopted which addresses some of the limitations identified in the former three studies.

The approach has been modified in the following ways. First, the material presented in the first study in Chapter 4 attempted to account for the process of change throughout one problematic theme across 4 sessions of an 8-session therapy. The analysis of this material offered a coherent and informative understanding of the change process involved. However, selecting extracts from only 4 sessions was considered to place artificial restrictions on material examined. Thus, as in the studies presented on the unsuccessful case in Chapters 5 and 6, material for the present study was selected from all 8 sessions of therapy.

Second, following from the work conducted on the unsuccessful case, the current study was approached with a view to developing an understanding of a specific research topic; problem (re)formulation. As a pilot study, the approach in Chapter 4 was much more open-ended.

Third, in contrast to the studies presented in Chapters 5 and 6, which examined specific *features* of the process of problem (re)formulation (client disconfirmations and therapist initiated topic shifts), the current study traces the process as it occurs throughout the therapy in relation to one particular *content theme*. This strategy aims to forge a closer link between discursive analysis of process and client evaluation of outcome at the domain level. Thus, in order to provide as detailed analysis as afforded in Chapters 5 and 6, the focus of analysis was narrowed to a sub-theme. This allowed a close examination of specific sequences while tracing the development and changes in this sub-theme throughout therapy. The material available for analysis was therefore pre-selected on the criteria of thematic content. This contrasts with the more global analysis offered in Chapter 4 and the narrower, specific analyses presented in Chapters 5 and 6.

This concluding study focuses on the topic of emotion; alluded to but not a central feature of the previous chapters. Emotional process are often considered

central in understanding client change in psychotherapy (Greenberg & Safran, 1989). Clients characteristically present with emotional difficulties and exploration of, or at least orientation to, the client's emotional experience is an essential feature of many therapeutic rationales, e.g., the conversational model (Hobson, 1985), client-centered therapy (Rogers, 1951), focused expressive psychotherapy (Dalrup, Engle, Holiman, Beutler, 1994). Focusing on the topic of emotion, the present study seeks an understanding of how therapeutic transformation in a client's account of her feelings toward a significant other was accomplished during therapy. Specifically, this study examines how a client came to describe herself as feeling anger toward her mother having previously rejected this understanding in an earlier session of therapy.

In academic psychology there are three major approaches to the study of emotion. The first is premised on the existence of 'primary emotions'. Primary emotions are considered innate and physiologically based and typically include such emotions as happiness, surprise, sadness, anger, disgust and fear (Ekman, 1985; Izard, 1977; Plutchik, 1962; Tomkins, 1970). The second is the cognitive account which suggests that the identification of specific emotions is accomplished through an intra-psychic interpretation of situation and context (Schachter & Singer, 1962). The third approach to the study of the emotions is the social constructionist account which is the perspective adopted in this current study.

Social constructionism views human understanding as an artifact of cultural and historical discourses rather than a product of direct experience of ourselves and the world (Gergen, 1985b). However, this position does not deny that feelings are 'real' or that there may be a physiological component to many emotion states. The argument rather is that "the reality of emotions is social, cultural, political, and historical, just as is its current location in the psyche or the natural body" (Abu-Lughod & Lutz, 1990, p.18-19). Hence, from this perspective a major problem with traditional approaches to the study of emotion is the construct validity of the vocabulary of the emotions itself. Accordingly, conceptualising particular emotions as 'primary' or innate is considered based on the erroneous assumption that because we

have a complex vocabulary of emotions some of these have a unique object status. Social constructionism, on the other hand, offers an approach concerned with how the use of the vocabulary of the emotions is "governed by expectations implicit in the moral order of the society and period in which they are to be found" (Warner, 1986, p.135). Social constructionism also contrast the cognitive approach to the emotions. That is, focus is directed toward the historical origins and cultural contexts in which our repertoire of emotional terms was developed. Moreover, there is a concern with the way in which accounts of emotional state function within their interactional context rather than consider emotion primarily a private, intra-psychic event.

There are three main strategies open to a social constructionist investigation; cross-cultural, historical, and a focus on social discourse (Abu-Lughod & Lutz, 1990). Research utilising cross-cultural and historical analysis provide a background to the topic explored in this chapter; the emotion of anger. Anger or rage features as a primary emotion in all the traditional psychological models cited above. It would therefore appear to be a strong candidate for consideration as an innate and fundamental human experience. Cross-cultural studies, though, illustrate how the expression of what might be described as anger may be understood as a matter of cultural or sub-cultural style. For example, Warner (1986) reports volatile displays in the Tikopians, intensified respect in the Koreans, chilly silence in the British and accusations of having been bewitched in the Tiv, Nyakyusa and Azande. However, a social constructionist perspective suggests that what characterises such behaviour as expressions of anger is not reference to an underlying emotional state but the effect such expressions have of positioning the individual in the local moral order. That is, in anger "there is always a sense of being a victim with respect to rights or interests that are felt to be violated" (Warner, 1986, p.141). The angry person can therefore be understood to be communicating an offended status. So, accounting for oneself as experiencing a particular emotion can be viewed in terms of the implications this has for the evaluation of oneself (and others) within the context for which that claim is

made. In other words, accounting for oneself as experiencing a particular emotion can be viewed as a *social action.*

Cultures vary not only in emotional display but also in the way in which the emotions are understood. For example, understanding anger in terms of bewitchment can be seen to place the cause of the emotion outside oneself in a very direct sense. Although contemporary Western culture makes use of a similar resource, e.g., 'A makes B angry' this would not usually be regard to impute direct causality. Rather, B's *judgement* of A would normally be considered the cause of the emotion as B could no longer consider her/himself angry if s/he discovered A's conduct to be excusable (Warner, 1986).

Several features of the contemporary Western account of the emotions have been identified. Some of these are of particular relevance to the present study (for full discussion see Lutz, 1988). "Predicated [...] on the belief that emotion is in essence a psychobiological structure and an aspect of the individual" (Lutz, 1988, p.4) emotions are considered to be something that we 'have' or, rather paradoxically, that happen 'to' us (Harre, 1986). A connected idea is that "only the subject can truly know his or her own emotions" (Lutz, 1988, p.72). It is, though, also considered possible to determine how someone is feeling through empathising with or observing their *display*, even when the individual may not wish us to know. However, reports of emotional state are not usually considered open to dispute for although one may question the appropriateness of a person's feelings, considered the property of the individual one would be considered to have little or no grounds to challenge that the emotion was in fact being experienced (Warner, 1986). The one major exception to this understanding may be psychotherapy and related contexts where one participant is positioned as 'troubled' and in which accounts of disturbed psychological process may be invoked. This, therefore, makes psychotherapy a particularly interesting area to study in relation to negotiation of emotional state from a social constructionist perspective.

Historical studies, though, suggest that this contemporary account of the emotions as both feeling and display is a relatively recent development within English speaking cultures. For example, from the study of historical documents such as plays and diaries Stearns and Stearns (1988) demonstrate a transforming understanding of the emotions over the last 300 years. They suggest that in the 17th century emotion was viewed as a form of agitation to which crowds were suspect and conceptualised in terms of public display. As Harre and Gillett (1994) state; "(w)hat was meant by saying that someone was angry was not that they were experiencing a certain bodily feeling but that they were expressing their outrage and engaging in reprimand by putting on a certain display" (p.152). It is only over the last two hundred years that emotions have been taken to refer to private and bodily feelings. Moreover, replacing the concept of the sentiments during the 19th century, emotions also became understood as a female preserve. Interestingly, though, anger is the one exception to this rule. It "is the one emotion that is exempted in everyday discourse from the expectation that women feel and express more emotion than men. It is in fact every emotion *but* anger that is disapproved in men and, conversely, expected in women" (italics in original, Lutz, 1990, p. 81, citing Hochschild, 1983).

The present study takes the third research strategy open to a social constructionist research; a focus on social discourse (see above, Abu-Lughod & Lutz, 1990). So, in the analysis presented here the issue under investigation is not the veracity of the client's feelings toward her mother. Rather, the concern is to explore the way in which the client *came to describe herself* as feeling angry toward her mother having specifically rejected this understanding in an earlier session of therapy. The primary aim of this study therefore is to explicate the process of successful problem (re)formulation in relation to this particular sub-theme as it was negotiated within the therapy conversation. A further aim is to link this discursive understanding of process with an evaluation of domain outcome through examining the client and therapist accounts, offered within the therapy dialogue, as to why this change was considered beneficial (an outcome supported by client questionnaire self-report data).

As in the previous empirical studies a discourse analytic approach (Potter & Wetherell, 1987) has been utilised.

METHOD

Case selection The case was a successful therapy of a female client who completed 8 one-hour, weekly session of psychodynamic-interpersonal therapy. This therapy was drawn from a pool of 117 cases comprising the Second Sheffield Psychotherapy Project (SPP2: Shapiro *et al.*, 1990). The case was selected on the basis of the client's scores on the Beck Depression Inventory (BDI: Beck *et al.*, 1961) which was the criterion outcome measure for the study.

The BDI was administered on 6 occasions resulting in the following scores: at initial screening (21), intake assessment (20), immediately prior to the first session (24), 2 weeks after completing therapy (0), 3-months follow-up (0), and 1-year follow-up (0). At the intake assessment the client was interviewed by a trained assessor and obtained a diagnosis of a Major Depressive Episode. The client's scores indicated a moderate-severe depressive episode prior to commencing therapy, this falling to a minimum score indicating no depressive symptomatology after therapy completion. Change therefore met the most stringent criteria of clinical significance offered by Jacobson and Truax (1991).

Written consent to use audio-tapes of this therapy for research purposes was obtained from the client after therapy completion.

The client The client was female, in her forties, in full-time, white-collar employment and shared her home with her elderly parents and her two teenage children. At the time of therapy she was in the process of divorce from her husband, the children's father.

The therapist The therapist was male, of similar age to the client and with 18 years experience with psychodynamic-interpersonal therapy. Peer group supervision was the norm. This therapist also conducted the unsuccessful therapy studied in Chapters 5 and 6.

Theme selection At the second part of the intake assessment the client was presented with a list of individualised problems derived from the assessment interview. She was asked to select a total of 10 items, 2 from each of 5 categories: symptoms, mood, self-esteem, relationships, and specific performance. In line with the domestic theme focused on in this thesis, the problem chosen for detailed analysis was 'feeling that I have let my family down'. All 10 personal statements were rated by the client each week immediately prior to the therapy session. The task required the client to rate how much each problem statement had bothered her during the week on a 7-point scale with anchor points of '1' ('not at all') to '7' ('extremely'). The ratings for the selected statement across the 8 sessions was as follows: 6 5 5 - 4 2 2 2. [Data from session 4 was missing]. A score of '2' ('very little') indicated that this theme could for all intents and purposes be considered resolved at therapy completion on the criterion of client personal questionnaire ratings of problem severity (Mulhall, 1976; Phillips, 1986).

Selection of dialogue for analysis In order to obtain transcripts of the therapy conversation pertaining to the selected issue, two psychology graduates listened to audio-tapes of the case for relevant passages. Both graduates were in their twenties; one was male and the other female (the author). One was working as an assistant psychologist in a psychiatric hospital and the other was a doctoral student in clinical research. Both listened to all sessions of the therapy and independently selected passages on the basis of selection instructions prepared by the author (Appendix 3). As the aim of this procedure was merely to obtain relevant material for study, all selected passages were transcribed. This provided 29 passages varying in length from a few lines of dialogue to 18 pages of transcript.

To narrow the focus of analysis further a sub-theme was then selected from these transcripts by the author for detailed study. This sub-theme concerned discussion of the client's anger and was selected for the following reasons. First, there appeared to be some interesting changes in the way the client utilised the term 'anger' as a description of herself in relation to her mother. The sub-theme was therefore

assumed to allow an analysis of how such change was accomplished. Second, the client and therapist offered an account of why considering the client angry toward her mother had been helpful. This allowed an analysis of the participants' construction of these changes as beneficial. Third, on a pragmatic level, the sub-theme was relatively easy to distinguish from surrounding text (marked by keywords such as 'angry' or 'cross') and narrowed the study material to 11 extracts of at most two pages of transcript. Finally, the process by which a client came to express herself as angry with her mother and to consider this change beneficial to her was thought to be of clinical importance and interest.

Analytic procedures The first stage of analysis involved listening to audio-tapes of the complete 8-hour therapy in order to contextualise the extracts selected for detailed study. In the second stage, all extracts selected for detailed study were subjected to a preliminary analysis. This involved close and repeated reading of the text, attending the meaning conveyed but also the way in which this meaning was constructed or 'put together'. Detailed notes examining how the extracts appeared to 'make sense' were written from this close reading of the text. In focusing on change processes, particular attention was directed to points during which the client's account appeared to change significantly. During this preliminary analysis, then, key sections of text were identified for presentation. The final stage entailed the production of a detailed analysis of these key sequences, linking analytic claims to specific extracts. This analysis is presented in full below.

ANALYSIS

In the extracts selected for study, the sub-theme 'anger' is first raised during the second session of therapy. The following sequence appears during discussion in which the client describes a difficulty expressing this emotion. Specifically, she had suggested a tendency to get upset or to avoid situations that might make her feel angry. We enter the conversation as the client offers an example of this problem in relation to an incident involving her husband:

Extract (1) Session (2)

1	C:	...we'd promised we'd take the children to
2		this (.) fun fair and fair and he went and got
3		himself absolutely blotto at lunchtime was
4		incapable of going anywhere (.) um I I just
5		sort of again walked out collected the kids and
6		took them myself had to go on the bus (3) um I
7		suppose though you know I should have made a
8		big fuss about it but I couldn't
9	T:	(mm)
10	C:	partly for the children's sake you know I I
11		thought alright (.) promised them an outing so
12		you know the outing was the thing that
13		mattered (4) and there's odd you know silly
14		little incidents like that (3) when I think
15		about them (4).
16	T:	So when you get upset one of the things that
17		can be happening is that you're feeling angry
18		but you can't show it
19	C:	(mm) (5).

Client's description of an incident An interesting feature of the first extract is the way in which moral context saturates the client's account. The extract begins; "we'd promised we'd take the children to this (.) fun fair" (lines 1-2). So, as a promise carries an obligation, it is suggested that this outing was something to which the children had an entitlement. Therefore, describing her husband as "incapable of going anywhere" (line 4), and so unable to take the children to the fair, indicates he had renayed on a moral responsibility. In fact, her husband's culpability is made pertinent in three ways. First, the illegitimacy of his behaviour is built using a contrast structure: 'we'd promised...he went' (see Smith, 1990). Second, the client suggests her husband was unable to fulfil his promise because he had "got himself absolutely blotto at lunchtime" (lines 7-8). This makes the implication available that as presumably he need not have got drunk, and moreover in the middle of the day, he had put his own pleasure before his obligation to the children. Her husband is therefore suggested to have been particularly irresponsible and selfish. Third, the extreme case formulation (Pomerantz, 1986) 'absolutely blotto' and the definitive 'incapable' make the client's account quite unambiguous.

In describing her reaction to this situation the client states she "just sort of again walked out" (lines 4-5), although going on to make the suggestion that she

"should have made a big fuss about it" (lines 7-8). So, a further contrast is drawn between how she did react; 'walking out', and how she ought to have reacted; 'making a big fuss'. It is therefore implied that an expression of complaint would have been a more appropriate reaction to her husband's irresponsible behaviour than making an abrupt exit. Thus, not making a 'big fuss' is presented as an accountable matter and the client goes on to provide an explanation of her behaviour. That is, she describes taking the children to the fair herself having "promised them an outing so you know the outing was the thing that mattered" (line 13). So, in making reference to the promise made, her action of 'walking out' is placed within the greater context of the client fulfilling her own obligations to the children.

The client's suggestion that 'the outing was the thing that mattered', though, draws an implicit contrast with something of less import; but what? The client had indicated that although she should have made a big fuss she "couldn't partly for the children's sake" (line 10). As 'making a fuss' suggests causing a disturbance of some kind, in not doing so 'for the children's sake' it is implied that such behaviour may have had an upsetting effect on them. Thus it is the children's needs that are implied to have been of greater importance to the client in this situation than an expression of complaint to her husband. In being only 'partly' for the children's sake the implication becomes available that other contingencies also had an effect on her behaviour. However, moral and pragmatic considerations are identified as contributing to the restraint of her anger.

Therapist's problem formulation The therapist responds to the client's account with a upshot. An upshot is a subclass of formulation used to indicate an implication or ramification of what has been said (Heritage & Watson, 1979, see page 120). The therapist suggests that when the client gets upset "one of the things that can be happening is that you're feeling angry but you can't show it" (lines 16-18). So, he focuses on one aspect of the client's account; that she could not make a 'big fuss'. This was also the one feature to which the therapist had oriented verbally during her turn; "I should have made a big fuss but I couldn't (T: mm)" (lines 7-9). However, two

observations can be made with regard to this. First, in focusing on the client's lack of complaint or demonstration of anger he deletes the moral and pragmatic context in which the client had placed her reaction. Moreover second, the therapist offers a summary of 'when you get upset' thereby implying that his comments pertain to all occasions in which the client feels this way. This, though, is presented in a mitigated way in that it is suggested that feeling angry is only 'one of the things that can be happening' when she is upset. Thus, with the client's assent; "mm" (line 19), a tentative problem formulation is obtained around the client's personal difficulty expressing anger.

The topic of anger is continued for a while after this first extract but was not selected as pertaining to the wider theme 'feeling that I have let my family down'. The sub-theme anger was however next raised in relation to this wider theme later in this second session during discussion of the client's relationship with her mother. Discussion of the client's anger in this regard is presented in full but for ease of analysis split into three sections. Thus, the sequence begins:

Extract (2a) Session (2)

1	T:	So maybe there's quite a bit for you (.) to be
2		angry and upset about in relation to your mum
3		(.) (C sighs) over the years (4).
4	C:	Not angry I don't think really bit sad about it
5		(.)
6	T:	(mm hm)
7	C:	it seems a shame that we never have been
8	T:	(mm)
9	C:	able to be really close
10	T:	(mm hm)
11	C:	(.) but I I wouldn't say angry about it (.)
12		just seems a shame
13	T:	(yeah).
14	T:	Of course it's hard to know isn't it from what
15		we've said about how if you're angry it comes
16		out as upset perhaps hard to know whether you
17		have been angry with your mum or not (.) do you
18		see what I mean?
19	C:	(mm)
20	T:	that it wouldn't come out directly and perhaps
21		you wouldn't even know (8).

Therapist's problem formulation The discussion begins with an upshot provided by the therapist; "So maybe there's quite a bit for you (.) to be angry and upset about in relation to your mum (.) (C sighs) over the years" (lines 1-3). Thus, he raises the possibility that the client may be characterised as feeling both 'angry' and 'upset' with her mother. Furthermore, stating 'there's quite a bit' for her to angry and upset about, and 'over the years', suggests that such feelings would have multiple and prolonged justification. The therapist therefore offers a problem formulation with respect to the client's feelings towards her mother insofar as feeling upset and angry suggests a disturbed relationship with a significant other.

Client's disconfirmation Formulations require an evaluation of appropriateness from recipients (Heritage & Watson, 1979). In this instance the client offers a disconfirmation of the problem formulation stating that she is "Not angry I don't think really bit sad about it" (line 4) (see Chapter 5). So, the client does not repeat the therapist's idea of being 'upset' but uses the milder description of being 'bit sad about it'. Thus, although confirming the suggestion that she is in some way distressed with regard to her mother, she de-emphasises this issue by expressing it in dilute form. Moreover, she specifically rejects the therapist's suggestion that she is angry.

The client expands her account stating; "it seems a shame that we never have been (T: mm) able to be really close (T: mm hm) but I I wouldn't say angry about it" (lines 7-11). This statement has several interesting features. First, in the context of the therapist's comment that she may feel both angry and upset with her mother, the client makes reference to only one specific aspect of this relationship; not being 'close'. Highlighting one aspect implies that this might be considered the main and possibly only justification for such feelings. This therefore contrasts with the therapist's suggestion that justifications are multiple. Second, the phrase 'we never have been able to be really close' is neutral with regard to responsibility and blame. Thus, as part of the logic of anger is that it may be considered an appropriate response to having been wronged, such neutrality implies there is no *reason* for the client to be angry with her mother. Furthermore, third, the client's suggestion that it 'seems a shame' is

specific in this regard; that the distance between herself and her mother is a matter of regret rather than of anger.

Therapist's problem (re)formulation The therapist commences his reply; "Of course it's hard to know isn't it from what we've said about how if you're angry it comes out as upset" (lines 14-16). In making reference to something 'we've said' the therapist indicates the relevance of a former discussion. 'about how if you're angry it comes out as upset'. He therefore suggests it has been established that the client's anger is inevitably demonstrated through an expression of distress. Moreover, in prefacing this statement 'of course' he implies that this is something self-evident and thus an item of shared knowledge.

The idea that the client gets upset when she is angry was raised in the sequence presented in extract one drawn from slightly earlier in same session. So, in making reference to something said, the therapist can be understood as drawing on at least the discussion presented in this former extract. In this sequence, however, it was stated that when the client is upset "one of the things that can be happening" (extract 1, lines 21-22) is that she is feeling angry. Thus, the suggestion was that in expressing distress the client may be angry, not that her anger is inevitably expressed as distress. In this later sequence, therefore, the therapist offers a transformed and thus (re)formulated understanding of the matter (Davis, 1984, 1986).

This (re)formulated understanding of the client's emotional expression relies on the deletion of contextualising features. That is, first, the understanding of the client's problem expressing anger on which the therapist's account is based itself was enabled through deleting the moral and pragmatic context in which the client had placed her reaction (extract 1). Second, contextualising features are deleted again through transferring an understanding offered with regard to an incident between the client and her husband to the client's relationship with her mother. Presented as inevitable and as a pattern across different contexts, the client's expression of anger as distress is therefore further presented as an inherent feature of the client herself.

The therapist continues stating; "perhaps hard to know whether you <u>have</u> been angry with your mum or not" (lines 16-17). So, having suggested the client's anger 'comes out as upset', he points to a specific example and raises the possibility that any anger toward her mother may be difficult to identify. The client's account of not feeling and having no reason to feel angry toward her mother is therefore implicitly challenged. Expanding on this the therapist suggests it might be hard to know if the client has been angry with her mother or not as it "wouldn't come out directly and perhaps you wouldn't even <u>know</u>" (lines 20-21). In suggesting the client's anger 'wouldn't come out directly' an implicit contrast is made with the possibility of there being more direct expression of this emotion. The client's expression of anger is therefore suggested to be distorted or obstructed in some way. Moreover, the statement that perhaps she 'wouldn't even know' if she has been angry with her mother or not, raises the possibility that the client might not be aware of her own feelings in this respect. In this way, the client's account of not being angry with her mother becomes compatible with her, in fact, being angry but with the emotion being obstructed, outside her awareness and thus problematic.

The therapist's challenge to the client's account of her feelings toward her mother is therefore managed in three ways. First, his account is premised on a (re)formulated understanding of what had been accomplished earlier in therapy; that the client's anger is inevitably expressed as 'upset'. This is therefore presented as a consistent pattern. Second, having implicated the presence of a consistent pattern the therapist is able to transfer an understanding of the client's emotional expression in one context (an incident with her husband) to another (her relationship with her mother). The source of the client's behaviour is therefore implied to be internal to the client herself. Third, the therapist's account is premised on invoking an understanding of the emotions in which the client's own feelings may not be completely evident to her. Any potential appeal by the client to personal knowing in such matters is therefore undermined. The conversation continues:

Extract (2b) Session (2)

22	C:	I I have been (.) angry about (.) things and um
23		(4) can remember we had somebody who lived near
24		(.) and oneday I went down to chat to her and
25		um something must have upset me at home I
26		suppose and I (.) sat and chatted to her (.)
27		and she must have told me mum (.) which
28	T:	(mm hm)
29	C:	really annoyed me you know I though she was
30		sort of breaking a confidence
31	T:	(mm hm)
32	C:	and mum was cross about certain things I'd said
33		about her (.) I remember that I must have been
34		about (.) fourteen fifteen probably at the time
35		(9) but um I don't remember any other incidents
36		really.
37	T:	But you say you were angry with not with your
38		mum but with the other woman (.) that's right?
39	C:	Well I was (.) I was upset that (woman's name)
40		had sort of broken what I
41	T:	(mm)
42	C:	regarded as a confidence that it got back to me
43		mum certain things I'd said.
44	T:	Sure (.) and again you use the word upset for
45		angry.
46	C:	(C laughs joined by T) Yeah cause angry doesn't
47		come into my repertoire.
48	T:	That's right it doesn't come into your
49		repertoire that's it.
50	C:	It it really doesn't
51	T:	(mm)
52	C:	(.) no.

Client's continuing disconfirmation Immediately prior to this sequence the therapist had implicitly challenged the client's account that she did not feel angry toward her mother. He suggested that (1) her expression of anger may be distorted or obstructed in some way and (2) she may not be aware of this emotion when she has it. In response the client states; "I have been (.) angry about (.) things" (line 22) and goes on to describe a relevant incident. So, in contrast to the therapist's suggestion that she may not be aware of her own anger, the client's statement that she 'has been angry' implies that rather this is an emotion she can knowingly experience. She can therefore

be understood to be offering a continuing disconfirmation of the therapist's problem (re)formulation around her obstructed or unidentified experience of anger.

Therapist's continuing problem (re)formulation In response the therapist focuses on one aspect of the incident the client describes. He states; "But you say you were angry with not with your mum but with the other woman" (lines 37-38). Thus, the therapist orients to the client's account of having been angry specifically with regard to the issue of her feelings toward her mother. This was a theme raised by the therapist in his former turn; "perhaps hard to know whether you have been angry with your mum or not" (extract 2a, lines 16-17). However, the issue of the client's anger towards her mother was offered by the therapist as a specific instance of the implication that the client's generally expression of this emotion is problematic; that "if you're angry it comes out as upset" (extract 2a, lines 15-16). So, in focusing on the client's account as one in which she was angry 'not with your mum but with the other woman', the implication becomes available that the example does not challenge the idea that the client's anger may be distorted or unidentified with respect to her *mother*. In orienting to this specific feature of the client's account, though, her implicit disconfirmation of the general implication that she may be unaware of her own anger is glossed over.

In response the client merely repeats her account of the circumstances justifying her anger; the "breaking (of) a confidence" (line 30). She therefore can be understood as reorienting to the importance of her challenge to the general implication that her expression of anger is problematic, of which anger toward her mother was one example. In doing so, though, the client does not repeat her description of being "angry" (line 22) or "really annoyed" (line 29) but uses the phrase 'I was upset'. And it is this aspect of her reply that the therapist develops; "Sure (.) and again you use the word upset for angry" (lines 44-45). Prefacing his reply 'sure', the therapist indicates an acknowledgement that the client was 'upset' about the broken confidence. However, he goes on to suggest that 'again you use the word upset for angry'.

This statement has three interesting implications. First, that the word 'upset' was used for that of 'angry' implies that of the two 'angry' would have been the correct description. The client's account of her feelings is therefore further challenged by the therapist. Second, the therapist states that the client 'again' uses the word upset for angry. He therefore indicates that she has a tendency to do so or, at least, has done so before. He therefore identifies the client's description of her feelings in relation to anger not only as erroneous in this particular instance but as generally mistaken. So third, although the therapist orients to a linguistic distinction, an effect is to offer a documentation of the client's problem with anger.

What justification has the therapist for making such suggestions? Earlier in the discussion the therapist had suggested that when the client is angry "it comes out as upset" (extract 2, lines 15-16). This was therefore presented as established understanding; an implication that was not challenged by the client. The therapist can therefore be seen to draw on this understanding to suggest that in describing herself as 'upset' the client may, in fact, have been experiencing anger and furthermore that this may be typical of her. Moreover, as the client had just offered an example of when she has "been (.) angry about (.) things" (line 22), it seems reasonable to impute this emotion to her.

Having again had her account of her feelings challenged by the therapist, the client offers an explanation for her comment that she "was upset that (woman's name) had sort of broken what I (T: mm) regarded as a confidence" (lines 39-42). She states; "Yeah cause angry doesn't come into my repertoire" (lines 46-47). However, what does the term 'repertoire' mean in this context?

Two interpretations appear possible. First, following from the therapist's orientation to the words the client used; that she "used the word upset for angry" (lines 44-45), the client could be understood to mean that the word 'angry' merely does not come into her *descriptive/linguistic* 'repertoire'. This interpretation would be compatible with the client's disconfirmation of the therapist's problem (re)formulation around her problematic expression of this emotion. That is, that 'anger' is a word the

client does not commonly use is compatible with her still feeling and adequately expressing this emotion.

On the other hand, that anger does not come into the client's 'repertoire' could be understood in terms of her *experiential/behavioural* 'repertoire'. This second interpretation is made pertinent by the wider context of the discussion in which the therapist has suggested the client may not be aware of her own anger (extract 2a, lines 16-21). There are two implications of this latter interpretation. First, in line with the client's previous disconfirmations, in suggesting that anger does not come into the client's experiential repertoire she could be understood as indicating that if she does not *feel* angry then she is not angry. However, second, that anger does not come into her experiential repertoire would also be compatible with the therapist's suggestions that the client's anger may be outside her awareness.

Rather than attempt to recover intended meaning from the client's statement, a discursive approach focuses on how meaning is taken up and developed in subsequent conversation. In reply the therapist states; "That's right it doesn't come into your repertoire that's it" (lines 48-49). Thus he echoes the client's comment that anger 'doesn't come into her repertoire', prefacing his reply 'that's right' so indicating agreement with her. However, as the meaning of the client's statement is not explored it is not clear with what the therapist is agreeing. Moreover, the client's reply; "It really <u>doesn't</u>" (line 50), suggesting that anger 'really doesn't' come into her repertoire, indicates a continuing ambiguity. That is, in stressing the veracity of what she has just said after the therapist has indicated agreement with her suggests that the client is not taking his agreement at face value but understands her position to require further validation. So, how does the conversation continue?:

Extract (2c) Session (2)

53	T:	So that sounds like there as if you're sort of
54		sort of feeling sort of frustrated (.)
55		frustrated with me for going on about it or
56		something? it really <u>doesn't</u> (C laughs) it sort
57		of (tails off).
58	C:	Well it's just not <u>part</u> of me to <u>get</u> angry (.)
59	T:	(mm mm)
60	C:	it's just not in my make up

61 T: (mm)
62 C: I don't
63 T: (mm).

64 T: You don't.

65 C: No (C laughs followed by T).

66 T: I suppose at some is in some way I suppose I
67 don't believe it I suppose that's what's
68 happening (.) it feels like what you're saying
69 that there's a whole bit of you that isn't
70 there (.) and I just don't believe it (2) or
71 something you (.) I mean only that that sounds
72 very I don't know I mean that sounds funny it's
73 not when I said I don't believe it I mean I
74 feel that there must be part of you that you're
75 not expressing and you must you know that must
76 be costing you something (.) that by by writing
77 it out of the script like that you're you're
78 doing yourself some harm I suppose that's what
79 I feel.

80 C: Perhaps I've (.) I don't know if I've written
81 it out of the script for so long it just
82 doesn't exist now...

Therapist's shift in conversational topic The conversation continues with the therapist suggesting "that sounds like there as if you're sort of sort of feeling sort of frustrated with me" (extract 2c, lines 53-55). Thus he comments on the way in which the client 'sounds' indicating that this suggests she might be feeling 'frustrated with him'. In doing so, the implication becomes available that the *way* in which the client has expressed herself is a relevant new topic for discussion (see also Davis, 1986).

Client's continuing disconfirmation Having had the way in which she has spoken oriented to, an appropriate response would be for the client to comment on the therapist's suggestion. She does this by offering an explanation for why she might 'sound frustrated'; "it's just not part of me to get angry (.) (T: mm mm) it's just not in my make up (T: mm) I don't" (lines 58-62). So, in stating that anger is 'just not part of' her or in her 'make up', the client makes a strong case that not getting angry is an established and natural part of her particular constitution; that she is just not that kind of person (see Wetherell & Potter, 1989). So, the implication is that her frustration with the therapist is due to being continually challenged on something which is

evident to her. Moreover, in specifying that it is "not part of me to get angry" (line 58) the client's former statement that "angry doesn't come into my repertoire" (extract 2b, lines 46-47) finally becomes established as her behavioural/experiential repertoire as opposed to merely descriptive/linguistic.

The therapist echoes the client's statement "You don't" (line 64) and although this is again validated by her (line 65) goes on to explicitly question her position stating that "in some way I suppose I don't believe it" (lines 66-67). In understanding the therapist's comment it is important to note that in contemporary Western culture anger is often considered a fundamental human experience (e.g., Ekman, 1985; Izard, 1977; Plutchik, 1962; Tomkins, 1970). In this context, a claim that one does not get angry appears unreasonable and likely to be received with scepticism. So, although the client's statement could have been understood as making the seemingly more reasonable claim that she is merely not easily roused to anger, the therapist's reaction of disbelief suggests rather than her claim is being oriented as extreme. Moreover, the client's laughter while validating her position; "No (C laughs followed by T)" (line 65), may indicate an acknowledgement of the unusual nature of what she is saying. And understanding the client's claim as at least unusual makes sense of her earlier unwillingness to take the therapist's agreement with her at face value (extract 2b, lines 50-52). Thus, it is in drawing on a commonsense understanding of the nature of the emotions, and thus the inherent tenability of certain claims regarding them, that the therapist can offer an explicit challenge to the client's account that she does not get angry.

However, why might the client have come to make such a seemingly extreme claim regarding her own emotions? Throughout this second session discussion (extracts 2a-2c) the client had had her account of her feelings questioned by the therapist. This may be an unusual situation in that in contemporary Western culture as a common understanding is that "only the subject can truly know his or her own emotions" (Lutz, 1988, p.72). The client therefore is in a position of having to defend an account which would not normally be challenged. Accordingly, extreme case

formulations have been identified as a strategy which may be invoked in situations requiring one to assert the strongest possible case to defend against or to counter challenges to the legitimacy of one's account (Pomerantz, 1986). Moreover, the client's claim to the effect that she does not get angry was made specifically in response to the therapist suggestion that she might be feeling frustrated with him (lines 55). In the context of being characterised as possibly frustrated with someone professionally qualified and attempting to help you, one might be expected to have a good reason. So, the client's suggestion that she 'doesn't get angry' can also be understood as oriented toward implying that the grounds for her frustration with the therapist are very secure; that the status of her lack of anger is unambiguous. However, the implication of the client's statement is that her position is readily open to challenge for being untenable.

Therapist's continuing problem (re)formulation So, the therapist responds; "in some way I suppose I don't believe it I suppose that's what's happening" (lines 66-68). In stating 'I don't believe it' the therapist indicates the client's claim that she does not get angry is untenable to him. Moreover, stating 'that's what's happening' suggests that 'not believing it' has been the basis of their interaction and thus the therapist's challenges to the client's account of her feelings.

The therapist, however, goes on to offer a reason for his disbelief. He suggests "it feels like what you're saying that there's a whole bit of you that isn't there (.) and I just don't believe it" (lines 68-70). So first, the client's suggestion that she doesn't get angry is characterised as implying that part of her is missing. However second, that part of her could be missing is itself construed as untenable in that it is something he 'just doesn't believe'. The therapist's disbelief, though, is offered in a mitigated way. That is, his disbelief is suggested to be only in "some way I suppose" (line 66) and with reference to being something he 'feels' (lines 68, 73-74 and 79). It is therefore oriented to only as his own opinion or how it *seems* to him. But why should the therapist's disbelief have been offered in this way? It can be suggested that indicating disbelief with what someone has said is potentially disruptive as could be understood

as implying that one is not just mistaken but is perhaps not telling the truth. Offering such a suggestion in a mitigated way, therefore, allows the point to be made while orienting interactional ease. That is (1) in suggesting the disbelief is a personal opinion the implication becomes available that one might oneself be mistaken and (2) that the disbelief is only in 'some way' implies perhaps that an acceptable explanation for the client's seemingly untenable position might be forthcoming. A tentative intervention of this nature is also in line with the protocol of the conversational model of psychodynamic-interpersonal psychotherapy (Firth & Shapiro, 1985; Hobson, 1985).

In a similar vein, the therapist continues by offering a further, expanded explanation for his disbelief; "when I said I don't believe it I mean I feel that there must be part of you that you're not expressing" (lines 73-75). The therapist therefore modifies his characterisation of the client from orienting to the implication that 'there's a whole bit of you that isn't there' to suggesting that there is part of her she is 'not expressing'. These two accounts are subtly different. The suggestion that a bit of her 'isn't there' implies that the client's anger does not exist and was construed by the therapist as an untenable position. Alternatively, suggesting that there is a part of her she is 'not expressing' implies that the client's anger exists but is just not demonstrated. Thus construing the client's account as an untenable and thus unbelievable position, the therapist reinterprets it in line with his suggestion earlier in the session that the client might " feel angry but [...] can't show it" (extract 1, lines 17-18).

The therapist then uses this understanding to offer a specific account of a *problem.* He suggests that in not expressing her anger; "that must be costing you something (.) that by by writing it out of the script like that you're you're doing yourself some harm" (lines 75-78). The notion that not expressing anger is 'costing her something' and 'doing herself some harm' suggests that this is in some way unhealthy or self-destructive. In this way, then, the client's emotional expression, or

rather lack of expression, is further suggested to be problematic and, by implication, an important topic for therapy.

Client's continuing disconfirmation Although the client's position that she does not get angry has been characterised as untenable and the therapist has offered a case that her emotional expression is problematic, the client continues to disconfirm the therapist's problem (re)formulation. That is, she states that perhaps "I've written it out of the script for so long it just doesn't exist now" (lines 80-82). So, the client echoes the therapist's reference to "writing it out of the script" (lines 76-77), however, rather than use this to develop an account of a harmful and thus problematic effect, she implicates length of time to account for the absence of her anger. Such an idea, therefore, draws on an alternative rationale in which consistent behaviour is a demonstration of inherent characteristics. Thus by the end of the second session discussion regarding the nature of the client's feelings toward her mother, the client's conclusion that her anger 'just doesn't exist now' appears a continuing disconfirmation of the therapist's problem (re)formulation that her anger is merely 'not expressed'.

A further mention of anger with regard to the client's parents appears in the following session; the third session of therapy. The next extract was selected for presentation and analysis as it demonstrates the way in which the therapist continues to develop a problem formulation around the client's anger with regard to her parents. We enter the discussion as the therapist offers a description of the client's feelings in this respect:

Extract (3) Session (3)

1	T:	That that you've got what you've got is (.)
2		feelings in yourself that you don't like (.)
3		cold calculating sort of thing which are kept
4		there by the feeling that you by the belief
5		that you can't (.) ever change anything while
6		they're alive.
7	C:	Yes probably you're right there mm.
8	T:	So you allowing them to control you you're
9		feeling a kind of anger towards them which you
10		you feel is like it's murderous it's like not
11		wanting them to be around anymore
12	C:	(mm)
13	T:	and I suppose I'm wondering what that means in

14 terms of your (.) your future for when they
15 have gone (5).

Therapist's problem formulation The therapist suggests to the client that "what you've got is (.) feelings in yourself that you don't like" (lines 1-2). Thus he offers a formulation by way of a summary understanding of how the client feels (Garfinkle & Sacks, 1970). Moreover, he indicates a problem insofar as 'having feelings you don't like' can be understood as disturbing or, at least, uncomfortable. Stating that this is something "you've got" (line 1) also has the effect of presenting this problem as unambiguous. The therapist continues by describing these problematic feelings in more detail. He states that it is a "cold calculating sort of thing" (line 3). The description 'cold and calculating' suggests something inherently negative. Such a characterisation of the client's feelings therefore validates the problem formulation that she has feelings she does not like.

The therapist then goes on to offer an account of how such problematic feelings are maintained. He suggests it is "kept there by the feeling that you by the belief that you can't (.) ever change anything while they're alive" (lines 3-6). Three observation will be made in relation to this statement. First, within the context of a client presenting with depression raising the idea of 'changing things' implies changing things for the better. Second, that the client's problematic feelings are maintained through not being able to change things suggests that her improvement is being in some way obstructed. However third, suggesting that the client has 'the feeling', 'the belief' that she cannot change anything 'while they're alive' presents this as the client's own *opinion*. So, the implication becomes available that, although not wrong, there may be other ways of understanding the situation. The client's problematic feelings are therefore suggested to be maintained by her own subjective understanding that her improvement is being impeded, if only by her parents' presence.

The client confirms the problem formulation; "Yes probably you're right there mm" (line 7), and the therapist continues. He states; "So you allowing them to control

you" (line 8). Thus, an upshot of the client's belief that she cannot change anything while her parents are alive is suggested to be that she is 'allowing them to control her'. That the client 'allows' her parents control, though, suggests that she lets this happen and so by implication could make it stop. The client herself is therefore further implicated in maintaining the conditions causing her distress.

It is in this context, though, that the therapist describes the client as "feeling a kind of anger towards them which you you feel is like it's murderous" (lines 9-10). What justification might the therapist have for making this statement? It can be suggested that, although it is implied that the client is not without blame, the belief that her parents are impeding her recovery from depression is enough for the therapist to speculate that she may feel angry about this; a possible implication of having been wronged by them. This particular line of discussion though is not explored further and the therapist introduces a new but related topic; the client's "future" (line 14). However, there are two important implications of this sequence. First, the therapist construes the client as feeling extremely angry with her parents without the client offering a direct disconfirmation of this. Second, and perhaps accounting for her lack of challenge, it is suggested that in terms of her own beliefs at least the client has reason to feel this way.

The next mention of anger in relation to the client's parents appears in the fifth session. And it is in this sequence that the client comes to describe herself as feeling anger toward her mother. The sequence begins as the client describes her more general reaction to her mother:

Extract (4) Session (5)

1	C:	... (6) I just cannot be very sympathetic with
2		her.
3	T:	You don't feel sympathetic.
4	C:	No.
5	T:	You don't feel sorry for her you just feel
6		angry.
7	C:	I feel sorry for her um because OK she's not
8		well
9	T:	(mm)

10	C:	she's far from well but she doesn't try and
11		make the best of (.) of what she has (.) um my
12		father leads a very very difficult life with
13		her she's so demanding of him and he is so
14		patient and silly with her at times (.) um and
15		I can see you know what's happening there and I
16		I lose all sympathy and patience with her
17		really I know I shouldn't because I know she's
18		not well (.) but I I find it very difficult to
19		be very tolerant with her (.) which seems
20		really quite cruel really when you're talking
21		about your own mother.
22	T:	Yeah there there's a lot of overlay here of all
23		the duty stuff of what you should feel
24	C:	(mm)
25	T:	think we need to try and get a bit beneath that
26		to what you do feel (C laughs) and you don't
27		feel sympathetic.
28	C:	No I don't.
29	T:	Maybe if we can look and see what you do feel.
30	C:	(10)
31		Anger I think towards her (.).
32	T:	(mm)
33	C:	and being as (.) the type of person that she is
34		I think.

Therapist's problem formulation This extract commences with the client indicating that she "cannot be very sympathetic" (line 1) with her mother. The therapist reiterates the idea; "You don't feel sympathetic" (line 3). Thus he presents a formulation by way of a gist offering an understanding of the sense achieved so far (Heritage & Watson, 1979). However, in doing so he exchanges the word 'be' for 'feel'. So, there is a subtle change in meaning from not 'being sympathetic; suggesting a way of behaving, to not 'feeling sympathetic'; indicating an internal state. This though is confirmed by the client (line 4) and the therapist goes on to offer an expanded account of the client's feelings toward her mother. He states; "You don't feel sorry for her you just feel angry" (lines 5-6). He therefore presents another gist with a further subtle transformation in description from not feeling 'sympathetic' to not feeling 'sorry'. Moreover, the therapist adds that the client *does* feel 'angry'. Thus, the client's account that she "cannot be very sympathetic" (line 1) with her mother is transformed in two stages by the therapist to the suggestion that she does not "feel

sorry for her you just feel angry" (lines 5-6). Moreover, a problem is implied in that it is suggested the client harbours angry and thus disharmonious feelings toward a significant other (see also extract 2).

Client's disconfirmation Although the client had accepted the first formulation that she does not *feel* sympathetic toward her mother, she responds to the therapist's second formulation that she 'doesn't feel sorry' for her with a disconfirmation. That is she states; "I feel sorry for her um because OK she's not well" (lines 7-8). However, the client goes on to qualify her reason for feeling sorry for her mother; "she's far from well but she doesn't try and make the best of (.) of what she has" (lines 10-11). In describing her mother as not 'making the best of what she has' it is suggested that she does not try to help herself or focus on the positive. Thus it is implied that her mother is blameworthy insofar as she is overly helpless and negative in the face of her illness. Furthermore, the client states that "my father leads a very very difficult life with her she's so demanding of him" (lines 11-13). So, in making the client's father's life 'difficult' through being 'demanding' it is suggested that her mother's behaviour has a destructive effect on at least one other person. She is therefore further implied to be blameworthy in being selfish. And it is having implicated her mother as culpable in these two respects that the client expands on her original statement (lines 1-2) suggesting she "lose(s) all sympathy and patience with her" (line 16). Thus, 'feeling sorry' is specifically linked to her mother being ill whereas the client's lack of sympathy is explained by her mother's negativity and selfishness.

Having suggested that she 'loses all sympathy and patience' with her mother the client goes on to reflect on this. She states; "I know I shouldn't because I know she's not well" (lines 17-18). Suggesting she 'shouldn't' lose sympathy and patience with her mother 'because she's not well' implies that she *ought* to have sympathy and patience purely because her mother is ill. However, the client then orients specifically to the category of person she is talking about; "I find it very difficult to be very tolerant with her (.) which seems really quite cruel really when you're talking about your own mother" (lines 18-21). So, not being 'tolerant' is described as 'cruel' in

relation to one's own mother. The category 'mother' is therefore indicated to be special in this regard, the implication being that there is an obligation to be indulgent toward such a person. The client therefore raises the possibility that she herself may be at fault through regarding her mother in an inappropriately severe way particularly given that she is ill.

One final observation will be made with regard to this segment (lines 7-21). The client's turn was a reply to the therapist's suggestion that "You don't feel sorry for her you just feel angry" (lines 5-6). The client specifically disconfirms the idea that she does not feel sorry for her mother. However, she does not directly address the suggestion that she feels angry. What the client does indicate is that she "lose(s) all sympathy and patience" (line 16) and "find(s) it very difficult to be very tolerant with her" (lines 18-19). Although the client has indicated how she does *not* feel, such description allows inferences to be made about how she *does* feel. That is, in losing sympathy and patience, the client can be understood to feel at odds and vexed with her mother. Moreover, that she finds it difficult to be tolerant suggests that she feels a certain antipathy toward her.

So, given that the feeling 'anger', which might reasonably include a feeling of antipathy and vexation, has been made pertinent by the therapist why might the client not have used this particular description? The following suggestion can be made. Between persons, part of the logic of the term 'anger' is that it is accusatory (Warner, 1986). That is, anger implies that one has been wronged or offended and may carry the connotation that one has a right to retaliate. Being angry with someone is therefore potentially disruptive of the relationship. On the other hand, describing oneself as *losing* sympathy and patience orients to these affiliative feelings having been present, finding it *difficult* to be tolerant implying the possibility that tolerance is at least attempted. Moreover, there is no implication that one has been particularly wronged or that one might seek redress. In fact, the client specifically orients to the possibility that she may be being "quite cruel" (line 20) and so herself blameworthy in some way. Thus, the client's description of her reaction to her mother, although

invoking criticism of her, can be understood as generally oriented toward at least potential affiliation. This contrasts with the possibility of implying a disruption of their relationship as might have been suggested had she described herself as angry.

Continuing discussion of the client's feelings So, how does the therapist reply? He states; "there's a lot of overlay here of all the duty stuff of what you should feel" (lines 22-23). An 'overlay' suggests a surface covering of some kind. Furthermore, that this covering is described as 'duty stuff' it is implied to be an artifact of convention and obligation. Thus, the therapist makes the implication available (1) that the client has not yet expressed her true feelings toward her mother and (2) that her true feelings may be less than deferential. With regard to 'duty stuff', the therapist goes on to suggest that "we need to try and get a bit beneath that to what you do feel" (lines 25-26). So, in making a suggestion about what 'we need to try and' do, the therapist implies an important task for therapy; 'getting a bit beneath to what you do feel'. It is therefore indicated to the client that she is required to articulate her true feelings which lie under the surface even though they may not be dutiful.

Having indicated that an important task is to get to what the client *does* feel the therapist completes his turn stating; "and you don't feel sympathetic" (lines 26-27). It is therefore implied that how the client does not feel toward her mother has been established but how she positively does feel has not. Moreover, with the client only confirming that she does not feel sympathetic (line 28) the therapist repeats this request; "Maybe if we can look and see what you do feel" (line 29). However, stressing the need to establish what the client feels has implications for the evaluation of her former description of her reaction to her mother. That is, the client's account of losing patience and sympathy (line 19) and of finding it difficult to be tolerant (lines 18-19) is implied to be of minor importance. Moreover, her description of how she does feel; feeling sorry for her mother (line 7), is apparently discounted. By implication therefore an acceptable account of the client's true feelings are further suggested to be of a non-deferential nature.

The client responds after a ten second pause; "Anger I think towards her (.) (T: mm) and being as (.) the type (.) the type of person that she is" (lines 30-33). So, finally, the client describes herself as angry toward her mother. However, she had specifically disconfirmed this idea in the second session and maintained the disconfirmation against challenge by the therapist (extracts 2a, 2b & 2c). Moreover, the second session and this fifth session discussion are similar in that although the therapist offers a description of the client as angry with her mother in both (extract 2a, lines 1-3 & extract 4, lines 5-6) the client initially describes herself as "bit sad about it" (extract 2a, line 4) and "sorry for her" (extract 4, line 7). So, how did the client come to describe herself as feeling angry toward her mother in this *fifth* session?

Let us recap on the wider context in which this fifth session discussion takes place. First, before the client describes herself as feeling angry toward her mother the therapist has made this suggestion to her at least three times during therapy (extract 2a, lines 1-3, extract 3, lines 8-9 & extract 4, lines 5-6). It is therefore implied to be at least a tenable proposition. Second, during the second session the therapist had challenged the client's account of her own feelings suggesting that anger toward her mother may exist outside her awareness (extract 2a, lines 16-21). The client's own account of her feelings therefore have been implied to be fallible. Moreover, third, during the third session the therapist had presented a case that, in terms of her own beliefs, the client would be justified in feeling angry toward her parents (extract 3). So, it is suggested that such a feeling could be understood as warranted.

Given this context, how specifically might the fifth session discussion (extract 4) have enable the client's account of feeling angry toward her mother? It may be suggested that this was an effect of discursive negotiation between client and therapist. That is first, the therapist directly imputes the emotion of anger to the client in relation to her mother (lines 5-6). Second, the client's own more affiliative account of her feelings are characterised as 'surface' and 'bounded by conventional obligation' and therefore not wrong but not her *true* feelings. Third, her true feelings, and by

implication the account acceptable to the therapist, are implied to be non-deferential. Fourth, it is indicated to be an important therapeutic task that such true feelings be articulated. Moreover, fifth, the client herself had described her mother as behaving in an unduly negative and selfish way. So, from the client's own account feeling angry toward her mother might be considered reasonable. Thus, although conceivably she could have replied in many different ways, an account of feeling angry toward her mother appears the most reasonable answer for the client to provide. And, arguably, it would have required much skilled interaction work for the client to have supplied an alternative.

The final extract is taken from the eighth and last session of therapy. The sequence is drawn from a discussion regarding how the client has changed throughout the course of therapy. Specifically, this extract is of interest as the client and therapist offer accounts as to why the understanding that the client feels angry toward her mother has been helpful:

Extract (5) Session (8)

1	T:	...you've kind of (.) seen it for what it is
2		when you know that it is OK to talk about what
3		you want and what you feel and it is OK to talk
4		about sexuality or (.) angry feelings almost in
5		a way murderous feelings towards your mum (2)
6		it's OK to feel those things (6).
7	C:	Mm I think those feelings were there sort of
8		(.) an inner resentment
9	T:	(mm)
10	C:	I suppose
11	T:	(mm)
12	C:	um but I understand them more now
13	T:	(mm)
14	C:	and (2) more im it it doesn't bother me (.)
15		very much now that those feelings are there
16		I've sort of accepted them
17	T:	(that's right)
18	C:	and I think they're sort of reasonably
19		justified
20	T:	(mm)
21	C:	um so I feel sort of more at ease.
22	T:	That's right yeah (29).

<u>The therapist's account of therapeutic success</u> The sequence begins with the therapist's statement that the client has "kind of (.) seen it for what it <u>is</u>" (line 1). It is therefore suggested that the client has come to a perception of the truth and, by implication, had previously been mistaken or misguided. The therapist expands on this. 'Seeing it for what it is' is about "know(ing) that it <u>is</u> OK to talk about what you want and what you feel" (lines 2-3). Stating that the client now 'knows' that 'it <u>is</u> OK' to do something further construes her as having perceived the true nature of things. That is, the legitimacy of talking about her 'wants' and 'feelings' is offered as an item of knowledge and thus a matter of fact. Moreover, as wants and feelings are usually considered internal states in contemporary Western culture, the therapist implies the therapeutic effect of articulating what is going on inside.

The therapist offers two specific examples; "it is OK to talk about sexuality or (.) angry feelings" (lines 3-4). Sexuality and anger may often be considered highly charged topics. That is, in many circumstances sexuality may be regarded a taboo subject and anger is potentially disruptive of interpersonal relationships through being accusatory. So, furthermore the therapist implies that it is therapeutic to discuss such difficult issues. He expands on the topic of anger suggesting that the client's angry feelings are "almost in a way murderous feelings towards your mum" (lines 4-5) concluding that "it's OK to feel those things" (lines 4-6). Thus having suggested what the client now knows it is legitimate to 'talk' *about* (lines 2 & 3-4), the therapist also suggests what it is legitimate to *feel*. He therefore offers an account of therapeutic success in terms of the client coming to a perception of the truth in two respects. The first regards the legitimacy of articulating what is going on inside, particularly in relation to difficult issues. The second is the legitimacy of having angry and, by implication, accusatory feelings toward her mother.

Two observations will be made with regard to the therapist's account. First, he indicates to the client what it is legitimate to talk about and to feel. However, this is presented as (1) a matter of fact and (2) something the client herself knows. The perspective therefore gains validity through being offered as more than just the

therapist's opinion and, furthermore, grounded in the client's own experience. Second, invoking the therapeutic benefits of articulating wants and feelings and giving expression to difficult issues can be understood as drawing on notions of individualism in relation to personal freedom of expression. Interestingly, this contrasts with the client's original characterisation of her behaviour in which she described foregoing personal expression in part for the benefit of others; "I should have made a big fuss about it but I couldn't (T: mm) partly for the children's sake" (extract 1, lines 7-10). In this respect, therefore, the therapist can be understood as linking the success of the therapeutic process to the client's adoption of a more individualistic stance.

The client's account of therapeutic success So how does the client herself characterise the process of successful therapy? In response to the therapist's suggestion that it is OK to feel 'angry almost murderous feelings towards her mum' she states; "I think those feelings were there" (line 7). How might this be understood given that the client had formerly disconfirmed the therapist's suggestions to this effect earlier in therapy (extracts 2a, 2b & 2c)? Suggesting that feelings she had formerly disconfirmed 'were there' implies that, as presumably she had not been lying, such emotions existed outside her awareness. The client's account therefore echoes an idea raised by the therapist early in the second session that her anger "wouldn't come out directly and perhaps you wouldn't even know" (extract 2a, lines 20-21). The client therefore draws on the idea that feelings can be 'unconscious entities'. That is, it is through drawing on such an understanding that changing one's account of how one feels is explained by the implication that the emotion has just been uncovered or revealed. In this way therefore the client also echoes the therapist's account of therapeutic success in terms of coming to an understanding of the truth.

The client then goes on to offer an understanding of the success of therapy with regard to her feelings of 'inner resentment'. There are three aspects to this account. First, the client states "I understand them more now" (line 12). Thus she echoes the therapist's suggestion of 'knowing' something (line 2) in terms of having a

greater understanding. However, she links this to understanding her feelings rather than to knowing what it is legitimate to talk about and feel. Second, she states; "it doesn't bother me so much now [...] I've sort of accepted them" (lines 14-16). Suggesting her 'inner resentment' 'doesn't bother her so much now' indicates that she was previously disturbed by such feelings. So, stating that she now accepts them suggests that therapeutic success is being linked with the ability to respect the meaning of otherwise disturbing emotions. This can be understood therefore to echo the therapist suggestion that 'it's OK to feel those things'. And third, the client states that such feelings are "sort of reasonably justified" (lines 18-19). So, she indicates her 'inner resentment' to be warranted and thus by implication to have in some way suffered an injury. So, it is suggested that her distress has a cause outside of herself and an external attribution of blame offered as a factor contributing to her improvement of feeling "sort of more at ease" (line 21).

Thus, the client and therapist offer accounts of therapeutic success that are in some ways similar. That is, both imply that the client has come to an understanding of truth and accepted the legitimacy of certain difficult or disturbing feelings. However, the client's account stresses gaining understanding of these feelings and perceiving them to be warranted. The therapist, on the other hand, focuses on the therapeutic effect of talking about difficult issues. Both, though, imply the therapeutic effect of an external attribution of blame. That is, (1) the therapist's suggestion that it is legitimate for the client to feel angry with her mother carries the implication that she may consider herself wronged by her. Moreover (2) an external attribution of blame is the implication of the client's statement that her resentment is 'reasonably justified'.

DISCUSSION

The above analysis offers a detailed examination of selected extracts pertaining to the discussion of anger within the successfully resolved, client-specified problematic theme 'feeling that I have let my family down'. The primary goal of this analysis was to explicate the process of successful problem (re)formulation through understanding how this client came to describe herself as feeling anger toward her mother having

specifically rejected this understanding in an earlier session of therapy. In achieving this aim descriptions were approached as social actions; that is, analysis oriented to how descriptions functioned within their immediate interactional context. This contrasts viewing accounts as neutral representations of states of affair.

Accordingly, this analysis demonstrates how client change may be usefully approached as a discursive achievement. Specifically, it was suggested that the therapist persuaded the client of the reasonableness of considering herself angry with her mother. The benefit of a detailed discourse analysis of extracts is that many of the rhetorical strategies utilised by the therapist, and thus some of the discursive processes whereby client change was promoted, can be identified. In general such strategies can be understood as contributing to the three stages of problem (re)formulation as identified by Davis (1984, 1986); (1) definition of the problem, (2) documentation or gathering evidence for the existence of the problem, and (3) organisation of the client's consent to work on this problem.

Analysis commenced with an extract selected from a discussion in which the client had alluded to a difficulty expressing anger. The example of this problem offered by the client, though, placed the restraint of her anger within specific moral and pragmatic circumstances; her obligation to take the children on an outing. However, such contextualising features were glossed over in the therapist summarising problem formulation that "when you get upset one of the things that can be happening is that you're feeling angry but you can't show it" (extract 1, lines 16-18). An effect of such a generalised and decontextualised account of the client's action was that the implication became available that not expressing anger is indeed a feature of the client herself. So, with the client's assent, the beginnings of a tentative problem definition around the client's personal difficulty in expressing anger was initiated between the participants.

Decontextualisation of the client's account was also noted as the therapist attempted to transfer an understanding of the client's emotional expression in one situation to another different situation slightly later in the session. First, the therapist

drew on the tentative problem definition around the client's difficulty expressing anger as established and shared knowledge (extract 2a). This implied that a consistent pattern in the client's behaviour had been identified. Second, this was then used to transfer an understanding of the client's difficulty expressing anger during an incident with her husband (extract 1) to characterise her relationship with her mother (extract 2a).

Decontextualisation has already been identified as a strategy which may be invoked to construct consistency in clients' behaviour (see Chapters 5 & 6). As suggested in the former study (see page 161), the production of client consistency, implying an internal cause of behaviour, is a descriptive accomplishment within the therapy dialogue which many require a lot of work on the part of the therapist. This is demonstrated clearly in the present analysis as this client initially disconfirmed the therapist's suggestions (extracts 2a, 2b & 2c) and had to be persuaded that her difficulty with anger identified vis-à-vis her husband was indeed transferable to her relationship with her mother.

The therapist invoked a further strategy to enable transfer of the problem definition around the client's difficulty expressing anger to her relationship with her mother contra the client's disconfirmation. He produced an account of the emotions in which the client's own feelings may not have been completely evident to her; "it wouldn't come out directly and perhaps you wouldn't even <u>know</u>" (extract 2a, lines 20-21). As suggested in the introduction to this chapter, from the contemporary Western viewpoint the subject is generally understood to be the adjudicator of her or his own emotional state (Lutz, 1988). Thus, unless considered deliberately deceitful, report of one's own feelings are normally immune from challenge. A pertinent exception to this understanding, however, may be situations in which an individual is considered 'troubled' and in which accounts of disturbed psychological processes may be invoked. Accordingly, the therapist produced an account of the obstructed or distorted nature of the client's anger to sustain a challenge to the client's own account

of her feelings (see also Chapter 6, extract 2). Such an understanding appears to draw on a psychodynamic understanding of unconscious processes.

In attempting to transfer the problem definition around the client's difficulty expressing anger to her relationship with her mother, the therapist also moves into the second stage of problem (re)formulation; documentation of the problem. During this stage the therapist had to provide evidence for his characterisation of the client as feeling angry toward her mother contra the client's disconfirmation. Four particular strategies were identified.

First were the suggestions from the therapist that the client had *reason* to be angry with her mother. During the second session the therapist had suggested to the client that "maybe there's quite a bit for you (.) to be angry and upset about in relation to your mum" (extract 2a, lines 1-2). The possibility of anger was however disconfirmed by the client. During the third session, then, the therapist supplied a specific reason for anger in that, from the client's own perspective, her parents could be understood as passively obstructing her recovery from depression (extract 3). This particular understanding was not actively accepted or rejected by the client. However, linked to supplying reasons for the client's anger toward her mother, the therapist continued to impute this emotion to her (extract 2a, lines 1-2; extract 3, lines-8-9; extract 4, lines 5-6). This in itself makes the proposition appear at least tenable.

The second strategy utilised in a documentation of the client's problem expressing anger within the context of her relationship with her mother was the therapist's orientation to the client's use of words. Thus during the second session he stated that "again you use the word upset for angry" (extract 2b, lines 44-45). The analysis, though, noted how such a strategy was premised on the assumption that anger *was* the correct description of the client's feelings. However, this manoeuvre had the effect of implying that the client was generally mistaken regarding her angry feelings and so constituted further evidence of the global nature of the problem. A similar strategy was noted in analysis of the unsuccessful case in which a description of the client reaction within the therapeutic situation was utilised as documentation

for the existence of a problem she had specifically disconfirmed (Chapter 5, extract 3).

A third strategy in documenting the problem was the therapist's production of an account in which 'not being angry' actually does constitute a *problem*; "there must be part of you that you're not expressing and you must you know that must be costing you something (.) that by by writing it out of the script like that you're you're doing yourself some harm" (extract 2c, lines 74-78). This statement appears to draw on an understanding in which anger is considered a fundamental human experience (as most clearly articulated in the account of the primary emotions, see pages 167-168). The account the therapist offers may also share features with a *hydraulic* understanding of anger (Lakoff & Kovecses, 1987). Such an understanding is similar to the Freudian *energy model* of the psyche (Power & Brewin, 1991). This model suggests that 'psychic energy', like anger, follows the laws of thermodynamics. As such, the implication is that if 'psychic energy' is not expressed directly it will not disappear but may manifest in a distorted and possibly harmful way.

The final stage of problem (re)formulation is identified by Davis (1986) as obtaining the client's consent to work on the problem. In relation to the extracts presented here, this final stage might more appropriately be termed 'obtaining the client's acceptance of the issue as defined by the therapist'. Specifically, this entailed obtaining the client's acceptance of being characterised as feeling angry toward her mother; in the account offered by the therapist, an understanding obscured by the client's difficulties with this emotion. In line with the three stages of problem (re)formulation the therapist succeeded in obtaining the client's consent having first identified and thus defined a problem around the client's expression of anger and provided some evidence that this could be considered an issue in her relationship with her mother.

The specific stages whereby the therapist obtained the client's acceptance of an account of feeling angry toward her mother were detailed during the analysis of extract 4 (see pages 195-196). However, in general the therapist characterised the

client's own account of her feelings toward her mother as bounded by obligation and so, not wrong, but not her true feelings. He then indicated it to be an important therapeutic task that the client reveal her true emotions which were implied to be of a non-deferential nature. As such, the therapist's account links to the identification of 'confession' as a central feature of contemporary medical discourse and in models of subjectivity in general. Parker (1989a) suggests that the notion of confession is so organised in modern discourse that the development of a healthy identity is intimately connected to the acknowledgement of "troubling hidden secrets about the self" (p.61). Moreover, according to Foucault, the modern technology of the self is based on the idea that "one can, with the help of experts, tell the truth about oneself" (Dreyfus & Rabinow, 1982, p.175). Thus, some psychotherapy processes may be premised on implicit understandings regarding the therapeutic value of revealing hidden or disturbing aspects of the self. In fact, the therapist appears to invoke this understanding in providing an account of therapeutic success; "you know that it is OK to talk about what you want and what you feel and it is OK to talk about sexuality of (.) angry feelings almost in a way murderous feelings towards your mum" (extract 5, lines 2-5).

Identifying the rhetorical strategies utilised by the therapist to promote client change is not to imply that the client was the passive recipient of therapist intervention. In fact, the analysis demonstrates clearly how the client actively participated in the negotiation of meaning within the therapy conversation, rejecting the therapist's suggestions throughout the second session discussion (extracts 2a, 2b & 2c). Moreover, this analysis suggests that the therapist had to build up a very persuasive account before the client accepted the alternative description of her feelings offered by him.

An important feature of this study is the way in which the descriptions offered by the client and therapist were approached as social actions; as accounts used to *do* things. For example, in defence of her own position, the client herself had offered a documentation of the *absence* of a general problem around anger through producing

an example of her ability to knowingly experience this emotion (extract 2b). This, though, was countered by the therapist through the implication that the example was not immediately relevant to the client's relationship with her mother. Thus, although the therapist invoked the idea of a general problem around the client's expression of anger to sustain a transferral of this problem to the client's relationship with her mother (extract 2a), a move undermining the existence of this general problem was construed an inadequate challenge to this account. This demonstrates the way in which the legitimacy of evidence sustaining particular accounts may be variably construed according to immediate functional implication. Thus participants' use of accounts and descriptions and how the meaning of these are taken up during conversation can usefully be considered moves in the promotion of the legitimacy of particular versions of reality over others. Tracing such negotiations in detail then contributes to understanding how certain versions, in this instance the therapist's, become established as 'correct'.

Another feature of the interaction demonstrated in this study is the way in which linguistic resources available in contemporary culture were drawn upon by participants in establishing arguments and counter-arguments for particular versions of the client's world and experience. For example, the client's appeal to personal knowing with respect to her own emotional experience was countered by the therapist's through implicating the presence of unconscious processes (extract 2a) and the idea of anger as a fundamental human experience (extract 2c). Moreover, the therapist's invocation of a hydraulic, or energy model of anger in which non-expression may be unhealthy was countered by the client's appeal to length of time to account for its absence; an account which does not implicate a harmful effect of non-expression (extract 2c).

If such descriptions are viewed as competing accounts of reality, rather than as positions which can be judged on the criterion of accuracy, a question is raised. Why should the therapist seek to promote a description of the client's relationship with her

mother implicating the emotion of anger contra the client's disconfirmation of this account and provision of an alternative 'sadness' account (extract 2a)?

One feature of our everyday commonsense understanding about people is that individuals are reasonably consistent in their behaviour. For example, this is the basis of trait theories of personality. Drawing on such an understanding, it appears natural to assume that having obtained a problem definition around the client's difficulty expressing anger this issue might be found in the client's relationship with her mother. Discursive analysis, though, in attending the detail of accounts, shows how descriptions vary according to interactional context (Potter & Wetherell, 1987). Consistency is therefore demonstrated to be constructed through accounts making sense of actions in terms of personal variables. A good example of this was provided in the first extract in which the client's behaviour toward her husband was accounted for in terms of her own personal tendency rather than, as was possible, a reaction to the situation itself. A discursive approach therefore allows a critical inspection of the *values* underlying the promotion of one description of reality over other possible descriptions. This contrasts with viewing particular descriptions as 'natural' or 'obvious'.

The client had originally described her feelings about her relationship with her mother in terms of being "(n)ot angry I don't think really bit sad about it" (extract 2a, line 4). White (1990) suggests that "(b)oth 'anger' and 'sadness' pertain to the sorts of problematic events in which the transgressions of others impinge on the self" (p.52). Both may therefore be plausible descriptions of the client's feelings regarding her possibly difficult relationship with her mother. However, accounts of anger or sadness in the characterisation of a relationship carry quite different connotations. Anger, with its accusatory connotations, implies a focus on the violation of rights and the legitimacy of redress. As Harre and Gillett (1994) specify; "because a display of anger, irritation, or annoyance expresses a judgement of the moral quality of some other person's action, such a display is also an act of protest, directed toward the offending person." (pp. 146-7). In contrast, sadness is neutral with regard to blame so

implies an emphasis on mutuality and repair. Accordingly, negotiating an understanding of sadness into one of anger has the effect of transforming the moral context of the client's relationship with her mother.

So, if anger as protest offers a potentially disrupting account of the client's relationship with her mother in a way that her original description around sadness did not, why might this understanding have been promoted by the therapist? Two kinds of reasons can be suggested.

The first reason is rooted in clinical understandings of depression. The dialogue examined in this study was selected from the therapy of a client presenting with a major depressive episode. Contemporary understandings of this condition include the idea that a feature of depression may be 'anger turned inwards'. From such a perspective, enabling an appropriate expression of anger might be regarded a therapeutic way of addressing the client's depressive symptoms. This understanding appears similar in some respects to the therapist's suggestions that it may be 'costing' the client something not to express or experience anger (extract 2c). An underlying assumption might be that the 'hot', 'active' emotion of anger offers an antidote to the 'empty', 'passive' condition of depression; a condition that 'sadness' may merely appear to echo.

The second kind of reason that might be offered for the therapist's promotion of an angry account of the client's relationship with her mother draws on more general understandings of cultural values and related gender issues.

As suggested in the introduction, anger is the one emotion considered expressed more readily by men than by women in contemporary Western culture (Lutz, 1988) (here it is not suggested that particular qualities belong to individual men and women but that people are positioned within or subjected by gender discourses). As such, female clients might, in particular, be encouraged to identify anger as a therapeutic strategy. However, as suggested above, understanding the client's relationship with her mother in terms of 'anger' or 'sadness' suggest different standards of evaluation which effect the meaning awarded this relationship. White's

(1990) anthropological research on the 'disentangling sessions' of a Solomon Island society offers an insight into this issue. The function of these disentangling sessions is to resolve conflicts within the community. The protocol of these sessions, though, call for the presentation of complaints in the format of 'sadness' rather than 'anger' accounts. In explanation White suggests that "(i)n doing so, conflict events are narrated so as to highlight valued interpersonal relations and community solidarity" (1990, p.52). In the therapy examined here the narrative was transformed in the opposite direction. What values does this change invoke?

Research suggests that, from the contemporary American-English viewpoint, injured rights represent a central cause of anger (Averil, 1979). More specifically, in the United States anger has been shown to relate to transgressions of the values of fair play, competitiveness, and individualism (Tarvis, 1982). Both participants studied here were British. However, in providing evidence that the client had reason to be angry the therapist can be understood to evoked the value of individualism in terms of frustration of the client's personal freedom (see Lutz, 1988). Specifically, the therapist implied the legitimacy of the client's anger through pointing to her parents' obstruction of her change and their control of her (extract 3). The value of individualism is also invoked by the therapist in his linking of therapeutic success to the client's increased freedom of expression (extract 5).

The client, on the other hand, appeared to draw more on the transgression of the value of fair play in her own accounts implicating the appropriateness of anger; her husband's broken promise (extract 1), her neighbour's broken confidence (extract 2b), her mother's selfishness (extract 4). Moreover, all these implicate the transgression of social obligation in producing an appropriate context for anger. The difference between the therapist and client's accounts is highlighted in Lutz's (1988) research on a Micronesian community. In the Ifaluk community, Lutz found that the themes surrounding the legitimate expression of anger, or righteous indignation (*song*), revolve around the transgression of social cohesion. Moreover, she found that "anger which is a response to personal restraint and anger which is a response to a

moral violation by another [*song*], is lexically coded by the Ifaluk" (Lutz, 1988, p.178). This distinction is not found in the English language but appears particularly relevant to the present study. That is, although finally accepting an account of feeling angry toward her mother the client suggests this is due to the effect her mother's selfishness and negativity has on other people (extract 5). The social cohesiveness implied in the client's original 'sadness' account of this relationship therefore appears reproduced in her production of anger in terms similar to the Ifaluk concept of '*song*' and contrasts the therapist's grounding of anger in more individualistic values.

As already has been suggested, the therapist's account of therapeutic success within the therapy dialogue (extract 5) related this to the client's adoption of a more individualistic stance in terms of personal freedom of expression. However, although both participants link therapeutic success to revelation of the truth and accepting the legitimacy of certain difficult or disturbing feelings the client and therapist stresses different aspects of this processes. The therapist focused on the therapeutic effect of talking about difficult issues (linked to the notion of 'confession above). The client emphasised gaining understanding of these feelings and perceiving them to be warranted. In fact, for the client, understanding her 'inner resentment' as warranted *is* the resolution of the problem: "I think they're sort of reasonably justified (T: mm) um so I feel sort of more at ease" (extract 5, lines 18-21).

How might the client's account of therapeutic success, her 'feeling more at ease' be understood? It is suggested here that in negotiating an angry account of the relationship, it is implied that the client may consider herself to have been wronged by her mother. So in linking therapeutic success to the 'reasonable justification' of this account the client can be understood to be stressing the therapeutic value of making an *external attribution of blame* in this particular context; an account supported by the therapist's suggestions that it is legitimate for the client to feel angry toward her mother and that she has reason to feel this way.

In summary, then, several rhetorical strategies utilised by the therapist have been identified in the promotion of successful problem (re)formulation. First in

relation to problem identification were (1) decontexualisation of the client's account, and (2) characterisation of aspects of the clients emotional experience as disturbed. Second, in relation to documentation of the problem the therapist's strategies can be generalised as (1) providing evidence for the problem based on an assumption that the problem exists contra the client's disconfirmation, and (2) providing an account in which the issue does actually constitute a problem. Third, in relation to obtaining the client's acceptance of the problem as defined by the therapist, building on the former two stages (1) the client's account was characterised as bounded by obligation so that her real feelings were implied to be less deferential and, (2) articulation of the truth was presented as an important therapeutic task. Moreover, it is suggested that therapeutic success was linked to the production of an account in which an external attribution of blame is warranted.

Many of these strategies have already been identified in the former two studies on one of this therapist's unsuccessful cases of psychodynamic-interpersonal psychotherapy (Chapters 5 & 6). Issues pertaining to the successful therapeutic utilisation of such strategies are examined in the discussion chapter of this thesis where the findings from the two successful cases and one unsuccessful case of psychodynamic interpersonal psychotherapy studied in this thesis will be collated.

This final empirical chapter was designed to address the limitations identified in the former three studies. Specifically, in order to forge a strong link between process and outcome this study was designed to allow a detailed analysis tracing the processes of change across one sub-theme of a resolved client-specified problematic issue. However, in doing so this last study has its own limitations. First, the problematic issue selected for study and for which client self-report outcome data was available was defined by the client as 'feeling that I have let my family down'. In focusing on the sub-theme of anger, the link to outcome data becomes tenuous. This, issue, though was addressed through studying the participants' accounts of therapeutic success offered within the therapy dialogue regarding the sub-theme studied.

Second, though, in focusing on anger as a sub-theme it is possible that conversation pertaining to this sub-theme occurred in sections not selected as pertaining to the wider theme 'feeling that I have let my family down'. This shortcoming is accepted. However, this analysis does not pretend to provide an exhaustive account the construction of anger in this case of therapy. Rather, the aim was to document some of the processes contributing to client change and so provide an understanding of the promotion of successful problem (re)formulation in psychotherapy in a way which retained the clinical significance of the material.

Accordingly, in developing a discourse analytic approach to change process research addressing the question '*how does change occur in psychodynamic-interpersonal psychotherapy?*' two competing requirements have been in play. First, is the requirement for the analysis to be wide enough in scope in order to forge a link between process and outcome and so provide understandings of utility to practitioners. Second, from the discursive point of view, the analysis has also to be specific enough to allow detailed analysis of process from selected extracts of dialogue. Getting this balance right will be a continuing project.

Chapter 8

Discussion

This thesis was designed with a view to developing a discourse analytic approach to change process research addressing the question *'how does change occur in psychodynamic interpersonal psychotherapy?'*. In achieving this aim three cases of 8-session psychodynamic-interpersonal psychotherapy were selected for detailed study from the Second Sheffield Psychotherapy Project (Shapiro *et al.*, 1990). These cases provided the data for four empirical studies of psychotherapy dialogue; one from each of two good outcome cases (Chapters 4 & 7) and two studies from a poor outcome case (Chapters 5 & 6).

Chapter 2 offered an extended rationale for approaching the psychotherapy process from a discursive perspective. This chapter presented a detailed deconstructive analysis of a traditional stage model approach as represented by the assimilation of problematic experiences scale (APES). In summary, it was argued that the APES drew on a variety of cultural assumptions to provide an account of change in psychotherapy, e.g., that persons are self-contained and autonomous (Sampson, 1977, 1989). Furthermore, the APES was argued to privilege a version of change in which this is construed as an intrapsychic, rational, and agentic process.

In contrast, discursive psychology was offered as a means of researching the unique contours of specific sequences from psychotherapy dialogue. As such, the way in which descriptions such as of intrapsychic process, rational procedures, agentic action, etc. are utilised and negotiated within client-therapist interaction become *topics for research* (see Madill & Doherty, 1994 for example in relation to personal agency, Appendix 4). Moreover, in explicating how socio-cultural linguistic resources are drawn upon to describe, enable, and understand the therapeutic process, psychotherapy is set within its historical and cultural context. In this way a critical distance is forged between the researcher and therapeutic rationales and strategies employed by the clinicians studied. In discursive analyses the therapist is as much the topic of research

as the client, and professional clinical understandings approached in just the same way as clients' perspectives on their problems and process (see Florsheim, 1990)

Forms of discourse analysis have already been utilised with regard to psychotherapy talk (e.g., Burman, 1992; Edwards, 1995). However, the aim of the current thesis was to utilise a discourse analytic approach within the remit of the change process paradigm as it has been developed within psychotherapy research (see Chapter 1). To recap briefly, the change process paradigm challenges the researcher to work with:

(1) a conceptualisation of outcome as a fluid and continuous process between client and therapist;

(2) a conceptualisation of processes as functionally interdependent, responsively variant, context-dependent in meaning and therapeutic action, and having no pre-determined effect;

(3) an explication of process within the context of evaluation of outcome;

(4) an appreciation of individual differences in clients (and therapists);

(5) and a requirement for research to be informative to practice.

It was argued that such requirements, based on a developing understanding of psychotherapy research as it has been conducted since the 1920s, are ideally suited to the introduction of a discourse analytic approach to the field. The challenge for discursive psychology, however, is to incorporate evaluation of therapy outcomes into discursive research and to produce findings that will be informative to practitioners. The development of such an approach has been an integral aim of the current thesis.

This concluding chapter now continues with a summary of the findings presented in this thesis. This section includes some speculation regarding the general insights into psychotherapy process such research affords. The discussion then takes a critical look at the use of discursive psychology in psychotherapy research in relation to its conceptualisation of personal agency, representation of 'the other', and political

issues such as feminism. The thesis finally concludes with a discussion of the limitations of the studies presented in this thesis and ways in which this research can be developed in the future.

Rights and obligations, responsibility and blame: A discursive perspective on change processes in psychotherapy

Full discussions of findings were provided within each empirical chapter so will only be summarised again here briefly. The primary aim of this section is to draw together the thesis as a cohesive body of work, and speculate on the general insights into psychotherapy process offered by this discourse analytic research.

The pilot study presented in Chapter 4 demonstrated the viability of using discursive analysis to study change processes across one problem domain of selected sessions of a therapy. In this study the process of change was linked to the client's presentation of her problem via the abstraction of subject positions identified as saturating the client's account. Analysis suggested that by accepting the client's positioning as dutiful daughter, the therapist contributed to the formulation of an understanding in which the client's action of placing her dementing mother in care did *not* severely challenge the client's dutifulness. This was aided by the client's positioning of her mother as the bad mother and self as the damaged child. That is, placing her mother in care became understood as a contingency of the client's recovery from depression; a goal implicitly legitimated by the therapist during the therapy conversation. This study therefore demonstrates that the way in which clients present problems may contain loaded implications regarding their possible solution. The pathway to change in this particular case appeared to be the therapist's acceptance of the client's account of her situation and legitimation of action which might otherwise have been considered a potential challenge to her morality, or at least, dutifulness.

Research on the unsuccessful case focused on the way in which the therapist attempted to *reformulate* and thus transform the client's account of her problems. In Chapter 5 the client was shown to present her problems in terms of her partner's

ineffectual reassurance, paucity of domestic contribution, career priority, and unreasonable criticism of her. Analysis demonstrated how the therapist attempted to reformulated this account implicating the client own jealousy, low self-esteem, self-defeating behaviour, and guilt about her ability as a mother. Chapter 6 then focused on how the therapist made other states of affair, particularly the therapeutic relationship and the client's childhood, relevant to the client's current domestic problems. An implication of this was that the therapist constructed a plausible account in which the client's difficulties 'at home' or 'running a house now' could be understood as stemming from her need to be looked after and predisposition to feel neglected and used.

These two studies showed in detail how elements of the therapy protocol were accomplished, identifying strategies and devices which are part of everyday communicative competence. For example, analysis demonstrated how the therapist produced evidence for consistency in the client's behaviour through (1) attending some features of her accounts and glossing others, and (2) producing features in common between disparate areas of the client's life through stepwise shifts in conversational topic. Moreover, these studies extended understanding of the three stages of problem (re)formulation identified by Davis (1984, 1986) through identifying some of the conversational strategies utilised by the therapist to produce problem (re)formulations and linking these to the use of hypotheses in psychodynamic-interpersonal psychotherapy (Shapiro & Firth, 1985). In the extracts studied, the client responded to the therapist's interventions with disconfirmations (Chapter 5) or topic bounding turns (Chapter 6). Hence, by the end of therapy it appeared that little consensus had been reached regarding the source and nature of the client's problems. In conclusion it was suggested that the therapist's strict compliance with therapy protocol contributed to the poor outcome of this particular problematic theme.

The final empirical chapter focused on the process of successful problem (re)formulation. This study continued to explicate the rhetorical strategies utilised by client and therapist in presenting different accounts of the client's world and experience. As noted in the unsuccessful case (Chapters 5 & 6) the therapist was

demonstrated to offer a reformulated description of the client's problem through decontextualising her account and implicating the presence of disturbed psychological processes. He then provided evidence for the problem based on an assumption that the issue existed and that it was, in fact, problematic. Finally, it was argued that the client's acceptance of the therapist's account, i.e., that she felt angry toward her mother, was achieved through persuading the client as to the reasonableness of this characterisation of her feelings contra the client's original account.

These studies suggest that a strength of a detailed discursive analysis of extracts is that many of the rhetorical and conversational strategies utilised by the therapist, and thus some of the discursive processes whereby client change was promoted, can be identified. However, in viewing such processes relativistically as discursive strategies, interventions are also opened to critical scrutiny. Accordingly issues such as the way in which client's accounts of their problems may be implicitly discredited by therapeutic strategies can be raised and discussed (e.g., see Chapters 5; Watson, 1978). There is also a demonstration of the way in which clients can themselves subvert, or enable, the process of change, for example, through the use of counter argument or implicating solutions in their problems presentation. Discourse analysis is thereby demonstrated to be capable of retaining the complexity of psychotherapy data. In line with the change process paradigm, outcome *can* be approached as a fluid and continuous process between client and therapist; processes *can* be studied as functionally interdependent, responsively variant, context-depend in meaning and therapeutic action, and having no pre-determined effect.

All three cases were of psychodynamic-interpersonal psychotherapy. Moreover, in all cases the clients were female, of comparable age and occupation, with problematic issues of a domestic nature. However, analysis of these cases suggests that different pathways to change exist. The therapist in case (A) was shown to *work with* the client's account, leading to co-evolution of new meaning based in the client's own description of her situation and problems. The second therapist, studied in cases (B) and (C), however utilised a strategy of problem *(re)formulation*; unsuccessfully in (B),

and successfully and therapeutically in (C). A particularly interesting finding, though, is that the therapist was specifically shown to be adhering to therapeutic protocol in the use of hypotheses and attending to the client's feelings throughout the extracts studied in the unsuccessful case. (This aspect of the therapy was not investigated in either of the successful cases). A general question can therefore be asked. Why should different pathways to change have been successful while, in another case, adhering to therapeutic protocol have be unsuccessful? The analyses presented in this thesis suggest the beginnings of an answer to this question although the small number of cases studied requires this be speculative. The first part of this answer relates to the matching, or mismatching, of 'preferred versions'; the second to the negotiation of blame and responsibility.

Discursive analysis attends to the ways in which the legitimacy of different versions of the world are negotiated within talk. In doing so, features of accounts such as their facticity, naturalness, or obviousness are approached as rhetorical constructions. The interest therefore is not in adjudicating how well descriptions represent reality but explicating how accounts are constructed so as to be persuasive. In relation to psychotherapy interaction, the analyses presented here suggest that the protocol of psychodynamic-interpersonal psychotherapy had the effect of promoting a particular version of clients' problems. Specifically, preferred accounts appeared to be those in which problems were understood as *belonging to* the client. Accordingly, in case (A) the therapist worked with the client's account of her problem presented in terms of her guilt placing her mother in care. In case (C) the client contributed to the formulation of a problem around her difficulty expressing anger, although had to be persuaded by the therapist that this problem was an issue in her relationship with her mother. In the unsuccessful case (B), however, the client presented with an externalised problem, her partner's behaviour, and did not accept the therapist's attempt to reformulate and internalise this account implicating her personal vulnerabilities.

Discussion of case (B), particularly in Chapter 5, addressed the issues pertaining to the legitimation of externalised problem accounts in therapy. For example, in the attempt to recognise socio-cultural and thus nonpersonal problem accounts within feminist therapy, it was argued that locating a core dynamic within the client was a choice rather than therapeutic necessity. The findings presented in this thesis therefore suggest the therapeutic benefit of matching clients' preferred problem accounts with the preferred accounts of particular therapeutic rationales. An important caveat, however, must be mentioned. In pointing to the functionality of accounting practices, discursive psychology suggests that clients are likely to produce variable accounts of their problems according to local interactional context. Hence, in relation to individual clients, preferred versions cannot be considered completely stable or 'fixed'. The idea of the matching of preferred versions might, therefore, more usefully be considered a notion promoting the flexible use of therapy protocols through articulating and challenging the universality of the assumptions on which rationales are based (see Pilgrim, 1992); i.e., that they are 'preferred versions'.

Second, understanding the existence of different pathways to change and why adherence to therapeutic protocol may not have been successful can also be related to the negotiation of blame and responsibility. Discussion of these issues also addresses an outstanding question; given the above speculation on the therapeutic utility of matching preferred versions, how can the therapeutic success of promoting a problem account in contradiction to the client's disconfirmation of it be accounted for in case (C)?

A theme reoccurring throughout this thesis is how participants' use of accounts and descriptions can usefully be considered oriented toward promotion of the legitimacy of particular versions of reality over alternatives. Specifically, all the problematic themes studied here involved issues concerning the rights and obligations surrounding clients' circumstances. In case (A), the client's problem, and solution to this problem, was suggested to be embedded in understandings of the rights and obligations pertaining to mother-daughter relationships, particularly in relation to the

duty of care. In case (B), the client presented her problems in terms of the rights and obligations pertaining to her relationship with her partner; the right to domestic contribution and sympathetic understanding. Finally, case (C) again implicated the rights and obligations of the mother-daughter relationship through accomplishing an account of the client's right to feel angry toward her mother. As such, these analyses demonstrate how the process of therapy can be intimately linked to the moral sphere (Wood, 1983).

Although only three cases were studied, some speculation can be made regarding the underlying process effecting therapeutic success and failure. Issues of rights and obligations are intimately linked with notions of responsibility and blame. In both successful cases, an account was achieved implicating an *external attribution of blame*. In case (A) the client's mother was associated with the genesis of the client's depression, her placement in care with the client's recovery. In case (C) an account was accomplished in which the client was considered legitimately angry with her mother; an understanding carrying the connotation that the client had been wronged by her mother in some way. On the other hand, in the unsuccessful case, the therapist attempted to reformulate the client's own account of her partner's culpability. This reformulation entailed the introduction of an account in which the client's problems were considered internal to her, hence implicating the client's own responsibility for the circumstances causing her distress. However, in line with the general pattern, having attempted to identify an internal core dynamic during this unsuccessful case (Chapter 5) the therapist also attempted an external attribution of blame through placing the genesis of the client's problems in her childhood experience (Chapter 6).

The pattern of change promoted by psychodynamic-interpersonal psychotherapy appears therefore to be, first, the identification of a problem internal to the client, and second, accomplishing an account of this problem implicating an external attribution of blame. Further research is required to assess the generalisability of this pattern and whether clients co-operating with such accounts are more likely to be helped by this form of therapy than those who do not. As touched on in the current

thesis, such research will continue to raise issues regarding whether clients should be expected to comply with such procedures.

There is a body of literature investigating the link between causal attributions and depressive symptomatology. The cognitive reformulation of learned helplessness theory (Abramson, Seligman, & Teasdale, 1978) suggests that depressed, anxious or generally distressed persons (Nezu, Nezu, & Nezu, 1986) have an expectation of uncontrollability and tend to attribute negative experiences to stable and global features of themselves (Peterson & Seligman, 1984; Sweeney, Anderson, & Bailey, 1986).

Evidence for an association between causal attributional style and vulnerability to and maintenance of depression has come from cross-sectional studies. Firth-Cozens & Brewin (1988) offer what they suggest to be the first study investigating "changes in attributions for actual life-events and problems in people having psychotherapy" (p.47). In this study, 40 clients, each receiving 8 sessions of both psychodynamic-interpersonal and cognitive-behavioural therapy, were assessed for causal attributions and severity of depression before and after therapy. Results suggested that, although change from internality to externality was slight, attributions became significantly more unstable, specific and controllable throughout the course of treatment and linked with remission of depressive symptomatology. Brewin and Shapiro (1985), however, did find that students making *internal* and stable, or *internal* and global attributions for task failure were aided by provision of an *external*, stable, and specific attribution. Although finding some significant result, Firth-Cozens and Brewin (1988) concluded "it appears that large individual differences exist both in initial attributions and in the ways that these respond to difference therapies. Case studies of the processes involved in reattribution are necessary to throw light on this area" (p.53).

The research presented in this thesis is a start in this direction. In contrast to the Firth-Cozens and Brewin study, though, attributions were conceptualised in terms of situated accounts rather than stable cognitive processes measurable in terms of the

Attribution Questionnaire (AQ: Peterson, Semmel, von Baeyer, Abramson, Metalsky, & Seligman, 1982). In discursive psychology "(a)ttributions are defined both operationally and theoretically as things people do, not as things people perceive or think" (Edwards & Potter, 1993, p.24). In this way attributions are shown often to be accomplished obliquely through implication and to be linked to participants' rhetorical management of stake and interest. A good example of this was the way in which the client in case (A) was argued to position herself as the damaged child through providing an account of childhood memory loss. Such a positioning made the implication available that the client's mother may have contributed to the genesis of her depression without the client risking her dutifulness through being explicitly critical of her.

In relation to psychotherapy processes, the discursive perspective suggests that investigation be made of the way in which participants construct and deploy descriptions. For instance, as the following comment by Firth-Cozens and Brewin (1988) suggests, questionnaire methodology may not capture some essential elements of attribution making; "(t)he usual single dimension for internality-externality was split in two [...] in order to investigate more fully the observation of the first author that clients who complete the AQ often *choose opposite extremes of the dimensions when rating different events, sometimes even arguing with themselves as to which extreme should be circled*" (italics added, p.49). Variation in, and orientation to, possible alternative descriptions is a matter of error and unreliability in cognitive approaches. It is accounted for and utilised as an analyst's tool in discursive psychology as variability is understood to be a feature of the action orientation of talk. That is, from the discursive perspective attributions are the *product* of descriptions not their starting point.

The research presented in the current thesis suggests that external attributions of blame were co-constructed or legitimated in discussion with the therapist. The research also suggests that this was achieved only *after* the location of a core dynamic within the client. One possible understanding of this pattern is that identification of a

problem internal to the client enables this problem to be understood as *controllable* while evolving an external attribution of blame linked to this problem releases clients from the implication that they are *responsible* for this problem. Discursive investigation of the processes by which descriptions and accounts are negotiated in therapy conversations is therefore likely to provide a reconceptualisation and development of attribution theory in relation to therapy for depression (e.g., see Buttny, 1990, *Blame-account sequences in therapy: The negotiation of relational meanings*).

This thesis addresses the general question '*how does change occur in psychodynamic interpersonal psychotherapy?*'. Although offering the beginnings of a discursive answer to this question, in line with the conceptualisation of change as posited by the change process paradigm, it is not to suggest that this seemingly straightforward question has a straightforward solution. The hope of identifying specific processes contributing to positive outcome is fraught with difficulties. For instance, such a goal must circumvent the premise that therapist utilisation of such identified processes will inevitably lead to more consistently successful outcome; an assumption critiqued by the 'drug metaphor' literature (see pages 9-10; Stiles, 1988, Stiles & Shapiro, 1989, 1994; Strupp, 1986). Hence, rather than attempt to identify specific effective processes a more reasonable aim perhaps is the generation of clinically meaningful hypotheses about the process of change from individual cases (Greenberg, 1986). The discursive approach is offered as a means of providing heuristic understandings regarding the ways in which therapeutic meaning may be negotiated within therapy conversations. At the same time the therapeutic process is opened up to critical inspection.

Chapter 8

Discourse analysis, personal agency, and psychotherapy[8.1]

One aim of this thesis was to develop an approach linking discursive analysis of psychotherapy processes with evaluation of outcome at domain and case level. This section of the discussion now takes a wider perspective and explores issues concerning personal agency which have arisen during the course of using discourse analysis (Edwards & Potter, 1992; Potter *et al.*, 1993; Potter & Wetherell, 1987) to study change processes in psychotherapy.

'Personal agency' refers to the way in which people are understood as relatively active or passive beings. Thus, personal agency is linked with notions of motivation (incentive and initiation of action) and intention (direction of that action). Four main areas are covered. First, is a discussion of theories of subjectivity with respect to notions of personal agency. Second, is a an evaluation of whether or not discourse analysis could be considered deterministic. Third, is an exploration of discourse analysis' relationship to dualist accounts of the person. Finally, contrary to its theoretical position, there is suggested to be an implicit model of the person as a strategic language user to be found within discursive psychology.

Acknowledging the movement for research to be relevant to the practitioner, these points are discussed in relation to the potential efficacy, acceptability and accessibility of discourse analytic research for the practicing psychotherapist. Psychotherapy is an important area to explore regarding the ramifications of such an approach as discourse analysis challenges commonsense assumptions about subjectivity. Accordingly, discourse analytic research may risk rejection through appearing to dehumanise participants through being agnostic to individual motivation as a causal explanation for behaviour. This may be particularly unacceptable to the psychotherapist working within a humanistic professional and ethical framework.

[8.1] A version of this section is in publication: Madill, A., & Doherty, K. (1994). 'So you did what you wanted then': Discourse analysis, personal agency, and psychotherapy. Journal of Community and Applied Social Psychology, 4, 261-273.

Chapter 8

The empirical chapters of this thesis examining extracts from psychotherapy (Chapters 4 to 7) focused on how the definition of and meaning awarded clients' problems were constructed within the therapy conversation. This contrasts an alternative psychological reading in which problems are revealed as features of clients. Moreover, the analyses were not concerned with the client or therapist as speakers or producers of the text. However, this may be exactly what an audience might expect to be addressed. In particular, a *psychotherapy* audience may be disappointed in that a discourse analyses, such as the ones presented here, do not comment on the client as a person. For example, one may wish to ask why some clients co-operate with the identification of a core internal dynamic whereas others do not. One might also wish to enquire what this indicates about particular clients. Such issues are intimately linked to theoretical understandings of subjectivity and the role of agency and motivation in these models.

(i) Subjectivity and personal agency

There are several models of the person circulating in contemporary Western culture. For example, Potter, Stringer and Wetherell (1984) identify trait, role and humanistic models. Common dominant assumptions are that people are rational, unitary wholes (Henriques, Hollway, Urwin, Venn, & Walkerdine, 1984), self-contained, autonomous, unique individuals (Sampson, 1977, 1989), and agents who are "a dynamic center of awareness, emotion, judgement and action" (Geertz, 1979, p.229). A connecting underlying premise of all these models and assumptions is that the self is a natural entity about which there is a discoverable truth.

Such ideas regarding the 'self-as-entity' are however being challenged as models of the person, and our experience of ourselves, are understood as both historically and culturally relative and to be constructed within language (e.g., Foucault, 1981; Gergen & Davis, 1985; Henriques *et al.*, 1984; Hollway, 1989; Lutz & White, 1986; Shotter & Gergen, 1989a; Weedon, 1987). A post-structuralist conception of subjectivity has therefore emerged in which there is no longer considered to be a truth about the human

condition. One's sense of one's own subjectivity is understood as continually in flux, varying according to context, and constructed from available linguistic resources. Accordingly, people are considered to (re)produce subject positions (see pages 85-86; Althusser, 1971) within historically situated linguistic practices. Potter and Wetherell (1987) have developed a form of discourse analysis drawing upon these traditions. However, in contrast to a focus on subjectivity as experience, they prefer to emphasise the functionality of self construction within interaction.

Some applications of post-structuralism have been criticised for negating the personal agency of individuals through tying subjectivity so tightly to context. For example, Henriques *et al.*, (1984) argue that theorisation at the level of a situated, discursive self cannot explain the observation that there appears to be some consistency in the way individuals account for themselves. Similarly, an explanation is required for the utilisation of particular subject positions within interaction when alternatives were, conceivably, available. These issues, regarding 'selection' of subject positioning, are not only raised during analysis of interaction but have a theoretical basis. That is, Billig (1987; Billig, Condor, Edwards, Gane, Middleton, & Radley, 1988) presents a case for 'rhetorical opposition' suggesting that our stock of cultural knowledge offers contrary themes which people can draw upon when they deliberate or argue. This indicates that, in many contexts, contrary subjectivities would be available. It would therefore seem necessary to be able to explain why a particular subject position was (re)produced given the array of alternatives available in an interactional context.

One commonsense way of addressing this issue is to examine the motives or intentions of the speaker (e.g., Abrams & Hogg, 1990). Indeed, this is one of the preferred solutions of mainstream academic psychology and central to our ordinary, everyday accounts of people. However, this model of the person is critiqued by discursive psychology. Appeal to the motivation or intention of individuals is argued to reproduce historical and cultural assumptions about subjectivity, i.e., that people are rational, autonomous, self-contained, etc. In fact, such appeals are suggested to be

both unnecessary and highly problematic. This is so as attribution of motivation is argued to be inseparable from the rhetorical organisation and functional context of interaction (Heritage, 1990/1991; Potter *et al.*, 1993). *Discursive* explanations are therefore offered for subject positioning and the consistency with which this might occur. Positioning is accounted for through the *social function* this might serve, for example being able to claim precedence for one's version of reality (Gergen, 1989a). The subject positions available to do this are argued to be constrained by linguistic resources and by power relations within society (e.g., Wetherell & Potter, 1992). These constraining factors are invoked to explain consistency in positioning when it occurs and avoid the need for accounts which place motivation and intent inside the heads of speakers.

(ii) Discursive psychology and determinism

Such functional accounts of subjectivity have been criticised for being deterministic and therefore unable to theorise the possibility of social or individual change or resistance to existing forms. This criticism is likely of particular concern to potential audiences of discursive psychological research involved in promoting change including those in the helping professions. Henriques *et al.*, (1984; Hollway, 1989) have argued that addressing the issue of determinism would require theorisation of individual agency and motivation. However, Potter *et al.*, (1990) imply that they are released from the implications of determinism through focusing on the micro-analysis of actual interaction. They suggest that linguistic resources can be shown to be flexibly managed within interaction and "invoked according to their suitability to an immediate context" (p.212). The issue of determinism is also countered by Edwards and Potter (1992) in a broader discussion regarding the possibility that discursive psychological analysis could be considered 'linguistic behaviourism'. It is argued that, whereas 'function' is understood causally in behaviourism (itself a controversial issue; Seligman, 1977) in discursive psychology it is understood "rhetorically and normatively" (p.100). That is, rather than viewing action in terms of laws, rhetorically constructed discursive acts are

considered to have no predetermined relation to consequences. Arguments and positions may be debated without assurance of outcome.

This defence can be understood as drawing upon ideas developed in rhetorical psychology which is an important source for discursive psychology (Billig, 1987: Billig *et al.*, 1988). However, Billig characterises the subject as argumentative debater and thus an active and creative user of language and has been understood as offering an alternative to social determinism through emphasising people as agentic beings (Reicher, 1988). Hence, Billig invokes features of the contemporary Western understanding of subjectivity. Although drawing upon the idea that language is used flexibly in interaction, it appears that Potter *et al.*, (1990) do not follow through the implication that this suggests an actively creative subject. In fact, although utilising Billig's notion of 'witcraft' (Billig, 1987), we are warned *not* to consider the user of language 'artful' or 'knowing' (Potter *et al.*, 1990, p.212).

Henriques *et al.*, (1984) and Hollway (1984, 1989) offer a solution to what they consider to be the problem of determinism. They argue that it is crucial to theorise an agentic and motivated subject separable from the discourses in which subjectivity is constructed and that such a move is required in order to explain positioning. Uptake is argued to be connected to personal history and 'investment', or emotional commitment, in particular subjectivities. For example, Hollway examines this specifically within the context of gender power relations and motivational dynamics. In theorising subjectivity, a psychoanalytic model of the person is posited, utilising linguistically interpreted, Lacanian theory. Such a model was chosen for a variety of reasons including its challenge to commonplace assumptions about people, i.e., that they are unitary, rational beings (alternative models of subjectivity are also offered by McNamee & Gergen, 1992, Parker, 1992, Sherrard, 1991, and White & Epston, 1990). Discursive psychology can be understood as addressing both the issue of investment (see 'stake and interest' below) and of personal history, as Henriques *et al.*, advocate. However, it does so without specifically theorising a motivated subject.

Personal history, in the form of the consistency and continuity of identity, is accounted for in discursive psychology through the invocation of "the sedimentation of discursive practices over time" (Wetherell & Potter, 1992, pp.78-9). To begin with, attempts to account for consistency are unusual in this work in that the overwhelming emphasis is on the variability in accounting practices. Moreover, it is not clear how the sedimentation process is to be understood. 'Sedimentation of discursive process over time' may be interpreted as suggesting the fragmented post-structural subject; i.e., subjectivity as a product of positions taken in discourse. However, this has been argued to be deterministic in that subjectivity becomes a function of discursive context. There is also no account of how such discursive positionings are 'held together' in order for there to be continuity of identity (Henriques *et al.*, 1984).

Thus discursive psychology counters the charge of determinism through appeals to the creative use of language. However, there is a paradox in that specific theorisation of an agentic and motivated language *user* is also critiqued by this approach. There may also be a vulnerability to charges of determinism when attempts are made to account discursively for personal consistency and continuity of identity. It may therefore be problematic to account discursively for personal and social change.

(iii) Discursive psychology and dualism

Discursive psychology is offered as a radical alternative to cognitive social psychology through promoting a functional account of linguistic action which does not appeal to any form of mental entity including motivation or intention (Potter *et al.*, 1993; Potter & Wetherell, 1987). However, it may be argued that discursive psychology's potential relationship to motivational accounts of the person sometimes appears to be open to interpretation.

Confusion may be provoked when claims to anti-cognitivism appear alongside statements regarding the importance and interest of cognitive science (e.g., Potter & Wetherell, 1987, p.157). Moreover, suggesting that an aim of social constructionism is "to displace attention from the self-as-entity and focus it on the methods of

constructing the self" (p.102) may also imply merely advocation of a *change in emphasis* from mental states and cognitive processes to the relatively unexplored regions of discursive function. This reading could be substantiated by Potter and Wetherell's (1987) statement that "analysis and explanation can be carried out at a social psychological level which is *coherently separable* from the cognitive" (italics added, p.157). Parker (1992) argues that this actually reproduces the dualist conception of the separation of the individual and the social which discursive psychology aims to critique.

In addition, discursive psychology appears to be compatible with motivational accounts of the person through seemingly unproblematic reference to the motivation of speakers. For example, in an analysis of accounts of violence Wetherell and Potter (1989) state that "we have not been concerned with the *motives* of the speakers. Some may have had a strong political point to make while some may have been simply concerned to make sense of a potentially order-threatening problematic claim: that the police have been violent" (italics in original, p. 218). Here it is suggested that, although it is not the focus of analysis, accounts might have been motivated in different ways which can be speculated upon. Similarly, it is suggested that "(t)he processes of categorisation, and thus the psychology of categorisation, reside, not just in the mind, but, we would suggest, within discourse as part of a collective domain of negotiation, debate, argumentative and ideological struggle. The same argument extends to other areas of subjectivity - motives, personality, intentions" (Wetherell & Potter, 1992, pp.77-8). This implies that, although the focus in on the construction of such notions within language, certain processes, like that of motivation or intention, may also be cognitive events and thus internal to individuals.

Quotes from the literature, like the ones examined above, may provoke confusion about the relationship of discursive psychology to motivation accounts of the person. Such confusion is facilitated by a reading of discursive psychology which implies that a complimentary theorisation of a motivated subject is possible while offering theoretical arguments against this. In fact, it is likely that an audience of

discourse analytic research may try to make sense of the material in just this commonsense way. Further, it may be argued that discursive psychology, itself, implies a particular type of motivated subject, contrary to its explicit critique of such a model. This is explored below.

(iv) The strategic language user

Discursive psychology focuses on subjectivity in terms of how different versions of the self are constructed within interaction. It is claimed that "analysis is agnostic with respect to issues of "planning" or "real motive"" (Potter *et al.*, 1993, p.387). However, it may be suggested that there is an *implicit* model of the subject to be found in the theory which may problematise this claim. It is argued that discursive psychology can be understood as implying a strategically motivated language user. This model of the subject is suggested in two ways; first by the idea of 'function' and, second, through the discussion of 'stake and interest' in the Discursive Action Model.

Function is an important concept in discursive psychology. It is central to the theoretical position that language is considered in terms of social action, being used to *do* things such as blame, promise, affirm, etc. (Austin, 1962). However, invoking a functional understanding of language could be understood as implying a subject motivated to carry out certain intentions (e.g. see, Davis & Harre, 1990; Searle, 1969a). Caveats to the point that "the suggestion is not that people are simply being strategically manipulative or deceptive" (Potter *et al.*, 1993, p.387) merely highlight that discourse analysis *could* be understood in this commonsense way. Moreover, an implication of such a strategic subject is that analysis can appear to comment unfavourably on the sincerity of speakers.

An implicit model of the motivated subject is further suggested by the 'dilemma of stake or interest' which is an important feature of the Discursive Action Model. It is suggested that construing people as having a stake or interest in certain aims is a useful rhetorical device to undermine their accounts as biased. Thus the invocation of stake and interest is understood *as a rhetorical strategy but not as a motivational*

explanation for rhetorical moves. This distinction is managed through the suggestion that "one of the features of interaction between people and groups is that they are commonly *taken as* entities with desires, motives, institutional allegiances, and so on." (italics added, Potter *et al.*, 1993, p.392). Thus rather than assuming that people are motivated, or have an investment in certain positionings (Hollway, 1989), it is suggested that interaction is carried out only *as if* this were the case. However, it may also be suggested that this does not account for the mobilisation discrediting strategies. It is difficult to understand why one interactant might discredit another, or for that matter appear neutral, unless they had a motive in so doing. Invoking the argument that this merely reproduces a discursively understood notion of subjects still seems to leave the *initiation* of such strategies unexplained.

It is not claimed here that analysis of interaction should be predicated on speculation of the intention of interactants. It is acknowledged that this can be "desperately problematic and downright misleading" (Heritage, 1990/1991, p.327). This is so, for example, due to the ambiguity of talk. Moreover, as Gergen (1989a) suggests "(t)o assume an inner region of self is one thing - to presume its thoroughfares, the shape of its structures, the colour of its interior surrounds and so on is quite another." (p.72). However, the paradox of such a position is that by offering *no* theorisation of the speaking subject a space is left for the audience to assume one. By default, as hopefully demonstrated, this is likely to be a model of the individually motivated strategic language user. This issue has implications for both the accessibility and acceptability of discursive psychological research.

The analyses presented in this thesis could be understood as implying the strategic language use of the interactants, for example in the suggestion that many descriptions were oriented toward the attribution of blame and responsibility. However, as discursive analyses these were couched in terms of 'function' rather than client or therapist 'intention' and therefore *invoked* a notion of subjectivity which does not put motivation in the heads of speakers. A reflexive understanding these analytic texts might suggest that this is a rhetorical strategy on the part of the author. A

consequence of a discursive psychological approach though is that an appeal to researchers' motivation in producing findings would be relativised as an account which must then be understood functionally and rhetorically. This therefore undermines the necessity of accounting for research findings in terms of researchers' subjectivity.

(v) Conclusions

Discourse analysis focuses on the functional use of methods of self construction within interaction and not on the interactants as producers of the text. However, it was suggested in this section that such an approach may raise problems in four areas relating to personal agency. First, it was argued that discursive psychology draws on the model of the artful language user of rhetorical psychology to counter charges of determinism, yet refuses explicitly to theorise such a subject. Second, it was suggested that discursive psychology attempts to account discursively for individual consistency and continuity of identity but in doing so remains open to charges of determinism. Third, although claiming to critique commonsense notions of subjectivity, implicit dualist assumptions facilitate a reading that discursive psychology is compatible with a motivational model of the person. And finally, it was suggested that discursive psychology, itself, implies a particular model of the strategically motivated language user while claiming motivational agnosticism. These issues may confuse and concern audiences of discursive psychological research.

Discursive psychology presents a theory which critiques our commonsense notions of subjectivity and personal agency. Questioning what we usually take for granted, this research challenges basic cultural assumptions and, as such, may appear inaccessible. However, in defence of discourse analysis, Parker (1992) suggests that this may be compounded by the difficulty encountered when communicating alternative models of subjectivity in a language which is structured by dualist conceptions. However, in relation to the psychotherapy practitioner in particular, discursive psychology may be problematical as analysis appears to ironicise accounts which, one wishes to assume, were offered in a context encouraging openness and trust. Within

such a context, the implication that people are primarily strategic, with its connotations of insincerity and manipulation, may be considered particularly unacceptable to those in the helping professions who are likely to work within a humanistic framework.

Discourse analysis may also be perceived as disempowering of the individual through negating appeals to personal knowing through emphasising the construction of subjectivity in and through language. However, as post-structuralist ideas begin to enter the psychotherapeutic world (e.g., McNamee & Gergen, 1992) there are also more positive claims that such approaches may actually liberate the individual through locating 'problems' in culturally and historically constituted discourses (White & Epston, 1990). Such an understanding though must be tempered with an acknowledgement that, although defining something as problematic may be a linguistic achievement, the circumstances surrounding the problem so defined may often be material, e.g., violence, poverty, disability.

Discourse analysis has been offered as an alternative to more traditionally psychological approaches in which problems are revealed as features of clients. It does so partly through bringing a socio-historical dimension. to the analysis of psychotherapy process. The paradox is though that if problem solution were to be understood without some acknowledgement of material culture and totally in terms of problem *dissipation* within language (Goolishian & Anderson, 1987) the wider sociological context of problems and the critical edge of the analysis may be lost. The responsibly for change, in terms of adjusting personal understanding, may be placed on the individual client in just the same way as if social and historical context had been ignored as in the traditional psychological account (Madill, in preparation).

To conclude this section it is suggested that there are areas regarding the relationship of discursive psychology to motivational accounts of the person which require clarification. However, given the issues examined here, discourse analysis is considered as having much to offer psychotherapy research. For example, discourse analysis has a huge potential to explicate how the psychotherapeutic dialogue is an intimate part of both problem formulation and resolution and to provide an

understanding of how this is achieved. Thus, if open to the alternative account of subjectivity which is suggested by discursive psychology, an audience of this research may find that it offers viable insights into human interaction.

Representing the other in discursive psychotherapy research

The above section addressed some problematic issues in relation to personal agency made pertinent by the utilisation of discursive psychology in psychotherapy research. This following section examines issues surrounding 'representing the other' also raised within this context. All the material for the research presented in this thesis was drawn from the therapies of female clients presenting with a major depressive episode. In case (B) (Chapters 5 & 6) the client introduced some of her problems in terms of her situation as mother and wife, the therapist suggesting that some of these issues seemed "straight *feminist* stuff". So, exploring issues of representation, I shall make a reflexive move and consider whether the research presented here, too, could be considered feminist.

But first, what is meant by 'representing the other'? Lee (1994) suggests two pertinent meanings of the verb 'to represent': to speak for and to speak about. However, the possible nature of the correspondence between the object represented and the meaning it is awarded is not straightforward and depends on one's epistemological stance. Realist positions, supposing a *knowable* reality independent of experience, maintain the possibility of representing the world in a, more or less, direct way. Issues surrounding representing the other, therefore, hinge on how accurately research presents those studied. On the other hand, relativist positions consider representations to be versions of the world; constitutive *of* reality, culturally bounded and contextually variable. Thus, there is considered to be no objective truth one can attempt to reflect, only plausible and useful accounts that may be offered. In assuming an a priori position on the nature of gender power relations and on women's experience as a viable object of research, feminist approaches can be understood to draw on realist

epistemology. Feminist research, therefore, may be problematic from within a relativist paradigm.

Issues relating to representation of the other may be couched in terms of group membership. For example, it may be asked '*how are we to represent members of groups to which we do not ourselves belong?*' and, related to this '*do the problems become particularly acute when members of a 'majority' group attempt to represent members of a 'minority' group?*'. From a relativist position, such issues are problematic. Group membership is not regarded an either/or matter but as a discursive achievement (Widdicombe & Wooffitt, 1990). Even if membership is considered physically bounded (e.g., 'women') discursive approaches demonstrate how the nature of the group as consisting of people of a particular kind is linguistically managed (Wetherell & Potter, 1992). Moreover, regarding human understanding as constructed in and through socio-cultural discourses, experience and identity are nolonger regarded the property of individuals. In representing the other, one is understood to draw on a reservoir of impersonal, linguistic resources; functional, local and revisable, just as the other does in producing a representation of her/himself. So, from a relativist, discursive position the notion that group membership has the potential to problematise representation is challenged in two ways. First, the possibility of providing a true or false representation of the group disappears as in its place are found only ever changing fragments of borrowed discourses. Second, personal experience and identity (possibly as a member of a group) are considered functionally constructed from impersonal, socio-cultural discourses and awarded no privileged status (see Potter, 1988).

Let me ground this theory in my own research. Material for my research was drawn from the therapies of three women presenting with depression. As such, there may be considered a potential to represent such women with regard to their treatment in psychotherapy. However, in doing so would I be representing a group of which I was a member? Like them, I am female, white, middle-class and in professional employment. However, unlike them I do not have children, am not in my forties, have

not been in individual therapy nor had a clinical diagnosis of depression. But what characteristics should I take into account when considering if I am, in fact, studying a group, far-a-less one to which I have membership? Moreover, even if I defined my study group in terms of 'women treated psychotherapeutically for depression' I could still argue this need not exclude me from membership. I could negotiate the boundaries of this definition and present a claim to membership in terms of having had experience as client in therapeutic groups and of being depressed in my own life. However, in discursive psychology the researcher's account of her or his own subjectivity would not be considered immune from analytic procedures. Such descriptions could be deconstructed as accounts functioning to imply the prima facie legitimacy of the research (Madill & Doherty, 1994). My research, though, would be understood as informed by cultural understandings of psychotherapy and depression as is the subjectivity and experience of the women I have studied. This is so, whether or not I might plausibly claim membership of the same 'group'.

Positioning subjectivity and experience in discourse has drawbacks but also important benefits. A disturbing drawback is that regarding subjectivity as socially constructed undermines claims to personal knowing and so potentially disempowers those we study. However, viewing subjectivity in an individualistic way is also potentially disempowering. That is, it makes the implication available that differentially valued distinctions between people is of a natural kind. An important benefit of a social constructionist perspective, therefore, is that in viewing such distinctions as linguistically managed it becomes possible to challenge their naturalness and thus the legitimacy of the practices they sustain.

Even if accepting that representations are forged from impersonal, cultural resources, is it not possible to consider there to be some, perhaps critical, differences between representation of oneself and representation of others? Individuals might be regarded to have differential access to ways of understanding themselves and the world. Furthermore, the circumstances of people's lives might be considered to provide differential expertise in the mobilisation of cultural meanings. Such issues are implicitly

addressed in discursive psychology. In analysing text one does not attempt to recover true meaning. Instead, the aim is to explicate how participants' concerns are managed by them during interaction (e.g., Edwards & Potter, 1992). In this way, my research has examined how participants have, themselves, represented the other. Thus, one study included an exploration of how a client characterised her mother during therapy and demonstrated how this description functioned in providing an account of the client's depression (Chapter 4). Another examined sequences in which a therapist's representation of a client, in terms of offering an account of her problems, was subject to disconfirmation by her (Chapter 5).

Therefore, in its relativist stance, discursive psychology does not purport to represent the other in terms of 'speaking for' or attempting to present a veridical account of the subjectivity or experience of those studied. Rather, a discursive analysis seeks to explicate the rhetorical detail and functional implications of the variable descriptions offered by participants. However, in doing so, discourse analysis "is fundamentally an interpretative exercise which offers up readings of texts for scrutiny" (Potter, 1988, p.51). And it is when one orients to the interpretative elements of discursive analysis that issues surrounding representing the other, in terms of 'speaking about' participants' interaction, emerge.

If there is interpretative leeway in discourse analysis how might this effect the researcher's representation of interaction? It is my own observation, and that of some of my colleagues, that in psychotherapy research 'lay' researchers appear to be particularly sympathetic toward clients' accounts (Field, 1995; Harper 1995, personal communications). Harper suggests, though, that she has developed an appreciation of the therapist's standpoint, possibly through becoming more familiar with the therapy protocol, listening to therapists reflect on their interventions and through her own experience of being a client. Moreover, as a therapist involved in psychotherapy research, Stiles (personal communication, 1995) suggests that his client-centered orientation allows him to engage readily with the client's perspective in his work. Exploration of researcher reflexivity does appear to offer some interesting insights into

the process of representation in psychotherapy research. However, it is not compatible with a relativist, discursive position. As suggested above, to maintain epistemological coherence such descriptions must, themselves, be considered occasioned descriptions. Furthermore, accounts of researcher subjectivity may also assume the researcher occupies a stable position with regard to the work and can make the implication available that if researchers could be rid of their biases an objective account might be attained.

But perhaps it is unhelpful to "write off experience as just another social construction" (Parker, 1994, p.240). And, if discourse analysis is acknowledged to be interpretative, surely it is legitimate to enquire in what the researcher's representation of the other is grounded? Discursive psychology focuses on how participants' concerns are managed by them during interaction. This may be understood as, or indeed have the effect of, claiming analysis merely emerges from the text. Such implied empiricism, though, would compromise discursive psychology's social constructionist stance and suggest the possibility of objectivity incompatible with its relativist epistemology (Doherty, 1994). Potter (1988) has challenged this view. He suggests that in making the process of interpretation as explicit as possible during analysis discursive psychology allows an audience to contest the presented representation and assess its value.

This, though, still side-steps the issue of in what discursive analysis is grounded? In this regard, relativist and *critical* realist positions have been contrasted. Advocating a critical realist position, Parker (e.g., 1992) argues that discursive analysis, sensitive to the power of discourse, must be grounded in the assumption that there is a real outside the text. However, this too is where a relativist discursive analysis may be understood to be rooted. That is, even in taking a relativist stance one must utilise cultural knowledge in producing an analysis of text (e.g., Wetherell & Potter, 1992). Critical realism requires the privileging of a version of reality before research begins. Relativism, on the other hand, accepts some things as *provisionally* real in conducting analysis but maintains the possibility of deconstructing their own

analytic assumptions and research findings (Edwards, Ashmore & Potter, 1995). So, in principle the two positions can be differentiated. However, is it possible to sustain the difference in practice? That is, unless one is explicitly deconstructing one's own assumptions during analysis a relativist stance, itself, can be understood as a claim functioning to obscure the perspective of the researcher. In a relativist framework, though, the researcher is regarded in the same way as the text studied. Fragmented, she or he is not assumed to occupy a stable positioned with regard to the work.

So, how have I addressed issues surrounding representing the other in my discursive psychotherapy research? Taking a relativist stance, I do not purport to represent in terms of 'speaking for' those I study. This is so as there is considered to be no stable position from which the other speaks; no truth to be veridically represented. But in producing an analysis, I represent in terms of 'speaking about' the other. I produce an interpretative account of the interaction between client and therapist which is always open to challenge and subject to the validity criteria of coherence, plausibility and usefulness.

A relativistic stance is often criticised for being apolitical and unable to offer a site for resistance. However, in this regard, my work has had some interesting implications. Therapists' comments in response to analysis of their cases were not awarded privileged status. In fact, it is my experience that discursive analysis often offers a perspective on the therapy differing from that of the therapist. This, perhaps, stems from the basic difference in viewing language as representational or constructive. However, rather than consider such differing representations problematic, discursive analysis has the potential to be utilised in a creative way. That is, in providing a novel perspective on therapy process its use as a supervisory tool is currently being explored. Moreover, although explicitly feminist research may be incompatible with a relativist position this does not mean that my research may not have feminist implications. For example, one study demonstrated how a therapist's interventions had the effect of transforming the client's presentation of problems located in her domestic circumstances to problems considered internal to her (Chapter 5). Thus it was

demonstrated how problems may be positioned within clients at the same time excluding socio-cultural accounts. This indicates how research from a relativist stance can also be the basis of "straight *feminist* stuff".

Evaluation and future directions

Validity and evaluation criteria pertaining to discourse analytic research were specified in Chapter 3 (pages 82-83). In this final section, the analyses presented in this thesis will now be discussed in relation to these criteria. To recap, Potter and Wetherell (1987) suggest that discourse analytic research may be evaluated in terms of (1) coherence of interpretation, (2) increased understanding of the subject matter, and (3) the raising of issues which would not have been found in other ways. Potter (in press) offers four more quality criteria applicable to differing kinds of discourse analytic studies: (4) deviant case analysis, (5) participants' understandings, (6) ability to inform subsequent research, and (7) audience evaluation.

It appears that many of these criteria are linked to audience evaluation so that the author can only present justifications for claiming that validity has been fulfilled. That is, first, in relation to coherence of interpretation, it is suggested that each analysis at least presents a plausible account of the extracts studied. Over and above this it is also suggested that the accounts offered made sense of most features of the interaction. For example, in case (A) (Chapter 4) the client's more explicitly critical description of her mother in the final sessions of therapy was accounted for in terms of the client having established her dutifulness during session five. Second, the section linking these discursive analyses to the literature on depression and attribution (pages 213-222) offers an extended account of the ways in which these studies, and studies like them, may increase understanding of this area. Third, it is also argued that in reconceptualising attributions as things people *do*, rather than things people *have*, the discursive approach can raise issues that the traditional psychological account does not. For example, discursive analysis can raise issues in relation to the ways in which therapists co-construct attributions in therapy. Fourth, a form of deviant case analysis

was introduced by way of contrasting cases (B) and (C); unsuccessful and successful problem (re)formulation. Incorporating these analyses with that of case (A) pointed to a pattern in the data in terms of a preferred version of clients' problems which appeared to be promoted by psychodynamic-interpersonal psychotherapy (pages 216-222). What seemed a deviant case can therefore be understood as an extension of an underlying pattern.

The fifth evaluation criterion refers to participants' understandings. It may be that this criterion of validity was not maintained in all aspects of the research presented here. Often the length of extracts presented did not allow for an extended exploration of participants understandings. For example, the labelling of a client response as a 'disconfirmation' was sometimes argued for during analysis rather than identified in terms of subsequent participants' interaction (e.g., Chapter 5). At other times, analysis was more grounded in participants understandings (e.g., Chapter 7). Finally, the four analyses presented here can be regarded a coherent body of work, each study informing the approach to the next, with the first study on case (B) (Chapter 5) informing and compatible with the second study on this case (Chapter 6). However, to what extent the analyses presented in this thesis can inform future research has yet to be established.

It is the nature of research that it have flaws and limitations. The research presented in this thesis is, of course, no exception. In this discussion chapter the notion of agency in discursive psychology in relation to potential problems concerning the acceptability of this approach to the psychotherapy community has been critiqued. Issues concerning some of the political implications and limitations of discursive psychology have also be discussed. Moreover, the limitations of each analyses were discussed in relation to adapting the approach to each succeeding study. This final chapter continues with an evaluation of the limitations of the research presented in this thesis and, linked to this, possible future directions the research could take.

Discourse analysis is skill that requires much effort and practice to acquire. Attaining to a sophisticated application of discursive psychological principles therefore places great responsibility on the creativity and ability of the individual researcher. Alternative approaches also require high levels of skill but, for example, statistical methodology is taught to most psychology undergraduates and guidance is more widely available throughout the psychological community. A confounding issue is that many forms of discourse analysis do not concretise research methodology, preferring to maintain the research strategy as 'an approach'. In this way discourse analysis contrasts with many other qualitative approaches, for example grounded theory (Glaser & Strauss, 1967), which offer more detailed guidance on research procedures. With the current emphasis on methodological pluralism, the psychotherapy research community may be open to discursive approaches, however, given the often obscure nature of procedures are perhaps unlikely to incorporate them as mainstream research tools.

With regard to the specific studies presented here, an aim of this thesis was to utilise discourse analysis within the remit of the change process paradigm in psychotherapy research. The major challenge was to link discursive analysis of process with evaluation of outcome at the case and domain level. This has entailed two competing requirements: (1) that analysis be wide enough in scope to forge a link between process and outcome, and (2) be specific enough to allow a detailed analysis of process from selected extracts of dialogue. The studies presented in this thesis represent a developing approach to fulfilling these requirements, however, requires future research to refine the methodology.

Chapter 4 offered an understanding of client change within one problem domain across four session of therapy. The broad scope of this study, however, had the drawback of making the audience too reliant on the researcher's selection of extracts. Chapters 5 and 6 therefore focused on explicating the process of problem (re)formulation as it occurred in specific sequences of dialogue. This, however, had the drawback of stretching the link between process and evaluation of outcome even at

domain level. Chapter 7 then returned to the broad and thematic analysis as taken in the initial case, but narrowed the focus to a sub-theme. This study maintained the link between process and outcome, and traced how changes in the client's understanding of a problem was promoted in therapy in a way that the clinical significance of the material was retained. However, the drawback to this particular study, again, was that the sequences presented in the study were pre-selected by the researcher from a much larger reservoir of data.

In relation to these shortcomings, one direction for future research is to use discursive analysis more fully within the events paradigm as developed within change process research (page 11; Rice & Greenberg, 1984). The events paradigm offers a way of linking micro-analyses of process with similarly micro-level evaluations of outcome. For example, significant change events can be identified by client evaluation of the most helpful aspect or event in a particular session of therapy. Micro-analysis of this event is then conducted in order to explicate the processes of change involved. Analyses of other brief episodes carrying a common marker can then used to build up micro-theories of change. Stiles, Collier, Albert, & Sloane (1992) report an adaptation of the events paradigm through "examining selected problems as they are reworked over many sessions [...] offer(ing) a small-scale conceptualisation of psychotherapy outcome, focused in a limited topic rather than the whole person" (p.2). A similar approach was taken in this thesis. However, a future project will be to use *client* identification of helpful aspects of therapy to identify specific sequences for study to forge a link between micro-analysis of process and evaluation of outcome at an 'events' level.

A further direction is to create a stronger link between micro-analysis of process and practitioner concerns. One way of achieving this is to work more closely with case therapists in the selection of material for analysis. In this thesis material was selected for analysis by the author through an acquaintance with the full context of each case and preliminary analysis of all the sequences pertaining to the problematic theme chosen for study. Having the case therapist select the research question and/or

specific extracts for analysis circumvents many of the problems of extract selection alluded to in the present research. Moreover, such a procedure would more directly address the issue of making research relevant to practice.

A precursors to working more closely with case therapists would be to explore the value to practitioners of the research presented in this thesis. A project has therefore been initiated to produce an evaluation of the potential of discursive analysis for practitioners by way of a reflection on these studies by the case therapists. This project should identify both shortcomings and strengths of the discursive approach and identify ways forward in providing research with the potential to impact practice. An aspect of this project will be to evaluate the potential heuristic value of discourse analytic research as a parallel process to supervision with the aim of inclusion in clinical training programmes. Moreover, in its potential to articulate assumptions underlying the rationale of therapy protocols it could be that discourse analysis could offer a new perspective in the writing of therapy manuals. This links with the identification of the preferred problem accounts and solutions of various kind of therapeutic intervention.

In conclusion, although the development of a discourse analytic approach to change processes requires further refinement, the present thesis has demonstrated the utility of discursive psychology to psychotherapy research. In doing so, the thesis had achieved the aims of (1) developing, and raising suggestions for the continual development of a discourse analytic approach to psychotherapy research, and (2) providing the beginnings of a discursive answer to the question '*how does change occur in psychodynamic-interpersonal psychotherapy?*'. The continuing research programme promises to be an exciting one.

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Appendices

Appendix 1

Theme selection instructions for case (A)

"The task is to select excerpts of the dialogue between the client and the therapist where the conversation is based upon the client's developing ideas about "mother".

For the purpose of this task we are treating "mother" not only as a description of a specific person in the client's life but as a schema.

We want to look at the development of this client's schema by comparing her references to "mother" in an initial session of exploratory therapy to those of a later session. Your task is to select these references.

The tape of the session that you are about to code will be provided. Listen through the tape and at each reference (either the client's or therapist's) to "mother" note down the tape counter number on the sheet provided. You may stop the tape as often as you like to re-check excerpts if you are not sure of your inclusion/rejection of them." (A précis of Field, 1991).

Appendix 2

Theme selection instructions for case (B)

"The purpose of listening to sessions 1, 5, 7, & 8 (listener 1) and 2, 3, 4, & 6 (listener 2) of case (B) is to identify sections in which a particular content theme is being discussed. This theme is defined by the client thus: 'difficulty shouldering all the responsibility at home'.

In identifying this theme listen for passages in which the client's home situation is spoken of in such a way that suggests the client feels a lot is expected of her. This includes feelings of being taken advantage of, not getting enough help, or just that she is expected to cope with a lot. Please also include ramifications of not having enough support at home, for example not having enough time to do other things. The client's

'home' here is defined as both the current situation with her partner and children and her childhood family experience with her parents.

Please be inclusive when deciding whether a particular section belongs to this theme. I would also like you to include the full discussion of the issue once you decide this theme has been raised in the therapy. This may mean identifying passages of 100 counter revolutions or more. Other passages will be much shorter."

Appendix 3

Theme selection instructions for case (C)

"The purpose of listening to session of case (C) is to identify sections in which a particular content theme is being discussed. This theme is defined by the client thus: 'feeling that I have let my family down'.

In identifying this theme listen for passages in which the client's family is spoken of in such a way that suggests the client feels a sense of duty toward them. This includes feelings of obligation, guilt, conscience, etc. It also includes discussions about expectations and standards that the family may demand of the client or their disapproval of her. The 'family' here is defined as the client's parents, spouse and children.

Please be inclusive when deciding whether a particular section belongs to this theme. I would also like you to include the full discussion of the issue once you decide this theme has been raised in the therapy. This may mean identifying passages of 100 counter revolutions or more. Other passages will be much shorter."

Appendix 4

Publications, conference papers, and talks arising

(1) Publications

MADILL, A., & Doherty, K. (1994). "So you did what you wanted then": Discourse analysis, personal agency, and psychotherapy. Journal of Community and Applied Social Psychology, 4, 261-273.

MADILL, A. (1995). Discourse analysis: Society for psychotherapy research workshop notes (Social and Applied Psychology Unit Memo 1514). Sheffield, UK: University of Sheffield, Medical Research Council/Economic and Social Research Council, Social and Applied Psychology Unit.

MADILL, A. (in submission). "Some of this seems to me straight *feminist* stuff": Representing the other in discursive psychotherapy research.

MADILL, A. (invited paper in preparation). Discursive psychology and counselling research: Problem (re)formulation, politics, and reality. For symposium 'Doing qualitative research in counselling: Issues and challenges'. British Journal of Guidance and Counselling, Autumn 1996.

MADILL, A., & Barkham. M. (invited resubmission). Subject position and discursive processes of change in one successful case of psychodynamic-interpersonal psychotherapy.

MADILL, A., Widdicombe, S., Barkham. M., & Shapiro, D. A. (in preparation a). Problem (re)formulation in psychodynamic-interpersonal psychotherapy: Discursive analysis of client disconfirmations.

MADILL, A., Widdicombe, S., Barkham. M., & Shapiro, D. A. (in preparation b). Discursive analysis of therapist initiated topic shifts: Problem (re)formulation, sequencing, and the construction of relevancy.

MADILL, A., Barkham, M., & Shapiro, D. A. (in preparation). Construction of anger in one successful psychodynamic-interpersonal psychotherapy: Problem (re)formulation and the negotiation of moral context.

MADILL, A., *et al.* (in preparation). Deconstructing assimilation: Are change process in psychotherapy cognitive, psychodynamic, or discursive?

(2) Conference papers

MADILL, A., Barkham, M., & Shapiro, D. A. (1994a, July). A discourse analytic approach to change process in psychotherapy. In D. A. Shapiro (Moderator), Qualitative approaches in psychotherapy process research. Annual meeting of the International Society for Psychotherapy Research, York, UK.

MADILL, A., Barkham, M., & Shapiro, D. A. (1994b, July). Discourse analysis and psychotherapy: Representation and construction. The Psychology Postgraduate Affairs Group, Postgraduate Conference, Sheffield.

MADILL, A. (1994, Aug.). Problem (re)formulation in psychotherapy. Sheffield University, Department of Psychology Postgraduate Conference.

MADILL, A. (1995, March). Angry or upset? Construction of emotion in psychotherapy. Sheffield University, Department of Psychology Postgraduate Conference.

MADILL, A. (1995, June). Discourse analysis: Understanding psychotherapy as text and social practice. In A. Bachelor (Moderator), C. Hill (Discussant), Qualitative methodology in psychotherapy research: Basic features of four approaches. Annual meeting of the International Society for Psychotherapy Research, Vancouver, Canada.

MADILL, A., Barkham, M., & Shapiro, D. A. (1995, June). Construction of anger in a successful psychodynamic-interpersonal psychotherapy: Negotiation of moral context and justification. In W. B. Stiles (Moderator), Accomplishing key tasks in contrasting psychotherapies: Qualitative studies from the Second Sheffield

Psychotherapy Project. Annual meeting of the International Society for Psychotherapy Research, Vancouver, Canada.

(3) Talks

June, 1993 Discussion of selected extracts from case (B) at the Discourse and Rhetoric Group of Loughborough University.

Oct., 1993 Discussion of extracts from case (A) at the Discourse Group of Sheffield University.

Nov., 1993 Postgraduate seminar on case (A) at the Department of Psychology, Swansea University.

Feb., 1994 Discussion of selected extracts from case (C) at the Qualitative Methods Group of Sheffield University.

May, 1994 Presentation of an extract from case (B) as part of Clinic Team seminar at the MRC/ESRC Social and Applied Psychology Unit, Sheffield University.

May, 1994 Seminar on case (B) and issues related to discourse analysis at the Discourse Group of the Manchester Metropolitan University.

June, 1994 Discussion of 'Discourse analysis and personal agency' at the Discourse Group of Sheffield University.

Nov., 1994 Seminar on 'A discourse analytic approach to change processes in psychotherapy' to Sheffield University Clinical Psychology course as part of Contemporary Issues teaching.

Nov., 1994 Discussion of 'Discourse analysis and personal agency' at the Discourse and Rhetoric Group of Loughborough University.

March, 1995 Workshop with Colleen Heenan on 'The use of discourse analysis as a clinical supervision tool' at the Society for Psychotherapy Research (UK) conference.