Psychotherapy as constitutional practice: A detailed interaction analysis of the change process in psychotherapy

Cody L. Maddox

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PSYCHOTHERAPY AS CONSTITUTIONAL PRACTICE: A DETAILED INTERACTION ANALYSIS OF THE CHANGE PROCESS IN PSYCHOTHERAPY

A Dissertation

Submitted to the McAnulty College and Graduate School of Liberal Arts

Duquesne University

In partial fulfillment of the requirements for the degree of Doctor of Philosophy

By

Cody L. Maddox

December 2013
PSYCHOTHERAPY AS CONSTITUTIONAL PRACTICE: A DETAILED
INTERACTION ANALYSIS OF THE CHANGE PROCESS IN PSYCHOTHERAPY

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Approved August 29, 2013
ABSTRACT

PSYCHOTHERAPY AS CONSTITUTIONAL PRACTICE: A DETAILED INTERACTION ANALYSIS OF THE CHANGE PROCESS IN PSYCHOTHERAPY

By

Cody L. Maddox

December 2013

Dissertation supervised by Martin Packer, Ph.D.

Psychotherapy is concerned with changing individuals: it is a practice devoted to the constitution of certain kinds of subjects. Although the various therapeutic schools have their own explanations of psychotherapeutic change, more empirical work needs to be dedicated to understanding how this process takes place. In this study, a fine grain research methodology is used to produce an account of the change process that occurred over the course of two psychotherapy sessions. The data consists of naturally occurring video recordings of a single therapist and client dyad. The goal of this research is to examine the relationship of mutual formation between the practice of psychotherapy and the client as it unfolds across time. This process of mutual formation is what Martin Packer (2011) refers to as constitution. A new research method was developed for this study. The methodology is grounded upon Heidegger's (1927/1962) understanding of...
practical engagement and Foucault's (1983) method of genealogical interpretation. The research procedure combines conversation analysis with de Rivera’s (1977) Structural Theory of Emotion, and Wortham’s (2001) action based theory of narrative positioning, to form a coherent methodology called *Detailed Interaction Analysis*. The study demonstrates how conversation analysis can be augmented in order to better analyze emotion and subject positioning. There were four major findings. First, the study shows how psychotherapy constitutes the client as a deep emotional subject who must understand her emotions in order to be an ethical being. Second, interpretation was shown to be a pragmatic practice that asserts the therapist’s subjective perspective into the conversation. This allows the client to respond with her own interpretation. This collaborative process was found to be an important change process in psychotherapy and these findings conform to the more interactional understanding of interpretation (Aron, 1992; Winnicott, 1971). Third, the analysis provides a description of how Foucauldian problematizing occurs through the deployment of conversational actions that shift the location of the therapeutic problem and encourage the client to think about herself as an emotional being. Last, this study demonstrates how the indeterminacy of talk is used as a creative resource for both the therapist and the client during problematizing.
DEDICATION

For my wife, Anni, without whom this would not have been possible.
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INTERPRETATION AND CONSTITUTION IN PSYCHOTHERAPY

“If we are indeed to have evidence-based psychotherapies grounded in systematic, well replicated research...and evidence-based training for psychotherapists...— both of which I approve — then it would be very nice (in fact, I would think essential) for that research to be based on a standard model or paradigm which more adequately matches the actual experience and lived reality of what it presumes to study. I don’t know what a more satisfactory paradigm or model for research will turn out to be. Constructing it is the task of the next generation — but from it will come the sort of psychotherapy research I think I would like to read.”

David Orlinsky, Comments on the State of Psychotherapy Research (As I See It), (2006, p. 6).

Interpretation as a Way into Psychotherapy

Prior to being trained as a therapist I studied sociology and was interested in the postmodern critique of language, subjectivity, and institutional practices. It is ironic that I chose to become a therapist because psychotherapy is a practice that has been highly scrutinized and critiqued by postmodern theorists. At times, these critiques can be quite discouraging for a therapist. However, therapy has played an important role in my own life. At a time when life was most chaotic I turned to therapy and found it to be transformative. Years later, I chose to become a therapist because I believed in its importance as a cultural practice that plays a vital role in peoples’ lives. Yet, when I made this decision I was also very aware of how psychotherapy operated on certain assumptions about what human beings are and what they should be. My interest in
critical theory – in the critiques of Foucault and Nietzsche for example – fostered an ever present suspicion of the very practices that I found to be so vital in my own life. Out of my passion for critical reflection and my passion for psychotherapy came a conflict that has driven my own constitutional process of becoming a therapist and a researcher. This project is my attempt to use this conflict to understand psychotherapy. My goal is to understand the institutional practice of psychotherapy, taking seriously the postmodern critique of representationalism, and to produce an account that can convey the humanity and wholeness of contemporary psychotherapeutic practice.

One difficulty with a large project such as this is how to start, where to start. The impossible task of speaking about psychotherapy arises because of the overwhelming complexity and diversity of practices. We might be tempted to capture the complexity by creating flow charts and lists in an endless effort to define the discipline by difference. However, my task is not to describe psychotherapy, but to find a way into it—to speak about it in a way that is limited, yes, but that grasps the discipline securely. My route into the practice will serve two functions. First, I would like to approach psychotherapy on its own terms and use the traditional constructs (such as interpretation) as pivot points that allow new understandings to emerge. And second, the path must be carved out by a research language that is useful for the researcher, but still speaks to practitioners and patients. In other words, this path must be able to speak to all the parties in a way that takes into account cherished assumptions not as givens, but as access points through which a new understanding can be forged. I believe that this is a promising intention, and yet I am well aware of the difficulties.
The search for a way to talk about psychotherapy has been an ever present problem facing researchers and scholars. Psychodynamic, existential, cognitive, family psychotherapy all have a different theoretical understanding of human beings and psychology. The differences can be exhausting. Furthermore, each one of the above categories can be cracked open to expose numerous theoretical differences inside similar schools of thought.

Psychodynamic therapy is a prime example. Since the time of Freud there has been a warring proliferation of approaches, apparent even to the casual observer. Freud, Klein, Lacan, Kohut, Reich, and so on all hold contrary visions of psychology and psychotherapy. Again, this diversity often leads to a cataloguing or taxonomy of differences (Herink, 1980). Some have taken another approach. Contemporary theorists such as Gabbard (2005) and McWilliams (1994) have tried to integrate many of the prominent schools of psychodynamic psychology and form a holistic theory that can guide contemporary psychotherapy. Where some are tempted to point out the differences between various schools of thought, Gabbard and McWilliams want to find commonality. Their works can be seen as an attempt to mitigate differences by creating inclusive frameworks and identifying common ground.

As one can guess from my introductory paragraph, I too am integrationist of sorts. I like compromise and commonality as opposed to defiance and difference. However, the initial problem that this project poses, finding a way into psychotherapy, is not an attempt to identify an underlying structure or essential element hidden behind the consulting room door. Rather, I am faced with articulating a means of understanding psychotherapy that is new, offering a fresh glimpse at something we are familiar with. I do not need to
capture all of psychotherapy, but I need to speak towards its primary aim. That aim is obvious, I believe: psychotherapy is concerned with changing people, it is a practice devoted to the constitution of certain kinds of subjects.

Making the case that psychotherapy is a constitutive practice can be done in many ways, but I believe that by examining interpretation we will see one such avenue emerge. Lynn Harper (2006) in her doctoral dissertation acknowledged many of the difficulties with psychotherapy scholarship that I have been discussing. The initial question that she posed was: "What is it that the analyst does in psychoanalysis that makes the process work?" She goes on to state, as I have, that various schools of thought identify different important aspects and fundamental concepts, which makes finding an underlying commonality difficult. However, she contends that "interpretation, as a key ingredient in a psychoanalytic work, does seem to provide one way to compare various schools of analytic thought around the issue of therapeutic process" (p. 1). From here, she goes on to compare and contrast Freud, Klein, and Lacan, charting the similarities and differences in both theoretical understanding and professional practice. I empathize with her struggle to find a common ground and agree that interpretation is an important concept that can help us to understand psychotherapy. However, this is not because it bridges various schools of thought, but because it is a pivotal construct that can be reinterpreted and put to work for both the researcher and the practitioner within each school.

Interpretation has always been seen as basic to psychotherapy. It was the central construct in Freud's (1900/1998) *The Interpretation of Dreams* and it has been a subject of concern for psychotherapists ever since. However, since Freud's time psychotherapy has changed. Our understanding of interpretation has shifted and some have even
declared that interpretation is relatively unimportant compared to relational factors such as the therapeutic alliance (Bohart & Tallman, 1999; Orlinsky, Grawe, & Parks, 1994). The psychoanalysis, Lewis Aron (1992) states that this shift toward a relational understanding of interpretation was initiated by Winnicott who thought that “the point of interpreting [was] to show the patient that the analyst was fully alive and imperfect” (p. 487). Winnicott (1971) expressed his opinion of interpretation this way: “I think I interpret mainly to let the patient know the limits of my understanding. The principle is that it is the patient and only the patient who has the answers” (pp. 86-87). This is what has happened inside psychoanalysis. Outside psychoanalytic or even psychodynamic circles interpretation has pretty much been forgotten. CBT and behavioral therapies have their own languages and pet constructs. However, in my experience as a psychotherapist I can say that interpretation is alive and well in modern-day therapy. Granted, my training and supervision has been largely psychodynamic. This makes it difficult or almost impossible to speak for CBT or behavioral therapists. Therefore, throughout this project I'll be sticking to what I know, which is a psychodynamically oriented psychotherapy, which relies on interpretation to provoke therapeutic change in the client. Keep in mind, that my analysis of interpretation is simply a way into psychotherapy, allowing us to see how therapy is a constitutional practice. CBT and behavioral therapies are also constitutive. It is possible that these therapies shaped the client in different ways, but like psychodynamic therapy, CBT and behavioral therapy aim to change the client. By examining interpretation I am simply opening the door that is most familiar and therefore most accessible to me. I hope that by the end of the dissertation we can begin to think of all psychotherapies as constitutive regardless of how we initially imagined the project.
That being said let us begin by examining interpretation in psychotherapy.

Often, when we talk about interpretation in psychotherapy we are referring to something specific: the method of understanding the meaning of our client’s symptoms, behaviors, and dreams, and then conveying that meaning to our clients. In the theory, the meaning is carefully packaged and delivered through language. This package, which consists of a statement or a question, is called ‘the Interpretation’. The Interpretation, carrying the true meaning of the symptom or dream, is thought to impact the client consciously or unconsciously and so cause a psychic shift, which eventually leads to a new understanding that is helpful in some way—possibly by relieving symptoms, decreasing problematic identifications, or by causing a reorientation of the client’s desire.

Freud and his work provide the clearest demonstration of this method of interpretation. For example, in *The Interpretation of Dreams*, Freud (1900/1998) makes his classic distinction between "the manifest and latent content of dreams" (p. 168). One cannot take the dream at face value. The characters, objects, and actions of the dream do not provide the true meaning or cause of the dream. In fact, the manifest content -- what a person might describe to a friend or to a therapist -- is really a series of masks meant to fool the dreamer, to keep hidden the forbidden desires that prompted the dream in the first place. These desires, or wishes, foment dreams and symptoms in both the psychologically healthy and unhealthy. It is a universal process that lies at the center of what it means to be human.

Human beings experience desires that are contrary to their self-image and threaten to damage their social relationships and obligations. Therefore, these desires are repressed, pushed down and forgotten. However, these desires return in disguise. In the
unhealthy person they return during the day as psychological symptoms -- hysterical paralysis, obsession, and so on -- and in the healthy (and unhealthy alike) the desires return during the night in dreams. At night our defenses are weaker and we are more in touch with what is commonly forgotten and forbidden. However, our desires are still not able to stand in plain sight. Therefore, even in dreams our desires are transformed and hidden from us.

The disguise can be simple or can be complex. As Freud stated: "The stricter censorship, the more far reaching will be the disguise and more ingenious too may be the means employed for putting the reader on the scent of true meaning" (p. 176). Here, Freud is hinting at the complex machinery of interpretation that he will construct during the next four decades in order to uncover the true meaning of dreams and symptoms. This sentence is quite revealing. Not only is it prescient, predicting the course of a career that only Freud could have imagined, but it also highlights a central metaphor that Freud employed during the course of his career. Here we can clearly see how he positioned himself as the "reader" of his patients, who are texts in need of interpretation.

The use of this metaphor is not surprising as it aligns with the classic understanding of interpretation as described by Schleiermacher and others. Interpretation as a discipline existed long before Schleiermacher. The term hermeneutics, a method of interpretation, originates from the exegesis of biblical texts. Schleiermacher took up the general principles of biblical hermeneutics and applied them to creative human activity, such as texts, speeches, and music. Martin Packer (2011), in his discussion of the hermeneutic project, summarizes Schleiermacher’s aim: "Hermeneutics, as Schleiermacher intended to define it, would systematically employ the skills of
Schleiermacher’s analysis consisted of two parts: the study of language and the psychological study of the subject. Schleiermacher viewed language as the medium through which thought was expressed. Language was objective whereas thought was a creative instance derived from pure subjectivity and uniqueness. The interpreter, or "reader" as Freud put it, needs to understand the objective system of language and the creative subjectivity. The latter is more essential and privileged. According to Schleiermacher, to grasp the creative core the interpreter must engage in a "divinatory" process where she empathetically understands the author better than the author herself (p. 88).

However, Schleiermacher did not have the last word on hermeneutics. His position was taken up and critiqued first by Dilthey (1990) who widened the scope of hermeneutics by stating that all cultural artifacts are in need of interpretive understanding. This is because all of our worldly activities derive from "the same human spirit [which] addresses us and demands interpretation" (cited in Packer, 2011, p. 89). In some ways, this position is directly in line with Schleiermacher. However, Dilthey contended that every act of interpretation is grounded in our experience which is "always concrete and historical" (p. 89). This position distanced Dilthey from Schleiermacher. In many ways it undermined the central notion in Schleiermacher’s theory; namely, that interpretation requires the meeting of the human spirit, which occurs during the empathetic union of interpreter/reader and author. Packer notes the impact of Dilthey's turn to history by stating that:
Understanding is not merely a contact between minds, or a reconstruction of the author’s mental state, it is a reconstruction of the historical process that has shaped a cultural product…. Interpretation is not simply penetrating an individual's mind, but contact with a manifestation of the life process. (p. 91)

Packer notes that Dilthey’s emphasis on the historical nature of interpretation became somewhat of a poisonous pill that damaged his goal of erecting a science of interpretation that would produce objective meanings that were universal and ahistorical. To Dilthey this was devastating because his analysis undercut his aim. You could not have one without the other, he thought, and hence hermeneutics was lost.

Others, such as Hans-Georg Gadamer (1960/1986) disagreed. The insight that our understanding is based upon our history has profound consequences, which should not be overlooked simply because it undermines the quest for universal, a-historical knowledge. This was Gadamer's basic stance. Gadamer critiqued Schleiermacher and Dilthey for their desire to reproduce the original creative intention as if it was preserved somewhere inside the text or cultural artifact. According to Packer (2011), Gadamer proposed that interpretation "is a productive process, a mediation between text and interpreter, a dialogue between past and present….neither interpreter nor text can step outside of their historical context" (p. 93, Italics in original). During this dialogue new meanings are produced, which are always practical, aligning with the needs and concerns of the interpreter’s everyday life. Therefore, "a true interpretation is one which points out something relevant in [the interpreter's] present situation which we have not noticed" (p. 94). The interpretation is true because it involves a practical concern. The meaning allows us to do certain things that we weren't able to do before. This might be the implementation of a new skill that manipulates the physical world or it might be a new
understanding of ourselves as human subjects. As Packer puts it "meaning is always an experience, an event, a moment of application" (p. 94).

Now, if we return to Freud and psychodynamic interpretation we can see certain parallels as well as avenues of critique. First, it is worth noting that describing Freud's method as hermeneutic is not new. Forty years ago, Ricoeur popularized the phrase, "hermeneutics of suspicion" as a way of describing Freud's general intent (Ricoeur, 1970, 1974; Scott-Baumann, 2009). Ricoeur’s basic claim was that Freud's project was concerned with uncovering deep structures hidden under the surface appearances of psychic life (Dreyfus & Rabinow, 1982, pp. xxii-xxiii). Here we can see parallels with Schleiermacher. Great works of art, like our dreams, capture our attention because hidden deep within them is the essential truth of ourselves—the creative spirit. Where Schleiermacher claimed that one could commune with the human spirit of the author, Freud argued that psychoanalytic interpretation was able to uncover the unconscious desires of the patient. Both men placed emphasis on the interpreter's ability to systematically decode the complicated texts before them. Therefore, meaning can only be found by a capable interpreter who employed the correct methodology. Schleiermacher and Freud developed different systems of interpretation for the tasks they undertook. However, there can be no doubt that they both believed that the truth of text (dreams or symptoms in the case of Freud) lay in the interpreter’s efforts. For Freud, the patient automatically produces a text for the analyst to examine and excavate. In many ways the description that Freud gives in *The Interpretation of Dreams* is of the patient as a passive medium through which the text manifests. Therefore, the patient is in dire need of the analysis because, much like Schleiermacher, Freud believed that the
analyst/reader/interpreter could understand the author better than the author herself.

However, if we take Dilthey and Gadamer seriously then Freud's depiction of how psychoanalytic interpretation works cannot hold. For Gadamer the meaning of a text is not found underneath its manifest content as Schleiermacher and Freud would contend. Rather, “the meaning of the text is an effect” that is produced during the act of interpretation (Packer, 2011, p. 97, Italics in original). It is an effect upon the interpreter that occurs during the act of reading.

In psychotherapy, interpretation is often discussed in a manner that aligns more with Freud and Schleiermacher. The client comes in and presents her symptoms, stories, and dreams while the psychotherapist silently interprets. Eventually the therapist ascertains certain meanings that only implicitly connect to the manifest content that the client provides. The therapist then devises a way to tell the client the meaning of her symptoms. This interpretation is then thought to impact the client. It might startle them, or make them angry, or possibly the client will simply dismiss it outright, but regardless, we hold that the interpretation does its work whether it is conscious or unconscious. Our training and our methods are concerned with refining our skills of interpretation and our method of delivery. How do we understand the client and how do we convey our understanding? We concern ourselves with these questions because we believe that speaking the true meaning of the client's symptoms will produce an effect on the client. However, if we follow Gadamer then we have to admit that our understanding is slightly askew. Meaning is an effect, this much all parties agree on, but Gadamer stated that meaning is produced during the act of interpretation and it affects the interpreter. Therefore, if we are concerned about how meaning produces effects in psychotherapy
then we need to realize that the most important interpreter in the room is not the therapist but, the client.

Following Gadamer, the client is affected by meanings which are produced during *her own act of interpretation*. With this shift we now see the psychotherapist interpretations as texts that are *read and interpreted* by the client. It is during this reading that the meaningful effects of psychotherapy occur. Furthermore, we must remember that the meaning of the text is grounded in the historical constitution of the interpreter. The meaning grabs us because it has immediate practical concern, allowing us to see things in different ways and do things we could not do before. Yet, our practical concerns are not given, universally; they are constituted by the very practices we engage in. Therefore, if we want to better understand how psychotherapy works we need to understand how the client is constituted as a particular kind of interpreter during psychotherapy. This interpreter is not simply someone who thinks in a certain way, but *is a certain way* depending on the practices in which they are engaged. It is, therefore, better to refer to this interpreter as a certain kind of subject. The subject that we are referring to here is not a universal subject of essentialism, but the distributed subject who comes into being through concerned engagement with others within their form of life.¹ Hence, the question

¹ Psychotherapy is a not a benign tool of understanding; rather it is a practice that constitutes the very subjects with whom they engage. And yet, it is important to understand that psychotherapy is one of many discursive practices that have constitutive effects on the subject. Therefore, we see a "dispersion of subjectivity" across different ways of speaking and acting, rather than a classic subject of essentialism (Packer, 2011, p. 349). This is not to say that the subject is in pieces, or lacks freewill and initiative. Rather, it means that the subject comes to be through certain discourses that are related to one another in a complex web of actions. This web of actions is not stagnant, but is part of an ongoing historical process. Later in *The History of Sexuality*, Foucault (1978) talks about this "action upon action" as the field of power (quoted in Packer, 2011, p. 413).
that confronts us is: *How is the client constituted as a certain kind of subject during the practice of psychotherapy?*

**Constitutional Research on Psychotherapy**

I have left the term constitution undefined up to this point because I wanted to avoid the discussion prior to introducing my project. Although the term is familiar to most, I am following Martin Packer's use of the word. Packer (2011) defines constitution as "the relationship of mutual formation between people and their forms of life" (p. 20). By focusing on constitution we hold that people are always part of their cultures and communities. Communities are not simply a benign container but are integral to how human beings change and develop. Simply put, different communities use different practices that involve people, tools, institutions, ideas, and discourse. These practices have constitutive effects which bring rise to different ways of seeing and acting -- being and becoming. Psychotherapy is one such practice. By focusing on constitution we can see psychotherapy as part of a larger field of practices, all producing their various, yet related, constitutive effects. Hence, in order to understand psychotherapy we need to attend to the details of the practice itself, while also attending to its larger constitutive aims. In conventional terms, if we want to understand psychotherapy we have to understand how it changes people. Hence, I will often talk about how this study explicates change and how it explicates constitution. In part, this is because I see change and constitution as synonymous. *I prefer to talk about the study as a constitutional approach to change.* The difference between the constitutional approach to change and the standard approach to change will be discussed in the methodology chapter (chapter 4, sub-section: studying constitutional change).
Carl Rogers (Rogers & Dymond, 1954) was one of the first therapist/researchers to study whether psychotherapy produced measurable change. After nearly 50 years of outcome research it is clear that psychotherapy does produce change (Lambert & Bergin, 1994; Orlinsky, Ronnestad, & Willutzki, 2004). However, as one of the leaders of empirical psychotherapy research, Allan Kazdin (Kazdin, 2009), states:

A randomized controlled trial may show that treatment compared with no treatment leads to therapeutic change. [Hence] we can say that the treatment caused the change, as that term is used in science. Demonstrating a cause does not say why the intervention led to change or how the change came about. (p. 419)

Kazdin goes on to call for a type of analysis that can provide a “meticulous description” of how psychotherapy produces change (p. 421). These accounts would be aimed at describing what happens in psychotherapy, but when the description reaches the level of meticulous detail, the “what” would become a sufficient case for “how”.2 Psychotherapy researchers are developing the “fine-grained” analysis that Kazdin identifies as the new frontier of psychotherapy research (Elliott, 2010; Howard, Lueger, Maling, & Martinovich, 1993). However, approaches that originated outside of psychology have long been interested in examining what happens in psychotherapy.

Conversation Analysis (CA) is a research approach that combines the phenomenological focus of Harold Garfinkel’s Ethnomethodology, with the attention to conversational detail characteristic of discourse analysis (Garfinkel, 1967; C. Goodwin &

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2 Interestingly, Kazdin demonstrates how descriptive research was used to change public policy and shift public norms about smoking. He claims that an analogous type of research could be used to understand how change happens in psychotherapy: A chemical (benzo[a]pyrene) found in cigarette smoke induces genetic mutation at specific regions of the gene’s DNA that is identical to the damage evident in lung cancer cells. This finding is considered to convey precisely how cigarette smoking leads to cancer at the molecular level. This is an example of where “the what” (description) can be sufficiently fine grained as to convey “the how.” (p. 421)
Heritage, 1990; Packer, 2011). CA has been used to examine psychotherapy at a level of detail not found in conventional psychotherapy research. The current movement to apply CA to psychotherapy is part of a long history of the exploration of therapeutic language. This history includes foundational linguistic studies such as Labov’s *Therapeutic discourse: Psychotherapy as Conversation*, which was published over 30 years ago (Labov & Fanshel, 1977). One change worth noting is that conversation analysts are no longer just sociologists, but now also psychotherapy researchers, and psychotherapists hoping to influence how we understand and practice psychotherapy. Their work has shown a lot of promise. CA allows us to see psychotherapy as a negotiated series of sequential actions between the therapist and the client that unfolds in real time. Researchers have shown how different utterances have different effects. Furthermore, they have begun to show how the participants’ understanding of what is being said greatly depends on the unfolding context.

So far most of the research has relied on the CA method of finding numerous cases of one type of utterance or sequence and then developing a normative structure and functional explanation. Few attempts have been made to understand psychotherapy sessions as a whole or how multiple sessions relate to one another. Furthermore, CA has just begun to explore the role of emotion in conversation. This is problematic for conversation analysts studying psychotherapy because the majority of therapeutic conversations involve implicit, as well as explicit, emotional topics and displays. A focus on the sequence of the conversation, rather than the content of the conversation also limits CA’s ability to study the role of narrative positioning in psychotherapy. Despite these limitations, CA provides a powerful methodology that is based on ontological
assumptions of a constitutional approach to change.

Hence, CA forms the backbone of the methodological approach for this study. However, certain changes and additions to the basic methodology had to be made in order to produce an account of constitution in psychotherapy. These changes profoundly shifted the way I saw, thought, and talked about the interactional process I observed in the dataset. These additions do not violate the basic ontological assumptions central to CA. However, the changes are significant and as a result the methodology cannot be classified as a pure CA study. Rather, in order to achieve the goal of producing an account of the constitutional processes in psychotherapy, I had to develop a new methodology, which uses the procedures of CA, yet incorporates other akin approaches so as to expand CA’s analytic power and increase its suitability for studying constitution.

In the following chapters, I will describe how I analyzed video recordings and transcripts of two psychotherapy sessions between a single client and therapist, in order to show how the client is constituted as a certain kind of subject during psychotherapy. Hence, this study uses a case study approach. At times, case studies have been criticized by those who see them as unable to provide generalizable findings. Yet, I will argue that the results are valid descriptions of a real constitutional process in psychotherapy and therefore generalizable. The four major findings of the study are as follows. First, the study shows how psychotherapy constitutes the client as a deep emotional subject who must understand her emotions in order to be an ethical being. Second, interpretation was shown to be a pragmatic practice that asserts the therapist’s subjective perspective into the conversation. This allows the client to respond with her own interpretation. This collaborative process was found to be an important change process in psychotherapy and
these findings conform to the more interactional understanding of interpretation (Aron, 1992; Winnicott, 1971) Third, the analysis provides a description of how Foucauldian problematizing occurs through the deployment of conversational actions that shift the location of the therapeutic problem and encourage the client to think about herself as an emotional being. Last, this study demonstrates how the indeterminacy of talk is used as a creative resource for both the therapist and client during problematizing.

The analysis is preceded by three chapters that provide the necessary context and background for this study. In chapter 2, I discuss the ontological assumptions that ground a constitutional approach to change. This is followed by chapter 3, which provide the reader with an overview of CA, as well as a review of the rich research that CA has generated on psychotherapy. This chapter ends with a reflection on how CA in its current state is unable to describe important aspects of psychotherapy. Hence, in chapter 4, I show how CA can be combined with de Rivera’s (1977) Structural Theory of Emotion (STE), and Wortham’s (2001) action based theory of narrative positioning (NIA) to form a new methodology capable of explicating the constitutional process in psychotherapy. I call this methodology Detailed Interaction Analysis. In chapter 4, I argue that CA, STE and NIA all share ontological assumptions that are in harmony with the constitutional approach to change. This methodology, which was developed over the course of this study, is one of the major achievements of this project. With the methodology described, Chapters 5, 6, and 7 are devoted to the analysis and findings of the study. Chapter 5 concerns the first session, session A, while Chapter 6 covers the second session, session B. Chapter 7 will be an overview of the findings. The final chapter, chapter 8, provides a reflection on the research project and possible future research. Now, let’s take a careful
look at the ontological assumptions of constitution and how this can be translated into a methodology capable of explicating the change process in psychotherapy.
chapter 2

THE ONTOLOGICAL ASSUMPTIONS OF THE CONSTITUTIONAL APPROACH TO CHANGE

"Our conception of the psyche, Foucault contends, has been sculpted by the techniques that we have devised to probe its secrets, to oblige it to give up hidden knowledge that will reveal to us the truth about who we are. Psychoanalysis is from a historical perspective a later addition to that enterprise, born of a long but erratic lineage of techniques of the care of the self."

Patrick Hutton, Technologies of the self: A seminar with Michel Foucault , (1988b, p. 121).

Introduction: Ontological Assumptions and Constitution

The goal of this chapter is to describe the ontological assumptions of a constitutional approach to change. These assumptions create the foundation on which the following chapters will be built. My understanding of constitution is grounded in the work of Martin Packer, Heidegger and Foucault. To begin let’s define ontology. Ontology is the branch of philosophy that tries to define the kinds of entities that exist and has its historical roots in the metaphysics of Aristotle (van Inwagen, 2012). We all hold ontological assumptions. These assumptions are active when we make claims about the world and in addition we always say something, directly or indirectly, about ourselves as certain kinds of beings. This is especially true of research. When research makes specific claims about people or the world, it inevitably carries certain ontological assumptions about what human beings are. These assumptions impact the kind of
research we conduct and the results we obtain. This chapter uses plain language to explicate the ontological assumptions that ground this study. In short, these ontological assumptions are that humans are relational, historical beings whose fundamental nature is not given, but constituted through the social practices of a form of life. Psychotherapy is one such practice, and consequently this chapter ends with a brief summary of Foucault’s genealogy of psychotherapy.

**Human Beings are Relational and Part of a Form of Life**

This study assumes that human beings are relational, first and foremost. Our understanding of things and of ourselves arises out of our relational form of life. Form of life can be defined simply as all of a person’s worldly relationships past and present. This encompasses the person’s culture as well as her idiosyncratic history. I think of a form of life as synonymous with Heidegger’s “Being-in-the-world” (Heidegger, 1927/1962, p. 78). However, the term form of life is most often attributed to Ludwig Wittgenstein, who employed the term to emphasize how language is interwoven into our historically rich and complex contextual world. Hence: “Forms of life can be understood as changing and contingent, dependent on culture, context, history, etc” (Biletzki & Matar, 2011). This is echoed by Martin Packer (2011) who describes a form of life as “cultural processes, distributed dynamically” through time and space, which are both constituting and constituted through human participation (p. 234).

In other words, living is a way of participating with our form of life. This is a process that constitutes us as certain kinds of people. However, through this process we change the form of life itself; therefore

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3 Packer points out that he uses the term ‘form of life’ in the place of culture because it helps remind us that culture is a process rather than a circumscribed thing.
allowing for new and future ways of living and being.

An individual’s form of life encompasses both personal/cultural history and present context. Hence, context is part of the form of life, but refers to one’s most immediate engagement. When we talk about context, we narrow the scope from large historical patterns to the immediate practices in which one is engaged. For example, in psychotherapy the context is first and foremost: what is happening and what has just happened. This includes what was just talked about and how the participants were just relating to one another. However, the context can be extended by the participants as they refer to previous sessions, or past events from their lives.

This means that context is observable. Now one might ask if some elements of the context are invisible or implicit. Maybe there are things that have happened to the person or things that were said previously that have an effect on what is happening in the session, and maybe these invisible processes are very important. This might be the case, but we must remember two things. First, absolute knowledge is impossible as a researcher and as a human being in general. One does not need absolute knowledge to conduct a meaningful examination of a phenomenon. If this were the case, no knowledge or research would be meaningful. Just because Newton could not explain the “first” movement does not mean that his theories and research were meaningless. Second, we are concerned with how actions (action on action) are used in the practice of psychotherapy to make change. When we talk about context, we are talking about the context that the participants build through their actions on each other. This contextualizing is really what we are looking at rather than the static mass of things that have happened in the past.
The way participants use elements of a given context acts to reproduce or change the current order within a form of life. The form of life is not given, but constituted through our concernful engagement in day-to-day practices. Practices are, simply, the things we do: the activities we engage in, which serve some purpose or address some problems. I will use the terms ‘practices’ and ‘activities’ interchangeably throughout this project. However, ‘practices’ is in many ways preferable because it helps to convey the historical nature of the things we do. Although practices might be something we do in the present moment, they have a history and this history is important. Furthermore, practices are always part of one’s social life and therefore they are often referred as social-practices to remind the reader of the grounding ontological assumption that humans are relational beings.

**The First Aspect of Constitution: The Hermeneutic Circle**

When we are engaged in a practice that is free of problems, we can commit ourselves to what we are doing fully. We are concerned, engaged, and focused. Our attention might wander, but our bodies and effort are focused on the task at hand. This concernful engagement is what Heidegger called “understanding” (Heidegger, 1927/1962, p. 182).

Understanding is a type of knowing that is fundamental to what human beings are, and it amounts to an implicit pre-reflective grasp of the world that we find ourselves in. It is a kind of knowing where there is no mind body split. The hand grasps and the mind attends in concert and without reflection. There is only concernful action with the task at hand. When you grab a hammer there is no need to sort out what it is for and what it does. When you grab the hammer and begin to work, the hammer and nail are
understood. The understanding is tied up with the project you are working on. You build the house for your family, for your future. The hammer, as it is understood, is bound up with this project.

Hence, one of the core existential facets of our existence is that through our engagement with the world all sorts of possibilities emerge. A rock can be a weapon, a cooking utensil, a seat, a composition of minerals, a geological time capsule and so on. What the rock is depends on our engagement with it, and this engagement is made possible by a certain understanding that arises out of our form of life, which is socio-historically unique. Hence, our actions, the way we think, work and relate to others, self and world, is constituted by the form of life to which we belong. However, understanding is not simply a cognitive process. It is a way of being-in-a-form-of-life and actively participating within an unfolding context. Thoughts, behaviors, and emotions are actions that arise out of the unfolding context and in turn shape the unfolding context (i.e. the contextualizing of the form of life). Participants can change the context, renew the context, or make certain things more or less important and it is through this process that we work out the possibilities that are implicitly grasped by our understanding. This process of working out possibilities can be described as a Hermeneutic circle. Through this hermeneutic process we are shaped by our context (which is grounded in our understanding of our form of life), but we in turn shape our context through our actions.

This process is the first aspect of Constitution: we are shaped by our socio-historical form of life, yet through our engagement we reproduce or reconfigure the order within a given form of life. As Packer writes: “People are not merely products of a form of life; their actions sustain that form of life, and can transform it” (Packer, 2011, p. 288).
The Second Aspect of Constitution: Changing Ourselves through Problematizing

Foucault’s research can be separated into three stages or types of research: Archaeology, Genealogy, and Ethics. All of these can be seen as attempts to describe how the hermeneutic circle in the constitutional process actually works. To do this, Foucault developed what he called: “A critical history of thought” (quoted in Packer, 2011, p. 374). For Foucault, thought is not limited to the realm of internal representations. Thought takes many forms: tools, words, actions, institutions. Therefore, thought is something that is in the world. It is observable because thought is social and interpersonal—even our private thoughts are connected to our form of life, which is fundamentally interpersonal and social.

This view of thought is influenced by Heidegger. When we are concernfully engaged with a given social practice, things are understood. We grab our tools without a thought and begin working away. When we are in this mode, our tools, the project we are engaged in, and even ourselves are understood. When something, such as a hammer, is understood in this way Heidegger referred to it as “ready-to-hand”: readily available for use and understood in terms of one’s form of life and the unfolding project in which one is engaged (Heidegger, 1927/1962, p. 99).

Yet, if a problem arises, if tools break-down, then our engagement with the world changes. If you are hammering away and suddenly the hammer breaks, everything stops. The hammer is no longer a hammer, it is a broken piece of wood and a chunk of iron. The hammer is no longer ready-to-hand. It is no longer un-reflectively understood as part of an unfolding project (context) and the form of life; rather it is “un-ready-to-hand” (p. 103). It becomes something for our thought. We look at it and wonder what happened.
and what to do. This is what Heidegger referred to as “circumspection” (p. 98).

Therefore, thought arises when there is a problem. The way a person relates to the world shifts from concernful engagement to concerned circumspection: concerned thought directed toward the project at hand in order to assess the possibilities that one has available.

However, problems do not simply occur when things break. Problems arise out of the form of life, “when how we live becomes a matter of concern” (Packer, 2011, p. 376). And problems do not just pop-up as clear and understood. When problems occur there are all sorts of responses. Different views of what the problem is and what caused the problem are explored. Different solutions are devised. Organizations, movements, and institutions are created. Practices are developed to address the problem. People are trained and re-trained based on new thoughts about what the problem is and what the solution may be. Hence, where there is a problem, there is thought in all its forms.

Furthermore, problems and thought have to be seen as active social processes. For Foucault, trying to separate problems from thought is impossible. As Packer puts it: “thought is problematization” (p. 376).

From this viewpoint, psychotherapy and constitutional research are both forms of thought, which problematize what human beings are. The goal of constitutional research is to expose the contingency of subjectivity and the relationship between human subjects and social practices. This process frees us up to find new possibilities, new ways of thinking, living, and being. Yet, constitutional research also problematizes psychotherapy and depicts it as a contingent historical practice that is used as a mechanism of productive power. This description moves against many of the common assumptions that
psychotherapy is simply a ‘helping profession.’ This demonstrates how at the heart of problematizing is action on action—different ways of thinking about a problem, which change the problem, as well as all those who are engaged in these acts of problematizing.

In sum, human beings are historical beings who are born into a certain socio-historical form of life where living and the problems of living have already been established. Yet, these conditions are not axiomatic or unchangeable. Rather, they are contingent because the form of life and the problems in it are always changing. Changes happen when new ways of thinking, of problematizing, arise and lead to new practices. From large scale institutions to the smallest aspects of our daily activities, all forms of thought are part of the process of problematization. The process is hermeneutic and all our thoughts and actions are in response to the unfolding context, yet how we act changes the context. By engaging in problematizing we change who we are in relation to the unfolding context that is, itself, changing in response to our actions. This leads to the second aspect of constitution: Thought and understanding are not just things we do, they are processes through which we become certain kinds of subjects.

Understanding Constitution through Historical Ontology

In order to understand this constitutional process, empirical research needs to be guided by the work of both Heidegger and Foucault. For Heidegger (1927/1962), human beings are their understanding: a clearing in which things light up, become available for use, and have meaning. Heidegger states:

when we talk in an ontically figurative way of the lumen naturale in man, we have in mind nothing other than the existential-ontological structure of this entity, that

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4 What Heidegger (Heidegger, 1927/1962) referred to as “thrownness” of Dasein (p. 174).
it is in such a way as to be its 'there'. To say that it is 'illuminated'… means that as being-in-the-world it is clear... in itself, not through any other entity, but in such a way that it is itself the clearing.... Dasein brings its 'there' along with it... Dasein is its disclosedness....In understanding and state-of-mind, we shall see two constitutive ways of being the 'there'; and these are primordial. (p. 171)

In other words, Human beings are pure possibility, which allows things to show up as meaningful and useful. When we understand something as something, its meaning depends on our actions, our intentions, and how it fits into the unfolding context of our form of life (for-sake-of-which). Yet, because human beings are pure possibility, the kind of person we are is contingent and always subject to change. As Heidegger writes: “Dasein is the entity which, as Being-in-the-world, is an issue for itself" (p. 181). There is no human nature or given human condition. Who we are gets worked out through participating in practices within our form of life. Any type of action we take is a way of constituting who we are in relation to others, self, and world. Hence, by engaging in practices we constitute ourselves as certain kinds of people in relation to others and the world.

Foucault’s historical research shows us how constitution occurs in the varied acts of problematizing. Archaeology explicates how, for example, discursive practices shift along with our understanding of the other, who now might be called mentally ill, but at one time was call the madman. This shift is part of the discourse of reason, which has as its counterpart the discourse of madness. Yet, madness changed along with the practices. The medieval notion of mad wisdom faded with the ship of fools and the animality of madness went away with the rise of hospitals in 1657 and the humanistic liberation of the ‘mad’ in 1794 (Foucault, 1988a). This liberation marked the transition from madness to mental illness and the development of practices that are aimed at subduing madness
through internalization of rational control. All the confluences of practice and discourse can be uncovered by the archaeologist and serve as time points when things were different. The conclusion is that we are now is contingent on the unique history of our form of life. Genealogy was developed to map the changes and show how practices and people change. Genealogy is a method that describes the two elements of constitution: the dialectical relationship between participants and their form of life and how people become certain kinds of subjects through their engagement in the practices of their form of life. In other words, genealogy maps the actions on actions, what Foucault described as power, which occurs within any given social practice. Hence, archaeology describes the order with a form of life and genealogy describes how this order changes. The order and the changes to the order occur through problematization. Ethics is related to genealogy and archaeology, in that it is a description of how problematizing affects people. However, its focus is on how people work on themselves in order to become ethical beings.

**The Four Elements of Foucault's Ethics**

In one of his last interviews, Foucault (1983) stated that there are four elements to ethics. These elements are the way that ethics shows itself to the researcher and the means by which subjects fashion themselves into ethical beings. These elements are not the ethical code a prescribed to each generation. Foucault remarked that these codes stay relatively stable; what changes is our relationship to ourselves—the means by which we see ourselves in light of the ethical code. Let's look at each of these elements individually so we get a better understanding of what Foucault was trying to convey.
The first element is what Foucault called the "ethical substance" (p. 238). It is the ‘substance’ that is manipulated by ethics. For example, Foucault stated that the substance manipulated by modern people is feelings. If the modern person acts against the ethical code he can still be moral as long as his feelings are in the right place. "You can have a girl in the street or anywhere, if you have very good feelings toward your wife," Foucault once stated (p. 238). Here, Foucault was making a distinction between, on the one hand, the ethical code and its relation to prohibited acts, and on the other hand, the relationship that one is supposed to have with oneself in order to be a moral subject. The latter is what Foucault described as Ethics. Both the ethical code and the ethical self-relationship are part of any morality, but they don’t always align perfectly. Hence, even though cheating on a spouse is against the ethical code, one can examine one’s own feelings in order to understand the violation and through this process of self understanding one can regain or reaffirm their own morality. The ethical substance in this example is one’s feelings: it is what has to be examined in order to remain moral. Foucault contrasted this with the Greeks. For them the ethical substance was "aphrodisia...[which are] acts linked to pleasure and desire" (p. 238). "For the Greeks, when a philosopher was in love with a boy, but did not touch him, his behavior was valued. The problem was does he touch the boy or not. That's the ethical substance: the act linked with pleasure and desire" (p. 238).

This brings up an important question for this project: What is in question ethically during psychotherapy? What substance is interrogated so as to determine if one's behavior is ethical? Foucault hinted that the substance I will find is feelings; however, we must only use this as a guiding thought and let the analysis discover the problematic ethical substance that is being constituted in the practice of psychotherapy.
Next, is the "mode of subjection:" how people are encouraged to recognize their “moral obligations” (p. 239). Foucault pointed out that this mode has changed over the centuries. During the Enlightenment, people were interested in how rationality could guide behavior; hence reason was the mode. Before that the mode was God's law or the natural order. These different modes of subjection incorporate various discursive practices. Foucault stated that “political power, glory, immortality, and beauty are all linked at a certain moment" and that moment is marked by the mode of subjection at play within the practice at hand (p. 239).

The third, element is the means by which we become ethical, the devices we employ as ethical beings. This is a reference to the practices that are prescribed to a person in order to change. Once we have identified the problematic ethical substance and the standard by which we recognize our deficiencies, we may ask what we can do to change. How are we "to moderate our acts, or to decipher what we are, or to eradicate our desires… and so on -- all this elaboration of ourselves in order to behave ethically" (p. 239). Therefore, I will be examining what tools the client takes up in order to change. One focus will be how the client uses the therapist’s interpretation or other inventions in order to understand herself.

Last, Foucault suggested that we need to be interested in the end or goal, the telos, what kind of person we imagine we will become through the application of ethics. Will we "become pure, or immortal, or free, or masters of ourselves, and so on" through ethical practices? (p. 239). Hence, I will be attending to the kind of person that the client aspires to become through the practice of psychotherapy. This requires attention to ethics as well as a genealogy of power as it is enacted during the course of the dataset.
The rest of this chapter, as well as, chapter 3 and 4 will be devoted to describing how we can conduct a genealogy that can attend to how psychotherapy uses actions on actions to constitute the client as a certain kind of subject. This current chapter ends with a brief overview of Foucault’s understanding of psychotherapy as a practice of power and his method of genealogical interpretation. This review will provide a general overview of power and different types of hermeneutic strategies that can be used in psychotherapy. Then, in chapter 3, I will discuss how conversation analysis as a research methodology is designed to describe how actions on actions affect participants within a given practice. I will argue that conversation analysis, with some modifications, is an ideal method for studying constitution in psychotherapy.

A Brief Genealogy of Psychotherapy

James Miller (1993) describes an encounter between Foucault and his graduate students who were vacationing at a mountain cabin. He writes:

After the group had gathered….another one of the young men said that he felt he needed psychotherapy, and asked Foucault what kind he would recommend. “‘Freudian will be fine,’” said the philosopher.…. “I would have thought ‘schizoanalysis’ would be more in order,” said Wade, alluding to the…vision of psychology that Deleuze and Guattari had elaborated in Anti-Oedipus….Foucault roared with laughter. Finally composing himself, he said, as Wade recalls, “‘There cannot be a general theory of psychoanalysis—everyone must do it for themselves.’” (pp. 281-282)

The disbelief of Wade and the other students is understandable given what Foucault wrote about psychoanalysis over the course of his life. Foucault’s position toward psychotherapy is not uniform, but it is clear that he viewed the depth hermeneutic of psychoanalysis as troubling. Much of his later work was devoted to exposing the way that psychoanalysis typified a way of constituting people as having deep selves that needed to
be understood in order to heal and become ethical beings. Dreyfus and Rabinow (1982) pointed out that the deep self is aggressively targeted by Foucault because, given the socio-political climate, it is ripe for historicizing “in order to open the possibility of the emergence of a new ethical subject” (p. 254). Hence, Foucault did not see the depth hermeneutic of psychoanalysis as the most vital threat facing the modern subject, but he did see it as a pervasive way of constituting ourselves that has certain dangers. Furthermore, this depth hermeneutic has become so much a part of us that we have forgotten that it is contingent on a history of human practices. In other words, it is contingent and capable of transformation given the proper circumstances. What will follow will be an overview of the historicizing that Foucault conducted on psychotherapy in order to explicate its contingency. Then we will look at how Foucault’s view of psychotherapy as a modern practice was not as dogmatic as one might expect and how Foucault can be seen as acknowledging the benefit of psychotherapy aimed at enlarging the scope of personal freedom.

Although critical of psychology and psychiatry, Foucault spoke favorably of both Freud andBinswanger in his early writings (Foucault, 1984, 1987). In his first book, Mental Illness and Psychology, Foucault (1987) outlines how mental illness became constituted through the exclusion and silencing of the modern asylum. He credits Freud with breaking this silence, stating that madness “entered a phase of silence from which it was not to emerge….until Freud….opened up once again the possibility for reason and unreason to communicate” (p. 69). However, this kindness toward Freud began to shift in his book, Madness and Civilization. There, Foucault (1988a) concluded: “To the doctor, Freud transferred all the structures Pinel and Tuke had set up within confinement….he
created the psychoanalytical situation where…alienation becomes disalienating because, in the doctor, it becomes a subject (p. 278). This critique of Freud continues through Foucault’s genealogies of sexuality and his examination of modern ethics; however he always delivers Freud and psychoanalysis a nuanced verdict.

For example, in his genealogy of sexuality, Foucault (1978) elaborated his theory of power. Foucault sees power as a manifold of "force relations" that are connected in a uniform manner, which have their strategies, which are its effects (p. 92). He elaborates by saying:

It seems to me that power must be understood in the first instance as the multiplicity of force relations immanent in the sphere in which they operate in which constitute their own organization; as a process which, through ceaseless struggles and confrontations, transformations, strengthens, or reverses them; as the support which these force relations find in one another, thus forming a chain or a system, or on the contrary, the disjunctions and contradictions which isolate them from one another; and lastly, as the strategies in which they take effect, whose general design or institutional crystallization is embedded in the state apparatus, in the formulation of the law, in the various social hegemonies. (pp. 92-93)

In other words, "there is no power that is exercised without a series of aims and objectives.... the logic is perfectly clear, the aims decipherable, and yet it is often the case that no one is there to have invented them" (p. 95).

He then goes on to discuss two great strategies of power in western history: the “deployment of alliance” and the “deployment of sexuality” (p. 106). He notes that there is a trans-cultural tendency for sexuality to be used to strengthen family and societal relationships. This results in a field of power-relations that actively enforces communal law regarding sexual behavior. There is an emphasis on what can and cannot be done and the strategic end is the reproduction of the prevailing power-relations, such as patriarchal
domination, and heteronormativity. This is the deployment of alliance. Foucault states that this great strategy dominated the western world through much of the modern age. However, in the 19th century this strategy gave way to the deployment of sexuality. Foucault clarifies that this strategy of power differs in that, “its reason for being [is] not in reproducing itself, but in proliferating, innovating, annexing, creating, and penetrating bodies in an increasingly detailed way, and in controlling populations in an increasingly comprehensive way” (p. 107). The deployment of sexuality is made up of a host of practices, which constitute the modern subject as a deep self, full of unknown desires that must be understood in order to become an ethical being.

This strategic shift of power did not happen suddenly. Rather, practices that were developed and used to strengthen social structures in the 16th and 17th century made the shift possible. Foucault details how the Christian confessional became a powerful tool for maintaining the structure of the family and of western society (p. 116). This practice was based on turning every whim, inkling, or fancy “into discourse” and then providing pastoral instruction for how to atone for the sin. In the 18th century this way of turning every detail of one’s soul into discourse became, more and more, secular until it was no longer in the domain of the church, but the domain of medicine and the state. It seems that for Foucault this is when the deployment of sexuality was at its most dangerous juncture.

Across his work concerning psychotherapy and psychology, Foucault returns to the danger of locating sexuality, madness, or humanity in biology (Foucault, 1978, 1984, 1987, 1988a). He argues that in the 19th century medicine tried to inscribe sexual desire into biology, which created “the opening up of the great medico-psychological domain of
the ‘perversions,’ which was destined to take over from the old moral categories of debauchery and excess” (p. 118). In other words, the practice of turning sexual desire into discourse, along with the moral undertone of sin, were adopted and transformed into a biological science that equated moral degeneracy to heredity. This is where psychoanalysis plays a more nuanced role. Although psychoanalysis is a practice based on the confessional, it did not locate sexuality in biology and for this Foucault acknowledges psychoanalysis as a counter-force that stood against the strategy of power as was historically deployed:

It is very well to look back from our vantage point and remark upon the normalizing impulse in Freud….but the fact remains that in the great family of technologies of sex, which goes back into the history of the Christian West, of all those institutions that set out in the nineteenth century to medicalize sex, it was the one that…rigorously opposed the political and institutional effects of the perversion-heredity-degenerescence system. (p. 119)

Foucault goes on to show how psychoanalysis played a differentiating, yet pivotal role in the deployment of sexuality. It acted with and against prevailing deployments of power in ways that shifted the overall strategy. Beyond opposing biologism, psychoanalysis realigned the deployment of alliance and the deployment of sexuality under the banner of secular science. As Foucault writes: “psychoanalysis whose technical procedure seemed to place the confession of sexuality outside family jurisdiction, rediscovered the law of alliance, the involved working of marriage and kinship, and incest at the heart of this sexuality” (p. 113). Hence, it is through the “interrelatedness of the law and desire” that psychoanalysis constituted the 19th and earlier 20th century bourgeoisie as deep selves with unknown desires that could be interpreted by medical professionals and understood in ways that established the bourgeoisie as a unique social class (p. 129). The upsurge of discourse regarding sexuality is used to direct the
bourgeoisie on how they are to become ethical and good people and through this process they strengthen the class alliances—those of family and business—that define and distinguish them as a class. Foucault quips that the aristocracy of old Europe maintained power through blood and inheritance, yet on the contrary: “The bourgeoisie’s ‘blood’ was its sex” (p. 124).

Hence, Foucault held a nuanced opinion of psychoanalysis seeing, it as a practice that opposed some dangers (biologism), while creating others (self-surveillance and normativity). Dreyfus and Rabinow (1982) point out that at the end of his career Foucault became more and more convinced that psychoanalysis, and for that matter psychotherapy, furthered the deployment of a restrictive and insidious form of power that needed to be critiqued and transformed (or abandoned). They write:

As long as the interpretive sciences continue to search for a deep truth, that is, to practice a hermeneutics of suspicion, as long as they proceed on the assumption that it is the Great Interpreter who has privileged access to meaning, while insisting that the truths they uncover lie outside the sphere of power, these sciences seem fated to contribute to the strategies of power. (pp. 180-181)

In other words, Foucault became highly suspicious of psychotherapy, yet left open the possibility of a type of therapy that would not conform to the deployment of sexuality.

**Psychotherapy as a Hermeneutics of Suspicion**

For Foucault, therapists should not engage in a hermeneutic of suspicion. Both Ricoeur (1970) and Habermas (1968) describe psychoanalysis as a hermeneutic practice. Habermas contrasted Freud's hermeneutic method with Dilthey’s. He pointed out that Freud was not solely interested in the conscious intention of a person’s story (i.e. text). He was interested in the mistakes, omissions, and errors. These were conceived not as accidents or meaningless corruptions of the text, but as meaningful symbolic actions that
must be understood in order to comprehend the text (patient) as a whole. Habermas wrote that, "the symbolic structures that psychoanalysis seeks to comprehend are corrupted by the impact of internal conditions. The mutilations have meaning as such…. this distinguishes…[psychoanalysis as] a hermeneutics that unites the linguistic analysis with the psychological investigation of causal connections” (p. 217). Habermas viewed Freud's method as a depth hermeneutic. The symptoms that bring the patient into therapy are seen as "the scars of a corrupted text that confronts the author as incomprehensible" (p. 219). The “scars” and the text itself are then interpreted producing a final understanding that might be quite contrary to the original intent of the text. In this way the depth hermeneutic questions what lies underneath the text because its relevancy is of utmost importance if we are going to understand the text itself.

This is similar to Ricoeur’s description of Freud's method as a hermeneutics of suspicion comparable in structure to interpretive investigations of Karl Marx or the second division of Heidegger's *Being and Time* (Dreyfus & Rabinow, 1982, p. xxii). Ricoeur (1970) stated that "psychoanalysis is a modification of the Spinozist critique of free will; analysis begins by denying that the apparent arbitrariness of consciousness is anything more than the nonrecognition of underlying motivations" (p. 391). Freud’s grand suspicion is that what we take as free choice is actually motivated by unconscious dynamics only to be understood by analysis of a patient’s textual corruptions. Therefore, for both Habermas and Ricoeur we can describe psychoanalysis as an active suspicion of underlying motivations behind consciousness and a practical hermeneutic method that attempts to understand these motivations by interpreting the text via its scars. The symptom presents itself as incomprehensible and it is the hermeneutic practice that
attempts to comprehend the symptom in relation to the text. In the end, the symptom
decodes the text itself, giving a fuller picture of the patient's psyche.

The unconscious is an essential idea, which guides psychoanalytic hermeneutics
and the dialogue that unfolds between therapist and patient. It sets a bearing towards the
past. Through the interpretation of present day symbols, psychoanalysis discovers the
repetition of childhood fantasies and fixations. In many ways, the "unconscious is
fate"(Ricoeur, 1974, p. 118). This hermeneutic bearing towards the past can be directly
contrasted with what is found in the hermeneutics of phenomenology, which looks
toward the future. Like psychoanalysis, phenomenology states that there is no certainty to
consciousness. However, unlike psychoanalysis, phenomenology sees consciousness as a
"task" (p. 108). "Consciousness is a movement which continually annihilates its starting
point and can guarantee itself only at the end” (p. 113). Here, Ricoeur is influenced by
Hegel's *Phenomenology of Spirit* where the present can only be understood by future
figures that are able to look back upon the process of history. In other words, 'human
nature’ is never set, or determined; rather what human beings are gets worked out
through existing, which up unfolds temporally. This idea is a mainstay of most
phenomenology. We can see it in the work of Heidegger (1927/1962), where he
emphasizes how Dasein essence is existence: the living out of one's possibilities. We can
also see this idea in the work of Medard Boss, Ludwig Binswanger, and Merleau Ponty.

Dreyfus (1987) argues that it is this hermeneutics of phenomenology that
Foucault seems to advocate for, as opposed to the hermeneutics of suspicion. After
reviewing Foucault’s writing on psychotherapy, he states that Foucault never took back
his endorsement of Ludwig Binswanger and existential psychotherapy. Instead, Foucault
hinted that psychotherapy should be concerned with opening up one’s present freedom in order “to give one's life the stability and uniqueness of a work of art” (p. 321). This means freedom from the universal norms (i.e. heteronormativity) and restrictions that people often take to be a matter of fact, but are themselves constituted and therefore contingent. Dreyfus points to the work of Anna Freud and the ego psychologists along with the notion of the “restricted clearing,” found in Boss and Binswanger, and “emblem,” found in the work of Merleau Ponty. The basic idea is that possibilities open to us remain foreclosed because of misunderstandings and sedimented ways of relating. Dreyfus writes:

Merleau-Ponty, who was one of Foucault's teachers, offers a more plausible existential account of pathology that Foucault seems to integrate into his account of Binswanger. In Merleau-Ponty's ontological view, pathology occurs when a particular way a person relates to some people or some objects becomes a way of relating to all people and all objects, so that it becomes the form or style of all relationships, i.e., some aspect of the epistemological relation of a subject to other persons and objects, which should take place in the clearing, becomes a dimension of the clearing itself. (p. 325)

Hence, therapy would look a lot like genealogy, in that it would expose the contingency of our current way of being and then, through historicizing, discover times in which the client acted different and counter the restrictiveness characteristic of his presenting problem.

This concludes my overview of constitution and the brief genealogy of psychotherapy. I have described constitution as having two aspects. First, constitution occurs because of the dialectical relationship between a person and their form of life. People are shaped by their form of life (i.e. cultural practices and unfolding context), yet their actions also shape the form of life. A form of life is therefore contingent on the
social action of participants engaged in shared practical activity. Even when these practical activities reproduce the basic order within the form of life (relationships of status and the means through which people become ethical beings), this order is re-newed or re-constituted by the participants themselves. This leads to the second feature of constitution: by engaging in social practices where we act on others and ourselves we constitute ourselves as certain kinds of people. This type of constitutional activity occurs at the level of micro-practices and it is here that power is generated as people act on one another in ways that align with strategies of power manifesting within the form of life. However, we are not only constituted by the actions of others. Our own actions on ourselves and others are constitutive of who we are as certain kinds of subjects. This was described by Foucault as ethics. This refers to the way in which who we are, is problematized through certain practices that are meant to make us good people. These actives are undertaken by us and therefore it is through our own actions that we become certain types of people.

This led into a short overview of Foucault’s writings on psychotherapy. Over his career, Foucault held a nuanced and shifting view of psychotherapy. It the end, Foucault was skeptical of psychotherapy because of its adherence to the depth hermeneutic typified by psychoanalytic therapy. This type of hermeneutics was shown to extend beyond psychoanalysis and originate in the Christian confessional of the 16th and 17th century. Dreyfus argued that for Foucault, therapy should be about expanding one’s freedom so as to allow one to live as if one’s life is a work of art. However, it is important to point out that for Foucault there is no perfect practice or system of ethics that is free of danger. As Dreyfus and Rabinow write, “any new ethical system will
presumably bring new dangers which it will be the job of interpretive analytics to discover and resist” (p. 263). Hence, we will always need critical research to uncover the way in which practices constitute us as certain kinds of subjects. This, research exposes the totality of the practice and allows for transformations to occur that diminish old dangers. Yet, these transformations, which lead to new practices, carry new threats and therefore perpetuate the need for critical research.

The next chapter will be a review of theories and research methodologies that can be used to conduct a critical examination of psychotherapy. Consistent throughout the next section is a critique of language as representation and a grasping for a pragmatic understanding of language and human interaction. This is key. Psychotherapy that relies on the depth hermeneutic is based on the “Cartesian/Kantian conception of the mind….as a set of ideas….which represent the outside world” and when this is “used to account for pathology [it] becomes a depth psychology concerned with representations” (Dreyfus, 1987, pp. 316-317). Hence, a critical research methodology needs to re-problematize language in order to offer a compelling critique that allows us to see psychotherapy differently.
CONVERSATION ANALYSIS ON PSYCHOTHERAPY

"The fundamental coherence of conversation is reflected in connections between actions rather than connections between utterances."

**Constitutional Research: the Original Problematizing of Harold Garfinkel**

This chapter will provide an introduction to conversation analysis (CA) and review the conversation analytic research on psychotherapy. In order to show how this research methodology aligns with the ontological assumptions discussed in chapter 2, we will begin by looking at the ethnomethodology of Harold Garfinkel and discuss how a pragmatic understanding of language is fundamental to constitutional approaches to change. Then I will give an overview of CA and of CA applied to psychotherapy, which takes on the form of a traditional literature review. The chapter will end with a discussion of the current limitations of CA and this will open up new methodological possibilities that can be used to study change in psychotherapy.

Harold Garfinkel’s work blossomed in the shadow of the sociological giant Talcott Parsons. During the 1950’s and 1960’s, Parsons seemed like the only sociologist of importance in America. Knapp (1994) writes that this somewhat unimposing man wielded an inexplicable influence that could not be explained by his abilities as a writer or a researcher. In fact, most of Parsons’ writings were very abstract and convoluted.
Furthermore, his empirical research rarely produced any results of significance. However, Parsons himself explained that the social sciences in America were influenced by a number of different theories, all of which had a different explanation for the relationship between individuals and society. These theories were fragmented and ranged in scope: what they lacked, according to Parsons, was a unifying theory. Hence, Parsons equated his influence with the desire and need for an overarching theory that could explain the relationship between individual action and societal structure (p. 189).

Parsons (1937) argued in his first work, *The Structure of Social Action*, that the social sciences needed a common frame reference that could guide theory and research. According to Knapp (1994), it was here that Parsons put forward his classic theory of “volunteerism.” Volunteerism is the view that "people act on the basis of their values; their actions are oriented and constrained by the values and norms of the people around them; and these norms and values are the basis of social order" (p. 191). At the time, the social sciences were dominated by crude theories that reduced human action to natural or biological laws. Parsons argued that these theories (or even the more sophisticated utilitarian theories that viewed human action as a reasoned choice based on self-interest) failed to take into account the importance of societal values in explaining individual behavior. It might seem common sense to claim that people are influenced by their values, but for Parsons the crucial insight was that values are created by the societal structures. In his view, in America, the social structure is largely influenced by religion and capitalism. Individuals internalize a large array of values from this social structure, but the structure itself is not stagnant. Rather it is a complex dynamic structure and, at times, it can be at odds with the values of any one individual. As Knapp points out: "the
master problem within Parsons' theory is the relation between a theory of action, at the level of individual and differentiation as a theory of institutions and large-scale structures" (p. 193). In other words, if there are competing values (a competition between micro and macro concerns) how can we explain individual action?

Parsons’ influence was so complete that sociology solely concerned itself with how macro social structures transferred values to individuals. This was the sociological domain. Goodwin and Heritage (1990) argue that by carving out large-scale social structures and institutions as the purview of sociology, linguistics was able to claim authority over the micro interactions between individuals. This seemed like a natural division of labor that allowed the two disciplines to adequately analyze the totality of social life. But, during this time, linguists were more interested in the particulars of language rather than the practicality of language use. As Goodwin and Heritage write: "Both sociology and linguistics thus defined the scope of their subject matter in such a way that the relevance of in-talk-interaction fell between disciplinary boundaries" (p. 285).

It was between these two disciplinary boundaries that Garfinkel placed himself. His theoretical position was first mapped out in his dissertation, which Parsons chaired. There, Garfinkel argued against Parsons by claiming that individuals are constantly revising and applying social reason. Therefore, commonsense understandings are always up for revision. Furthermore, the way people come to a mutual understanding is influenced by the context, yet their newly formed understanding also changes the context (i.e. the first aspect of constitution). Uniquely, Garfinkel created “procedures with which he was able to show not only that mutual understandings are highly contingent and
revisable, but also that participants invoke a vast array of background understandings to make sense of the course of activity” (p. 286). In other words, when we examine people talking to one another we see that they are not simply animated by competing social values. They are more active, constantly examining the interaction at hand by referring to the context. This context, therefore, is subject to change as the participants actively constitute the context through their interaction. This approach was a radical departure from Parsons because it placed more importance on everyday social interaction as opposed to the internalization of macro social values.

Garfinkel's turn to everyday experience was influenced by his interest in the phenomenology of Alfred Schultz. Yet, unlike Schultz who argued that every day interaction creates "'commonsense constructs’…[that] enable us to make sense of the world," Garfinkel argued that all kinds of social order are constituted through social interaction (Packer, 2011, p. 165). We might say that Schultz thought everyday interaction changed the way we see the world, where Garfinkel thought that it produced the world. These are not minor differences; they are fundamentally different ontologies. With Schultz we see the continuation of the representational view of language, which is predicated on the subject and object dualism that Kant introduced (pp. 164 – 166). For Garfinkel to move beyond this perspective he had to adopt and develop a new understanding of language which jettisoned the old Kantian assumptions.

**Language: from Dualism through Representation to Pragmatics**

The representational view that language is a series of statements, which attempts to describe the external objective world, is inherently tied up with Western philosophy and subject and object dualism. We can trace this dualism to Plato who claimed that there
was a true and constant world behind our perceived reality. In the Republic, Plato (1994) uses the allegory of the cave to describe human beings as bonded and lost in an illusory world of shadows which we take for reality. Yet, reality is beyond the cave where the sun shines and gives light and life. We are slaves to the shadows, but we can see reality if we take "the upward journey and the sight of things up on the surface of the earth,” which is analogous to “the mind’s ascent to the intelligible realm” (p. 244). In this allegory we see two important ontological assumptions that have shaped the way language and reality have been understood ever since. First, our initial understanding of the world is false and we must develop a process (science) that will uncover the true nature of reality. And second, whether we human beings remain as bonded slaves or become free people perceiving the true light which animates the world, we are always looking out upon a world that is separate from us.

Each generation since Plato has grappled with this dualism in one way or the other, yet it is fair to say that the divide between subject and object entered into its modern form with the work of Immanuel Kant. By the time Kant entered the stage, philosophers such as Locke and Descartes, had put forward a representational theory of knowledge (Fancher, 1979/1996). The basic idea of representationalism is that objects that are independent from us impinge upon our senses and cause us to form representations. Representations have been described as images or ideas, which reside in the subject’s mind, but have the capacity to accurately represent the external world. Therefore, it is possible for human beings to find a process through which they can know the world-in-itself via their representations. At first, Kant, who started his career as a scientist, agreed with the representationalists. However, after Hume destroyed the
certainty upon which empiricism (and therefore representationalism) was built, Kant began to rethink the relationship between human knowledge and the external world.

Kant felt that we can and must assume that the independent world exists, however we cannot assume that our ideas about the world correspond to the world in itself. The problem comes down to this: human beings proceed by testing our ideas against the world. Hence, we might assume that good ideas conform to the world in itself. However, we are unable to know the world in itself because we proceed by first forming concepts about the world. In other words, we come into the world through ideas and there is no way of getting beyond or behind this fundamental aspect of our existence. Human beings have no way of knowing the world independent of thought and, therefore, searching for ways to prove that our concepts conform to the mind-independent world is a futile quest. As Kant (1781/2007) stated: "I can assume either that concepts through which I arrive at…conform to the object [or the world], and I would again be perplexed about how I can know anything about it a priori; or else that the objects, or what is the same thing, the experience in which alone they are known (as objects that are given to us), conform to those concepts" (p. 18). Hence, by testing our ideas against the world we assess whether our ideas and theories conform to our experience, but our experience is not made up of a mind-independent world. It is a constructed world already understood by and through our concept latent mind.5

Kant argued that in order to understand science and human knowledge, we have to understand how our ideas are constituted. As Packer (2011) states, Kant would go on

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5 The Model Dependent Realism of modern physicists is a prime example of Kantian ontology (Hawking & Mlodinow, 2010).
to claim that "our experiences are not merely ideas but representations, related outwardly to objects and inwardly to a subject" (p. 144-145). These representations are not simple pictures. Rather, they are the means by which our experience of the world is constructed. These representations are built from sensory experience, but they are always shaped and organized by concepts. According to Packer, Kant's "concepts are innate and universal, the same for all people at all times. They include space, time, causality, and object -- each of which seems to be a property of the world but in fact, Kant argued, are concepts the human mind brings to experience" (p. 145). Therefore, for Kant the most important factor when attempting to understand human knowledge and experience is not the world, which impresses itself upon us through our empty and transparent consciousness (representationalism); but rather it is reason, which actively constructs our experience by way of universal concepts (transcendental realism).

Upon this foundation we built our understanding of language and this has created quite a stumbling block. First, what may be referred to as ‘mainstream’ science holds a representational theory of knowledge and language. Packer (2011) points out that the Vienna Circle attempted to purify scientific inquiry so they could accurately describe the objective world (p. 22). One of their first orders of business was to distinguish between meaningful and nonsensical statements. Statements would be designated as meaningful if they could be tested empirically. The Vienna Circle used Wittgenstein's theory of language, developed in *Tractatus-Logico-Philosophicus*. As Packer summarizes it, in the *Tractatus* Wittgenstein describes language as "'atomic propositions’ that ‘mirror’ or ‘picture’…the world. Such propositions —each of them either true or false—can be systematically combined in ‘truth tables’" (p. 25). Here we can clearly see how the
Vienna Circle was trying to fulfill the representationalists’ dream that a specialized process could be developed through which we could accurately know the world via our own representations. However, this proved to be very difficult. First of all, by the time the Vienna Circle met with Wittgenstein in 1927 he had already began to repudiate his earlier understanding of language. Also, the circle found themselves mired in Hume’s critiques of induction. The scientists became quite unsure how their simple empirical statements, which were supposed to accurately mirror the world, could be deemed infallible (p. 26). In other words, how can we be sure that what one scientist sees is an accurate reflection of the world? This is exactly the question that Kant had attempted to answer by offering his fundamental critique that we can never know if our representations are accurate because we can never know the world in itself.

By that time the Vienna Circle finally spoke to Wittgenstein, he had turned away from the idea that language could be used to make atomic propositions that mirror the external world, and, instead, suggested that language could only be understood by considering the larger context in which it was used. He described language use in this context as a "language game" (Wittgenstein, 1994, p. 42). Others, such as the American pragmatist Richard Rorty (2000) followed a path similar to Wittgenstein, yet Rorty took a more Darwinian approach. He states that by "looking at language in this Darwinian way, as providing tools for coping with objects rather than representations of objects, and in providing different sets of tools for different purposes…makes it hard to be an essentialist" (p. 65). Rorty (1991) also said that his view of language was influenced by the great 20th-century philosophers in both the analytic and continental traditions. He argued that Wittgenstein, Heidegger, and Derrida’s collective contribution to philosophy,
and to the world, has been to move us away from the idea of language as representation; towards the view of language as transformative and potentially therapeutic. Rorty states that metaphors are “a call to change one’s language and one’s life, rather than a proposal about how to systematize either” (p. 13).

Although Rorty's work has influenced many in the social sciences, conversation analysis is more indebted to the work of the language philosopher John L. Austin. In *How to do Things with Words*, Austin (1962) examined language as speech acts, rather than a system of signs. He argues that in order to understand how language works, we have to consider the context in which language is used (p. 52). He begins by looking at contrasting statements and performatives. Statements are utterances that can be seen in representational terms, which are either true or false. Performatives are utterances that by their very nature do something. He states: "the uttering of the words is, indeed, usually a, or even the, leading incident in the performance of an act" (p. 8). For example, when a bridegroom says: "I do," he is performing an act -- promising -- which is done solely by the utterance itself within its proper context. Now, surely the groom's act of promising, which is extended into the future as all promises are, can go wrong and therefore the performative utterance can fail, but this is different than conceiving of it as either true or false. When a performative utterance goes wrong, Austin describes the utterance as "unhappy" and he lists a series of infelicities, which make an utterance unhappy (pp. 14-15).6

A statement can be reduced to a single word as a description of an object or event.

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6 These infelicities are: a conventional procedure in which the words used to make sense, the presence of particular people and circumstances, the completion of the procedure, proper intentions and feelings of the participants, and adherence to the performed acts in the future.
As we have discussed, the word ‘rock’ names an object in the world and the description can be determined as either true or false. However, Austin argues that even our most simple statements are very ambiguous. If the word ‘rock’ is spoken, it could be that the speaker is simply describing a rock in the field and we can judge as true or false based on whether he is referring to a rock or a cow patty (dried cow manure that looks a lot like a rock). However, the speaker could also be referring to a rock that was hurling toward the hearer’s head. In this case the statement would actually be a performative because it is performing an act—a warning. Austin argues, counter intuitively, that statements are primitive utterances. He claims that the development of the performative utterance is actually an attempt to be more precise and that this linguistic evolution reveals how language is always some kind of action. "Language…in its primitive stages is not precise, and it is also not…explicit: precision in language makes it clear what is being said—its meaning: explicitness…makes clear the force of the utterances, or 'how... it is to be taken'" (p. 73).

For Austin the meaning of an utterance is directly tied up with the action it performs within a certain context. Therefore, the meaning of the utterance does rely on the world within which it is spoken, yet not because it describes this world but because it changes it. Furthermore, the meaning of the utterance has to do with its effect on other people. To clarify this point Austin states that there are three actions the utterances can perform: (1) locutionary -- the traditional sense of an utterance which has "sense and reference," which carries a certain meaning, (2) illocutionary "utterances which have a certain force" such as "informing, warning, ordering", (3) and perlocutionary acts, which are what has been brought about by saying something: persuading and deterring (p. 107).
Next he states that illocutionary acts produce effects, but not in a straightforward way of changing the "natural course of events" (p. 117). Rather they—if they are happy—require a certain response from others who are involved with the act. For example, if I name my child Monroe, I do so by performing an illocutionary act, "I name her Monroe." Now, assuming that this utterance is happy certain things must occur. First, “…the performance of the illocutionary act involves the securing of uptake" (p. 117). That is, the nurse, doctor, and my wife all have to hear me and agree that I have named my child. Second, "the illocutionary act 'takes effect' in certain ways…,” such as by naming my child Monroe it is from that point forward wrong to call her by another name (p. 117). This is the subtle way in which utterances are fundamentally actions on actions, yet are different from physical acts because utterances usher in, or reproduce, a state of affairs which has certain consequences and obligations. Last, “illocutionary acts invite by convention a response or sequel” (p. 117). Therefore, when I name my child, my wife responds with an agreement, "Yes, Monroe," which then is responded to simultaneously by the doctor and nurses nodding their heads to acknowledge that they heard us and that the utterance was indeed happy.⁷

In the end, Austin argues that the old notion that utterances truly or falsely represent the world fails because utterances always have a force (performative dimension that does something) and it is impossible to form an exact statement that conforms to the world. The first part has been detailed above, but let me point out that even our most

⁷ If, for example, I coughed as I was naming her: "I name her Hch!hhl," everyone would look at me and wait for my coughing to subside instead of agreeing that I named my daughter “Hch!hhl”. This example of coughing in the middle of an utterance shows how a performative can be unhappy when the procedure is interrupted and left incomplete.
precise scientific statements such as: “The speed of light is 299,792,458 meters per second,” is a claim that is implicitly being argued, exclaimed, or denounced. Byprefacing the statement with "I argue…" or “I exclaim…” that “The speed of light is 299,792,458 meters per second,” I only make a statement more clear, explicating what was implicit to begin with. Therefore, locutionary acts are by their very nature are also illocutionary acts. As Austin states: "In general the locutionary act as much as the illocutionary is an abstraction only: every genuine speech act is both" (p. 147). As for the second point, if our criterion for whether a statement is true or false relies on its exact conformity to the object that it describes, then all statements would be false. This is because it is impossible to exactly describe any object. Austin asserts that, "in the case of stating truly or falsely, just as much in the case of advising well or badly, the intents and purposes of the utterance and its context are important; what is judged true in a school book may not be so judged in a work of historical research" (p. 143). Here he uses the statement "France is hexagonal” as an example. He considers the statement to be a "rough truth" that is appropriate for elementary school education, but not for professional geographers. Statements such as this are used all the time and their truth or falseness has more to do with the context than with its ability to exactly represent the object that it addresses.

Austin's work can be seen as a solution to the problems created by dualism. It is a paradigm shift that moves away from attempts to salvage the view of language as representation toward the vision of language as action, based in context. As we have seen, Austin was only one among many philosophers, linguists, and social scientists who were moving towards this new understanding of language. As we now turn back to
Garfinkel, we can see how his view of language coincides with Austin’s. As Packer (2011) describes, Garfinkel saw words "as indexes, not as symbols or representations" (p. 199). Words point (much like pointing with one’s index finger) to the context in which they are being used. Yet, as stated previously, participants are always revising and/or reproducing the context in which all interactions are couched. In short, participants are always constituting their form of life as well as actively responding to the form of life in which they dwell. Garfinkel's focus on constitution led him to develop what he called ethnomethodology, which Packer describes as "the study (logos) of the methods used by folks (ethnos) and their commonsense everyday activity” (p. 190). Ethnomethodology, with its focus on how "things are..... produced and accomplished" was grounded in the new understanding of language as action, based in context. As Packer writes "ethnomethodology pays attention to language as a dynamic, social phenomenon and to speech not as an inert vehicle—the expression of inner meanings—but as fundamental to the constitution of social life" (pp. 198-199).

From Garfinkel to Sacks and Schegloff: the Birth of Conversation Analysis
Harvey Sacks and Emanuel Schegloff are typically credited with creating conversation analysis (C. Goodwin & Heritage, 1990; Liddicoat, 2011). For some, discovery might be a disagreeable word. It is not as if conversation analysis lay buried in some remote crevice, lying in wait for humans to discover her. Nonetheless, creating is in an apt description. Paul ten Have (1999) points out that in Kuhnian terms the creation of conversation analysis was nothing less than a paradigm shift, which uncovered nascent possibilities on the horizon of academic sociology and linguistics (p. 7). These
possibilities, which Sacks and Schegloff grabbed on to, were largely created by the work of Garfinkel.

When Sacks and Schegloff began developing conversation analysis they were both students of Irving Goffman, but all three men were in constant contact with Garfinkel. In many ways conversation analysis can be seen as a combination of the phenomenology/ethnomethodology of Garfinkel with the interaction analysis (Bateson, 1972; Scheflen, 1973) that emerged during the 1970s (cited in C. Goodwin & Heritage, 1990, pp. 286-287). The empirical method used by conversation analysis today was largely developed by Sacks while conducting his dissertation research. In this early work, Sacks analyzed telephone calls placed to a suicide prevention hotline. When Sacks began lecturing on conversation analysis he used much of his work to explain his theory and methodology. One of the most important discoveries that Sacks made was the way in which callers avoided giving their names (ten Have, 1999). As Sacks (1989) explained:

I [had] a large collection of these conversations, and I…looked at these first exchanges...A series of persons who called this place would not give their names. The hospital's concern was, can anything be done about it? One question I wanted to address was, where in the course of the conversation could you tell that somebody would not give their name? So I began to look at the materials. It was in fact on the basis of that question that I began to try to deal in detail with conversations. (p. 35)

For a crisis worker it is vitally important to get the name of the person in crisis. The crisis workers would often offer their name first. This utterance, as Sacks came to note, can be seen as a pragmatic action because it forces the recipient to reply by giving their own name (see excerpt below). Sacks observed that the callers would avoid giving their own name by offering an "occasional usable device" such as "I can't hear you" (ten Have, 1999, p. 15). The fact that callers had to use tactics to avoid giving their own name,
supports the claim that a conversational sequence was initiated by the crisis worker. This might seem benign at first, but when looked at closely, what it reveals is a way of constraining the speech of the caller.

Excerpt from Sacks’ Work Analyzing Crisis Phone Calls (Sacks, 1989, p. 35)

Example 1
This is Mr. Smith, may I help you
Yes, this is Mr. Brown

Example 2
This is Mr. Smith may help you
I can't hear you
This is Mr. Smith

In this early work, Sacks pointed out two conversational features that would become central to CA studies. First, he recognized that by being able to speak first, the crisis worker gains an advantage over the caller. The crisis worker has a certain amount of freedom to choose how he or she initiates the conversation, but the caller has an obligation to respond to the crisis worker’s initial utterance. This observation led to the proposal that the initial utterance by the crisis worker opens up a “slot” into which the caller has to insert a reply. This coupling of the initial utterance and the reply has become known as the "adjacency pair" (p. 20). It is a fundamental procedural rule of conversation. Over the years conversation analysts have found that certain replies are more preferred than others and that participants can use a number of tactics to avoid giving the preferred response (Schegloff, 2007). The adjacency pair has become the fundamental building block of CA's empirical methodology. Each conversational
sequence can be analyzed as a series of adjacency pairs so as to continually show how the participants are orienting to previous utterances. This discovery is exactly what Austin was talking about when he said that utterances require a sequel or response. Require is the key word because participants have to give some kind of response or end up having to make excuses for why they changed the subject or did not respond at all.

This leads us to the second discovery that Sacks made in his early study. When participants do not give the preferred response or there is some breakdown in the conversation (such as when participants don't hear each other), the participants will make what has become known as a “repair” (ten Have, 1999, p. 116). In Sacks's initial work he found that callers used repairs to avoid giving their name (see table 1, line 5). Over the years conversation analysts have shown the complex ways in which repairs may be initiated by all the participants in the conversation. For conversation analysts the repair is of primary importance because it demonstrates how participants are aware of the conversational sequence even when that sequence begins to break down.

Sacks’ prototypical study introduced many of the core concepts in conversation analysis. Also, it defined the basic methodological procedures which would guide research. Sacks’ basic method was to identify a common conversational sequence (in this case the initial utterances of a crisis call) and then examine all variations that could occur during the sequence. In most cases researchers might see variations from a common rule or pattern as anomalies, but Sacks claimed that the divergent examples could be understood as variations of the sequence. By offering a repair and straying away from the typical answer/reply sequence participants were actively trying to shape the conversation
in a way that fit their own needs. Therefore, changes in the sequence became evidence of
the sequence itself. This has now been codified as a core methodological procedure.
Researchers identify sequences they are interested in and then examine how participants
both comply with and disrupt the sequence of interest.

This methodology is an inductive approach to data analysis. Heritage (1988)
argued that by using "inductive search procedures," researchers build a collection of
regularly occurring sequences that the participants orient themselves to (cited in ten
Have, 1999, p. 39). This can be seen as a collection of ‘specimens’ rather than a
collection of ‘facts’ (p. 37). Data from surveys and interviews are seen as facts about the
outside world. This is based on a representational understanding of language and
thinking. On the contrary, conversation analysts hold what is called a radical realist
perspective (Packer, 2011, pp. 204-205). They see each conversational sequence as a
specimen of a real species. As Alasuutari (1995) writes:

Unlike data seen from the factist perspective, a specimen as a form of research
material is not treated as either a statement about or a reflection of reality; instead,
a specimen is seen as part of the reality being studied. Therefore, honesty is the
irrelevant concept to be used in assessing the material. A specimen may be badly
representative of the whole, or it may be technically bad, but he cannot lie. (cited
in ten Have, 1999, p. 38)

This brings us to some of the defining features of ethnomethodology; namely, the
importance of membership and a focus on social interaction as a constitutional process.

Both ethnomethodology and conversation analysis focus on how the world is
constituted by participants. Therefore, there is no search for hidden forces, such as
beliefs, libido, or personality traits, which lie behind social interaction. They are
interested in the practices that the participants themselves use to generate their world.
These practices are not hidden, but on the surface of day to day life. As Packer (2011) writes: "Ethnomethodology is about the work of producing a phenomenon and ‘coming upon’ the phenomenon in and through this work; it is a matter of describing how people produce and display, how they demonstrate, the local phenomena of order” in everyday life (p. 193). Hence, recorded conversation is an analyzable specimen of the constitutional processes that participants use to make sense of themselves, each other, and the world.

The participants of a conversation orient to each other’s speech as members of a form of life. In ethnomethodology there are no individuals or subjects, but members who share competencies that allow them to mutually order their world (p. 195). This principle is also foundational in conversation analysis. Members are seen as actively interpreting each other’s speech in terms of their mutual competencies and the surrounding context. The ways that members make sense of each other is displayed in their utterances. These utterances are best understood as actions in response to actions. These actions are available to the researcher because she, in a sense, is in the position of a bystander. By listening and watching, the researcher imagines her own reaction and becomes affected by the participants’ actions. It is through this active involvement with the data that the researcher first grasps what is being said. In order for the researcher to achieve this type of understanding, she must have a certain amount of membership knowledge. The research process involves members of a form of life who are actively making sense of the conversational actions. The researcher must attend to her own reactions, while also attending to the actions of the participants. By documenting both her own reactions and the actions of the participants, the researcher builds a case of how the participants
actively reproduce the social order, through actions and tactics visibly displayed.

Conversation analysis can be seen as a rigorous empirical method that attempts to explicate social interaction from an ethnomethodological perspective. Attention to conversational sequence allows the empirical study of how members use procedures to interpret the here-and-now context and actions of their conversational co-participants. As Goodwin and Heritage (1990) write:

The adjacency-pair framework described by conversation analysis is not a description of statistical regularities in the patterning of action, or a specification of an internalized rule drives behavior. Instead it describes a procedure through which participants constrain one another, and hold one another accountable, to produce coherent and intelligible courses of action....Within this framework of reciprocal conduct [i.e. adjacency pair organization], action and interpretation are inextricably intertwined. Each participant must analyze the developing course of others actions in order to produce appropriate reciprocal action. (pp. 287 - 288)

When something is said the words attain a certain meaning because they are part of a sequence. The participants are responding to this sequence, which is part of the here-and-now structure of the context. Participants have an active understanding of this context and perform speech acts that can shift the context. As Goodwin and Heritage described, speech acts are "context shaped and context renewing" (p. 289). By studying the detail of conversations captured and transcribed we can follow this act of ordering. In this sense, conversation analysis and ethnomethodology are interested in constitution. As Packer argues: "Each person involved in a conversation has their own interpretation of what is going on, but these interpretations are intersubjective in the sense that every person treats the adjacent utterances in similar ways. People share an understanding of the ‘game’ they are engaged in and its ‘order’" (p. 256). In this sense, CA is interested in the "ontological work accomplished in practical activity" (p. 263). CA takes into account how reason is a product of practical human activity (Hegel), how understanding and
interpretation are grounded in practical activity (Heidegger) and how meaning is a result of an embodied act (Merleau-Ponty). All these forebears find a place in the empirical methodology of CA.

**Context and Subjectivity in Conversation Analysis**

Earlier, context was defined as the actions that participants use to constitute the order of a form of life. Hence, we cannot think of context as a static container inside which all interactions unfold. “Time and transformation are essential constituents of context” (C. Goodwin & Heritage, 1990, p. 289). The essential idea is that the actions of the participants typically renew (or reproduce) context, which implies that even the renewal is something new, even if nothing seems to be changed. Also, it implies that the context is never given, that it could always change. Because context as a term is frequently employed, it can become quite a buzz word. This is because it stands for and replaces familiar words such as culture, subculture, and environment. In conversation analysis, context is an encompassing term that refers to the here and now conversational sequence, institutional setting, participants’ identities, subculture, culture, macro global politics, and so on.

By studying the organization of adjacency pairs, conversation analysts see all aspects of social life woven together. For example, identities are intimately woven into the structure of conversation. As Goodwin and Heritage point out:

The organization of the speaker's action not only provides positions for recipients within it; it also specifies attributes that should be possessed by a proper incumbent of that position—i.e. the action embodies a categorization of its recipient.... some of these categorizations take the form of *discourse identities*. (p. 293)
The way we organize our speech positions the participants in the conversation as therapist/client, officer/civilian, teacher/student and so on. These are identities are implicitly recognized and taken on, but this does not mean that the roles are stagnant or the result of lopsided power relations. Instead they are a product of the discourse that is co-constituted by both participants in light of their particular form of life. Hence, context is a process of ordering a form of life and this ordering involves the positioning of participants in relation to one another as certain kinds of people. Interestingly, the idea that identity is intimately tied up with the overall context leads to the idea that identity is dispersed across various discursive practices, which aligns with Foucault's understanding of subjectivity (Packer, 2011).

**Pure vs. Applied and Institutional vs. Ordinary**

There are two binaries used to describe CA research (ten Have, 1999). The first binary is institutional conversation versus ordinary conversation. Early on conversation analysts began to notice was that speech in institutional settings was more constrained than what one would find in ordinary conversation (ten Have, 1999). Ordinary conversation can be defined as conversation in everyday settings outside of large-scale institutions.

Earlier, we looked at Sacks' initial study of calls to a suicide hotline. You will remember that from the beginning the crisis worker and the caller played a conversational game where the crisis worker attempted to obtain the caller’s name. This pattern arose because of certain institutional constraints—the need to get the caller’s name because the caller was in crisis and possibly a danger to themselves or others. If this was an ordinary conversation the pattern might not have been so prominent because the initial opening of
the conversation would have enjoyed a certain amount of freedom. Later, conversation analysts argued that the fundamental premise, which allows us to study institutional talk, is that institutional talk is a variation of ordinary conversation (p. 163). This idea was put forward by Sacks, Schegloff, and Jefferson (1974) in a paper on turn taking. They described conversational specimens as on a linear array with ordinary conversation at one extreme and institutionalized conversation at the other. "For it appears likely that conversation should be considered the basic form of speech exchange system, with other systems of the array [more constrained institutional talk like ceremonies or debates] representing a variety of transformations on conversation’s turn taking-system” (quoted in ten Have, 1999 p. 163).

The second binary is the distinction between pure and applied conversation analysis. Pure conversation analysis examines interactions as an entity in its own right, while applied conversation analysis examines how interactions are influenced by, or maintain, an institution. According to ten Have, applied analysis also includes "CA-inspired studies" that attempt to improve social life or to identify and critique social problems (p. 162). The binaries do overlap, but obviously there are differences. One can conduct a pure conversation analysis on institutional talk if they are only interested in the mechanisms of conversation. Likewise, applied analysis can be done on ordinary conversation if the researcher is interested in, for example, how gender roles are maintained between a husband and wife in ordinary conversation.

Psychotherapy is certainly a form of institutional talk; however, it is not as structured as medical interviews, news interviews, or courtroom proceedings (Peräkylä, Antaki, Vehviläinen, & Leudar, 2008a; Rae, 2008). It would most likely fall somewhere
in the middle of the array of institutional talk discussed above, depending on what type of psychotherapy was being practiced. Researchers do examine clinical practices with the sole interest of understanding the conversational mechanisms employed. Sacks' pivotal study is one such example. However, CA on psychotherapy is largely a form of applied analysis. Peräkylä and his colleagues (2008b) state that the goal of CA research on psychotherapy is to “show the embeddedness of psychotherapy in generic interactional practices having to do with questions, answers, comments and the like and the related interactional consequences that therapists and their clients employ" (p. 6). Peräkylä states that all therapeutic schools have "professional stocks of interactional knowledge (SIKs)" and in order for CA to be relevant to psychotherapy, researchers need to "enter into a dialogue with the SIKs—extending, specifying or correcting the picture of the direction given by them" (p. 23). This type of analysis aims to correct or improve the institutional interaction and therefore it fits ten Have’s definition of applied research.

Schegloff (1997) argues that this kind of applied CA is a preferable alternative to discourse analysis, which tends to use external variables to make sense of social interaction. Schegloff claims that any object of study (therapy being one such object) is always constituted first by the participants, and this original constitutive event should be our object of study. As he states: "it is those characterizations which are privileged in the constitution of the socio-interactional reality, and therefore have been a feature claim to being privileged in efforts to understand it" (pp. 166-167). Therefore, if you start with a Freudian perspective of unconscious group processes, then you are studying what is

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8 There is a vast array of psychotherapy practices. Certainly manualized treatment practices would be highly institutional whereas collaborative therapies such as narrative analysis might be quite similar to everyday conversation.
relevant to you, not the participants. At the very least you should start with CA and then move on to an academic analysis of that data. This latter step would not be CA because it “would be grounded in and answerable to concerns extrinsic to the interaction,” but it would be grounded in what is important to the participants (Schegloff, 1998, p. 415). By grounding research in conversation analysis and then interpreting the findings based on certain interests of the researcher, we limit the risk of leaving behind the constitutive act of interaction for our academic interests.

Before we begin looking at CA research on psychotherapy it may be helpful to review the difficulties that researchers face when they attempt to apply analysis on institutional talk. One of ten Have's research interests is medical interviews (ten Have, 1999). He notes that findings from many studies on institutional talk have found that the turn taking systems are pre-established, allocating prescribed turns to the institutional agents and the other participants (p. 166). In other words, in medical interviews, courtroom interviews, and so on, the institutional agent is given the right to ask questions and the other participants (client, defendant interviewee) are expected to provide answers. Ten Have points out that many researchers looking at medical interviews have attributed this turn allocation to institutional power. Yet, he warns that by quickly jumping to the conclusion that it is institutional power that creates the pre-allocation of turns, one begins to interject assumed external factors (e.g. power) that are not present in the conversation. Here we have an example of researchers who assume that the social structure influences a conversational structure. However, as ten Have points out: "the distributional fact that doctors ask patients more questions than patients ask doctors can be discussed in institutional terms, as an aspect of ‘professional dominance’… but it can also be analyzed
in terms of the overall sequential organization of the encounter" (p. 167). Medical interviews can be viewed simply as "a request for assistance" (p. 167). This creates a “request/service” adjacency pair that can be lengthened by a number of insertion sequences, which are used to gain diagnostic information. Ten Have concludes by stating that: "The questioning of patients by doctors….would be…an issue not of turn-type preallocation, but rather of a sequential-organizational…of institutional activity allocation" (p. 167).

The move to interpret the sequence of medical interviews as a result of professional dominance is not improper in itself. However, this example points out how easy it is to neglect important conversational features, which would then shift the researcher’s interpretation in important ways. It is a reminder that CA moves slowly and methodically before reaching the interpretive phase where the researcher can confidently began to ask her own research questions based on the conversation analytic examination of the data.

**Conversation Analytic Research on Psychotherapy: The Beginnings**

Many studies predating CA have focused on the interaction that occurs in psychotherapy. Peräkylä, Antaki, Vehviläinen, and Leudar (2008a) point out that case reports, such as those made famous by Freud, attend to the interactions that occur in psychotherapy. However, as we all know, case studies summarize hundreds of sessions and are reliant on the memory and personality of the therapist. Researchers interested in clinical interaction began to move away from the case report in the 1950s. It was during this time that a handful of pivotal studies emerged. These researchers employed linguistic analysis to psychotherapy while also attending to the therapeutic importance of
interaction. However, Peräkylä et al. distinguishes these early studies from CA in that CA focuses on the “sequentiality of social action” (p. 13).

For example, an early study conducted by the linguist Charles Hockett and psychiatrists Pitterger and Daheny (1960) examined the first five minutes of therapy sessions, between patients and a psychiatrist. Analyzing audio recordings of the sessions the researchers examined lexical choice and grammatical passivity as clues to implicit meaning of the utterances. Yet, the claims were not systematic and analysis had little to do with the coordinated sequence of utterances between the patient and therapist (Peräkylä et al., 2008a p. 8).

More in line with conversation analysis, William Labov, a linguist, and David Fanshel, a social worker, (1977) performed a detailed analysis of a 15 minute therapy segment between a psychodynamic practitioner and an anorexic patient. They conducted a detailed analysis that looked at actions that utterances perform such as "meta-linguistic action (initiating, continuing, or ending action), representation, request, and challenge" (Peräkylä et al., 2008a, p. 9). One major finding indicated that the client creates what can be described as “resistance” by avoiding direct discussion of the problem (Labov & Fanshel, 1977, p. 334). This turns out to be, in part, an avoidance of emotion (p. 341).9 Labov then goes on to describe how the therapist uses “factual contradictions” and “emotional displays” as sources of therapeutic insights, where as the client uses the close connections of topics, “interpretation”, and “direct suggestion” as sources of insight (pp. 337-345).

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9 This aligns with the analysis and findings discussed in chapters 5, 6, and 7.
However, what has been most influential for conversation analysts studying psychotherapy has been the distinction between what Labov called A-events and B-events (Peräkylä et al., 2008a). A type A-event is a representation of the speaker’s past, such as narratives and commentary about biographical events. As Labov (1977) states: “[the client] has privileged access to these events and can deal with them as an expert without fear of contradiction” (p. 62). A B-event is different. It is a “description of a matter in another speaker’s experience, and the speaker thereby has limited access to it” (Peräkylä et al., 2008a, p. 10). Elsewhere Peräkylä and Silverman (1991) have shown how the ownership of experience affects sequential organization and turn taking rights. For example, “participants, in orienting to the owner's privileged right to response, can also make use of this right, in order to manage the interactional contingencies and sensitivities related to the issues addressed in the sessions” (p. 466). In psychotherapy, the client is expected to produce A-event utterances, while the therapist responds with questions, reflective statements and interpretations. Hence, unlike ordinary conversation, only one participant (the client) produces A-event statements and this greatly affects the sequential organization of the therapeutic conversation. However, as Labov (1977) points out: “The therapeutic session is designed to produce a great deal of talk” which leads to an accumulation of shared experience that both participants have access to (p. 122). Utterances concerning shared experience are called “AB-events” and they accumulate quickly as the therapist learns more and more about the patient’s experience and have greater access to the patient’s biography (p. 122). The importance of this distinction will be discussed in the next section dealing with formulations in psychotherapy.
The impact of Labov’s study cannot be understated, and yet Peräkylä et al. (2008a) points out that much like *The First Five Minutes*, Labov did not "seek to offer a systematic view of recurrent practices in psychotherapy" and the conclusions were very abstract (p. 10). According to Peräkylä et al., the study that really bridges the gap between linguistic analysis and conversation analysis was conducted by Kathleen Warden Ferrara. In *Therapeutic Way with Words* Ferrara (1994) analyzed 40 hours of therapy sessions between six different therapists (cited in Peräkylä et al., 2008a). She identified "recurrent discourse strategies" such as certain narration techniques and repetition of different types of talk (p. 10). This study attempts to produce a systematic account of recurrent patterns in psychotherapy, which Peräkylä et al. consider to be the goal of CA. However, again, the Ferrara study, like the other linguistic analyses, only paid limited attention to the sequential organization of conversation.

Many conversation analysts researching psychotherapy attempt to identify the predominant conversational structure in psychotherapy and then interpret how that structure affects the client therapeutically (Antaki, 2008; Antaki, Barnes, & Leudar, 2005; Bercelli, Rossano, & Viaro, 2008; Peräkylä, 2004, 2005, 2008; Vehviläinen, 2008). Peräkylä et al. (2008a) states that conversation analysts describe how conversational actions are used for therapeutic ends. Hence, applied CA on psychotherapy assumes "a distinction between action, local consequence, and therapeutic function" (p. 189). The action has to do with the sequential structure of the talk, the local consequence describes the immediate effect of the talk, and the therapeutic function refers to the overarching goals of the therapy. Vehviläinen, Peräkylä, Antaki and Leudar (2008) state: "what we mean by action can be conceived as moving a piece in a chess game, while local
consequence can be conceived as the move’s contributing to the overall tactic, and therapeutic function as the move’s contribution to the overall strategy” (p. 189). In other words, they are interested in understanding how certain forms of talk are connected with certain therapeutic strategies. By mapping the overall structure of the therapeutic conversation, researchers identify effective tactics and connect those tactics with overarching institutional goals.

For example, summarizing the research compiled in *Conversation Analysis and Psychotherapy*, Vehviläinen et al. (2008) listed numerous therapeutic actions, which were all correlated with “possible therapeutic functions” (p. 191). This process of correlating conversational interactions with therapeutic functions has been put proposed as an important way for CA to be relevant to psychotherapy (Peräkylä et al., 2008a, p. 22). According to Peräkylä et al., each therapeutic school has its own theory about therapeutic interaction. As mentioned previously, these have been referred to as professional stocks of interactional knowledge (SIKs). Hence, in order for conversation analysis to be relevant to psychotherapy, CA research needs to "enter into a dialogue with the SIKs--extending, specifying or correcting the picture of the direction given by them" (p. 23).

This description of CA research on psychotherapy has been echoed elsewhere. Forrester and Reason (2006) summarize conversation analysts’ interest in psychotherapy as threefold. First, to examine it as an institutional interaction like conversation analysts have done with news interviews and medical interviews. Second, to translate

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10 The therapeutic actions are as follows: lexical substitution, extension, formulation, reinterpreted statement, optimistic questions, follow-up question using zero person, answers that resist the question presuppositions, defensive responses to topicalizations of prior action, elaboration, and extended agreements.
psychotherapeutic terms into conversation analytic terms. And third, correcting therapeutic theories that are used in the practice of psychotherapy (p. 44). This is similar to McGee, Del Vento, and Bavelas (2005) who state that conversation analysis “can help to identify possible discrepancies between theories of what happens and what we can observe when therapists and clients do therapy” (p. 382). Again, we see that researchers are using conversation analysis to correct psychotherapeutic theory. However, McGee et al. see conversation analysis lending empirical support to larger theories about human life. They state: “We are proposing an empirical approach to social construction in which the process of construction is examined in the details of the interaction.” (p. 382).

In sum, all these authors describe CA research on psychotherapy as applied research. The goal of this type of research is to understand, refine, and critique the institutional practice of psychotherapy. It can be distinguished from pure analysis of institutional talk such as Harvey Sacks’ examination of group psychotherapy (Sacks, 1992a). There, Sacks produced a detailed analysis of the interactions between teenagers and their group therapist, but his interest was uncovering the machinery of conversation, not understanding or critiquing psychotherapy.

**Applied Conversation Analysis on Psychotherapy**

So the question remains: How does one actually conduct an applied analysis of institutional talk? Heritage (1998) advises that applied CA of institutional interactions should attend to how the conversation is constrained by the institution. He states that by examining turn taking organization, overall structural organization of the interaction, the sequence organization, turn design, lexical choice, and epistemological or other forms of asymmetry, analysts will find examples of institutional constraints. For example, turn
taking is "the construction of turns, pauses, overlaps, etc" (ten Have, 1999, p. 104). In ordinary conversation participants enjoy a certain amount of freedom in negotiating their turn taking. Both participants can easily ask questions and provide answers for each other depending on the nature of the conversation. But as Heritage (1998) points out, when we look at institutional interactions such as news interviews, the turn taking becomes highly regimented. The news anchor is expected to ask questions of his interviewees who provide answers. The conversation follows a question/response sequence, and if there is a disturbance in the sequence, the participants offer repairs pointing toward the fact that there is a disturbance in the conversational order. For example, an interviewee will apologize after asking the news anchor a question because this is an institutional privilege granted to the news anchor and not the guest.

By examining the turn taking pattern in the example above, Heritage is simply doing pure conversation analysis similar to the works of Schegloff and Sacks. His analysis turns into applied research when he begins to interpret why these regimented patterns occur. His explanation for the turn taking system found in news interviews is that it has a practical purpose. He explains that the turn taking system helps the interviewer control the interview, giving the audience a clear understanding of the issues and also to help inexperienced interviewees answer questions. Furthermore, it allows the anchor to keep experienced politicians and pundits from using the news as their soapbox. Here we can see that Heritage has made a functional analysis of the institutional talk (p. 15). Later in the article he discusses how the notion of the news anchor neutrality actually constrains both the interviewees (they are not allowed to ask the anchor questions) and
the anchor (any utterance that seems personal can be called into question by the
interviewees).

Most CA on psychotherapy follows a pattern similar to the example above. For example, Peräkylä (2010) conducted a study examining the adjacency pairs that occur during sequences involving interpretation. He examined how psychoanalytic interpretation can be seen as a three step process. First, the analyst makes an interpretation of the client’s behavior, symptoms, or dreams. Next, the client responds to the interpretation by extending what the analyst said or simply by disagreeing. Last, the analyst makes a third response, replying back to the client. By studying these sequential patterns and comparing them across therapies, Peräkylä found that the "third interpretive turn” has two basic effects: "one is towards showing that the patient's experience is emotionally more intensive than what the patient indicated in the elaboration, and the other towards showing that the patient's experience has more layers in it” (italics in the original, p. 18). Hence, by examining the adjacency pairs, Peräkylä was analyzing the sequential organization as discussed above by Heritage. This type of research attends to the local level organization, which is the way in which conversational objects are organized by the sequence of the adjacency pairs, rather than larger sequencing structures such as the ending of the overall topic of conversation (ten Have, 1999, p. 21). After the sequential organization was identified as a reoccurring pattern, Peräkylä went on to interpret how this action contributes to the overall strategy of therapy: making therapy more emotionally intense.

Sequential organization is a central interest of many conversation analysts studying psychotherapy. Researchers working with a variety of therapeutic approaches all...
point to the power of conversational sequence as central to the practice of therapy. Charles Antaki (2008) has pointed out that therapists can respond to a client's turn by using challenges, corrections, extensions, reinterpreted statements, and formulations.11 All of these are attempts to grasp what the client has said while also making subtle, or not-so-subtle changes in the original utterance. Of these, Antaki has paid particular attention to formulations (Antaki, 2008; Antaki et al., 2005; Antaki, Barnes, & Leudar, 2007).

The formulation has a long history in conversation analysis. It was first introduced by Garfinkel and Sacks (1970), who were interested in how participants comment on what is happening between them and make certain ways of interacting explicit. Meta-comments such as: ‘I knew you would not understand’ or, ‘you got me, I was trying to cheat,’ are “public display[s] of agreed intersubjectivity, a kind of sociological glue” (Antaki, 2008, p. 31). Later, Heritage and Watson (1979) broadened the definition to include all utterances used to comment on what was being said and done during an interaction (Antaki, 2008). Formulations are common in psychotherapy and fall into the AB-events class as described by Labov (Labov & Fanshel, 1977).

During my training I was taught to use reflective statements, which are an important type of formulation. The reflective statement is used to ‘reflect’ back what the client has said. The therapist might say: "So you're saying that you were upset at your mother because she was not attending to your needs." Yet, conversation analysts point

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11 Antaki and other researchers like Bercelli et al. (2008) often use the term reinterpretation instead of interpretation. These two terms in many ways seem synonymous, but they insist on using different terms because interpretation is thought to apply only to psychoanalytic or psychodynamic therapies. This distinction is confusing and seems to me to be a product of old antagonisms, rather than a necessary empirical distinction.
out that the formulation is no mere reflection. It uses "local editing" to change what was previously said or add a different emphasis (Antaki, 2008, p. 33). Formulations have been found to be used quite regularly in institutional talk such as radio talk shows and news interviews (p. 34). Therapists offer formulations to convey that they are listening and they understand the client’s story. Even though formulations seem non-coercive and benign, the sequential power can exert a lot of influence on to the client. Antaki states that this is not simply because formulations modify the client's original utterance: "I already mentioned the power of the formulation to delete, select, and transform, but now let me emphasize what Heritage and Watson identified as its sequential power -- its projection of agreement" (p. 31). Antaki argues that formulations have a constraining effect on the following utterance, encouraging the client to agree with the therapist. This occurs because the formulation is designed as an accurate summary of what was said and hence there is an assumption of agreement between the participants. It is expected that the utterance that follows the formulation will reaffirm this agreement. In other words, agreement is the preferred response\(^{12}\) in a formulation adjacency pair.

In CA, the observation that different types of conversational sequences have preferred responses referred to as “preference organization” (ten Have, 1999, p. 120). One can respond to an utterance in various ways, but depending on how the utterance was formed (turn shape), there are preferred and dis-preferred responses. Formulations are designed as a gloss of what the client has said to the therapist. Hence, formulations comment on a shared experience. The therapist and the client both have access to or

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\(^{12}\) Preference is not a matter of what an individual wants, but the norms built into conversation. It means that extra work has to be done in order to make a non-preferred response.
“ownership” of the experience and therefore it is hard for the client to flat out disagree. Again, this type of utterance is what Labov referred as an “AB-event.” It is designed as a statement of what has happened between participants. Yet, formulations in psychotherapy also concern the client’s personal experience. It is a ‘reflection’ of what the client thinks and feels and therefore the formulation acts to modify the account of the client based on the local editing done by the therapist.

Hence, formulations occur in both ordinary and institutional talk, but in psychotherapy the formulation is used strategically to enact therapeutic change. Antaki’s work has shown how the sequential power of formulations project agreement even when one is actually modifying what was previously said. By focusing on the sequential organization, conversation analysts have been able to demonstrate how ordinary conversational mechanisms are used in therapy.

Today, focus on sequential organization is being directed toward different types of utterance used in psychotherapy. There is not enough time or space to discuss all this research here. However, the reinterpretation, or interpretation, is central to this research project and therefore demands some attention. According to Bercelli et al. (2008), reinterpretations can be distinguished from formulations. Reinterpretations are a way of addressing material that the client is familiar with, but the utterance is framed as coming from the therapist’s perspective. Bercelli et al. differentiates between formulation and reinterpretation by stating that the therapist's reinterpretation displays an "independency" from the perspective of the client (p. 48). These two types of utterances can be further distinguished by their sequence and design elements. Formulations are marked by phrases such as "you mean, you say, you told me" (p. 47). Reinterpretations can be identified by
their epistemic markers (“I think,” “it is clear to me”) signifying that the statement derives from the therapist's understanding (p. 49). However, they can also be marked by neutral figures of speech (“it seems,” “all things considered”).

Being able to distinguish between formulation and reinterpretation is helpful. Bercelli et al. demonstrates how formulation is often used to create agreed-upon material that can be brought up later and utilized by both the therapist and client (p. 48). Bercelli et al. admits that formulation and reinterpretation are not universally distinct categories and that it is difficult at times to distinguish between the two. However, beyond the epistemic markers that distinguish them, reinterpretation is often followed by an extended agreement or disagreement where the client offers her own understanding of the therapist’s statement. It is this kind of interaction that I am most interested in, not as a means of identifying a universal adjacency pair, but as the site where the therapeutic problem is being worked on and actively constituted by both the therapist and the client.

Bercelli et al. lists various ways that reinterpretation can be extended, beginning with the most minimal extension: acknowledgment tokens (p. 51). These are "neutral or uncommitted responses" that can be offered when the client, for whatever reason, is not inclined to offer a strong agreement or disagreement with the therapist’s statement (p. 51). The client can also extend their agreements from acknowledgment tokens to mere agreements, agreements with descriptions, and qualified agreements. Here Bercelli et al. have noted that:

through their responses to reinterpretations, clients can display a change of perspective on their own events and experiences, and display it as triggered by the therapist’s utterances. Such changes are, quite obviously, precious stuff in psychotherapy, especially when manifestly triggered by the therapist’s
interventions. Indeed, one of the institutional tasks of the therapist's action is to facilitate such changes. (p. 60)

In other words, change in psychotherapy occurs intersubjectively; it is a collaborative act of constitution—something that we will attend to in greater detail later on.

However, now I would like to discuss in more detail the CA research on interpretation. This research, in many ways, ties interpretation, collaboration and resistance together. It is my perspective that the research being done on interpretation brings to light a central aspect of psychotherapy that we are only now just beginning to understand. It is truly the “precious stuff in psychotherapy.”

**Interpretation, Collaboration and Resistance**

This focus on sequential organization has often resulted in an exploration of collaboration and resistance. It is no wonder that conversation analysts have found collaboration to be a central element of psychotherapy. Remember, that one of the basic assumptions and findings across conversation analysis is that reality is being collaboratively constituted through interaction (C. Goodwin & Heritage, 1990; Heritage, 1998; Packer, 2011; Sacks, 1989; Schegloff, 1997; ten Have, 1999). Therefore, studies have consistently found collaboration unfolding in almost every aspect of psychotherapy. McGee et al. (2005) found that questions can be seen as interventions because they constrain "the recipient to answer within a framework of presuppositions set by the question” (p. 371). Again this is a focus on the sequential organization of the adjacency pairs; the way in which questions about pathology lead to responses about pathology or questions about health lead to answers about health. McGee et al. defined this as
collaborative because both the therapist and the client have a hand in the construction of the content of the talk.

Collaboration and resistance are often paired together as a binary, with collaboration held up as therapeutically positive. A study by MacMartin (2008) looked at how client’s resist optimistic questions by giving answer-like responses, and non-answers. Answer-like responses are downgrades such as joking or refocusing, whereas non-answers are complaints or flat out refusals to answer. In the face of this resistance, therapists respond, most of the time, by recycling the question and reincorporating some of the new material that came out of the client's response. These sequences lead to more nuanced utterances that incorporate both the therapists’ and patients’ previously spoken material. If, however, the therapist sticks to her original statement, the interaction usually becomes stifled. A number of other studies also found that therapists tend to align with the client when they face resistance (Lepper & Mergenthaler, 2007; Madill, Widdicombe, & Barkham, 2001; Saladin & Grimmer, 2009; Viklund, Holmqvist, & Nelson, 2010).

Madill, Widdicombe, and Barkham (2001) found that resistance can be understood at the level of interaction as a set of strategies that attempts to negate the prior turn. These strategies "include reasserting or revising the prior case, non-uptake of aspects of a prior turn, managing and rejecting topic shifts, and the withdrawal of cooperation" (p. 429). Their research led them to make two basic claims about resistance: first, the client and the therapist have different perspectives about the central therapeutic problem, and if these perspectives cannot be reconciled the therapy will deteriorate.13

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13 The difficulty of the problem of “negotiation” has also been discussed elsewhere by Antaki, Barnes, and Leudar, (2004) and will be relevant during the forthcoming chapters (p. 136).
Second, that simply by pointing out resistance as defensive the therapist might be damaging the therapy. Here we can see that they are using their detailed study of therapeutic interaction to make claims about how we can make therapy more successful. As she states quite eloquently:

Successful therapy may rest on the client complying with the therapist’s topic shifts or else on the therapist abandoning protocol in the face of the client’s continued opposition. This, in turn, requires sensitivity to the strategies through which the client and therapist may try to resist the other’s projects. Conversation analysis provides a way of identifying such strategies and therefore of sensitizing the therapist to their use and role in therapy. (p. 431)

In order to make this claim, Madill et al. appealed to how their own research was in line with many other studies, both quantitative and qualitative, on therapeutic resistance, alliance, and positive therapeutic outcomes (Bergin & Garfield, 1994; Bohart & Tallman, 1999; Kazdin, 2009; Lepper & Mergenthaler, 2007; Muntigl & Horvath, 2005; Orlinsky et al., 2004; Saladin & Grimmer, 2009; Streeck, 2008; Viklund et al., 2010; Voutilainen, Peräkylä, & Ruusuvuori, 2010; Wynn & Wynn, 2006). Tying traditional psychotherapy therapeutic alliance and outcome research to conversation analysis can also be seen in the work of Kozart (1996) who “suggests that ‘collaboration’ in psychotherapy consists of methods that establish an impression of common sense between patient and therapist” (p. 361). Like Madill et al., Kozart has shown how this ‘common sense’ is constructed interactionally.

Researchers who have studied interpretation also focus on collaboration and resistance. However, they tend to have a more complex understanding of resistance. Remember that conversation analysis typically refers to interpretation as a specialized practice unique to psychoanalysis and psychodynamic therapy (Peräkylä, 2004). Vehviläinen (2008) has stated that CA research lines up with psychoanalytic theory quite
well. When studying interpretation he has found that psychoanalysts do preparatory work, which builds a foundation upon which the interpretation is made. This preparatory work usually focuses on areas of resistance as classically understood in a psychoanalytic theory. "The analyst, in response to something the client has said and using a formulation and a noticing statement, topicalizes the client's action" (p. 126). This idea of "noticing," which was first put forward by Harvey Sacks (1992b), refers to how a speaker can comment on experience that both parties have access to (cited in Vehviläinen, 2008, p. 123). Therapists make comments ("noticings") on how their clients are late, fall into long silences, change the subject, or make slips of the tongue. In psychoanalytic theory these behaviors are thought to be signs of resistance to the therapeutic work. The therapist comments on these behaviors, using his turn to make a "complaint" (p. 145). However, the complaint calls for a response and the client is free to agree, disagree, or elaborate. As Vehviläinen describes, this is a way of encouraging the client to think about herself as a kind of puzzle:

The analyst does preparatory work to create the relevance, and an interactional "slot," for the interpretation, thereby co-constructing it with the client. Connections and contradictions in the associated materials, pointed out by the analyst, provide puzzles: noteworthy, enigmatic issues calling for exploration and explanation. (pp. 121-122)

When these puzzles are offered by the therapist, the client typically accounts for her action. Interestingly, these accounts are also actions that are available for both the client and the therapist and therefore they provoke further noticings by the therapist. If the client is resistant toward accepting the analytic puzzle, then the therapist and the client engage in a sequence that is argumentative. However, if “the client collaborates and
aligns with the analyst’s invitation to treat her own action as a puzzle to explore, free association or self reflection follows" (p. 137).

Here we can see the similarities between the collaboration and resistance research I mentioned above. Vehviläinen’s research shows how clients continue to resist topics introduced by the therapist, or offer preferred responses. This type of resistance is usually considered to be negative and indicative of a weak alliance and poor therapeutic outcomes (Voutilainen et al., 2010; Wynn & Wynn, 2006). Some interactional outcome research outside of CA paints a more complex picture, showing that it is not the ability of the dyad (client and therapist) to change topics that is important, but the ability of the dyad to follow the topic changes at least for a period of time (Tracey & Ray, 1984, p. 24). Furthermore, as stated before, resistance in psychoanalysis is complex. First, it is recognized and pointed out by the therapist using formulations, noticings, and why statements14—this is an institutional way of seeing the client’s action. This preparatory work then creates a puzzle that is offered for both the client and the therapist to consider. Here the client can resist this puzzle or accept it. This latter form of ‘resistance’ is what is conventionally studied by conversation analysis.

Vehviläinen (2003) has stated that all this preparatory work and the interpretation that follows is part of the "interpretive trajectory" (p. 573). In a nutshell, this preparatory work can be seen as creating "relevance" for the interpretation, which functions, as Vehviläinen has stated, "as an explanation, which attends to the accountability or the puzzle established in the prior talk" (p. 580). Obviously, the interpretation does not end...

14 “Why were you late?”
the conversation. As we have seen with Peräkylä's work (2010) on the interpretive third
turn, both the client and the therapist continue to rework the interpretation even after it is
initially offered by the therapist.

**Interpretation Sequence and Client Elaboration**

Most of Peräkylä's work has also been on interpretation and he has come to some
interesting conclusions. First, Peräkylä (2005) has shown that interpretation cannot be
thought of as a single utterance. Rather, what we see occurring is the construction of
"multiple unit organization of interpretations" where both the analyst and the patient
create new therapeutic objects (p. 173). As he states:

The analysts actively pursue extended responses to their interpretations and in
doing so are informed by the patient's initial responses. Interpretation is often not
one entity, but consists of a series of attempts by the analyst to elicit a response
from the patient (p. 175).

In other words, Peräkylä has found that analysts actively seek to extend the elaborations
of their clients. Analysts reply to their patient’s responses in ways that solicit further
elaboration beyond minimal agreement with the initial interpretation. This can be done
through the use of silence, asking the client to "reveal what is in his mind," or offering a
"formulation of the patient's actions as problem-indicative" (e.g. “you don't sound
excited") (p. 166). Also, analysts simply offer their own elaboration on the client’s
response to their initial interpretation. Peräkylä states that based on the research
"elaborations appear to be the kind of responses" that analysts seek (p. 168).

Hence, it is not enough for the client to simply hear the interpretation, have it
wash over them, and produce some kind of effect. Interpretations are not blunt
instruments designed to make an impact. Rather, they are strategic devices designed to
elicit a response. While studying interpretive interactions Peräkylä found that clients respond to interpretations in three different ways: (1) by offering acknowledgment tokens, (2) by "expressing their attitude towards interpretation in a compact form" such as clear disagreement, showing skepticism, or simply showing that they are thinking about interpretation ("wonder if it could be like that"), (3) by offering elaborations which display agreement with the interpretation, and yet the content of the elaboration can differ substantially from the interpretation itself (italics in the original, pp. 164-165). The client’s elaboration can "involve different degrees of discontinuity with the initial interpretations" (p. 168). For example, Peräkylä shows how a client makes a "distinct topical shift" from the "dynamics of the patient's inner world," as suggested by the analyst to more mundane complaints about his parent’s inability to fulfill their prescribed gender roles (p. 171). Many times analysts elaborate on these topical shifts in ways that are divergent with the original interpretation. Hence, Peräkylä’s work relies on the research previously cited that examines how the client and therapist initiate and follow topic changes. This focus on collaboration and resistance is common in CA research on psychotherapy. However, Peräkylä goes beyond collaboration and resistance and uses his findings to critique the stock interactional knowledge of psychotherapy.

Peräkylä argues that CA provides empirical support for the interactional understanding of interpretation, rather than the traditional notion that interpretation is aimed at making the unconscious conscious. The interactionist perspective holds that “interpretation does not lead so much to the patient discovering something, but to the patient and the analyst together creating new ways of understanding and experiencing. Here, the psychoanalytic process is understood as a thoroughly interpersonal one,” where
the goal is, “joint creation of [a] new reality” (pp. 163 & 174). Hence, according to Peräkylä’s research, interpretation is designed to elicit an elaboration sequence where the client and the therapist constitute the ‘reality’ of the therapeutic problem. This new reality is not a continuous one-sided production, but an elaboration between two participants with somewhat divergent points of view.

This is in line with many of the theorists in the relational school of psychoanalysis. Peräkylä (2008) cites Donald Stern’s concept of a "mutual penetration of minds” where there is a "moment of meeting” which is followed by convergence of the perspectives displayed in the participant’s talk (p. 114). Although there is no evidence for dramatic change in the participants’ ways of relating to each other, Peräkylä has found brief moments where the participants’ perspectives touch one another and then move away along divergent paths. For example, clients and therapists have been observed using extensions (adding more and more to the story) to create a kind of intersubjectivity where both the client and the therapist are responding to "expressions of mind" (p. 115). Peräkylä describes this as a “complementarity of actions” (p. 118). Yet, this complementarity ends when, for example, a therapist shifts his comments from talking about other people to talking about the client herself. This is followed by a long period of silence and an argumentative sequence that is quite different from the complementarity of the talk that the two participated in previously.

The divergence between the client and the therapist can be overt or subtle, depending on the design of the conversational turns. Peräkylä has shown how a client can extend the therapist's interpretation with language that suggests that the client is neither simply clarifying what the analyst was saying, nor fully endorsing it as her own
experience. For example, Peräkylä examined an exchange where the therapist’s is trying
to show how a dream signifies the client’s fear of death. In response to the therapist
elaboration, the client says: "So that I fight fiercely against that?" referring to her
attempts to avoid thinking about death (p. 117). Now, the client could have said: "do you
mean that I fight fiercely against that?" which would be a clear attempt at clarifying what
the analyst meant, distancing herself from the interpretation, but she did not. The turn
initiator: "so that" indicates that her comments are about understanding what the analyst
has said, yet the utterance seems to endorse the analyst’s perspective at least in part.
Peräkylä points out that the entire sequence can be seen as an insertion sequence where
the client works to clarify what the analyst meant when he said "in the shape of death."
The analyst does not clarify his utterance by directly saying "I mean that," rather he
extends his description and the description of the client and collaboratively constitutes the
meaning of previous comment.

In sum, Peräkylä’s work explicates how interpretation is an interactional practice
that serves an institutional function. Peräkylä (2004) states that interpretation deals with
three different temporal orders: "other" involving current or recent past, "transference"
involving here and now, and "parent involving usually the distant past." (p. 292).15 It is
the job of the therapist to make links between these temporal orders even though the
patient is usually not ready to see these links. This link of temporal orders is the central
difficulty that multi-unit interpretation and the interpretive trajectory attempt to address.
Therefore, interpretation, states Peräkylä, is the central institutional act of psychoanalysis.

15 Based on David Malan’s interpretative triangle (Malan, 1979).
This task is achieved because the interpretation calls for elaboration by the client. This elaboration process involves both the therapist and the client, and requires them to collaboratively constitute the therapeutic problem. Hence, interpretation is an invitation for further interpretation by both the client and the therapist.

**Methodological Possibilities and Limitations**

CA is a promising tool that sheds light on the working mechanism of psychotherapy, but, as Peräkylä et al. (2008a) admit, conversation analysts have struggled to identify an overarching structure in psychotherapy. Conversation analysts are not sure why identifying a structure in psychotherapy has proven to be so difficult. Possibly it is because the field of research is so new or because psychotherapy is a diverse field of practices, making it impossible to identify one single structure (p. 22). It seems logical that psychotherapy would function like many other institutional discourses. Peräkylä et al. frequently compare psychotherapy to medical consultation, which has been heavily studied by conversation analysis. Medical consultation proved to be highly structured and this allowed conversation analysts to make claims about the function of the structure and its direct ties to institutional medicine. For example, conversation analysts have been able to show how both doctors and patients expect the medical consultation to proceed "through a number of distinct phases: opening, presenting complaint, examination, diagnosis, treatment, and closing" (p. 17).

But psychotherapy has not been as cooperative. So far, conversation analysts "have investigated separate practices without gaining much understanding about the ways in which different practices are related to each other so as to produce a psychotherapeutic session as whole" (p. 22). For example, at the end of Conversation Analysis and
Psychotherapy, Vehviläinen et al. (2008) identifies the different types of utterances used by both the therapist and client and how they relate to certain therapeutic functions. Again, this is a way of using conversation analysis to refine or critique the stock interactional knowledge of psychotherapy. In other words, conversation analysts have been able to identify various tactics and then argue for how these tactics fit into larger institutional strategies. However, few have taken the further step and used conversation analysis to explicate the inherent institutional strategy as it unfolds within a given specimen of psychotherapy.

I contend that this only furthers the fragmented nature of psychotherapy. Although it is worthwhile to identify how certain types of talk serve certain therapeutic functions, there are other ways that conversation analysis can interpret psychotherapy so as to produce a more coherent depiction of its aims. Namely, conversation analysts would profit by focusing on how psychotherapy works as a constitutive practice. By focusing on constitution, researchers can examine psychotherapy as a process through which the client and her world fundamentally changes. In some ways, by focusing mainly on how therapeutic interaction correlates with therapeutic function, conversation analysis moves backwards not forwards. I understand that this type of analysis is helpful in many ways. As a therapist I realize that we often do not know how our interactions serve the goals of therapy. But, by focusing on therapeutic functions, we learn nothing about psychotherapy that is all that new. We gain competency over our practices, how they work at a minute and detailed level, but we do not learn how psychotherapy changes people. We are interested in people: the people that our clients hope to become through the process of therapy. This is what constitution as a guiding research framework allows us to examine.
In the next chapter the methodology for conducting constitutional research will be described. CA will be the core methodological approach. However, if CA is going to be used to study constitution, there are a few changes that need to be made. First, conversation analysts have avoided explicitly studying how emotion factors into human interaction. There are exceptions. Most recently, Goodwin and Goodwin (1999), as well as Sandlund (2004) have used CA analysis to study emotion. In the next chapter, their work will be examined and their insights, as well as their limitations, will be used to construct a methodology capable of understanding both conversation and emotion as forms of human action. This requires a theory of emotion that holds similar ontological assumptions about language and human interaction. The Structural Theory of Emotion developed by de Rivera is such a theory. By incorporating the Structural Theory of Emotion into conversation analysis, emotion can be understood as a visible transaction that is used as part of an overall constitutional strategy. This ability to examine emotion from an interactional standpoint will prove pivotal during the analysis.

The second limitation of CA that needs to be addressed is the reluctance of conversation analysts to examine how conversational practices constitute people as certain kinds of subjects. This is a result of the traditional focus of pure CA as an empirical methodology aimed at explicating the mechanics of both everyday and institutional conversation. Applied studies have expanded the scope of CA, but there is an overall conservatism when it comes to interpreting how power, gender relations, hegemony and so on can be understood in light of conversation analytic findings. Neill Korobov’s (2001) positioning analysis, which originates out of narrative studies, can be used to study subjectivity. He writes in positioning analysis, “identity is seen as the local,
or ‘ethno’-ways in which talk is used in interactive contexts to evince the local display of perspective, or the positioning of self vis-à-vis the other, and vice-versa” (p. 9). Examining this way of positioning oneself as a character within a story, as well as positioning oneself vis-à-vis the other participant will prove to be important during the analysis. In order to ensure that we are on strong methodological footing I will use Stanton Wortham’s method for studying narratives in action. His approach aligns with the positioning analysis discussed by Korbov and also shares similar ontological assumptions with the constitutional research. This methodology, along with conversation analysis, and the structural theory of emotion will be discussed in chapter 4. The chapter will end with a detailed account of how these different methodologies can be incorporated into a single research procedure. However, the chapter begins with a discussion of how the ontological assumptions discussed in this chapter influence the epistemological stance of the researcher.
METHODOLOGY FOR ANALYZING PSYCHOTHERAPY AS A
CONSTITUTIONAL PRACTICE

“The pure ‘that it is’ shows itself, but the “whence” and the “whither”
remain in darkness”

Martin Heidegger, Being and Time
(1927/1962, p. 173)

"It is investigation not of a hidden, underlying structure of the rich,
teeming surface of life.”


Grounding the Methodology in Radical Realism

All studies are guided by ontological assumptions. Regardless of whether these assumptions are made explicit, they are fundamental because they allow us to understand the phenomenon that is being studied and set the horizon at which this understanding ends. In chapter 2, we discussed the fundamental ontological assumptions of this study. Namely, that human beings are their understanding, but this understanding is constituted by socio-historical practices. These practices develop through thought, which problematizes what it means to be human in relation to things, others, and oneself. By engaging in these practices we become certain kinds of people within our form-of-life. This chapter details a methodology that can be used to explicate how this constitutional process works in psychotherapy.

The research methodology developed in this chapter is based on a constitutional
understanding of human change. The ontological assumptions discussed in chapter 2 influence everything from the epistemological stance of the researcher (my understanding of how human beings come to know themselves, others and the world) to the very design of the research question. In this chapter, we will discuss the epistemology assumptions of the study. This stance will be characterized as a “Radical realism,” which takes seriously the role that culture plays in shaping who we are, but avoids the relativism that has plagued other approaches. Based on these fundamental assumptions, we will then set down four core methodological principles that will guide the study: (1) Detailed-Interaction-Analysis (DIA) as the appropriate methodological approach for study constitution, (2) specimen approach to data collection, (3) researcher access through form-of-life membership, and (4) research account as re-problematization, not representation.

After this, we will review the inability of current research to provide a detailed account of the change process in psychotherapy. This will lead to a consideration of how the research methodology discussed in this chapter can explicate the change process in psychotherapy because it allows us to examine narrative, emotion, and conversation utterances as actions. Last, we will end the chapter with a detailed look at the research process, examining the decisions made during the data collection and the basic research procedures used to analyze the dataset. To provide clarity the research procedures will be described as a linear step-by-step process, yet in practice, research is always hermeneutic, with constant refinement of assumptions and methodology.

This refinement process can be seen in evolution of the research question. Originally I had phrased the question as: How is the client constituted as a certain kind of
that I was most interested in therapies that I viewed as psychodynamic. Hence, the question was changed to: How is the client constituted as a certain kind of interpreter during psychodynamic therapy. Yet, as I moved to a case study approach during the data collection process and I began to reevaluate the purpose of the study and I came realize that this was not simply a study focused solely on the constitutional process in psychotherapy. Rather, this was a project aimed at developing a methodology that could be used for examining constitution in psychotherapy. In other words, this project is a case study aimed at answering whether DIA can be used to show how a client is constituted as a certain kind of subject in psychotherapy.¹⁶ The sets up the basic task of the dissertation as developing and demonstrating a methodology derived from Martin Packer’s explication of constitution (Packer, 2001, 2011). The project will be completed when I have answered the research question and will be judged by the quality and rigor of my methodological approach, application, and final account.

Radical Realism and the Hermeneutic Circle

Let us now turn to the epistemological principles that arise out of the ontology in chapter 2. These principles answer two fundamental questions about knowledge. First: what is knowledge and second: how do we come to know? The ontological framework of this study is based on Heidegger’s phenomenology and Foucault’s historical ontology. It aligns with the perspective that both Heidegger and Foucault are realists who see the

¹⁶ The shift in language from “interpreter” to “certain kind of subject” is reflective of the importance of Foucault in Packer’s work and the centrality of Foucauldian genealogy and ethics in my understanding of constitution.
material world as real, extant, and immediate, but also accept that any knowledge about
the world is a product of culture. This incorporation of both realism and idealism into a
coherent theory is why Heidegger’s phenomenology is so novel and often misunderstood
(Wilkins, 1984).

Packer (2011) has referred to this type of realism as “radical realism” because it
holds on to the concept of an “objective world,” but fundamentally changes our
relationship to this world (pp. 204-205). First, it rejects the independency thesis, most
notably held by G.E. Moore (1903), that we can know the world as it is, independent of
our knowing. Moore’s argument is complex, but basically he concludes that our
perception is not mediated by representation, which is culturally configured, rather it is
direct awareness of the world in-itself. As he states: "what I am quite sure of is that [our
awareness] is of blue; that it has to blue the simple and unique relation the existence of
which alone justifies us in distinguishing knowledge of a thing from the things known,
and indeed in distinguishing mind from matter" (p. 450). But, Moore has a hard time
explaining how we come to know this independent world without going through culture.
For example, how do we decide what the true blue is: a primary color, reflected light
waves, a chemical compound, expression of mood, and so on. These are all perfectly fine
ways of defining blue and they all arise out of a particular cultural-historical epoch.

In Moore’s defense he is simply trying to say that there has to be a real world out
there because we are aware of it—the world cannot simply be something that is in our
heads. This is what happens when we take representational thinking to its inevitable ends.
As Moore exclaimed, "What do we know?.... What reason have we for supposing that
there are things outside the mind corresponding to these that are inside it?" (p. 449). The
answer is that we do not. If we continue to assume that our relationship to the world is based on forming representations that may or may not conform to the world in-itself, then we end up here with Moore trying to prove that there is a real world despite the fact that all knowledge arises out of a cultural-historical process as described by Hegel, Heidegger, and Foucault (Foucault, 1978, 1988a; Hegel, 1952/1977; Heidegger, 1966; Packer, 2011).

Radical realism avoids this quandary because it holds that practical activity, not representational cognition, is how human beings come to know the world. This not only eliminates the need for the independency thesis to prove that the world really does exist, but also moves away from subjectivism which, in itself, is a product of representational ontology. As Packer writes:

The standard view is that individuals in different cultures form different concepts, so they lived in different subjective worlds. For radical realism, in contrast, an object becomes something of significance by virtue of its incorporation into human practices. It is incorporation of objects, both fabricated and natural, into human practical activity that gives them significance with which they show up as objects of a certain kind. Heidegger said, being — what something is — is an issue only for humans. What something is — that this object in front of me is a cup, for example — is an anthropocentric fact, dependent on the continued existence of human kind, but it is a fact independent of any individual mind. (p. 204)

In short, we never know the world in-itself, yet our knowing is not a mere

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17 Radical relativism avoids subjectivism, not cultural relativism. Radical realism does shift our understanding of cultural relativism. Namely, cultures have different practices that change over time and these differences matter because it is through these practices that people become constituted as certain kinds of subjects. There will always be differences both between and within cultures, but there is no personal practice that cannot be shared because all practices (and objects tied up with those practices) are social. This is important because as researchers, we develop membership through the local practices within a given form of life. This membership process changes us and allows us to grasp the phenomenon we are studying. Our findings will always be relative to the form of life that is being studied, but what is being studied is a real object that matters within the given context.
representation. It arises out of our concernful engagement with the world. It arises out of our everyday practices—practical activities—and our relationships with others. These practices are not a single person’s, but shared and therefore mark on the mutual horizon of human knowledge.

As discussed in chapter 2, Heidegger (1927/1962) argued, that at a core existential level—or structure as he refers to it—human existence is “possibilities as possibilities” (p. 185). In a sense, we are pure possibility. But, for actual, everyday people this unlimited possibility has been diverted into a practical understanding that is part of the person’s cultural-historic, form-of-life. All knowing is a process of working through the implicit assumptions that arise out of how people engage with each other and the world. Therefore, we can never come to know something without cultural assumptions. This does not lead to nihilistic relativism because our engagement with the world is the fact of our existence: it defines what it means to be human. Fundamental to human existence is that we are in a world that matters to us. This mattering is what Heidegger refers to as “understanding” (p. 181). Human beings find themselves in a world that already makes sense. Objects are understood pre-reflexively and available for use. This understanding is a result of ever evolving historical practices that mark the horizon of intelligibility for any given form-of-life, which comes before reflexive cognition. It is that very sense of being at home in a material world that seems altogether familiar, comfortable, and human. Hence, things like rocks, birds, hammers, and freeways become something only through our practical engagement, which is cultural.

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18 And since at the core of our human existence we are the possibility of possibility, what we are essentially—Our existence, our being — “is at issue” (p. 32).
19 A type of engagement that Heidegger called ready-at-hand (pp. 191-912).
When we try to understand what something is we are inevitably working-out how the object has come to be something useful. Hence, if we study rocks, we are not getting at the rock in-itself, but the totality of relationships the rock has within our culture. Hence, any study, whether it is of horses, humans or rocks, is an examination of the form of life within which those things have meaning. In short, when we study things, we study culture and when we study culture, we study ourselves.

The interpretive process through which we come to understand ourselves and our world is a circular progression. It proceeds from understanding, toward the objects of our inquiry, and then leads back to a new understanding of ourselves and our form-of-life. This is the hermeneutic circle. Heidegger states that:

> Interpretation…is grounded in something we grasp in advance—in a fore-having…. [and] when one is engaged in a particular concrete kind of interpretation…one likes to appeal… to what 'stands there' in the first instance [but this] is nothing other than the obvious undiscussed assumptions….our fore-sight, and are fore-conception (pp. 191-192).

Hence, for Heidegger the task of science should not be to get outside of the hermeneutic circle (i.e. outside of culture), but to approach it in the right way. Science must recognize itself as a cultural practice that arises out of our particular form-of-life. This is not meant to denigrate science. Heidegger was very clear that science is a necessary practice that can systematically uncover the totality of relationships embedded in our understanding of ourselves and our world. Without science we rely on trite platitudes and empty assertions that obscure rather than illuminate our existence.⁰⁰

⁰⁰ As Heidegger states in Being and Time: "What is decisive is not to get out of the circle but to come into it in the right way. The circle of understanding is not an orbit in which any random kind of knowledge may move; it is the expression of the existential fore-structure of Dasein itself….To be sure, we genuinely take hold of this possibility only when, in our interpretation, we
Radical Realism and Psychological Research

How we understand realism is important because it influences how we do research. If we hold the independency thesis then we will need to eliminate all of our pre-existing assumptions in order to get to the things-in-themselves. However, this is problematic because human beings cannot understand their world except through their form-of-life. Furthermore, this also leads to research that is blind of its own interests and ethical underpinnings. The independency thesis is an attempt to avoid the idealist assertion that there is no way to prove the existence of the material world. However, radical realism offers a perspective that can honor the primacy of both culture and the material world.

Psychological research influenced by radical realism looks somewhat different than research that holds to the independency thesis. We are not interested in what people are essentially, but how people live. We want to examine the practices that people engage in and how they become certain kinds of people within their form-of-life. Hence, a science based on radical realism would rely on empirical research. Human beings are beings-in-the-material-world. They become the kind of people they are by engaging in

have understood that our first, last, and constant task is never to allow our fore-having, fore-sight, and fore-conception to be presented to us by fancies and popular conceptions, but rather to make the scientific themes secure and working out the support structures in terms of the things themselves” (p. 195). Regardless of the clarity of this quote, some, including Dreyfus (2001), have argued that we can follow Heidegger’s ontological project, but still hold onto the independency theory. He states that when understanding breaks down, as Heidegger describes in the state-of-mind of anxiety, things exist in their raw, in-themselves form. Hence, if we could develop scientific practices that foster this state than we would be able to understand objects in-themselves. The problem is that this would still involve developing practices that are themselves part of a certain form of life. Furthermore, Glazebrook (Glazebrook, 2001) critiques Dreyfus stating that this would lead to a techno-science that denies its own interests and that Heidegger’s radical realism allows for ethical reflection and critique, which is increasingly important in our modern age. Glazebrook goes on to state that science is the modern expression of our own must being: a practice of asking and inquiring into our material existence.
practices that are worldly. Action is at the heart of being human. People are doers: Thinking is doing, talking is doing, emotion is doing. These actions are observable. In order to understand what people are we have to examine the actions; the practices that people engage within their form-of-life.

Furthermore, as researchers, we understand that we are not outside of the form-of-life in which we study. Therefore, our assumptions, biases, and intuitions need to be acknowledged and systematically reflected upon in order to illuminate the object of inquiry and the process through which it is understood. Yet, this reflection on assumptions is not an attempt to trim away unnecessary biases. From a radical realist perspective these biases and assumptions are the essential way in which we understand the phenomenon being studied. It is our membership in a given form-of-life that gives us access to the object of inquiry. If we reflect on our assumptions simply to remove them from the research process we lose critical empirical data. Also, we create the illusion of the unbiased observer void of ethical and cultural interests. When we allow our assumptions to become empirical data we complete the hermeneutic circle. We can test our assumptions against the data and begin to refine how our understanding of phenomenon and ourselves.

Scientific research has to be understood as a social practice aimed at answering the old and fundamentally human question: What is the meaning of our existence? In other words, what does it mean to be human? If we understand that this question is embedded in all scientific research then we can start to reflect on the ethical and moral interests of our research. Hence, psychological research would be able to reflect upon itself as part of a field of practices through which people understand themselves, others,
and the world. This would amount to what Packer (2011), following Foucault, refers to as *Historical Ontology*. Packer states that "qualitative research is good for historical ontology" because it can “attend to the complex interrelations of knowledge, politics, and ethics…[and] foster personal and political transformation without resorting to violence. It would be an investigation that could create new ways of being". (p. 6). Hence, psychological research based on radical realism would see itself as a type of practical action aimed at opening up the ways of existing in our form-of-life.

**Four Methodological Principals Derived from Radical Realism**

1. *Detailed Interaction Analysis (DIA) as a methodology well suited for studying constitution.* First, in order to understand how a client is constituted as a certain kind of subject in psychotherapy, we will need to develop a method that attends to the details of interaction during psychotherapy. Broadly speaking, Detailed Interaction Analysis (DIA) can make explicit the actions that both therapist and client use during the practice of psychotherapy. This new methodology draws from similar approaches that share ontological assumptions central to the constitutional approach to change. During the last half of the 20th century different approaches for studying interaction gained favor in the social sciences (C. Goodwin & Heritage, 1990; ten Have, 1999; Wodak & Meyer, 2009). Both Narrative Analysis and Discourse Analysis can now be seen as general categories containing similar, yet varying methodological approaches to studying social interaction. However, many of these methodologies still hold onto a representational framework, even if this is not explicitly acknowledged (Packer, 2011; Wortham, 2001).

   Conversation Analysis (CA) is one of the many discourse methods that attempts to make the details of social interaction sensible. In chapter 3 we discussed how CA
avoids the problems that plague representational based methodologies because of its focus on language as action and social order as produced through everyday interaction. CA’s intellectual roots go back to the phenomenology of Alfred Schutz and Heidegger and, hence, the fundamental assumptions are akin to those of radical realism (Packer, 2011). Most important is the relationship between the participants and unfolding social context. CA "articulates the work of ordering," the way in which participants are skilled agents who interpret and understand each other's conversational moves and design their utterances with the context and identity of both themselves and the other parties in mind (p. 267). In this framework, meaning is not what someone intends, but something that gets worked out through the participants’ own understanding of each other’s talk and subsequent action. The relationship between the context and the participants is dialectic. The context sets the ground rules for what is excepted and acceptable, but the participants have to play along in order for the context to persist. Every interaction can be an act of reaffirmation or reconfiguration depending on the actions of the participants.

Remember that the context is the local-level, temporal unfolding of a social practice (e.g. a specific psychotherapy occurring in time with its own unique participants, history, and unfolding possibilities). Hence, what we are talking about is the hermeneutic circle of the constitutional process. Participants engaging in social practices act in ways that respond to the rules and expectations. In this way they become certain kinds of people depending on the practices they engage in. However, they are not passive subjects. Their actions not only affect the context (reproducing or altering it) but also affect how they are constituted as certain kinds of people. Last, and most importantly to psychotherapy, is that social practices are obviously social. People do not enact practices
in isolation from others. In all social practices, including psychotherapy, participants are acting on one another based on the unfolding context and the previous actions. As Packer states, "Each person involved in a conversation has their own interpretation of what is going on, but these interpretations are intersubjective in the sense that every person treats the adjacent utterances in similar ways. People share an understanding of the ‘game’ they are engaged in and its ‘order’” (p. 256). Whether in psychotherapy or in the checkout line at Walmart, participants act on one another based on an understanding of the rules of the practices and the result is a constitutional process that brings into being certain kinds of people.

2. Data should be a natural occurring specimen. In Chapter 3 we discussed how CA takes an inductive approach to data and views each conversation as a specimen. Individual specimens might be good or bad, but they are never wrong because they are all examples of real conversations that have occurred (ten Have, 1999). From a Radical Realist perspective every human practice is a specimen that can be studied in order to understand how the participants are being constituted. Ideally, data should be naturally occurring, not staged, and researchers should have access to both audio and video so the interaction can be studied as an embodied, temporal event.

The goals of this present study are to describe the change process in psychotherapy and develop a methodology capable of providing such an account. Hence, we want to collect the best specimen available, rather than seeking out a certain kind of psychotherapy that seems universal or indicative of a certain approach. This is different from typical CA studies of psychotherapy. Most researchers analyze large quantities of conversational specimens and then make claims about normative sequences. This
inductive approach tends to focus on certain sequences in the conversation; rather than the conversation as a whole. This is typically how studies are conducted across CA. As Jefferson (1988) reflected, “While the analysis of conversation which I practice tends to focus on very small, crystalline bits of the conversational machinery, I also have an ongoing interest in the analysis of what Harvey Sacks has discussed as the ‘big packages’” (p. 418). This study will be an examination of psychotherapy as a “big package” and therefore we will have to go beyond the typical approach used by conversation analysis in order to demonstrate the methodology.

3. *Our Membership in the form-of-life that we are studying provides vital assumptions and basic understanding.* The roots of conversation analysis stretch back to the ethnomethodology of Harold Garfinkel. For ethnomethodologists, participants and researchers or not individual subjects, but members of a shared form-of-life or at the very least share a basic understanding. As Packer (2011) writes, "Ethnomethodologists speak of ‘members’ …[with] ‘vulgar competence’ …necessary to gain the ‘membership knowledge’ that enables the researcher to recognize the relevant phenomena….‘Vulgar’ is used here in the old sense of ‘belonging to people’“ (p. 195). The data for the study is of a therapist-in-training and client, where I was also a therapist-in-training. Therefore, I am a member of multiple relevant communities. I am a therapist-in-training and, in my personal life, I have been a client. These experiences provide rich assumptions that will inform how I understand and interpret my data. Ignoring this would impoverish the study by eliminating rich, empirical data.

4. *The researcher as active stance and research account as action.* The stance of the researcher and our understanding of the research account have to be re-conceptualized
if we are going to grab hold of radical realism and let go of the independency thesis.

According to Packer, "Foucault ….offered a powerful conception of the project for a critical scientific inquiry, and of the appropriate stance for an investigator. This stance is always a way of life….A way of being in the form-of-life" (p. 377). Just as the therapist and the client are active participants engaged in the social practice of psychotherapy, so is the researcher. However, the research and the researcher are very different from therapy and the therapist. The researcher takes a critical stance aimed at changing the way we understand the object of study (i.e. psychotherapy). As the researcher it is my role to take an active stance and make an account the can affect the reader.

Hence, within this paradigm the research account is no longer conceived of as a representation. Rather, it is seen as an action. Truth, is not a question of correspondence rather it is conceived of in terms of effects. As Packer writes,

> These accounts will have truth not to the extent that they correspond with how things 'really are, ‘but insofar as they point out things we haven't noticed because of the illusio (the false consciousness, the alienation) that our practices and duties. Such as, these accounts will have the potential for phronesis: practical relevance that his political in the original sense of guiding activities (p. 389)

Research is a re-problematization that allows us to see things differently and open up new ways of being (pp. 376-377). It is an action, among other actions, in a field of power that aligns itself with and against other practices, all of which have their constitutional effects, shifting the overall culture and changing what it means to be human (Foucault, 1978).

Hence, the methodology developed for this research project re-problematizes one of the core concepts of psychotherapy research—change. In following sections, change will be described as here-and-now process of actions that position participants in dynamic relational matrices.
Studying Constitutional Change

At first glance it seems unlikely that this study can show change occurs in psychotherapy. Having only two sessions and no outcome or subjective reports, the reader might wonder how this dataset and methodology can even identify change. Outcome studies show that a person has changed over the course of treatment, most commonly by comparing changes in symptom inventories (Kazdin, 1994; Lambert & Bergin, 1994; Orlinsky et al., 2004; Wachtel, 2010). This is change over time. Similarly, this study will chart the course of 2 session and attention will be paid to how things shift over the course of time. However, the promise of this study is that it can illuminate how change occurs in psychotherapy. Therefore, the idea that change is something that simple happens and can be measured based on 2 data points has to be challenged. In order to show how change occurs we have to let go of the notion that a study must provide at least two data points were difference can be clearly assessed and ideally quantified. Hence, to let this notion go we have to shift our attention from how a person is changed to how a practice changes the participants. The difference is not simply semantic. Following radical realism, participants are active agents engaging in a practice where they act on one another in ways that constitute them as certain kinds of people. Certain ways of being, acting, feeling and relating are put forward as how to be (good). Participants are engaged in a process through which they acted on one another creating ways of being in relation to each other’s actions. Just walking into a therapy office, sitting down and providing a psychosocial history is a way of being a certain kind of person that is uniquely configured (in her relationships toward the therapist, family, friends, and self) by the social practice. Before a person is changed, a person changes. This occurs
naturally when we engage in a practice. Hence, when we look at the data we will be asking the following:

- What is emphasized as important and how is this importance made evident?
- What is the relationship between the client and herself and how is this constituted?
- What is the relationship between the client and others and how is this constituted?
- How do the client and therapist align and dis-align?
- What are the emotions between the therapist and client and how do they manifest and what is their function?

Because outcome studies are a way to looking at how a person has changed over time, they envision change as something the person possesses, it is part of them, and is often thought of as something internal (Sa t-> S(a-i)). Radical realism allows us to break apart change and view it as an active process rather than a passive possession. Talk and emotion are seen as tools. By talking and feeling we are doing something that affects the other participant and ourselves. In CA studies on psychotherapy, they describe the client’s speech as resisting, extending, and elaborating. Likewise they described the therapist as formulating, interpreting, questioning, extending and so on (Vehviläinen et al., 2008). Furthermore, using the Structural Theory of Emotion (to be describes in the next section) emotions can be described as transactions that bring people closer or push people for their part. Hence, anger pushes the other away, desire draws the other closer, contempt recognizes the other as not belonging, shame recognizes the self as not belonging (de Rivera, 1977).
When taken as a whole, use of talk and emotion constitute a field of action on action — a field of power. Psychotherapy has to be understood as a historical practice with a certain configuration of power relations. In psychotherapy personal/everyday problems become therapeutic problems, which ideally allow the client to gain more control over their symptoms and more satisfaction and their life. Yet, through this process the client is positioned as a certain kind of person. Hence, our study is concerned with how psychotherapy actively positions (i.e. changes) the person during the practice itself. This amounts to an assessment of the constitutional function of the practice. Following Foucault (1978, 1983) we might frame the question as the relationship between power and ethics: How is power used to create a certain kind of subject that engages in a certain kind of ethics?

The Problem of Explicating Emotion through Conversation Analysis

Conversation Analysis has avoided studying emotion for good reason. Influenced by both ethnomethodology and phenomenology, researchers avoid introducing external constructs in their research. By focusing on what our utterances do, rather than the intentions behind what we say, conversation analysts only attends to what is transparent to the participants and the researcher. Power, false conscience, and emotion might be of interest to the researcher, but if they are not visibly present in the conversation then they are not relevant to the participants or practical activity being studied. In other words, unless the participants are explicitly talking about emotion, conversation analysts has shied away from speculating on what emotions are present and how they are relevant to understanding the interaction. Hence, CA has difficulty identifying emotion and this limits its ability to describe emotion as a social action.
Regardless, a few studies have attempted to explicitly look at emotion by using conversation analysis. Sundland’s (2004) analysis of emotional displays during graduate seminars attempts to understand how emotions are social actions that conversation analysts have overlooked. The study is quite good and unique; however, Sundland still holds onto the idea that emotions are, at least in part, subjective experiences. This can be seen in her methodological decision to use participant interviews to identify and distinguish different emotional experiences. Although her overall analysis is solid and insightful, her struggle to re-conceptualize emotion as a completely social phenomenon is problematic. Another study is Goodwin & Goodwin’s *Emotion within Situated Activity* (M. Goodwin & Goodwin, 1999). They use various examples to demonstrate: “how emotion is a social phenomenon…organized and made visible…through systematic practices which are lodged within the processes of situated interaction, used by participants to build in concert with each other the events that make up their lifeworld” (pp 24-25).

From little girls playing hopscotch to the emotional displays of an aphasic adult, they use pitch height changes, tone, and non-verbal gestures to identify the occurrence of emotion. This way of identifying emotion is not an attempt to decontextualize emotional indicators from the unfolding context; on the contrary, a “pitch height does not function as an isolated, decontextualized display. Instead it becomes visible as a specific, meaningful event, by virtue of the way in which it is embedded within a particular sequence of action.” (p. 6). Goodwin & Goodwin make this point because they want to distinguish themselves from the trend in affective research to treat emotional displays as decontextualized elements (Ekman & Friesen, 2003; Ekman & Rosenberg, 1998). And
yet, the fact that this distinction needs to made, indicates how both Goodwin & Goodwin take similar approaches to other researchers such as Ekman when it comes to identifying emotion.

By relying on distinct, observable data such as pitch changes, gestures, facial expressions, and so on, Goodwin and Goodwin utilize strategies similar to those employed by Ekman, yet avoid implementing an explicit coding system to identify emotion. Many methods have been developed to identify emotion, so much so, that affective science, has become an interdisciplinary field of study (Coan & Allen, 2007). Methods have been developed to study emotion in a wide range of contexts using different techniques. Most relevant to this present study are the techniques to identify emotion through observation (as opposed to physical measurements or subjective reports). John Gottman, who developed one such method, stated that there are basically two types of approaches: those that rely on the intuition and background knowledge of the observer and those that decontextualize the event into discrete micro-features. The following quote indicates which method Gottman (1996) prefers:

I did not want my summary codes to read something like: “Husband shows zygomatic major contractions on face with contraction of the cheek raiser muscle, with shift downward in fundamental frequency, decrease in amplitude and voice in a major key and rapid inhalation and exhalation of breath with hut hut vocalizations.” Instead, I wanted to say that the husband laughed. (cited in Coan & Gottman, 2007, p. 268)

One of the most important tenets of this study is that context and basic human understanding matters. People feel and understand emotions even if this feeling is hard to put into words. These unformalized hunches and intuitions are assumptions that ground our understanding of any given situation (whether we are engaged in an argument with our spouse or watching a therapy session where the client becomes angry at the
therapist). Coding methods such as the Facial Action Coding System (FACS), developed by Ekman and his colleagues (Cohn, Ambadar, & Ekman, 2007; Ekman & Friesen, 2003; Ekman & Rosenberg, 1998) eliminates the surrounding context and only pays attention to small facial movements (called Action Units (AU)) to systematically identify different emotions. This type of approach also eliminates the researcher’s assumptions and instead relies on recipes of combined AU’s that are correlated with different emotions.

Gottman’s (2007) approach differs in that it “requires the use of human beings with a personal history of interpersonal, affective communication. Such a personal history provides access to subtle cues that even many years of strict training in the identification of discrete physical features may neglect” (p. 268)

However, neither Gottman’s approach nor the methods used in CA or DIA completely leave behind the use of discrete movements or vocal changes. Coders utilizing Gottman’s Specific Affect Coding System (SPAFF) use a dialectical process that moves back and forth from an intuition based understanding of the emotional event to an analysis of discrete behavioral movements. Gottman states:

Thus learning to observe emotional behavior means, on the one hand, learning to identify multiple discrete indicators, any one of which may or may not be present during a particular emotional episode, and, on the other hand, drawing from one’s own personal history of affective communication in order to spot the complexities of behavior that remain outside the grasp of highly detailed discrete analysis. SPAFF coding means learning to integrate voice, physical features, verbal content, and more—indicators that are sometimes hard to describe (e.g., “positive energy”) but that are easily grasped by most coders (p. 268)

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21 For Gottman: “An indicator is an objective piece of evidence that any observer can see or hear directly” (p. 268). The indicator indicates that the emotion (which is conceived of as a latent construct) is present.
Because this is an exploratory study there will inevitably be areas left uninvestigated due to time and competing concerns. Using SPAFF coding requires extensive training and practice. Because of this I will not be using it as a coding method for this study, but I do think it is worth exploring in future research. That being said, we still need some way of identifying emotion.

Goodwin & Goodwin have shown that emotion can be conceptualized and studied as a social action. The data that they chose were situations where emotions were clearly present and important to the interaction. And yet, the method they used to identify the emotion seems like a lite version of SPAFF (except that the indicators are chosen based on studies in sociology and anthropology). Goodwin & Goodwin have the right idea, but what they lack is a theory of emotion that aligns with their fundamental assumptions. Such a theory is necessary because it can assist researcher identify and distinguish emotion without having to rely on coding system that has fundamentally different ontological assumptions.

The Structural Theory of Emotion: An Action Based Interpersonal Theory of Emotion

As stated above, psychology has been stuck in a debate as to whether emotion is psychological or physiological (or both) for the past 120 years. We need a theory that goes beyond this debate and can adequately conceptualize emotion as a form of social action. In the late 1970’s one such theory arose and despite its potential it has remained unrecognized in discursive research. Joseph de Rivera’s *Structural Theory of Emotion* (STE) was derived from contemporary theories of emotion, psychoanalysis, and interpersonal phenomenology (de Rivera, 1977). For de Rivera, emotions are
conceptualized as interpersonal phenomena, which always have a directional movement that extends or constricts the psychological space between self and other or subject and object. The object or subject of the emotion can be either explicit or implicit. Meaning that emotions can be directed toward real individuals in the present moment or they can be directed towards oneself. In the latter, the individual who manifests the emotion is both the subject and the object. In this case, either the subject or the object is typically implicit. This definition of emotion and the structural relationships between emotions were developed out of an empirical research methodology called “conceptual encounter” (de Rivera, 1981, 2006; Lindsay-Hartz, de Rivera, & Mascolo, 1995). Here researchers work with individuals as “research partners” to examine “some aspect of human experience” in order to arrive at “an abstract conceptualization that really comprehends [the] experience” (de Rivera, 1981, p. 3). This research oscillates between abstract conceptualization and the concrete experiences of the research partner and the researcher. During the process the conceptualization can change, but so can the experience of emotion on the part of the participants. Initially, de Rivera developed this methodology to explicate the experience of anger; however the fruitfulness of the work led to the entire theory of emotion.

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22 This research methodology is ultimately a hermeneutic method that privileges pragmatism. It acknowledges the dialectical nature of the research process whereby the object of study and the participants are transformed. Conceptualizations that proved to be useful for the participants and the researcher are privileged over others. Reflecting on his research de Riviera stated “in the course of this encounter, the existence of concrete instances of anger may change one’s conceptualization of what the essence of anger is. On the other hand, the existence of a good conceptualization may change how a person experiences concrete instances of the phenomenon. Thus, a dialectical process is involved in the encounter” (de Rivera, 1977, p. 77).
Besides their directional aspects, de Rivera states that emotions are distinguished as occurrences that provide specific instructions to modify the “relationship between person and other” (p. 118). Taking a cue from Sartre and other phenomenologists, de Rivera (1977) describes how emotions are not isolated subjective experiences, but world transforming events:

The experience of emotion reflects the transformation of our relationship to the world — to the persons, objects, events, and actions that are important to us. These transformations are the movements of emotion and each type of emotion reflects a different kind of transformation. The transformation is not a passive reaction to a given stimulus situation, rather it is a transaction between the person and his environment, a way of organizing the relationship between the person and the other so that the response itself gives meaning to the stimulus situation — e.g., ‘a hole is to dig’. (pp. 35-36)

Therefore, our subjective experience of emotion is only one aspect of a world transforming event that is visible because it modifies our present-moment relationships. When examining discourse we are able to identify movements toward and away initiated by participants. This is the first step toward identifying emotions that are not simply referred to, but experienced and processed through social interaction.

Conversation analysts studying emotion avoid using theories of emotion to ground their findings. Most likely this is because many theories of emotion hold ontological assumptions that are contrary to those held by conversation analysts. I argue that by not having a theory of emotion, researchers limit their ability to talk about the variety of emotion and relationships between emotions. Furthermore, some researchers might unknowingly rely on subjectivist assumptions about emotion when designing studies. De Rivera’s theory is necessary because it allows us to make our assumptions about emotion explicit. Furthermore, the theory is compatible with CA because it views
emotion as a type of action, which aligns with the important assumption in CA that talk is a type of action.

To show how STE can provide a guiding framework for identifying and understanding emotion, let’s look at one the examples that Goodwin and Goodwin (1999) use in their study. Below is an excerpt from their paper including the original diagram:

Emotion as Embodied Performance
Budwig (1995) has argued that if we are to view children as agents in constructing their social worlds then we need to look at how language is used by children to position themselves in actual interactive situations. The following provides a first example of how emotion is situated within children's language activity. Three bilingual Spanish/English speaking girls (primarily second generation Central Americans) in grades 2-5 in an elementary school located in the Pico Union/Koreatown district near downtown Los Angeles, are playing hop scotch. Data are transcribed using the conventions of Sacks, Schegloff and Jefferson (1974: 731-733) described in the appendix. In the following Carla says that she will take the next turn. This is immediately answered by a very strong display of opposition from Gloria, who claims that Carla is usurping her turn:

Figure 1

Pitch Height Changes during a Display of Anger

The oppositional turn contains no emotional terms whatsoever. Nonetheless it vividly displays a strong emotional stance on the part of its speaker, e.g. what we might gloss as outraged indignation at the despicable behavior of the first speaker. How is this stance made visible? The oppositional turn begins with a preface, "N'ai", announcing at the earliest possible opportunity in the turn that the prior move is being objected to. Moreover this preface is spoken with a dramatic pitch excursion. Such forms of "emphatic speech style" resemble what Selting (1994:404) has described as 'peaks of involvement' within the domain of storytelling: "sudden shifts from an unmarked normal style to a marked emphatic style." Within the single syllable of the preface the second speaker's voice leaps from 400 to 600 Hz. The display of outrage, with its associated emotional components, is made visible as an embodied performance -- that is, through the way in which second speaker controls her voice and intonation. (pp. 5-6)

As you read this excerpt there is a clear sense of the process used to identify an emotional event. They write “it vividly displays a strong emotional stance on the part of its speaker, e.g. what we might gloss as outraged indignation at the despicable behavior of the first speaker.” This first step is simply to find places where one’s intuition clearly says, “Oh, that got heated” or “There is some real feeling”. Hence, just as Gottman found that people who share similar backgrounds are really good at intuitively identifying emotion, Goodwin and Goodwin use their pre-reflective understanding to identify data sequences that involve emotion. Next, they highlight certain observable indicators (i.e. pitch height) that denote the presence of emotion. And last, they contextualize all the different features of the interaction and demonstrate how emotion is social and embodied, not physiological and subjective. This process of moving from (1) the intuitive assumptions that arise as we co-participate with the data, toward (2) highlighting analytical details and last, (3) refining our original assumptions in ways that change our overall understanding, is the hermeneutic circle we discussed previously.
Similar to Goodwin and Goodwin’s work, this study will use a hermeneutic process to identity and explicate emotion in psychotherapy. However, the process detailed above could be improved by using STE as a guiding framework. STE could be used as a theoretical reference backing up the emotion identifications made during the study. But more importantly, STE allows the researcher to look at the data in a new way. Becoming aware of how the participants move toward and against each other becomes a way of understanding the interaction. Clear emotional transactions like the example above are plain to see, but difficult to describe using emotional language. Is this anger, contempt, or mixed emotions that we are seeing?

STE allows us to make these difficult distinctions. The interaction we see above is clearly a transaction. Gloria moves against Carla as she calls for an another turn. According to de Rivera (1977), anger arises in a situation where “the others’ behavior constitutes a challenge to what a person believes ought to exist” (p. 78). Ought is the key term. de Rivera bases his analysis on the work of Fritz Heider who argued that oughts derive from shared values that are experienced as an objective aspect of reality. This implies that the individuals involved in the situation have the capacity to understand these shared values and act upon them. Furthermore, the individuals have to be part of the same group from which the values derive. De Rivera points out that groups can be both large and small, but that the fundamental unit is the self-other dyad (p. 80).

Here we have just such a group. Carla’s ‘calling for another turn’ and Gloria’s

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23 A reference is simply a source that has shown that something, such as a pitch height change, is an indicator of emotion. Step two in the hermeneutic process above, is accomplished by finding some behavior, or action in the data that has been previously identified as an indicator of emotion. The reference can be an external study, theory of emotion or coding system (such as SPAFF and FAS).
‘angry refusal’ are possible because both girls belong to the same form-of-life, which includes the hop-scotch rules, the unfolding interaction, and the history of games previously played. Emotional transactions are unwilled, spontaneous transformations of the relationships within an unfolding context, but other emotional “choices” are always present. Hence, instead of anger, Gloria could have fallen into a depressive withdrawal (sadness, defeat). She could have just sat there and said nothing because she felt like Carla would yell at her if she would have said anything. Furthermore, she could have remained silent, but rolled her eyes at Carla and then commented: “Have all the turns you like.” According to STE, this would be an indication of contempt, rather than depressive withdrawal, or anger.24 All of these differences are detailed in STE and this provides a theoretically grounded and holistic way of looking at emotion.

Goodwin and Goodwin were correct in that emotions occur as embodied, practical activity embedded within a social context. STE allows us to distinguish between the different types of emotion and to understand how an emotion occurs as an unwilled response that transforms the participant’s relationships (to self, other, and the world) within a given context. Also, as will be shown in the analysis, STE allows us to better identify, distinguish, and analyze emotion as it is transacted between participants and as it is enacted during narration. This allows us to see how emotions relate to one another as they are transacted and enacted during the therapy session. Furthermore, it allows us to

24 Two components of STE that will be discussed during the analysis are the three emotional dimensions: Belonging, Recognition, and Being; and the structural relationship of emotion. For now let me just say that anger and depression are ways of claiming or disclaiming one’s right as a member who belongs to a certain group. Contempt is a way of recognizing someone as Other. These differences distinguish anger, depression, and contempt, while also indicating how the emotions relate to one another.
understand that emotional choices are not made by the participant per se, but arise in unique situations in order to change one’s relational world. Hence, adopting a theory of emotion allows the researcher to see emotion more clearly and completely. Also, by not adopting a theory of emotion the researcher could unwitting allow the research to be influenced by implicit assumptions about emotion, which hold onto subjectivist models of emotional phenomena.

**The Hermeneutic Circle of Emotional Identification**

Below is a diagram that illustrates the process that will be used to identify emotion during the study. It proceeds according to the three-part hermeneutic process discussed above and relies on indicators that are both empirical and theoretical. Although SPAFF coding will not be used for the study, I will use the empirical evidence that this system has amassed in order to justify certain emotional identifications.
The Problem using CA to Explicate Narratives in Psychotherapy

First, let me be clear: discourse studies, including CA, have changed the way we understand narratives in conversation. Story-telling is accomplished by creating both openings and closings that are negotiated by the participants. Jefferson (1978) has shown how this leads to the creation of both a story-teller and an audience, who play their respective parts during the story-telling. Openings can be created when a story-teller introduces an emotional topic and the audience then gives “permission” for the story to be told. To close the story, the story-teller gets to the “point” of the story (detailing the
situation that led to an emotion for example), and the audience then acknowledges that the point was understood. Hence, CA has worked extensively to show that the narrative itself occurs across several turns and the meaning of a narrative is not contained within a discrete monologue decontextualized from the preceding or following conversation. Hence, CA allows us to understand how narratives are sequential, mutually constituted phenomena that place the participants in positions (story-teller and audience) that are different, yet related to each other.

Yet, this focus on the storytelling sequence ignores a majority of the narrative content. Labov (1977), who took an extensive look at narratives in psychotherapy, stated that stories in psychotherapy are typically designed to do something specific. For example, narratives can be complaints, agreements, or protests. Hence, the content, as well as the sequence of the narrative are important in understanding what type of action the narrative is trying to achieve.

This idea that narratives do something is actually quite radical. Narratives are classically understood as a form of representation. As Labov states, “we define a narrative as one means of representing past experience by a sequence of ordered sentences that present the temporal sequence of events by that order” (p. 105). Hence, the narrative has meaning because it represents something that has happened in the past. Furthermore, this representation might not be a dry history of events, but a recalling of feelings attached to the events. From a therapeutic perspective, it might even point back to unresolved conflicts that the client is keeping out of consciousness. The point is that the content of the narrative has typically been seen as a representation. This is a major reason why CA has avoided dealing specifically with content and instead has focused on
Wortham (2001) contends that in order to understand narrative, and its ability to construct the self (as he puts it), we have to understand the representative content as well as the interactional positioning that it creates. He agrees that this enriches narrative research which primarily focuses on the representational function of narratives. Wortham writes: “the predominant explanation for a biographical narrative’s power sites their representational functions. Telling the story of his or her life gives the narrator an opportunity to redirect that life when the narrator tells a coherent story that foregrounds a certain perspective or direction” (p. 5). This perspective has been endorsed by many theorists and researchers throughout human science. Although there are individual differences, most explain that: “an autobiographical narrative selects from among many events of the life and places them in a sequence that leads toward an ending or resolution.” (p. 7). Importantly, this idea has been advanced in psychology and used to explain important aspects of the self and how psychotherapy can create change (Epstein & White, 1990). Wortham (2001) argues that this account is too simplistic. It ignores postmodern and feminist critiques of the self as uniform and holistic. Rather, the self is a series that stretches both horizontally across time and vertically in the present moment.

In order to understand how autobiographical narratives construct the self, we have to understand their interactional effects and the relationship these effects have with the represented material. Wortham proposes that narrators create a “doubling of roles” where “the narrator has at least one role in the represented content of the story and one role in the ongoing interaction between the narrator and the audience” (p.13). This creates a
“parallelism” where patterns in the narrative (represented material) align with how the narrator is acting in the interaction. This can be simple, such as telling a story about being assertive and then being assertive during the storytelling. However this can also be much more complex.

Wortham’s methodology is based on Bakhtin’s understanding of the relationship between the novel (i.e. narrative) and the narrator. He claims that typically narrators do not speak for themselves. Rather, they speak through their characters. This is referred to ventriloquation and it gives the narrator the ability to speak with many voices. Furthermore, characters establish certain positions in the narrative by forming relationships with one another. In other words, cops have their robbers, lovers have each other and families have mother, father and child. Even if the narrator does not speak for herself, she also takes a position in relation to her characters by virtue of the ways she crafts the narrative. In natural conversation, these positions are always being negotiated and are never finished.

Wortham has developed the concepts of mediation, voicing, and emergence to show how this process unfolds. To illustrate these concepts Wortham uses an excerpt from a classroom discussion in which the students and teachers were discussing the social structure ritual infanticide in Sparta. The conversation centered on how powerful elders, Ephors, would judge whether a child was strong enough to live and if a child was judged to be sickly it would be left out to die. In Wortham’s excerpt a student protests, saying that it is unfair for them to decide whose child could live. The teacher then plays devil’s advocate, arguing for the merits of such a practice. For this analysis, Wortham divides the interaction into the two events: the storytelling event and the narrative event (p. 19). The
former is the interaction in which the narrative is being told and the latter is the narrative being told. The need for such a division goes back to the claim that we need to understand the relationship between the interaction and the represented content of the narrative. In this example, Wortham points out that the participants make use of the original *narrated event* about the Spartans, which was assigned to them as a reading. Through their interaction the participants create other narrated events that parallel the structure of the original narrative (i.e. reading assignment). By structure, Wortham is referring to the relative position of the characters in the narrative. For example, the original narrated event has the relationship of masters, privileged subordinates, and unprivileged subordinates. The complaining student shapes her complaint as a hypothetical narrative. “What if,” she states, “they sentence my baby to death and not my friends. Then there would not be equality.” In response, the teacher creates a narrative about Asian students, stating that maybe we should just focus on Asian students (as opposed to lazy students on welfare) because they will turn out better.

These narratives are developed over the course of the interaction. Wortham claims that by the end of the excerpt there is a parallelism between the narrated events that draws on previous “voices” (social positions) that denigrate those on welfare as being lazy and leeching off of society (see figure 3). If we look at the figure we see that the narrated events are related to social positions held in our society. Wortham acknowledges that connecting the narrated event with social positions can be difficult. We cannot assume that certain utterances correspond with a social position on a one-to-one basis. Utterances can be appropriated and used by an infinite number of others, towards different ends. Therefore, these parallels have to emerge during the interaction.
What is commonly understood as the meaning of the narrative can now be seen as a web of relationships both inside the narrated event and between the characters of the narrative and the participants. These relationships are not simply established when the story is told. Rather, they arise through a process of emergence. Following Jefferson, Wortham states that closings and openings are part of the narrative and are often
important to understanding the narrative itself. In other words, "Narratives often cohere only with reference to preceding and subsequent conversation. In such cases, the segment of conversation relevant to understanding the meaning of the narrative is larger than the narrative itself." (p. 62). This is something that we see quite often in psychotherapy. Clients will tell a story that may be quite short, but it becomes the catalyst for a great deal of conversation. Oftentimes both the client and therapist continue to comment on the narrative long after it has been closed. Comments are conversational turns that elaborate on the character’s behaviors and feelings first introduced in the narrative. Comments do not have the temporal structure or sequential order indicative of storytelling, but they are used to shape the client’s relationship to herself, others and the world first established in the narrative (Ochs & Schieffelin, 1989). Hence, commenting in psychotherapy is a process of mediation whereby both participants work out what the narrative means as part of within a therapeutic dialogue.

**How to Use NIA to Study Constitution**

Wortham’s method will be used to understand (1) how the client creates a relational structure by positioning herself within her own stories, (2) how this positioning aligns with the relationship between the client and therapist, and (3) how this changes based on the sequential interaction. This aligns with our approach to studying emotion. Remember that emotion is conceptualized as a relationship that is transformed and modified. Therefore, the basic approach to analyze the ways in which relationships are created in narratives, and how they form parallels with relationships in the interaction will be important. This approach will allow us to understand how the client’s way of relating to others is constituted. For example, we want to pay attention to how the
therapist and the client shift the structure of the relationships found within the narrative. If the client depicts herself as a victim, does the therapist then depict her as a hero? If the client positions herself as a rational actor, does the therapist depict her as an emotional creature? How do these shifts parallel or conflict with the relationship between the therapist and the client? Last, what is the relationship between the emotions discussed in the narrative and the emotions between the therapist and client?

In summary, Wortham has developed a method for analysis of how the relational structure of the narrative positions the narrator in unique ways that also parallel the relationship between the participants. The narrative has the power to change a person not because the narrator simply represents himself in a certain fashion, but he begins to interact in the same manner. Hence, narratives are actions that accomplish certain things depending on the unfolding context of the conversation. The narrative itself might be brief but the implication of the narrative, what it does and how it is to be understood, can unfold over time and across various sequences through the commenting. The content of the narrative is not important because it represents some past event or even because it is a way of speaking with from a social position, but because the relational structure of the narrative positions the client in an emotional relationship with the narrated character and the therapist. As discussed at the end of chapter 3, Korobov (2001) claims that this kind of positioning analysis can be used to augment CA and allow researchers to better study the constitution of subjectivity.

Data Collection: A Case Study of Psychodynamic Therapy

As might be expected, my vision for this project has changed over the course of time. While working through the proposal, pilot work, literature review, and data
selection, I came to realize that some of the original parameters needed to be changed. For example, when I began the project I did not want to confine myself to one particular type of therapy. Working with archival data has its advantages, but it also has a downside: you have to work with what is available because you are unable to solicit therapists and clients into your study. Because of this, I worried that if I defined the study around a certain therapeutic orientation, I would limit the possibility of collecting the best data available. Furthermore, I originally envisioned collecting data from two different dyads. I feared that finding two dyads with the same orientation would be difficult, if not impossible, and therefore I constructed the project in a manner that did not emphasize clinical orientation.

This desire to examine two dyads came out of my early reading of conversation analysis. From classic CA all the way through to the recent work on psychotherapy, datasets are typically large, often hundreds of hours in length. Therefore, I originally thought that I needed at least 8 to 10 hours of data in order to conduct the study. Because I knew that it would be improbable to find that many sessions of the same dyad, I decided to use two dyads. Yet, as the project developed it became clear that there was a critical difference between my project and most of the work being done in CA. Most CA studies examined large amounts of data in order to find multiple examples of unique conversational sequences. By identifying multiple examples of a specific conversational sequence, researchers could build the case that a normative structure guides the conversation. I am, on the other hand, primarily interested in how conversational sequences are linked together over the course of time. I will not be looking for individual sequences in and across multiple therapies. Because my interest is in the temporal
sequence of a particular dyad (as opposed to common conversational sequences across multiple therapies), collecting multiple dyads became unnecessary and even problematic. For example, by collecting two dyads and examining each temporal sequence I would have to inevitably compare my findings. As interesting as this might be, a comparison study with only two datasets is quite small, limiting the conclusions that can be made. In the end, it became clear that a single case study was more appropriate, methodologically speaking, for the study. The decision to pursue a single case study, instead of a comparative study, was made prior to data collection during a consultation with my dissertation chair.

Needing only a single case allowed me to be more selective and I soon realized that I was choosing therapies that felt psychodynamic. Looking back, this should not have been a surprise. I began this project by examining psychoanalytic interpretation through Gadamerian Hermeneutics. Also, my proposal, pilot work, and literature review have primarily focused on psychodynamic psychotherapy. To not make this implicit interest explicit would have been a grave oversight, which could have damaged the integrity of the study. However, this created a new problem: Why do certain therapies feel more psychodynamic? To answer this question I had to reflect on my assumptions and clarify what psychodynamic therapy is and what influences me to feel that one therapy is psychodynamic and another is not.

It turns out that distinguishing between different types of therapies is very difficult in practice. As Alan Kazdin (1994) points out in his overview of methodology and design in psychotherapy research:
In many cases, it may be difficult to select and evaluate treatments that are known or established as faithful renditions of the treatments. Perhaps the main issue is that rarely is there a single, agreed upon, or standardized method that can be gleaned from prior research or clinical practice. Thus, investigators usually develop treatment guidelines and manuals to make explicit those procedures that are poorly specified or highly variable in clinical work. (p. 36)

In other words, researchers have found that the best way to distinguish between different therapeutic models is to intervene on the front end and have therapists conduct therapy following a step by step instruction manual. According to Kazdin, this differs from naturally occurring clinical practice where the therapist is able to work more spontaneously, changing her approach whenever she deems necessary. Therefore, manualized treatment distorts the natural practice of psychotherapy, flattening its nuance and spontaneity. Furthermore, by manipulating therapy on the front end, researchers knowingly and intentionally affect their data. The data is now intimately tied up with the research itself, which forces us to question the quality of the data and the results of the study. If a researcher’s primary concern is comparing different therapeutic approaches, then possibly they would be willing to accept these concerns for the sake of being able to demonstrate orientation fidelity.

My research differs from the orientation comparison studies significantly. My goal is not to isolate a prototypical example of psychodynamic therapy, but to study a natural occurrence of psychodynamic therapy as it was practiced. Archival data gives us a window into this type of therapy because it was recorded during the normal course of daily practice. The specific or direct impetus for recording was not to collect data for this particular study. Therefore, neither the therapist nor the client was influenced by my research question or concerns. Here we have naturally occurring data untainted by the
research process. This is essential for the validity of the study. By using DIA to examine constitution, our foremost concern is that we have data from an ordinary, everyday therapy. This goes back to the idea that we are examining a specimen of institutional interaction that is part of, but does not stand for, the entire species. If we were pursuing a comparative study then we might be more concerned with isolating a certain therapeutic orientation. Even though we are still burdened with answering the basic question of how we identify and define a psychodynamic therapy, ensuring orientation fidelity is less of a concern. Furthermore, ensuring absolute fidelity would pose a danger to the integrity of the study itself because this would require restrictions, imposed by the researcher, which degrade the quality of the naturally occurring data we seek.

So, how do researchers identify psychodynamic therapy when they are accessing archival data and are unable or unwilling to rely on manualization? Furthermore, is there a satisfying definition of psychodynamic therapy that helps us recognize this type of therapy in practice? These are difficult questions, but ones that need to be answered. Let’s begin with the second question. To define psychodynamic therapy we have to distinguish it from other therapeutic techniques (CBT, Behavioral, Gestalt, and so on), while also encompassing the fractured field of psychoanalysis. Many theorists have tried to give an integrated view of psychoanalysis while also recognizing the irreconcilable differences among many of the theories. Stephen Mitchell and Jay Greenberg (1983) addressed this problem head-on in their book *Object Relations in Psychoanalytic Theory*. The impetus for their book was a desire to teach their students the important differences between psychoanalytic theories while also providing a larger framework inside which the theories could be understood as responding to a universal clinical concern — i.e.
object relations. They contend that object relations, a term used to refer to our relationships with other people, is a helpful way to examine the various clinical theories. After all, the relationship between the patient and the therapist or the patient and her family are of central concern to clinical practice and theory. This focus on object relations allowed Greenberg and Mitchell to examine how each theorist contends with interpersonal dynamics. They show how each theorist struggles with a choice between the drive/structure model, first put forward by Freud, and the relational/structure that was developed by theorists such as Melanie Klein and Henry Stacks Sullivan. After a laborious and productive discussion they tentatively put forward a lengthy definition of psychoanalytic theory which I will quote here at length:

Each of the theorists discussed embraces a dynamic view of the process of human living, considering our lives determined by the complex interplay of a variety of motivational forces which may operate concordantly or conflictually. Each believes in a concept of the unconscious…endorses the idea that many or most of our motives that move us function outside of normal awareness. Each believes that the most effective way of studying man is through the kind of intense, collaborative inquiry that defines the psychoanalytic situation…. The models within psychoanalysis differ with respect to the content each attributes to the operative dynamic forces, especially to those which are commonly a part of the repressed unconscious. For the drive/structure model theorists the repressed unconscious consists of the derivatives of phylogenetically determined sexual and aggressive impulses which have for one reason or another been deemed “unacceptable” within…society. For the relational/structure model theorist the unconscious consists of particular images of self and other which have been summarily rejected. (p. 382)

This definition is similar to how psychodynamic therapy is distinguished from other approaches in clinical practice. The Bible of psychotherapy research, Bergen and Garfield's *Handbook of Psychotherapy and Behavior Change*, added an entire chapter on psychodynamic therapy to their 1994 edition (Bergin & Garfield, 1994). In that chapter the authors struggled with defining the clinical practice of psychodynamic therapy, but
settled on a succinct definition from Glenn Gabbard (1990): “an approach to diagnose and treatment characterized by a way of thinking about both patient and clinician that includes unconscious conflict, deficits and distortions of inner psychic structures, and internal object relations” (quoted in Henry, Strupp, Schacht, & Gaston, 1990, p. 468). According to the authors, this definition applies to both psychoanalysis and psychodynamic therapies. Historically, a division has been created between classic psychoanalysis and psychoanalytically inspired therapies. However, the authors point out that empirical research examining these two types of therapeutic practices has shown few differences. For example, the influential *Psychotherapy Research Project* of the 1950s showed that there were equal amounts of interpretive and supportive interventions in both psychoanalysis and psychodynamic therapy (p. 468).

Where quantitative research has struggled to distinguish psychodynamic therapy for other approaches, qualitative methods, such as CA, have shown how psychodynamic therapists practice a depth hermeneutic, recognizing slips, errors, pauses, and thematic similarities between symptoms and other events. Researchers have shown how these therapists actively create and solve therapeutic puzzles. As reviewed in chapter 3, Vehviläinen (2003, 2008) has referred to this practice as an “interpretive trajectory”. Currently, this practice has only been identified in psychodynamic psychotherapy. The interpretive trajectory is complex and it utilizes many common conversational tactics found throughout psychotherapy (i.e. formulation, lexical substitution, and so forth). But the way that analysts seek to create psychoanalytic puzzles out of symptoms and corruptions of speech and then offer solutions by way of interpretation is unique according to current research. Briefly, it is worth noting that researchers have also found
that these interpretive solutions encourage clients to extend the original interpretation and engage in a collaborative discussion (Peräkylä, 2005, 2008). This discussion seems to be a collaborative self-reflection that allows both the client and the therapist to shape the ongoing clinical narrative.

Taking all this into consideration, we might add to our definition that psychodynamic psychotherapy is a depth hermeneutic practice that utilizes psychoanalytic puzzles and interpretation in order to foster self-reflection. This way of understanding the practice of psychodynamic therapy greatly influenced the data selection. As I watched various dyads I realized that I was looking for a therapy similar to the ones described by Peräkylä and Vehviläinen. I was looking for a therapist that was working to create analytic puzzles that could be solved by interpretation, which would then lead into a collaborative discussion.25

And yet, it would be misleading to claim that this criteria could be used to distinguish psychodynamic therapy from other approaches. Typically, comparative studies that examine what actually transpires during the clinical hour reveal as many similarities as differences (Kazdin, 1994). This is why it has always been difficult to

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25 I found it difficult to view these psychotherapy sessions solely from a researcher perspective. Inevitably, I observed each interaction from a clinical perspective. I, myself, attended to the transference and countertransference, imagined interpretations and applauded the therapist’s skillful moments. Inevitably my clinical intuitions informed how I selected my dataset. I found myself looking for transference interpretations and the use of dream interpretation. Furthermore, I was interested in therapies that upheld a practical blank screen, keeping clear boundaries between the patient and therapist, and therapies that used minimal educative and supportive interventions. As past researchers have pointed out, all therapies have supportive elements. But during data collection I came upon therapies that were primarily supportive and pedagogical and this was not in line with my interests in therapeutic interpretation. However, the question is whether these clinical hunches that arose during data selection process (informing my decision-making process) have any empirical grounding in the data itself. These are questions that will bear out over the course of the study.
distinguish therapies based solely on the empirical criteria. As stated previously many have attempted to solve this problem by turning to manualization. Others, hoping to avoid the negative consequences of manualized treatment, have simply tried to solicit "therapists [who] were experienced and respected exponents of the respective approaches” (p. 158). This quote is from Lambert and Bergin's (1994) review of the quantitative research on psychotherapy effectiveness. Here, they were discussing a well-respected study comparing the effectiveness of different therapeutic orientations. In part, this study was highly regarded because of its method of selecting therapists with specific orientations. Similarly, Kazdin (1994) points out that a therapist’s training and supervision can also be used to identify clinical orientation (p. 38). Therefore, knowledge of a clinician's subscribed orientation, training and supervision can be used as a criterion for identifying used to determine a psychodynamic dyad. This is where my relationship with the training clinic and my firsthand knowledge of the other therapists in training was useful. The therapist of the selected dyad was a well-known advocate for psychodynamic psychotherapy. This is something he spoke of many times in public and private and it was well known throughout the training clinic. Although many influences affect our clinical practice, this therapist could be labeled as strictly psychodynamic when it comes to clinical practice.

To summarize, during the data collection process I selected therapies that felt psychodynamic. After reflecting on what psychodynamic therapy is, in theory and in

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26 These therapists also fill out a survey where they could endorse or not endorse statements that applied to various clinical positions (i.e. psychodynamic therapy, CBT, behavioral therapy, and so on). Those known to be psychodynamic practitioners who also endorsed the psychodynamic statements were categorized as psychodynamic therapists for the study.
practice, it became clear that two criteria guided this process. (1) *Knowledge of clinician clinical orientation*: similar to some comparison studies of psychotherapy orientations, knowledge of the clinician's subscribed orientation can be part of the criteria used to determine if a therapy can be considered as psychodynamic. (2) *Find dyads utilizing conversational practices identified in previous CA research on psychodynamic therapy.* Following the work of Peräkylä and Vehviläinen, I looked for the creation of analytic puzzles that could be solved by interpretation, leading to collaborative discussion.

**Data Collection and Selection**

All the data for this study was collected from a training clinic in the northeast United States. Most of the therapists were students pursuing graduate degrees psychology. Occasionally, students will work with couples, adolescents, and children; however the major treatment was individual long-term work with adults. Services are provided on a pay-for-service, sliding-scale model, and therapy is allowed to unfold with relative freedom. There is no time limit or session cap and since the theoretical orientation privileges the in-depth work that can be done over time, long therapies are common. Demographically, clients are both students and members from the community. Clients came to the clinic with a wide array of presenting problems from schizophrenia to adjustment disorder.

All the therapists in training are under the supervision. Students make audio-video recordings of their sessions to review with their supervisors. When clients consent for treatment they agree to be videotaped for training and research purposes. Out of the five consulting rooms in the clinic, three have video equipment installed. Filming occurs unobtrusively. The camera and microphone always remain in the room; they do not
appear suddenly when the student decides to record. Recording practices vary between students. Sometimes students record individual sessions which are viewed during supervision and then erased. Other times students record a series of sessions, intakes or individual sessions, which are then placed into the video archive. The archives are tapes stored for supervisory and research purposes in the clinic office.

The data for this study consists of video recordings from this archive. The archive was relatively new when I began collecting data. Because of this, the overall size of the archive was small, roughly about 30 tapes ranging from 1 to 5 sessions per tape. Also, a consistent archival procedure, such as documenting the therapist, client and session date, was not yet part of the clinic culture and documentation ranged widely. Some tapes were labeled accurately listing the therapist (by name) and the client (by two letter pseudonym, such as TR) with dates that correlated well with the session material. Others were poorly labeled. For example, a tape might be labeled as a single client and therapist dyad, but then have four sessions with multiple clients. Or multiple tapes might be labeled as sessions by a certain therapist, but all the material on those tapes was of a different therapist altogether.

The relatively small size of the archive and the unsystematic documentation made data collection difficult. Initially, I spent two days viewing tapes. I viewed 12 tapes containing numerous dyads. Five of these tapes were mislabeled and excluded from the study. Mislabelling made it impossible for me to know the session sequence and the duration between sessions. Because I am interested in understanding the temporal sequence of therapeutic practice—understanding how earlier therapeutic sequences are linked to later interactions—knowing the order of the therapy sessions (session 1, session
2, session 3, and so on) is a vital. Even though these five tapes were excluded, the remaining data still seemed promising.

However, after viewing the tapes in depth, further problems emerged. Many of the tapes had very poor audio quality, making transcription impossible. Two tapes were immediately excluded because of their poor audio quality, which left me with only 3 dyads on the remaining tapes (Dy-B, 2 sessions; Dy-A, 2 sessions; and Dy-C, 4 sessions). I was initially very interested in Dy-C because it was the longest of the 3 series. However, the audio quality of the sessions was also poor and even after extensive engineering I was unable to improve the quality of the audio to the degree necessary for transcription. This left only Dy-B and Dy-A. Dy-B was actually mislabeled, but after watching the tape it seemed likely that the sessions were in sequential order because the second session referenced the first session directly. However, I could not be entirely sure and, therefore, the complete lack of labeling made this dyad undesirable. Hence, Dy-A seemed the most promising: both sessions were very active, and the therapist was a fourth-year student primarily interested in psychodynamic psychotherapy. However, since I originally planned to only use a therapy series if it contained four sessions, two sessions seemed far too little. Therefore, I decided to wait for a month and allow new tapes to be added to the archives in hopes of collecting a longer series.

Shortly after this first attempt at collecting data, I contacted the clinical director and discussed some of the problems I was having. We collaborated on a memo sent out to all the therapists currently practicing at the clinic. The memo, sent via e-mail, restated the importance of consistent documentation and the importance of building the archive for current and future research. Then, a month and a half later, I returned to the archive.
Although only a handful of new tapes had been added, they were properly labeled and the audio quality, for the most part, was much improved. During this visit I collected two more therapy series, Dy-D (three sessions) and Dy-E (four sessions), which brought the total number of analyzable series to four:

1. Dy-A, 2 sessions
2. Dy-D, 3 sessions
3. Dy-E, 4 sessions
4. Dy-B, 2 sessions

I have placed dyads in the order that corresponds to the best material for this project. There are a handful of factors that I considered while choosing between the dyads. First and foremost was audio quality. Without adequate audio quality, transcription and analysis would have been impossible. Second, was having multiple sessions of the same dyad. Third was adequate labeling. And last, was clinical orientation as identified by the criteria stated previously.

Out of all the data in the archive only these four dyads met the above criteria. After that, it was matter of assessing which dyad would be best for this project. I chose Dy-A because the sessions were very interactive, providing ample data despite the limited number of recorded sessions. Furthermore, the therapy being conducted was identified as psychodynamic by the criteria stated previously. Also, the therapist was in his fourth and final year of clinical training. Fourth-year students, having completed their comprehensive exams and clinical position paper, are competent therapists on the cusp of transitioning into the field of professional psychology. And, although there are always individual differences in level of professional maturity, being able to analyze data from
advanced students more than likely provides a better example of psychotherapy as it is professionally practiced.

However, the Dy-A dyad was not the only data set with a fourth-year therapist practicing from a psychodynamic perspective, Dy-D also fit this criteria. The choice between the Dy-D dyad and Dy-A was difficult. At first I thought that the Dy-D sessions would probably be my first choice because the dataset had more sessions than the Dy-A dyad. However, in the Dy-D series there is very little interaction between the therapist and the client. Actually, the entire second session is a long client monologue with very little therapist interaction. The third session is much more active and the therapist and the client discuss a dream throughout, which seemed to do some interesting therapeutic work. However, after watching all three sessions there seems to be very little analyzable data as compared to the Dy-A series.

Again, the Dy-A sessions are very interactive. The therapist is making formulations, interpretations, and asking the client to engage in self-reflection. Many of the sequential phenomena as identified by conversation analysis studying psychodynamic psychotherapy (formulation, reinterpretation, interpretive trajectory, circulation figures, and so on) are present during the sessions. Because conversation analysis focuses on the sequential interaction between participants (i.e. client and therapist), therapies where interactions are few and far between pose a methodological problem. This project is primarily interested in understanding how therapeutic interactions constitute a mutual understanding between the client and therapist. The question at hand is: how is this understanding worked out through a specialized form of talk that has therapeutic intent and, ideally, therapeutic effect? Although this process is, presumably, still occurring in
low activity therapies, higher activity sessions would make for a richer analysis based on the research method being employed.

Now, I would like to briefly address why the other two datasets were excluded from the final analysis. The Dy-E sessions do have some promising moments, but the therapist is very hard to hear because she spoke in a whisper. If this dyad were chosen, an alarmingly high percentage of the utterances would have been inaudible and therefore non-transcribable. Also, the therapist was not a vocal advocate of psychodynamic therapy, and her reputation was more of a humanistically oriented practitioner.27 Again, because of my interest in psychodynamic therapy, both as a research object and as a therapeutic practice, this makes the Dy-E series less attractive as compared to the other datasets.

Last, the Dy-B series also had some promise, but ultimately the poor documentation and the availability of better quality datasets eliminated it as a front runner. As mentioned before, this tape was originally labeled as a completely different therapist and patient dyad. Therefore, we have no dates for the sessions, making it impossible to know for certain what year the therapist was in during the taping and the order of the sessions.

27 Here again are some clinical intuitions that will need to be flushed out during the empirical research. My feeling was that the therapist was often trying to counsel the client by explaining to him what human beings are in explicit terms. This is quite different from what you see in the Dy-A sessions where the therapist seems more interested in provoking the client to engage in self-reflection. The question that I'll have to resolve is if the Dy-A sessions do seem to be doing something other than supportive, pedagogical work, informing the client about who she is as a human being.
Critical Reflection on Data Selection

Because of the above reasons I chose to analyze the Dy-A series, yet the data set was far from problem free. First, obviously, is its length: it is only two sessions and one of the sessions is only about 35 minutes long. However, the point has already been made that the level of activity in this series provided ample data for the study. Many studies have successfully demonstrated that lengthy interactions are not necessary for producing quality research. This is because methods that examine the intricacies of interaction attend to the expansive nuances of discursive practices, turning what might seem small into something quite extensive and illuminating. For example, the renowned linguist William Labov partnered with the social scientist David Fanshel to produce their classic discursive examination of psychotherapy: *Therapeutic Discourse: Psychotherapy as Conversation* (Labov & Fanshel, 1977). This book, considered a precursor to conversation analysis, is based solely on a 15 minute recording of a psychodynamic therapy (Peräkylä et al., 2008b, p. 8).

Another concern is the collegial relationships I have with the therapists at the training clinic. As therapists, we often consult on cases and we sometimes have group supervision where we discussed our clients and our approach to therapy. This provided an extensive web of preconceptions that informed the data selection process and analysis. As stated before, this became clear when I watched the archive tapes. I found myself leaning toward those who I knew were psychodynamic practitioners. This information is part of the tapestry that makes up my hunches and guides my inquiry. It is part of my membership knowledge and it will be incorporated into the study as such.

To conclude, let me summarize the process of data collection detailed above. I
collected data on two occasions, gathering multiple therapy dyads to analyze. There were no major problems, but some changes were made. In the proposal I stated that data would be from two different dyads in the hopes of getting 8 to 10 hours of analyzable data. This stemmed from my earlier understanding of conversation analysis, where researchers would analyze large amounts of data in order to identify multiple instances of a single conversational sequence. I came to realize that my research differed from previous studies in that I was interested in how the therapist and the client affect each other over the course of therapy. In other words, I was interested in the temporal dimension of therapeutic talk and its effects, and therefore I would be examining how sequences evolve over time. Prior to collecting data, Dr. Packer and I came to the conclusion that a classic case study would be the most appropriate way to analyze this research question. At that point, collecting two dyads became unnecessary. Also, it raised concerns about validity. Collecting two dyads would inevitably force my analysis into a comparison. This comparison would be weak since I would only have two datasets upon which to base the analysis.

Needing only a single dyad, I was able to be more selective during the data collection process. Originally I avoided specifying what theoretical orientation I was interested in studying. I feared that by specifying a specific orientation I would decrease the chances of finding the two dyads that I needed. Having only to collect a single case, I decided to seek out dyads that had a more psychodynamic feel. This aligned with my interests as a researcher and as a clinician.

As I began to collect data there were multiple technical problems with many of the dyads such as improper labeling and poor audio quality. Many dyads were excluded.
because of these issues and only four remained in the final pool. Of those four, two were excluded because of a combination of technical issues and an inability to identify the therapist as psychodynamically oriented. The choice then was between a three session dyad and a two session dyad. Although the three session dyad was preferable because of its length, the interaction between the therapist and the client was minimal. Because conversation analysis examines the exchanges between participants, active sessions with frequent verbal exchanges are preferable. Therefore, the two session dyad was chosen for analysis.

One question that had to be resolved during this process was how to identify a psychodynamically oriented dyad. Because I was relying on archival data I was unable to guarantee orientation fidelity through measures such as treatment manualization (manualized treatment would also raise validity issues because conversation analysis privileges naturally occurring talk over scripted conversation). In the past, researchers wanting to avoid manualization have relied upon the reputation of the therapist to indicate the overall therapeutic orientation (Lambert & Bergin, 1994). Therefore, the number one criterion used to identify a psychodynamic dyad was to seek out therapists who were known proponents and practitioners of psychodynamic therapy. Because I have both personal and professional relationships with all the therapists in the study I was able to identify those practitioners who were strongly psychodynamic and consider their dyads for the study. Furthermore, while watching the tapes I looked for conversational practices that CA researchers have identified as unique to psychodynamic therapy, such as the interpretive trajectory (Vehviläinen, 2003, 2008). Finding instances of the interpretive trajectory was also a criterion for data selection.
Research Procedure: Using DIA to Examine Constitution in Psychotherapy

The research procedures used for the study were developed based on the theoretical assumptions and methods discussed in this chapter. What follows is an outline of the research process. It is an attempt to systematically explain how the research was conducted and inevitably this will oversimplify the process. However, this provides a faithful map for those who are interested in understanding or replicating the study. One way to understand the research process is to simply view it as a succession of steps that unfold over time. This is a linear perspective. From this viewpoint, the procedure is a two-step process with each step containing a number of sub-steps (see figure 4). The first step involves a systematic reflection on initial assumptions and biases held by the researcher. This involves keeping a “field Journal” where the researcher can jot down assumptions and thoughts during the data collection, transcription, and analysis stages. I found that during the data collection and transcription; assumptions, intuitions, and biases arose quite frequently and I spent a good deal of time jotting down various thoughts in journals and as well as using transcription software to “tag” specific points on the tape. Looking back, it is clear that transcribing the data was a turning point. It changed the way that I saw the data and hence recording my experience during this time was important.

After the sessions were transcribed I moved into the data analysis phase. This can be seen as a three part process. First, I analyzed the data using conversation analysis. The initial step was to map the sequences. I created visual maps that showed the different types of utterances used by both the therapist and the client. I was able to break the sessions into a series of interpretive sequences ending in an interpretation similar to what has been described by Vehviläinen (2003, 2008). Second, I used the hermeneutic-analytic
procedure to identify emotion within the relationship and in the discourse. And last, I examined narratives and the narrative commentary produced by the participants and looked for shifts in relational patterns and for parallels between the relationships described in the narratives and the relationship between the therapist and the client. As mentioned before, this analytic procedure goes beyond conversation analysis and is best described as *Detailed Interaction Analysis*, which incorporates a theory of emotion and a theory of narrative as action.

The last step was to look at all of the data and begin to ask how the client is being constituted as a certain kind of subject. Following conversation analysis, this can be seen as a move from pure analysis to applied analysis (ten Have, 1999). Applied CA aims to examine institutional conversation in order to develop a critical understanding that can enact change. Hence, we are now asking questions that are ethical and political in nature. *In order to understand psychotherapy as a constitutional practice, we have to see it as a site of power where problems are introduced, worked on, and transformed. How these problems become constituted affects the kind of person the client can be in psychotherapy and hence creates the initial condition for change, i.e. forges a way of being (in relation to self, others, and the good) that is not readily possible in everyday life.*
Figure 4

Linear Map of Research Procedure

- Reflecting on assumptions
  - 1st viewing (details in data collection) writing down assumptions and thoughts
  - Transcribing and writing notes
  - Initial analysis and notes
- Detailed-Interaction-Analysis
  - CA
    - Analyzing adjacency pairs
    - Mapping conversational actions and sequences
    - Analyzing relationship between sequences
  - STE
    - Looking for emotional transactions between the client and therapist
    - Looking for emotion transactions between characters in the discourse
  - NIA
    - Relationships between characters
    - Relationships between participants
    - Shifts in relationships
    - Parallels in relationship (participants and characters)

| Move to applied analysis |

- Constitution
  - How is the problem advanced and changed (Genealogy)
    - When do major changes happen?
    - Where is the problem made clinical/therapeutic
    - What is the relationship of power/knowledge/resistance?
  - How do we relate these findings to our understanding or psychotherapy as a larger historical practice?
  - If psychotherapy is a type of thinking, how is it used to think in a certain kind of way and in turn foster a certain kind of person?
    - Possibly: the client has ownership of the problem
    - A more individualistic understanding of emotion

By looking at the research process from a linear perspective we can see how the methods used to understand conversational sequences, emotions, and narratives can be
incorporated into a single procedure. This is possible because all of the methods described in this chapter are in line with the assumptions of radical realism. Namely, that thinking, talking and feeling are all actions available to us as members of a form of life. However, at the heart of radical realism is that human understanding is not a straight line, but a circle (see figure 5). The research process can be quite messy, something that the linear perspective covers over. Therefore, it is best to think about the research process as a progression of hermeneutic-analytic circles.

Figure 5

Hermeneutic-Analytic Research Process

Following the circle we move through the same steps as described above. Each time you move through the circle you modify our initial assumptions and gain a different
understanding of psychotherapy. Each time the procedures are refined and the process begins again as you try to understand this complex practice.

In the next chapter I will lead the reader through the analysis of the two sessions of the dataset. However, it is worth noting that the procedure itself is a major finding, something that was developed in response to problems and discoveries. Because one of the goals of this study was aimed at demonstrating a methodology; hence this chapter makes up a significant portion of the findings.
Sarah (client), Session A, Line 285-287

Introductory Remarks on the Research Process

Now, after the second interpretation she seems to start working therapeutically. What I mean by this is that she uses a dream to interpret her situation. The dream is used to further explain how she feels. Dreams are saturated with affect and the dream that she talks about is no different. Although I was not there when she talked of the dream originally, nor did I have the dream myself, I know that the issues between herself and her mother-in-law are quite intense and that her mother-in-law is often used as an object of her rage. The therapist even talked to me about how the client’s mother-in-law stands in the place of the client’s own mother and how she constantly works out many of her infantile needs and anger through her mother-in-law (this is an example of displacement and projection). In other words, the mother-in-law is the bad object externalized. Ultimately, this is the projection of the torturous internal object that often berates the client through internal dialogue. Here we might begin to wonder about the associative links that brought the dream to mind. Possibly, the internal dialogue that she has been discussing and the mother-in-law are all a manifestation of the bad object. So, with this dream the client is becoming conscious of her complex object relations and she is talking about her subjective position vis-à-vis these objects. This is a very powerful statement by the client, that in some ways he [the therapist] blows over by trying to dig deeper and to point out her role as the victim of the externalized object.

Reflection on Session B, Lines 76-87
February 20, 2012
This was one of my initial responses to the sessions, written from the position of a therapist. As I mentioned in chapter 4, because I am a therapist, client, and researcher I have many different implicit assumptions about psychotherapy. In some cases these assumptions are at odds with one another and this makes thinking about, let alone writing about, psychotherapy difficult. The above example is how I think about therapy from a therapist’s perspective. It relies heavily on the notion of language as symbolic representation and the client as a deep self. The ontological assumptions that ground DIA differ, in that language and emotion are types of action and the client has no essential self, but is rather constituted as a kind of self by actively participating in the practices of a form of life. Hence, the analysis that follows looks very different from the excerpt above.

DIA is a fully integrated methodology that uses language common to conversation analysis, narrative analysis, the Structural Theory of Emotion, as well as Foucault and Heidegger. The analysis is presented so as to emphasize this integration. However, I try to alert the reader (through citation or by prefacing the sentence) when I, for example, shift from conversation analytic language to the language of the Structural Theory of Emotion. Furthermore, because my own assumptions and reactions as a therapist are important, I have added in my own thoughts during the analysis. These comments are often found in the footnotes, but at times they are woven into the analysis.

I have also tried to avoid writing in a way that conveys that I know what the participants are thinking and intending. Instead, I have focused on describing their actions, the consequences of those actions, and how that relates to constitution. This, at times, was very difficult. One word in particular kept popping up and I struggled to eliminate or clarify the term. The word is ‘deep’. As in the reflection above, I felt
compelled to use this word and over the course of the analysis I realized that it was futile to try and strip it from the study. Instead, I chose to use the word. The more I thought about it the more I realized I had no clue what I meant by it. Sure I could translate it into therapeutic language, but how could I understand the word and its implications from a research perspective? I chose to use the word as an indicator of important therapeutic assumptions that I held as both a therapist and a client. While watching the tape I would have an intuitive feeling that some parts of the session were deeper than others. The more I studied the tapes I was able to spot moments that felt particularly deep and then quickly ended. I noted these spots and tried to understand what happened in these moments. What was the empirical evidence that could have contributed to these feelings that occurred as I watched this moment in time? By the end it became clear that these were moments of emotion, or at least where emotion seemed possible. As you will see, these moments are rare, yet important constitutional events. Hence, subjecting my implicit assumptions to empirical explication allowed me to access psychotherapy at the level of participant understanding and gain important insights that were used to further back up claims made by this research.

The major claim that will be demonstrated throughout the analysis is that psychotherapy problematizes the client as a deep emotional being. Emotion will be shown to be a powerful, yet practical form of action that can take different forms depending how it is constituted by the participants. Emotion is, therefore, a pliable ‘substance.’ For example, there are varied of ways that emotion can be used by the participants. First, emotion can be transacted; transforming the relationship between the participants in the here-and-now (e.g. gets angry, feel ashamed, be compassionate). This
is what is described by de Rivera (1977) in STE and it is what people commonly think of when they talk about emotion. These are the rare deep moments mentioned above. The infrequency of these transactions should not lead the reader to assume that participants are unconcerned about emotion. On the contrary, the analysis that follows shows how emotion can be used in ways beyond the here-and-now transactions.

Hence, the second way emotion is used by the participants is to directly refer to emotion by using emotional language. This is most often done by the therapist, but is also used by the client. In this chapter, the therapist consistently uses emotional language when responding to the client’s storytelling or commentary. This can be interpreted as a constitutional tactic aimed at foregrounding how client feels. This tactic does not simply elicit feelings; rather it shifts the location of the problem being discussed. As will be shown, the client talks about John, her partner, who is having trouble holding down a job. The narrative is told in such a way that the problem (i.e. what is wrong, what needs to be worked on and fixed) is with John, not the client. Hence, the use of emotional language changes the location of the problem. The problem is constituted as an emotional problem that is owned by the client. It is her problem; what is problematized is what she feels in response to the partner not having a job. Hence, in session A the client is constituted as an emotional being in order to locate the problem in the client’s experience. This is the major constitutional objective in session A and is most prominent during the first sequence of session A (SAS1). This finding is in line with other studies (Davis, 1986; Goicoechea, 2013; Madill et al., 2001) that have described how psychotherapy can shift the location of a problem through a “process of problem (re)formulation and individualization” (Davis, 1986, p. 47). However, what is unique about this present study
is the description of how emotion is used within an overarching constitutional strategy. The use of emotional language is one tactic that is used and throughout the analysis other tactics will be demonstrated. However, emotion will be shown to be an important ethical substance that can be used to problematize the way the client relates to herself and others.

The third way that participants can use emotion is talk about emotion through storytelling and commentary. In the analysis, attention will be paid to how the client crafts relationships between characters when telling a story. Emotion can quickly emerge and disappear as characters and situations are described. The analysis will show how emotional possibilities are created and then used when participants talk more directly about the emotional relationships that were only hinted at initially. This is most apparent in sequence 3 of session A, but can be seen across the dataset.

Above I discussed how this feeling of therapeutic depth occurred during moments that were emotional. However, this feeling was not simply a divining tool used to identify emotion. As the analysis proceeded, I began to see the myriad of ways that emotion could be used by the participants. These events were often complex fabrics of action that bound together different temporal orders and emotions that were being talked about while also being transacted by the participants. This was most apparent in session B, which is analyzed in the next chapter. Whereas the problematizing in session A primarily focused on problem location, in session B the participants were more or less in agreement on the location and type of problem. In session B the problem is emotional and owned by the client. We might say that session A is concerned with recognizing the problem as emotional, where as session B is concerned with understanding how to be an emotional being. In session B we see the therapist introduce a past emotional event, which the client
avoids discussing directly by using temporal shifts. We also see the client narrate feelings of shame and rejection while also making explicit an emotional transaction of compassion that transpires in the here-and-now. The therapist encourages the client to be “curious” and reflect on all of these instances of emotion. This produces talk about the ways the client can recognize and reflect on herself (relationship-to-self), as well as respond and act on others (relationship-to-others) in order to be a good, ethical person. This constitutional process is a way of thinking about emotion as an alluring substance that must be recognized and understood in order to change and heal. Because emotion is unwilled and can take many different forms; it can be constituted as a powerful, yet foreign substance that is complex in its pervasiveness. Hence, this intuitive sense of depth is not a simple sign of recognition, but a grasping of the constitutional process in which emotion becomes an alluring ethical substance whose depth is better understood as an expansiveness of actions present on the surface of psychotherapeutic thought.

What follows is the analysis of session A, beginning with the opening sequence and then proceeding through all seven sequences and ending with the conversational closing. The analysis is presented to the reader in the form of a visual map and as a 3rd person narrative. There is a map for each sequence place at the beginning of the analysis. The logic of the maps is described in a footnote attached to the map of the first sequence of session A. These maps are meant to supplement the body of the analysis. The analysis is written in the present tense in order to convey the sense of a by-standard’s account of the conversation. Whenever possible I have used the participants own words in the description; however I have taken out all the transcription codes and made edits to improve readability and flow. Most of the transcript has been excerpt and placed with the
corresponding analysis to give the reader access to the unedited version. The complete transcript is located in the appendix. Furthermore, the analysis does contain references to and review of literature not addressed previously. My hope is that having this information during the analysis will be more useful than confining it within a traditional literature review and forcing the reader to continually look back for defined terms. Hence, the analysis starts with a discussion of trouble talk, which is a type of conversation studied in CA. However, I argue psychotherapy differs from everyday conversation, in that the tendency to move away from trouble talk is replaced with a type of problematizing that locates the trouble inside the client. In other words, psychotherapy keeps the focus of the conversation on the trouble talk in order to constitute the problem as individualized and personal.

**Conversational Structure of Opening and Sequence 1 (S1)**

As a therapist, one of the first things I came to realize is how difficult it is for people to talk about what bothers them. In everyday conversation there is also this tendency to move away from “trouble talk” and try to keep social interaction at the level of “business as usual” (Jefferson, 1988, p. 419). Therapists and clients have to figure out how to move from everyday talk to therapeutic talk. This is what we see occurring in the opening and initial sequence of session A. The client begins by talking about a problem that she has been struggling with during the past week. In everyday conversation most listeners try to be polite, but they look for ways to change the topic from the problem being discussed. In the initial sequence of session A we see the opposite occurring. The therapist continually brings the client back to the problem and highlights the possible emotional and personal impact it could have on the client. The client resists this, but
eventually she begins to talk about the problem as a “chaotic feeling” that occurs when, as the therapist puts it, she feels “evaluated” (Lines 96 and 109). Below is a map of the basic conversational structure of the Opening and Sequence 1 (S1) (see S1 sequencing diagram).  

What follows is a detailed description of how therapeutic talk is different from everyday talk. Although there are more powerful moments later on in the session, this sequence is described in detail because it demonstrates how participants act with and against one another in order to create a different type of social interaction that ultimately changes how the client relates to herself. It is a prime example of how problematizing is uniquely performed during psychotherapy.

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28 In the diagram below the therapist's turns are represented by different symbols. This is because the therapist uses different types of utterances (questions, formulations, extensions and so on) that are well studied in the CA literature. On the contrary, all the client’s turns are represented by ovals. For the most part, the client uses commentary, storytelling, and elaboration during her turns. Most of her turns are in response to the therapists questions and formulations. Yet, this does not mean that the client simply follows the therapist’s lead. She has many ways to change topics, to take hold of the conversational floor and influence the therapist. This, I hope, is clear in the analysis. In the conversational maps I have tried to document some of the client's tactics, if you will, that stand out. Naturally the map leaves out data, but I hope it helps the reader grasps the temporal flow of the sequence and the dance that unfolds during the session. Time marks correspond to the therapist's turn and were taken from the video data. Notice that session A starts at 3:29, when the participants enter the room and begin talking.
Figure 6

*Opening and Sequence 1 (S1), Basic Conversational Structure*
Opening Pre-sequence

As session A begins, the client enters the room and casually sits down. She yawns and stretches, taking her time, as the therapist sits silently. She ends her opening utterance by saying: “…it is a hectic week” to which the therapist responds: “What is going on?” (see Excerpt 1, line 3). This is what conversation analysts call an opening pre-sequence. It is a specific type of sequence that prepares the participants for the sequences to come (ten Have, 1999, p. 114). There are many types of pre-sequences, but this one is special. It is called a “gloss,” which is often used to initiate conversations about a difficult subject know as “trouble talk.” Jefferson (1985) defines a gloss as a “'generalization' and/or somewhat inaccurate and/or incomplete and/or a masking or covering-up of 'what really happened'” (p. 436). This gloss is enticingly incomplete and compels the therapist to show interest.29 His response demonstrates his interest and allows the client to easily tell her troubled story about her family, in-laws, and her boyfriend. Hence, the client initiates the pre-sequence to open the session and this allows her to select the problem to discuss.

29 At first glance it might seem like the client is testing the attentiveness and concern of the therapist. However, I do not think that it is that simple or deliberate. Rather, she is drawing upon aspects of the unspoken, but shared interactional context. The practice of psychotherapy is based on a relationship of interest. The client is an object of interest. Her stories and behavior are displayed and observed by the therapist. He is interested in the client and he has a desire to know her (Fink, 1997, 2007; Habermas, 1968; Ricoeur, 1974).
Excerpt 1, Opening, Session A, lines 1-3: Trouble talk gloss

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<tr>
<td>1</td>
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<td>[Yawn for 6 seconds] ah [laughs and grabs back] umh I have a twitchiness bugging me... ah... it is a hectic week. [laugh]</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>T</td>
<td>Mh What is going on?</td>
</tr>
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**Sequence 1 (S1)**

*Narrative (N1)*. The first narrative (N1) elaborates on the “hectic week” that the client introduces in the pre-sequence. She begins the story with a declarative statement that utilizes metaphorical language. Speaking softly, she refers to her week by saying: “It is a three ring circus.” (see Excerpt 2, line 4). Obviously, this is not a statement of fact. It is an hyperbolic simile that is often used to convey emotion and irony (Cano Mora, 2010; McCarthy & Carter, 2004). This elaborates on the gloss in the pre-sequence: life is “hectic” and difficult to manage. She then lists the numerous things that are making her life hectic. “I’ve got John’s mom coming... my family coming... Wanda’s birthday... the new move and... this job stuff” (lines 4-8). By saying “I’ve got” she indicates that these *circus acts* are her responsibility. She has to “coordinate” her family’s travel arrangements, the party, and the move. This way positioning her partner as another burden is important. She could have identified these as shared between herself and her live-in partner, but she does not. Rather, he is also something that she has to manage. As she lists all the things that she is responsible for, her tone changes. Everything is said with a sarcastic smile. Depicting her family as incapable of making travel plans she

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30 For an explanation of transcript please see the transcription key.
mocks them: “they’re not clear on who’s coming, or how they’re coming” and laughs (lines 4-5).

*Excerpt 2, S1, Session A, lines 4-19: Narrative 1 (N1)*

These first lines are an emotionally laden introduction setting the stage for the first narrative (N1) of the session. This emotionally laden introduction is a common method of introducing narratives in psychotherapy (Labov & Fanshel, 1977, p. 105). It introduces the characters and sets the scene (context), out of which the prominent narrative will emerge. The client has to deal with family coming in, the birthday, the move and the “job stuff”. The introduction depicts the client as an overwhelmed ringmaster. This feeling of being overwhelmed can also be heard in the tone of the client’s voice, but as she lists all the acts she has to manage, her tone changes and she begins mocking her family.

Out of all the things that the client has to manage, it is the “job stuff” that stands out. It is the last thing that the client mentions and it takes on special significance when she introduces it by saying: “yea (one second pause) ahh (clinches and shakes her fists)
and this job stuff on top” (lines 7-8). The rest of N1 focuses on the “job stuff.” All the preceding concerns (or circus acts) fade into the background. Turning her gaze toward the therapist she says, “John got let go at work” (see Excerpt 2, line 8). As her tone changes and becomes calm and measured, she begins to shift her positioning as a narrator. This shift is hard to convey through transcription, but we can see some evidence in her language. John was not “fired,” “kicked out,” or “canned”—he was “let go.” The term is not biting, nor aggressive. In other words, it is a neutral way to put it. As she continues, the client takes a very fair and measured assessment of the situation. She does not villainize or idealize her boyfriend or his employer. She says that the “boss is meeting with [John] today to try and relocate him” (lines 8-9). This was put in motion because John was able to admit that he was not a “good fit” for the position (In the story, John actually meets with his boss and says: “I don’t think I’m a good fit for this position,” lines 9-10). According to the client this creates an agreement (“they agreed”) between John and his boss and they decide “to try to see if they can’t put him somewhere else and put him to use” (lines 10-11). The client’s narrative describes the characters as rational actors coming to rational conclusions. The characters are able to assess their own and each other’s weaknesses and act without emotion or hurt feelings. They don’t blame each other for their problems and they do not experience shame or anger when they admit them publicly. However, this does not mean that the client approves of the decisions that the characters make.

At line 11 she offers a commentary on the job stuff problem by saying: “I don’t think it’s a great idea, (looking at therapist) but…you got to try, you know” (lines 11-
12). At first glance this comment might seem benign. However, it is vitally important because it strengthens the position that is being constituted during the storytelling of N1. During the description of how John was “let go” the client positions herself as a fair and rational subject, similar to the characters in the story (John and his boss). She describes the situation as if she is a rational executive, fairly describing both the difficulties of the situation and the genuine effort of all parties to find a solution. The commentary at line 11 is spoken to the therapist and is a personal comment (“I don’t”) akin to what is said between peers behind closed doors. While looking at the therapist the client says, “You got to try, you know.” The “you know” projects agreement. What I mean is that the phrase is designed in such a way that it presupposes that the other participant agrees because what is being said is so typical. This is powerful because it creates a similarity between the client and therapist as well-informed, thoughtful, and understanding individuals. This similarity should be thought of as a relational position, a way of acting on and relating to other, self, and world. Hence, relational positions are established and transformed through thinking, which as we can see is a practical activity. So far, N1 has introduced narrated characters (John and his boss) and established a commonality between these characters and the participants (therapist and client). They are all rational subjects able to unemotionally assess their situation and make good judgments.

However, this commonality is briefly broken apart as the client continues her commentary, which appears to be critical of John: “it’s a job I think that he’d be really

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31 A narrative is a way of representing an event (Labov & Fanshel, 1977). It has a temporal order and characters. This combination of characters relating to one another across time is what we see prior to line 11. Here the client steps away from the story to offer a commentary. This comment is inserted in the narrative but it does not end the narrative.
good at, but he is not” (lines 12-14). At this point there is a breakdown (or slip). She suddenly shifts away from what sounded like a criticism of her boyfriend, into an explanation about how another employer “approached him about doing a job,” but John “didn’t do anything really conclusive” (because he was employed) and now he is having difficulty getting “a call back” (lines 14-16). It is important to note that the breakdown transforms her negative commentary on John into a transition back into the job narrative, which is more positive. In other words, it initially sounds like a continued assessment of John’s failure to reach his potential at his current position: “it’s a job I think he’d be really good at, but he’s not.” Yet, it awkwardly transitions back into the “job stuff” narrative about how there is a better job for John, but he is having difficulty getting a “call back.” This abrupt transition is created by two repairs (Schegloff, Jefferson, & Sacks, 1977). First, after saying “he’s not” she seamlessly makes a repair and says “he is” (line 14). In the actual utterance these two contradictory statements are set side-by-side: “he’s not, he is.” The second repair occurs after the transition. After the client already mentions that John is “having some difficulty getting a call back” she backtracks and explains that “someone approached him about doing a job.” This is necessary because the client transitions back into the “job stuff” narrative while she was also making a critical commentary. The breakdown and repairs are important because they highlight the two positions ascribed to John. First, John is a rational and responsible person who still needs to find the right position. The second, John is a failure who was unable to reach his potential. These two positions will become even more important as the therapist uses his utterances to focus on how this impacts the client emotionally.

Hence, the first narrative that the client introduces is not a continuous story. It
consists of an introduction, main narrative, commentary, and conclusion. The introduction is about herself and her family. Here, she is positioned as an overwhelmed ringmaster who has to manage everything including John. In the main narrative, John and his boss come to a rational decision about his poor fit with his current job. In the conclusion, John is still searching for the right job. The reason he has not found the right job is due to bad timing, rather than his own fault. However, between the main narrative and the conclusion the client makes a commentary, which contradicts John’s position in the main narrative and conclusion. Making her assessment as a fair and rational manager, the client (as narrator, aligned with the therapist) views John as a failure who is unable to reach his potential. However, this is quickly disowned and the more predominant position is reestablished through a repair sequence. Up until the slip, there is a parallelism being created between John, his boss, the client, and the therapist. Similar to what Wortham describes, the characters (John and his boss), and the participants (the client and the therapist) are positioned as belonging to the type: fair and rational actors. The slip breaks this parallelism. John is not like them, he is not capable or competent. This is similar to the emotionally laden introduction where John is another thing to manage (see figure 7). This is a clear example of how the client thinks about herself and others during psychotherapy. She creates multiple possibilities for how the problem should or could be understood. She highlights how John, his boss, the therapist, and herself are rational people and the problem is circumstantial. However, she hints at how the problem could be personal, i.e. it is a problem about John's capability as a worker. There are other hints or what might be called latent problem possibilities that are created, yet not addressed.
So far this sequence looks like the trouble talk found in everyday conversation. Yet, as previously mentioned, in most trouble talk there is a “a pressure toward business
as usual” (Jefferson, 1988, p. 424). Hence, what we see unfold after N1 would be atypical outside of therapy. Instead of moving away from trouble, the therapist moves toward it. He does not let the conversation move toward business as usual and instead he focuses on possible problems, which are nascent in the client's previous speech, yet remain implicit because of the focus on John and his "job stuff."

Formulation (4:28). The client’s turn ends when she utters a conjunction followed by a process token “but hum.” The “but hum” is what Sacks, Schegloff, and Jefferson (1974) called a transition relevant place (TRP). This marks the possible end of an entire turn, typically referred to as a turn construction unit (TCU). Here the client signals that N1 is more or less complete. The TRP allows the therapist to offer a formulation that connects N1 to material from the previous week. Remember that a formulation is a way of commenting on what is being said. The therapist jumps in to offer a reflective statement about how the “job stuff” affects the client, saying, “This is kind of what you feared last week” (line 18). Hence, he glosses what she “feared last week” and connects this to N1 (“this is”), formulating N1 as a being stuff that she has feared. However, the utterance is not a perfect formulation. It is very similar to an extension, which is a way of extending someone’s speech (e.g. P1: “I want to go to the store” P2: “But you are too tired after a long day”). Hence, the utterance could also be taken as the client’s own words. We can imagine the client extending the process token by saying, “but hum this is what I feared last week” which would have been a different way of talking about the problem: the problem would not simply be John’s “job stuff,” it would be how the “job

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32 By reflective statement I mean an utterance that is used to comment on the speaker. Hence, the speaker becomes the object of the commentary (e.g. "I guess when I think about the job stuff, it makes me feel anger and I take it out on my family").
stuff” makes her feel. Furthermore, the formulation shifts the focus of the client’s storytelling, ultimately foregrounding her as the primary character, while back-grounding or eliminating the prominent characters of N1. John is the main character of N1, not the client. Yet, the narrative is introduced as her “hectic week.” The pre-sequence and narrative introduction conveys emotion by using emotional words, rhetorical devices and tone. These emotions are the client’s (“hectic week” “three ring circus,” clinching and shaking her fists when she introduces the “job stuff” problem), yet she disappears when the “job stuff” problem is discussed. The therapist uses his turn to bring the topic back to her feelings and repositions her as the most important person in the story.

It is important to notice how the therapist introduces the emotion of fear in an ambiguous way. He does not clarify what he remembers about last week or how it exactly relates to N1. Rather, he forms a connection and leaves the rest up to the client. After the formulation at line 19 the client responds by elaborating on her “fear.” She immediately conveys that she remembers the conversation from last week by springing to offer an acknowledgment token (“Ya” line 19), which she then attempts to clarify. She elaborates by partially rejecting the therapist’s gloss. She tells him, “I was fearing slash anticipating this” (lines 19-20).

Excerpt 3, S1, Session A, lines 18-23: Formulation

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<td>this. () Hum because, (2) ah, it was very clear that he was quitting. Umm, on the a-,</td>
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<td>mentally he was (1) he was quitting. Things were getting to be too hard and he was getting</td>
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<td>to the point where he says, “Ya know.” You know, that moment of like relaxation when</td>
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<td>you finally say, “Okay, I’m going to let this go?” He was getting to that sort of checked out.</td>
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The “slash” in fearing/anticipating creates an ‘either or both’ ambiguity. This convention is common in academic writing and helps to position the client as a rational
observer, some distance from her emotions. Fear is clearly a negative emotion. According to de Riveria (1977), fear is an “it” emotion in the belonging dimension (p. 45). It is one of the emotions that most people can clearly understand in terms of its basic structure. In fear, an object or other, which does not belong has come too close to the subject (de Rivera, 1977; de Rivera & Grinkis, 1986). The subject recoils, creating distance from the object or other. This is the emotional transaction. The instruction is to move away by creating distance, but this can be transformed. For example, in fear a person can act to eliminate, destroy, or confront the object/other. This is not done in anger (to assert your version of what ought to be), but in a fearful attempt to reestablish a safe distance. Yet, for the most part, the instruction is simply to turn and run.

On the other hand, anticipation is not clearly negative or positive and a case can be made that it is not an emotion at all. Merriam-Webster defines anticipation as “the act of looking forward.” It continues by adding: “especially : pleasurable expectation.”(Anticipation, n.d.) Therefore, in desire we anticipate the next meeting with our lover; in anger we anticipate a future confrontation with a foe; and in fear we can anticipate the reappearance of an undesired object or other that has the potential to do us harm. In other words, anticipation is a cognitive act that accompanies many different emotions. It can accompany emotion, but is not emotion itself. Hence, the client’s move quickly dissects the emotion that the therapist introduces with his formulation. By equating fear with anticipation she transforms fear into a cognitive act. The quick and clear acknowledgment token offered by the client now seems less like an agreement and more like momentary appeasement.

After this initial utterance, the client turns back to the main narrative of N1 and
elaborates on John’s behavior and motivation. She says, “I was fearing slash…anticipating…this because…it was very clear he was quitting…mentally” (lines 19-21). The therapist does give a verbal acknowledgment token, which can be interpreted as an affirmation that he understands what John was going through (line 24). From lines 23-27, the client then elaborates further on John’s behavior (“he wasn’t barreling into the work anymore”), his thought process (“He was sort of just saying, ‘If I didn’t make it to this meeting, I think I’d be okay with that’”), and his emotional state (“He was getting to that sort of checked out place”) (see excerpts 3 and 4). She characterizes John as being in a state of depression: he gives up his claim or identity as a hard working employee by not “barreling into the work” and gives up on making to “meeting[s]” and being “okay with” being let go. The client goes to great length to compel sympathy for John and he continues to be in the center of the narrative as she does her best to present him in a positive light. Yet, while doing this the client, as character in her own story, fades into the background. The therapist’s formulation at line 17 brought the client back into the story, but only briefly. After quickly dispatching the emotion ascribed to her, she turns back to John and the “job stuff”. This contrast clearly displays the different ways that the client and therapist are trying to think about the problem. As we can see, this is not a passive cognitive exercise. Rather, it is process of action on action that constitutes the problem, and therefore the participants, in very different ways.

*Extension (5:13).* At line 28 the therapist again uses his turn to bring the client back into her own story. The therapist offers a strong interest token (Hum, line 28) that

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33 A movement away from the world, where the instruction is to give up one’s claim of belonging (de Rivera, 1977, p. 46).
overlaps the client’s speech and causes her to pause. During the pause the therapist takes a deep breath, which signals that he is about to speak (something that happens frequently throughout the session) and he then offers an extension: “But that wasn’t okay with you.” The power of this utterance comes from both its construction as an extension (of the client’s speech) and that it performs a “circulation of figures” (Peräkylä, 2004, p. 294). The therapist transforms the client’s previous phrase, “okay with that” (uttered twice in lines 26 and 27) into the “but that wasn’t okay with you” formulation. Previous studies have demonstrated that people can circulate figures of speech in order to make a connection between two temporal events or topics (p. 302). Hence, what we see here is a connection being formed between John losing his job and how this affects the client. The extension attempts to make explicit that the “job stuff” problem is the client’s problem. In other words, the “job stuff” is problematized as something that affects the client—the problem is located in the client's experience and therefore she has ownership of the problem.

*Excerpt 4, S1, Session A, lines 25-33*

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The client responds to the extension by seamlessly continuing her utterance. On an interactional level the therapist’s speech functions as if it were the client’s. In a sense, it creates a bridge between the client’s utterances. This bridge does change the
conversation, or at least it attempts to. Participants can always resist each other’s turns even in an institutional setting such as psychotherapy (Vehviläinen et al., 2008; Voutilainen et al., 2010). Here, the client continues to talk about the “job stuff” as John’s problem and does not turn toward discussing how this “wasn’t okay with [her].”

After the extension she says quite pointedly, “He was sort of looking for permission to stop working” (line 30). “He was looking to get fired” (line 32). Previously, the client positioned herself as a rational and fair person. This was done in part by describing John’s “job stuff” in neutral terms. She talked about John being “let go” and “relocated.” These terms are soft, non-abrasive, and neutral in terms of positive and negative attribution. However, here she shifts to direct language. “He was looking to get fired.” The term fired is abrasive, angry, final, and accusatory. No one wants to get fired. It is a negative thing. It implies confrontation and attributes qualities to those who are fired—i.e. John. This change is subtle and short lived. She follows the “get fired” utterance with a paternalistic comment: “And I think that’s unfortunate” (line 32). The comment feels paternalistic and contemptuous. Although the tone and the word choice imply a neutral position, it is a judgment. It is a recognition that John is not acting as he should. He is no longer a rational person, but someone who is judged as “unfortunate”. This transformation is what we see hinted at in the slip described in figure 7, and it draws on ways of thinking about the problem, which are implicitly present.
From lines 32 to 54 (excerpt 5) the client elaborates on what she means by “unfortunate” (from line 32). As far as I can tell, this elaboration is not called for by the therapist. Rather, the client offers it up. Although we can interpret this as her attempt to explain her statement that John’s behavior is “unfortunate,” the client also discusses her own feelings. She says that the fact that “no one has a job” creates a “shitstorm…in my mind” (line 43). This is the first time the client has returned to her emotional life since she briefly positioned herself as a frantic ringmaster “coordinating” her “three ring circus” life (excerpt 2, lines 4-5). The frantic emotionality in the narrative introduction now returns with more force and immediacy. The “shitstorm” is wonderfully descriptive,

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34 A ventriloquation of herself as character.
yet vague. It is chaotic, violent, and uncontrollable. With this utterance she moves away from the rational position she has established as a narrator as she begins to talk about herself as a character in her own story.

*Questions and a shift in the problem (6:50-7:34).* Up to this point the participants have primarily been dealing with the “job stuff” that has been collaboratively selected as the problem at hand. This problem has been advanced by the client as John’s difficulty securing a job. This affects her, but she has tried to keep herself at the margins both as a character and as a narrator. The therapist has attempted to shift the spotlight onto the client and focus on how the “job stuff” problem makes her feel. At line 54, the therapist continues this effort by asking how the client “[has] been dealing with it.” The “it” is an index pointing back to the “job stuff.” The short and direct question is a more strong handed attempt to get the client to talk about herself. By asking: “So, how have you been dealing with it?” the therapist makes it extremely difficult for the client to keep talking about John. It is true that she could have offered a superficial reflection and then moved back to the old narrative (Something like, “I have been trying to be understanding. John went in the other day and said…”). However, she instead breaks from her previous focus on John and begins talking about herself. It is worth pointing out that she sets this up in the last utterance where she exclaims, “Now nobody is employed again” (line 41). The difficulty of finding a good job is a shared problem and in the next utterances the client talks about her own struggles looking for a job. This is a turning point. The question at 51 marks a shift in the relational positioning that is constitutive of the problem. She not only foregrounds herself as a character, but she begins to tell a new story about her own struggles. Although the therapist question was vital in making this shift, it was setup by
the client’s own turn toward her emotions in her previous turn.

Excerpt 6, S1, Session A, lines 54-70

In the client's initial response to the therapist’s question, the client says that she has “applied to some more work” (line 55).\textsuperscript{35} She continues by saying that she has a “really hard time with” looking for a job (line 55). Then, with tongue in cheek, she jokes: “I always feel like an asshole” (lines 55-56). She laughs as she says this and looks at the therapist. Looking at the transcript one might think that this is an emotionally laden moment. However, when watching the interaction it comes across as clever and sarcastic. This is conveyed by her tone and delivery, the way she utters this line with a smile and looks right at the therapist. Hence, even though her utterance opens with a slight exposure about her insecurity and limitations (she is looking for more work even though she has a

\textsuperscript{35} The question: “How have you been dealing with it?” is ambiguous (something that we see frequently with this therapist). She interprets the question as an inquiry about her action (The question might be interpreted as: “What have you been doing in response to John losing his job?”).
really “hard time with” it). She closes the utterance with a pointed jab, mocking her own feelings.

The therapist responds to this utterance by quickly turning his head as if curiously provoked and then asks: “Why?” In response to this question the client shows us a side of herself that we have not seen. Instead of the confident, rational actor, we see an insecure person unable to “talk about” herself or her feelings. Elaborating on why she has a “hard time” looking for a job and why she feels like an “asshole,” she comments that she is “really bad at” the “process” of looking for a job (lines 58-59). During her delivery she cuts herself off and stumbles. Eventually, she acknowledges that she is having a problem explaining herself and says: “I don’t know how to explain this—ya got me” (lines 59-60).

We have discussed how therapists use formulations as therapeutic tools, but here we see the client also using a formulation. This is a special type of formulation where the participant comments on what is going on in an interaction, making explicit what is implicitly happening. This type of utterance was what Harvey Sacks originally identified as a formulation. Later Heritage expanded this to include the reflective glosses that we see in psychotherapy and everyday conversation (Antaki, 2008).

The client’s formulation highlights the action on action dynamics that we have been seeing throughout S1. Although the client has tried to get the therapist to align with her (as a rational actor), there has been an adversarial dynamic throughout this initial deepening of the troubled talk. We can see this in the adjacency pairs. The therapist’s utterances are always pushing the client to tell her story in a different way. He indicates that there is more to say, that something is left out and needs to be discussed. Mainly, the therapist has been directing the client to talk more about herself and her emotions. Yet,
the client avoids talking about herself even when she agrees with the therapist’s formulation (recall the exchange about what she “feared,” lines 19-23). By saying “ya got me” the client comments on this dynamic. She does so in a non-confrontational way that is hard to convey through transcription. She is not quite joking, but it is humorous. It is as if the two were both playing a game, but they were pretending that it was real. The comment exposes the game of psychotherapy for what it is: a micro-practice of power where participants use actions on actions to think about a problem in ways that shape how the problem is understood.

Even though the client formulates the therapy as a sort of game, this does not relieve her from the expectation that she needs to explain her feelings. The client’s struggle to explain herself stretches beyond the utterances discussed above. Right after she ends her utterance at line 63, the therapist and the client both offer process tokens. This double process token pair rarely occurs across the dataset. It further distinguishes the sequence and can be interpreted as a mutual acknowledgment that something important is being said. The therapist then asks, “What do you make of that?” (line 66), indexing her previous utterance about having a “hard time” “trying to talk myself up” (lines 62-63). In response the client stumbles: “Ahh it probably doesn’t speak good things to me” (line 67). The utterance has a tortured delivery, accompanied by laughter and a long gaze at the therapist. It comes off as strange and is hard to understand, and the therapist quickly asks for a repair (“I’m sorry I didn’t catch that” line 68). The client’s repair is shaky at first, but she eventually rights herself and returns to the more articulate delivery that was so apparent during the beginning of the sequence. It is worth noting that this return to a confident and competent delivery comes at a cost: she turns on herself with the pointed
sarcasm.

She does display this new confidence while acting out an imagined job interview and uses dry, biting wit to describe herself as an interviewee. Ventriloquating her response to an implied questioner left unvoiced, she says: “I can say, ‘Hire me, I am hard-working’ and that’s pretty much it.... ‘Hire me, I won’t steal things or set fires.’ ‘Hire me, I could figure things out on my own’ ” (lines 70-75). She narrates herself as someone who is minimally qualified, someone who struggles when she is, “trying to spin what I have done and trying to talk myself up” (line 62). She says, “And then it feels like: ‘Prove it,’ and I’d be like, smile” (line 75). When she says smile she turns to the therapist, smiles at him, while turning her head in a coy, innocent way. This utterance has multiple implications.

**Excerpt 7, Session A, lines 70-77**

| 70 | say (4) I don't have a follow-up for that, I can say, “Hire me, I am hard-working” and that's pretty much it (.). ahh its hum ya(.)((laughs))(.). “Hire me, I won't steal things or set.. |
| 71 | Hum hum |
| 72 | Fire! ((gestures with both fists looking at therapist)) (.). “Hire me, I could figure things out.. |
| 73 | Hum |
| 74 | C on my own. And then it feels like: “prove it,” and I'd be like () smile ((tilt head to the.. |
| 75 | Hum |
| 76 | T |..on my own. “Hire me, I could figure things out on my own’ ” |
| 77 | C |..smile()) ahh I, don't know, I don't know. Most places I've worked, I kind of did |

First, by using “It feels like” to introduce the ventriloquated speech the client creates an ambiguity. On the one hand, the utterance can be read as a straight forward

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36 At no point does she introduce an interviewer or their questions, but it is implied based the wording of the ventriloquations that follow.
37 If we look at this emotionally we see someone who feels undesirable. This is an extension of de Rivera’s theory, where desire is wanting to incorporate someone into oneself. A job interview is just this, it is an event where one person wants to bring another into their business. The person has to be desirable, having quality or traits that the employer wants. The client’s talk is about having nothing desirable.
38 Client ventriloquating the employer.
ventriloquation: “And then the employer would ask, ‘Prove it’ and I’d be like—*smile.*” But, it can also be read as an emotional transaction: how the client “feels” when she imagines being questioned about her qualifications. She is saying “It feels like ‘prove it’” when she has to talk about herself. The utterance is about what she “feels” when she is in a situation where others have to recognize her worth and desirability. Second, as stated above, the “prove it” and coy smile can be understood as an imagined enactment of herself as a job interviewee. After the client lists her basic qualifications, the employer says, “prove it” and to this the client responds with a coy smile and look of innocence. The implication here is that instead of having a response the client would fain child-like innocence hoping the employer would forget the question and simply find her endearing. However, this is not a personal daydream. It is an action in response the unfolding context and aimed at the therapist. It occurs directly after the client’s awkward stumble and therapist had to call for a repair. For the first time the client was not polished, but unsure, lost for words and struggling. The formulation that she used (“*ya got me*”) establishes that the therapist is watching and evaluating the client. Hence, the coy smile sets up a parallel relationship between interviewee-employer and client-therapist. In both cases the coy smile is aimed at transforming the feeling of being evaluated into something more tolerable (see positioning figure 8).\(^{39}\)

\(^{39}\) For de Rivera, the feeling of being evaluated would fall into the recognition emotions. These feelings like shame, guilt, and contempt. Shame and contempt are prominent themes that will be discussed in greater detail later on.
At line 77 she offers a commentary about why she has a “hard time” with the “process” of getting a job. At this transition point, she comments about her unfortunate work history in order to forge an understanding of the “hard time.” She talks about how “I…did my career backwards,” having the most “rewarding and fulfilling work [and] most…impressive work early on in my life” (lines 77-79). She details how she was a “manager at a movie theater” and how she “proof-read for one of [her] professors” (lines 79, 91-93). She compares these jobs with what she has done recently saying “the last two jobs I had were under the table…I would never put [them] on my resume because the job…was nightmarish” (lines 80-83). However, she explains that she also cannot use the
early experiences because the “theaters got sold to another company” (line 88) and the professor is now “retired” (line 93) making it impossible to use them as references.

Excerpt 8, S1, Session A, lines 78-95

A parallelism between the here-and-now and narrated positioning is now being established. The narrative positions the client as a victim of circumstance. Events, outside of her control, have made talking about herself a “hard time.” She is capable of landing a good job and doing well, but things have just not worked out for her. Therefore, her narrated position is that of a competent employee, with a solid work history, who is a victim of circumstance. The narrator position is similar. The client’s confidence had been building during the sarcastic self-statements, but she moves into an even more assured place as she weaves the “backwards career” narrative. She comes across as a competent interviewee. You could imagine her telling this story to a prospective employer. In this sense the client is selling herself to the therapist in the same way she would sell herself to
an employer. She has moved from being inarticulate to confident articulation. However, we need to acknowledge that this comes with a price.

First, she turns on herself with sarcasm, which then evolves into a narrative about herself as a competent victim. This positioning unfolds within the context of the previous utterances where the client begins to think about the problem as emotional and personal. While she talked about her discomfort with being evaluated, she created a parallel emotional relationship with the therapist where he was also positioned as an evaluator. These difficult feelings are then transformed into confidence. This is performed by a commentary that reestablishes the relational position of the client as an employee. This is a way of thinking about who she is as a certain kind of person. What this demonstrates is how this thinking is a process that uses narrative positioning and emotion to change how the problem is constituted. Furthermore, this demonstrates that emotion is both talked about (and therefore fundamental to the positioning in the commentary or narrative) as well transacted between the participants in ways that parallel the emotion of the narrative (i.e. being evaluated). Hence, this demonstrates the way that problematizing involves narrative positioning and emotion in ways that are complex, contextual, and most of all relational. What occurs next is that the client makes a rare explicit statement that summarizes the problem that has been constituted. The relationship between the complex problematizing described above and the explicit formulation of the problem is an important dynamic in the constitutional process of psychotherapy.
Excerpt 9, S1, Session A, 96-110: S1 Interpretation

Throughout the client’s commentary, the therapist does not offer a response beyond his listening tokens. His response comes only after the client concludes with a summarizing statement. She starts the statement with an index, which points to the basic problem about the “job stuff.” She says: “It’s just this very (pause of a long time and then begins to shift back and forth) chaotic thing (pauses again) and I...don’t like feeling judged and I don’t like really having to explain myself” (lines 96-97, t = 9:07). This is an important utterance. The problem has shifted over the course of the sequence and it is now explicitly both personal and emotional. She is talking about herself first and foremost, which is something she has resisted despite the therapist’s interventions.

Watching the session, this is a moment where I felt like the session deepened. The moment feels genuine, unscripted. When examining the details of the utterance the long pause between “very” and “chaotic thing” grabs the listener. During the pauses the client

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40 It is worth noting that the client actually introduced N1 (overwhelmed ringmaster) as emotional and personal, but then move away from this quickly.
shifts back and forth in her seat as if she is searching for the right word. When she finally says “chaotic thing” she says it in a slow, deliberate tone. The phrase “chaotic thing” characterizes the movements she was making during the pause: chaotic, unanchored, and shifting back and forth. Although we might not initially refer to chaos as an emotion, certainly chaos has a certain feeling to it. It is unpleasant and unwanted. The client’s pauses and bodily movements add to her account. She is describing the “job stuff” problem as something that occurs during the job interview “process.” It is a “chaotic thing:” a personal feeling that is unpleasant, yet not a clear emotional transaction.

This feeling aspect of the problem is further reinforced by her next utterance. She continues by saying, “And I…don’t like feeling judged.” This statement adds on to the “chaotic thing.” It is unclear if feeling judged is central to the “chaotic thing” or secondary, but the direct reference here to “feeling” reinforces that the problem is being constituted as emotional. “Feeling judged” and “having to explain” imply other people. One cannot be judged without, at the very least, an implicit other. Hence, because of the parallel positioning demonstrated earlier, this utterance has here-and-now implications. Leading up to this point the therapist was positioned as an evaluator. Although the client is summarizing the “job stuff” problem, the entire commentary is like a job interview where she has to explain herself to an interviewer. Hence, it is also a commentary on her relationship with the therapist who is positioned as an evaluator. She feels “judged” and has to “explain” herself and this is a very “chaotic thing.”

*Extension (9:26).* After the client summarizes the problem the therapist tries to speak, but he is cut off. She quickly offers a clarification by saying, “Not that I don’t like describing things like that,…but when it comes to justifying myself I have a hard time
with that” (lines 99-101). The clarification changes how the therapist chooses to address the client’s utterance. When the client cuts off the therapist he was offering a formulation (“So you” is the turn initiator commonly used to formulate what was just said). Yet, after the clarification the therapist shifts tactics and offers an extension. At line 102 he says: “Being evaluated.” He offers this immediately, and delivers it smoothly. The extension actually refers back to the index that the client used to end her clarification: “I have a hard time with that.” By removing the index and replacing it with a concrete experience the therapist brings the problem into the light, rather than continuing to understand it at the margins. The “job stuff” problem that started the sequence now emerges as a problem with “being evaluated”.41 The client demonstrates this mutual recognition in her response to the extension. She immediately offers a strong acknowledgment token saying, “Ya, I don’t like it, I don’t like it at all, it makes me queasy” (line 103). The strong acknowledgment token is reinforced by how she does not “like it” (the index here pointing back to “being evaluated”).

Yet, she goes beyond agreeing with the therapist, she adds that “it”—“being evaluated”—makes her “queasy.” Queasy is a visceral word. It implies a bodily experience, something that is felt, that is personal and unpleasant. The “queasy” utterance continues the constitutional work on the problem, focusing on the personal emotion aspect that has emerged. Previously, she described the problem as a “chaotic thing,” which was shown to have emotional implications. This was furthered by talking about

41 The therapist describes the problem as “being evaluated,” whereas the client describes it as “feeling judged.” These are very similar, demonstrating a evolving co-understanding of the problem. However, it is worth pointing out the they are not the same. “Feeling judged” is a personal emotional experience. “Being evaluated” an interpersonal act indicative of certain situations (job interviews, first dates, performances of all kinds) where one can feel judged.
“feeling judged.” The problem seems to be becoming clear to the participants. Their coordination and collaboration has increased as there is little resistance at the end of the sequence. The therapist can seamlessly offer an extension that is fully owned and carried forward by the client. The “job stuff” problem has been constituted as a “hard time” with being “being evaluated” and “feeling judged.” This is not only something she experiences in her day to day life, but it is also something that she experiences here with the therapist. He can be positioned as an evaluator that she stumbles in front of and then has to explain herself.

The interpretation sequence S1 (9:40). The double acknowledgment tokens at lines 104-105 reinforce the importance of the previous “queasy” utterance. The client creates a pause in the conversation by offering a confirming, “Hum yea” instead of continuing to elaborate upon the problem. This can be seen as an attempt to close the sequence. “Closings” are a series of utterances that end a sequence or conversation (ten Have, 1999, p. 17). Closings are typically negotiated rather then forced, which is what we see happening here. The attempt to close the sequence indicates that the problem, to a certain extent, has been understood. This adds to the importance of the previous utterances and the implications identified above.

This calling for the closing of the sequence does not, however, create a clear demarcation between this sequence and the one to follow. A complete abandoning of what had been said would be very strange. Rather, the participants must make a transition. The transition marks the end of the first sequence and sets the groundwork for the next sequence. The therapist provides the transition by offering an interpretation.

In this project I follow Vehviläinen’s notion that psychodynamic therapy proceeds
by way of an interpretive trajectory, which creates analytic puzzles that are eventually solved by the interpretation (Vehviläinen, 2008). Therapy sessions can be seen as a procession of interpretive sequences each ending with an interpretation. However, when we look at the interpretation that ends S1, it is clear the interpretation does not provide a clear ending. After the client calls for a closing, the therapist takes a deep breath and then begins to setup his interpretation with a formulation, which pulls in material discussed in a previous session. He tells her, “You know, I’m thinking back to…when we were talking about, how it is difficult for you to talk about yourself” (lines 106-107). This formulates what the client has said (presumably in a previous session because they do not talk about this here), while positioning himself (“when we were talking”) as a witness/participant and therefore making it hard for the client to disregard his recollection. To this, the client offers a strong acknowledgment token (“Yea”), which allows the therapist to continue to offer his interpretation: “I’m wondering if it’s related to this uncomfortable feeling that you’re being evaluated” (line 109). The interpretation does many things (which I will get to) but what it does not do is end the sequence in any clear way. Therefore, we cannot think of Vehviläinen’s interpretive solution as an ending of a certain problem, but as an expansion, drawing upon present material and making connections across the session(s) in order to foster further conversation that will expand upon the ongoing constitutional work (Vehviläinen, 2003, 2008).

**Conclusion S1 and the “job stuff” problem.** Even though the solution does not end the conversation, it still offers a ‘solution’ to something that has been constituted as problematic. The therapist puts forward that the client’s problem of “talking about” herself is “related to this uncomfortable feeling of being evaluated.” The problem is
formulated as something from a previous session and the solution comes out of the current conversation. Hence, the interpretation does not, on its face, solve the “job stuff” problem constituted during S1. Rather, it uses the emotionality (“feeling uncomfortable”) and relational positioning (“being evaluated”) to solve the previous problem of “how it is difficult to talk about [herself].” In other words, her emotions and the relational context in which they arise are used to understand a persistent behavior: having a hard time talking about herself.

And yet, as we have seen, not being able “to talk about [herself]” has been a persistent problem during the first sequence. All of the therapist’s utterances have been directed toward foregrounding the client as the main character in her own story. This has frequently been accomplished by highlighting the emotionality of certain narratives and utterances. Furthermore, the therapist and client are positioned in an evaluator-evaluatee relationship, which the client feels is chaotic. This problem remains implicit even in the interpretation that discusses it directly. By placing the problem back in previous work, the therapist makes inter-session connections, but avoids talking about the problem in the here and now—at least directly. From a therapeutic perspective the therapist is missing an opportunity to talk about something in a more immediate and genuine fashion. By talking about the problem in the here-and-now we might hope that the client would experience and process the problematic emotions associated with her behavior. However, by being more direct the therapist could invoke strong resistance and sidetrack the course of the conversation. It is hard to know. Regardless, it is quite remarkable how the therapist offers an interpretation that brings in past material, while also implicitly addressing the “job stuff” problem and the here-and-now relationship parallelism that has been
A major task facing the psychotherapist is to move from "business as usual" to "trouble talk". The first sequence of session A shows what the therapist must do to sustain and even deepen the trouble talk. The preceding analysis makes explicit my intuitive assumption of therapeutic depth. A session becomes deeper when the client begins thinking about the problem as personal and emotional. From my experience, this depth is hard to sustain for an entire session. Admittedly there are moments when the topic shifts to concerns that feel more superficial. Hence, some parts of the session are more important than others. As we move forward we will limit the scope of our analysis. To describe the entire session with the same level of detail used to examine S1 is infeasible and unnecessary. This is where the assumptions of the researcher are important. By closely examining the moments where the session feels deeper and more powerful, I will explicate the initial assumptions about the data and attend to the overarching constitutional strategy of psychotherapy. Namely, depth psychotherapy is a constitutional process where the client must think about herself as certain kind of emotional being. As in S1, this is will be continually demonstrated across the dataset. The question, however, that will need to be answered is why must the client think about herself in this way? And, how does psychotherapy constitute the client as a certain kind of emotional being?

Sequence 2 (S2)

The client’s response at line 106 marks the beginning of the second sequence (S2) of session A. It is far shorter than the first sequence, lasting for 5:28 (9:40-13:14 session time) and overall felt superficial compared to the depth at the end of S1. Below is the
basic structure of the sequence. After the client’s response, the therapist uses questions and formulations to foreground aspects of the client’s speech. He continues to make formulations that index material discussed in previous sessions, while his questions call for the client to expand on what has just been said. The client’s speech also indexes material discussed in therapy, yet she seems to be referencing work done with a previous therapist. However, the bulk of the client’s speech is about her past. She talks about how she was taught not to do anything that she was not good at and she talks about how getting bad grades was hard on her during high school. Interestingly, she finishes the sequence by offering insightful comments about herself and then tells a story about how in one instance she did not let her bad grades affect her. The therapist acknowledges this by using his interpretation to focus on how: “if things don’t go right you…see them as a reflection on yourself” (lines 183-185), which again is a way of making the problem personal.
Figure 9

*Sequence 2 (S2), Basic Conversational Structure*

*Elaboration on S1 interpretation.* The client’s elaboration on the therapist’s interpretation by signaling agreement, but she frames the problem as something related to performance, saying: “Yea, and I don’t feel like I do a terribly good job of it” (line 110).

It is not actually clear what she is referring to because the interpretation is about “this
uncomfortable feeling that you’re being evaluated” (line 109). However, if we examine her initial utterances up to the therapist’s formulation the connection becomes clearer. She goes on and says that “when [she] was younger” she was “taught…that you don’t do things you don’t do well. That you don’t enjoy things you don’t do well” (lines 112-115). By using the simple past tense “when I was younger” the client encapsulates a large chunk of her early life during which she was taught a general lesson. This lesson is summed up as an axiomatic gloss (“you don’t do things you don’t do well”) that she eventually relates to the “job stuff” problem as it became constituted at the end of S1. Yet, this takes a few moments to unfold.

Excerpt 10, S2, Session A, Lines 109-117: Elaboration on S1 Interpretation

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>109</td>
<td>T I'm wondering if it's related to (.) this uncomfortable feeling that you're being evaluated</td>
</tr>
<tr>
<td>110</td>
<td>C Yea and I don't feel like I do a terribly good job of it hum(.) I don't know if you've had a chance to read through my, my notes or if Jackson even bothered to write it down (.). Cause I said it like, ↑ forever ago, but hum. It was &lt;sort of&gt; taught to me, hum when I was younger,</td>
</tr>
<tr>
<td>111</td>
<td></td>
</tr>
<tr>
<td>112</td>
<td>C that you don't do things you don't do well. (1) [(gaze)] That you (nods head as she looks hum)</td>
</tr>
<tr>
<td>113</td>
<td></td>
</tr>
<tr>
<td>114</td>
<td>T</td>
</tr>
<tr>
<td>115</td>
<td>C .. away]] don't enjor things you don't do well, and you don't do things you don't do well</td>
</tr>
<tr>
<td>116</td>
<td>T And what don't you do well?</td>
</tr>
<tr>
<td>117</td>
<td>C I; umh I, I don't really know ((laughs))</td>
</tr>
</tbody>
</table>

Question (10:07). At line 116 the therapist offers a question: “And what don’t you do well?” After a moment, the client answers the therapist’s question by offering a how response, focusing more on how she came to this understanding, rather than answering the therapist’s question directly. She says that it “was always my understanding” (line 119). She explains: “my mom wasn’t good at sports and she refused to let me participate because she thought I would be bad at them too” (lines 119-121). Hence, the client uses the question to talk about her early childhood experiences.
Then at line 125 she uses “So” as her turn initiator, which indicates that what follows will be a summary. She says: “It is very hard for me…to keep at things if I feel like I’m failing…. The adjudication process for me really…highlights the potential for failure” (lines 125-127). The summary continues to shape the problem of “being evaluated” (which has now become central to the “job stuff” problem). The client uses the phrase “adjudication process,” which is quite formal language, and refers to a situation where one is judged — where one is evaluated. This is related to the “potential for failure” and what she understood as a child; namely: “You don’t do things you don’t do well.” This summary is important because it is a constitutional moment: a clear instance of “mutual formation between people and their forms of life” (Packer, 2011, p. 10). The summary relies on the context built up in S1 and S2. It is an elaboration on the interpretation ending S1: an interpretation which is related to the general struggle with employment that her family is having and specifically to her difficulty with the job search process (all aspects of S1). The summary arises out of this context, but it also acts to define the context. It reinforces some aspects of the previous conversation, while disregarding others. Certain themes come to light, while others fade.

The remainder of her utterance emphasizes how the past has shaped how (who)
the client is. First, the “adjudication process” mentioned above is contrasted with a situation where “no one is really watching, [and] no one loses” (lines 127-128). She then relates the “no one is really watching” to “the way I play most of my games” (line 128). She continues by describing that when she plays games “nobody keeps score and things are just for…shits and giggles” (line 129). She rationalizes this by saying that the rules make the game “overly complicated or competitive” and says that this is opposed to her more “copacetic…nature” (lines 133-134). Hence, the client’s utterance links present behavior to her basic “copacetic…nature,” contrasting this with her childhood relationship with her mother, and the difficulty with being “evaluated.” In this subtle turn, the client tries to background the negative emotions and lack of confidence she was just discussing and instead emphasizes her “copacetic…nature.” She frames herself as relaxed and free spirited, rather than anxious, fearful, depressed, or any other negative emotion that might be driving her behavior.
Interestingly, when she is talking about throwing out the rules she slips and says: “half the rules get thrown out of the way because they just make the game overly competent” (lines 130-133). She immediately initiates a repair by saying, “you know, overly complicated or competitive.” This slip is meaningful when we take into consideration the unfolding context. She has described feeling incompetent in situations where she is evaluated. Although she tries to frame her attempts to throw out the “rules” as a personal choice based on a “copacetic…nature” the slip betrays her rhetorical reframing and aligns more with the less positive position of the client as an incompetent interviewee, which arose the S1.

_Formulation (11:07)._ At line 135 the therapist seems to call for his turn by overlapping the client speech with an acknowledgment token and then takes deep breath. He then offers a formulation about material discussed in a previous session. He says: “I
remember maybe a couple sessions ago you said that you have your standards for everybody else and you have your standards for yourself” (lines 135-137). The client offers a strong acknowledgment token and then begins to talk about how she “was really hard on” herself (line 138). The formulation ends up diverting the client’s attempt to frame herself as being “copacetic in nature” and instead steers the client toward more problematic aspects of her life (i.e. being hard on herself). Although the formulation follows directly after the “copacetic” phrase, it is responding to the description of how she throws out “half the rules” (line 130). The therapist’s formulation uses the word “standards” which is a synonym for rules. His choice of the word “standards” is interesting because it creates a tacit, rather than explicit link between the two utterances. He could easily have said “rules” rather than “standards”. We might speculate that a more explicit connection could come across as forceful and create resistance, whereas a tacit connection creates an opportunity of the client to change her focus.

In response to the therapist’s formulation the client offers a strong acknowledgment token followed by a narrative (N2) about how she was “hard on [herself]” in “middle school or maybe early high school” (lines 138-139). Similar to N1, N2 is introduced using Labov and Fanshel’s (1977) classic rule of narration. The narrative is introduced by a “ proposition” that is “affective” (p. 105). After the strong acknowledgment token the client delivers the proposition: “I was really hard on myself.” According to Labov, the narrative introduction tells the listener that a narrative is going to be told. Furthermore, the narrative “functions as [a]…single speech act” that might challenge, respond to, or resist the implications of the therapist’s utterance (p. 106). In this case, the client uses the narrative to agree with the therapist, while also
contextualizing how her high “standards” for herself have been distressful.

**Question 12:23.** However, when the therapist uses his next utterance (“And that’s what you seem to do?”) to summarize this as a current problem (line 155), the client resists. Initially she pauses and then she says, “I have done [it] in the past, I think I’m slightly better at it” (line 156). In other words, the high standards that the client was discussing previously were more of a problem in the past and she has gotten slightly better at not being perfectionist. With the therapist’s question answered the client then launches into a story about how her physics teacher “didn’t teach” and she ended up getting a bad grade (line 159). In the story the client depicts herself as a hard-working student that would not give up even though she had a bad teacher. She describes how the teacher, “stopped writing the answers down and I started failing” (lines 164-165). The story actually demonstrates a moment where she was not holding herself to too high of standards. She says, I only got a “high C in the course…which didn’t break me up all that much” (line 179).
Excerpt 13, S2, Session A, Lines 145-186: Narrative 2 (N2) and S2 Interpretation

<table>
<thead>
<tr>
<th>Line</th>
<th>T</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>145</td>
<td>T</td>
<td>[Hum] What do you make of being so hard on yourself?</td>
</tr>
<tr>
<td>146</td>
<td>C</td>
<td>I want things to be right (1) and, ahh (1) yea I want things to be right, I want them to be huh ((laughs and gestures with hands together)) like, &quot;how could I miss that,&quot; like, &quot;I know this, I can do this. Why, why am I failing?&quot; You know, and ahh sort of ahh for me it feels like a lot of loss of big picture kind of things like, &quot;You didn't fail. You got a 97.&quot; &quot;Ya but you failed question number 2, (...) you failed that,&quot; you know, ((laughs)) if you're..</td>
</tr>
<tr>
<td>152</td>
<td>T</td>
<td>hum</td>
</tr>
<tr>
<td>153</td>
<td>C</td>
<td>..looking for failure you could subdivide things, you know, until the piece you have is nothing but failure[hum]</td>
</tr>
<tr>
<td>155</td>
<td>T</td>
<td>(Hum↓) ((pulls head away)) And that's what you seem to do?</td>
</tr>
<tr>
<td>156</td>
<td>C</td>
<td>Hum [:] I, I have done in the past, I think I'm slightly better at it, like I said I got a, I almost failed physics ([] which wasn't my fault by the way ((pointing at therapist)) it was the..</td>
</tr>
<tr>
<td>158</td>
<td>T</td>
<td>hum</td>
</tr>
<tr>
<td>159</td>
<td>C</td>
<td>teacher's fault. (...) He didn't teach[.] [and hum] the first half, the first half of the semester..</td>
</tr>
<tr>
<td>160</td>
<td>T</td>
<td>[hum]</td>
</tr>
<tr>
<td>161</td>
<td>C</td>
<td>..he would give out problems for you to work and then at the end of the class he would writethe answers down and uhmm ([]) He got tired of writing, either he got tired of writing..</td>
</tr>
<tr>
<td>163</td>
<td>T</td>
<td>hum</td>
</tr>
<tr>
<td>164</td>
<td>C</td>
<td>..the answers down or people weren't working, and so said he :stopped writing the answers down and ([]) I started failing..</td>
</tr>
<tr>
<td>166</td>
<td>T</td>
<td>hum</td>
</tr>
<tr>
<td>167</td>
<td>C</td>
<td>..Ah because he didn't teach. So the only way that I, so the way that I was learning physics was he would give me the answer, I would work the problem out until that was the answer that I got. I'd work the other problem out using the same steps I done for, for problem one and if I got the answer that was the correct answer to number two, that was the way you solved the problem ([] [uh]mm</td>
</tr>
<tr>
<td>172</td>
<td>T</td>
<td>Uh[um] ((nodding))</td>
</tr>
<tr>
<td>173</td>
<td>C</td>
<td>..But without the answers I didn't know if I was learning the right thing or not, it was just..</td>
</tr>
<tr>
<td>174</td>
<td>T</td>
<td>hum</td>
</tr>
<tr>
<td>175</td>
<td>C</td>
<td>..yeah, I can give you an answer to problem two, but I don't know, if it is right now, I don't know why it would be right ([] [um]yeea so, that was a little frustrating ([] I got, C- I got..</td>
</tr>
<tr>
<td>177</td>
<td>T</td>
<td>Hum hum</td>
</tr>
</tbody>
</table>
| 178  | C | ..an A in the first half and like a D ((laughs)) in the, a low D in the second half and ended up with a [high C] in the course. ahh which didn't b^reak me up all that much I got to say (1)..
| 180  | T | [hum] |
| 181  | C | ..((laughs)) |
| 182  | T | hum well I wonder if in that situation ahh you see that it was maybe not a reflection on you, but a reflection on the teacher. (...) But it sounds like a lot of things, that if things don't go.. |
| 183  | C | Yea |
| 185  | T | ..right you, you see them as a reflection on yourself |
| 186  | C | Ahh definitely, definitely, "Why couldn't I
Interpretation 13:40. The therapist then makes an interpretation by saying: “Well I wonder if in that situation…you see that it was maybe not a reflection on you, but a reflection on the teacher. But it sounds like in a lot of things, that if things don’t go right you…see them as a reflection on yourself” (lines 182-185). To this the client offers a strong acknowledgment token saying “Ahh definitely, definitely” (line 186). The acknowledgment that the client offers here is one of the strongest agreements we have seen so far. And yet, what the therapist does with his interpretation is foreground the problem of ‘being hard on herself,’ while backgrounding the more positive depiction that the client has put forward. Again we see the therapist attempting to keep the conversation focused on the problem as personal.

By steering the conversation toward the client’s negative depictions of herself the therapist problematizes the client’s story differently than the client. When the client tells a story about how she had a bad teacher who was responsible for her bad grade sheforegrounds a type of experience where she is a victim that survived. Yet, she is not responsible for her bad grades. Hence, the problem is with the teacher, not herself. The therapist could offer his support, empathizing with her experience, but ultimately if therapy is going to continue the problem has to reside, to some degree, with the client in order to give therapy direction and motivation. To this end, the foregrounding that the therapist performs in S2 changes the location of the problem. For example, it shifts the problem from the teacher to the client (lines 180 — 185), and works to disregard a non-problematic depiction of the client for a problematic one, such as when he disregards the client’s “copacetic in nature” comment and instead highlights how she has different rules for herself.
How these problems are related to those in S1 is unclear. The therapist continues to focus on problematizing, yet there is no clear connection between the problems being discussed. As we move into S3 we will encounter even more unexpected changes that seem to take us further and further from the “job stuff” problem of S1. This is an important finding. There is no essential or underlying problem that evolves during the session. Hence, we will not find the problem of “being evaluated” behind every utterance. Numerous problems exist, but a few stand out because of the way they are talked about—the way they become constituted in the conversation. The “job stuff” problem comes out of the initial narrative. The problem becomes important as its very nature is contested by the client and therapist. By the end of S1 the “job stuff” problem is so transformed that it almost seems like something else entirely. It is a problem with “being evaluated,” a “chaotic feeling” when the client feels “judged” rather than a problem with John losing his job and no one in the family having a job. The “job stuff” problem of S1 is initially elaborated upon in S2, but when we examine the entire sequence the only connection that we can make is that the phrase “adjudication process” is synonymous with “feeling judged” and “being evaluated”. Yet, this is the only prominent connection to the problems in S1. Therefore, going forward we must remain focused on the process of problematizing, rather than attempting to identify an underlying problem that evolves in a linear fashion throughout the session. When we look at this process we see that the client, over time, begins to think about herself, others, and the world in ways that constitutes her as an individual emotional subject—a type of subject, which is a necessary condition for therapeutic change.
Sequence 3 (S3)

In responding to the therapist’s S2 interpretation the client offers a strong acknowledgment token, “Ahh definitely, definitely” (line 186). The tone of her voice is solemn. A listener might interpret her tone as acceptance. The pace of her speech is average, but deliberate. After the initial acknowledgment, she begins to ventriloquate herself: “‘Why couldn’t I have it held down?’” “‘Why couldn’t I have made it?’” She pauses between each ventriloquation reinforcing her solemn deliberateness. She continues ventriloquating by saying: “‘Why couldn’t I have fixed things?’” At this point she makes an essentializing comment: “I have a lot of fix in me. I want to fix things” (lines 186-188). She emphasizes the word “fix” by saying it with more force. It stands out in comparison to the solemn, deliberate tone the utterance. She also leans forward, clutching and shaking her fists as she utters: “a lot of fix…” This comment construes the desire to “fix things” as something more or less essential to the client. By turning “fix” into a noun the client changes the desire to “fix things” into a possession. It is something that she has “in her”. This is important, not because it represents something internal, but because the client is shaping the problem as something that she personally possess and is emotional. By emphasizing the word “fix” with both the force of her speech and by shaking her fists she displays her frustration. Yet, as a listener the utterance does feel a little playful.
**Excerpt 14, S3, Session A, Lines 182-190: Elaboration on S2 Interpretation**

Right after she talks about the “fix” in her, she takes a long pause and then comments: “which is a good thing in some ways in a terrible thing and other ways because I drive myself crazy” (lines 189-190). This line is more playful at the beginning, but the seriousness returns by the time she says “drive myself crazy”. The playfulness comes out when she says “terrible thing”. She oscillates her tone in a sing song manner as she says “t↑erri↓ble”. This is furthered by her laughter after she says, “thing”. By the time she says I drive myself crazy, her voice has become more ‘gravelly’. This is impossible to see in the transcript and it is extremely difficult to convey. However, as a listener the tone feels sarcastic. In truth, the playfulness that I have been pointing out is more of a playful sarcasm, rather than a lack of seriousness. We can see this most clearly when she says “terrible thing”—the changes in intonation gives the “terrible” a singsong quality, and the laughter creates a sarcastic irony. The playful, non-serious tone combined with the laughter is the opposite of “a terrible thing” and in this way it conveys irony rather than negative emotion.42

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42 When we look at the positioning in this utterance we see the client relating to herself through sarcasm. By ventriloquating herself as someone who is struggling and experiencing frustration
This initial elaboration on the therapist’s interpretation is different from what we saw with the S1 interpretation. There the client immediately started commenting and narrating. Here she displays frustration (even if she retains her playfulness) and talks about herself and her feelings. As will see, S3 is a unique sequence. The utterances are more ambiguous, yet the participants do not call for repairs. Furthermore, there is more talk about emotion and negative behaviors (in this sequence the focus is on self injurious behavior). In a nutshell, the sequence feels less ‘canned’ and more spontaneous.

Watching the tape I felt that the session got deeper during S3 and I came to see this sequence as a pivotal moment that changed the focus and emotionality of the session.

she described herself as an emotional character who has “a lot of fix” that causes her frustration. The first part of the utterance allows this character to voice her frustration: “Why couldn’t I have fixed things”. The second part explicitly acknowledges this frustration by emphasizing the word “fix” as described above. The last part of the utterance is an evaluation of this quality. The sarcastic tone establishes the narrator’s position towards the character. This is not the first time that the client has talked about herself in emotional terms infused with irony and sarcasm.
Figure 10

*Sequence 3 (S3), Basic Conversational Structure*
Explanatory gloss formulating past session (14:16). In response to the elaboration, the therapist does something unique (lines 191 and 194), and if we were simply examining the content of the response, it would seem off-topic. At no point in the previous utterance had the client discussed hitting herself, yet he proceeds to introduce the topic right after the client’s initial elaboration. In order to understand this response we have to look at the client’s previous turn as a TCU (Turn Construction Unit) (Sacks et al., 1974). Turns are not attempts to represent something, but actions. A TCU is complete as soon as the action is completed. When we look the client’s utterance from lines 186-190 we see that she agrees with the therapist’s previous interpretation, and then begins to extend this agreement by ventriloquating herself. Then she sums up the basic point of the ventriloquation, which is to convey how she wants “to fix things”. At this point (line 190) the action is complete. This is the first TRP (Turn Relevant Place): the point where the therapist could speak, but he does not. Instead, the client continues by saying that having “a lot of fix” is both “good” and “terrible”. Furthermore, it is “terrible” “because I drive myself crazy”. This statement acts as an addendum. The primary action of the utterance is to convey how frustrating it is to have to fix things and to constitute this as an essential aspect of the client’s personality (rather then something she does based on circumstances). The addendum stands as a related, yet secondary action. It evaluates this aspect of her personality. Once the evaluation is complete the therapist responds. Therefore, in order to understand the therapist’s response we have to see it as a response to the client’s evaluation that this aspect of her personality is a “terrible thing…because I drive myself crazy”.

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By saying: “Yea, because…last week…you said that you…hit yourself” (line 192), the therapist expands on the evaluation made by the client. It’s like saying: “Yea, you drive yourself so crazy that you hit yourself, that it is pretty bad”. Listening to the exchange as a non-participant (such as myself) you might feel a little lost because you were not there when this was previously discussed. However, we know that that the therapist’s response made sense to the client because there was no call for a repair. As Sacks, Schegloff, and Jefferson (1974) point out, participants craft their utterances with a “orientation and sensitivity to the particular other(s) who are the coparticipants” (cited in ten Have, 1999, p. 111). Utterances are recipient designed. Although it might not be entirely clear what the therapist means to do with his utterance, it seems to fit, at least enough for the client to agree and offer her own response.

*Question (14:24).* Even though the therapist’s utterance was ambiguous, we are able to make sense of it when we analyze it in terms of action. However, when the client responds to the therapist’s utterance she does so in a way that is even more ambiguous. Initially she offers a strong acknowledgment token, despite the fact that the therapist tries to repair his original formulation. Eventually, the client extends her agreement by brushing her fingers over her left forearm and then saying “there are remnants of that still” (line 195). When she says “still” she looks right at the therapist. He returns her gaze and asks: “What do you make of that?” (line 197). The question is as ambiguous as the client’s extension. It is unclear what “that” is, which might help to explain how the client answers the therapist is question.
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<th>Line</th>
<th>Client</th>
<th>Therapist</th>
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<tr>
<td>191</td>
<td>T</td>
<td>uhum</td>
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<tr>
<td>192</td>
<td>C</td>
<td>([deep breath]) Yea because I remember last week, um, you said that you, you hit yourself</td>
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<tr>
<td>193</td>
<td>T</td>
<td>Yea</td>
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<tr>
<td>194</td>
<td>C</td>
<td>That you've hit yourself</td>
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<td>195</td>
<td>T</td>
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<td>196</td>
<td>C</td>
<td>What do you make of [that]?</td>
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<tr>
<td>197</td>
<td>T</td>
<td>Hum and</td>
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<tr>
<td>198</td>
<td>C</td>
<td>[Ah] hh I just (.) it's it's the no(h)ise th: she makes. There is this particular ahh it's ju, And I, I've heard other babies cr'y and it doesn't bother me: (.) nearly as much as when Wanda cries, [when] Wanda does it [and] especially,</td>
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<td>199</td>
<td>T</td>
<td>wher Wanda was born?</td>
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<td>200</td>
<td>C</td>
<td>[Uhum] hh</td>
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<tr>
<td>201</td>
<td>T</td>
<td>So this started</td>
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<td>202</td>
<td>C</td>
<td>Ah ncl I had ah, I, I ar- initially started therapy forcutting (.) uhum (.) and it just when I feel</td>
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<td>203</td>
<td>T</td>
<td>hum</td>
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<tr>
<td>204</td>
<td>C</td>
<td>Overwhelmed and releasing (.) what com['es&quot; t&quot;:]</td>
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<tr>
<td>205</td>
<td>T</td>
<td>Overwhelmed and releasing (.) what com['es&quot; t&quot;:]</td>
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<tr>
<td>206</td>
<td>C</td>
<td>Yeah (it is sort of) like like you're just full of chaos (shaking hands back and forth) and &quot;ah&quot; I don't know why it works it just did. Uhum and it</td>
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**Question (14:41).** In response to the “what do you make of that” question the client begins to talk about the “noise” that her daughter makes. She indicates that it is something specific to her child because “other babies cry and it doesn’t bother me” (line 199). Listening to the client’s response, the therapist jumps in as soon as the TCU is complete. He does this even though the client attempts to continue her turn. However, she quickly gives the therapist the floor and he then asks a clarifying question on lines 201-202: “So this started when Wanda was born?” The client then casually answers this question by clarifying that no: “I…initially started therapy for cutting, and…when I feel completely overwhelmed, it’s just a way of releasing” (lines 203-205).

The therapist repeats back to the client the words “overwhelmed and releasing” and then begins to ask the question: “What comes to…[mind]” (line 206). The therapist doesn’t actually complete this question. As you can see in the excerpt he begins to trail
off as he says “comes”. However, because the therapist uses this question repeatedly a
listener can have a clear understanding of what he was going to say. This is something
that conversation analysts call projection: the way in which full words can be cut off and
yet the listener can still understand what was going to be said based on the context (C.
Goodwin & Heritage, 1990). The context here is the history of this and other similar
conversational actions, which incite the client to talk about herself—what she is feeling
and thinking. The client is encouraged to elaborate in an autobiographical or personal
manner, which is an example of the conversational action that Labov (1977) referred to
as a type A-event. The therapist’s questions and the client’s personal elaboration are not
random. Instead, they are actions granted to them based on their roles. In short, the
context here includes the kinds of people they are in psychotherapy—clients and
therapists—which come into being through their tactically different actions on actions.

*Question (14:56).* Right after the therapist repeats the client’s words she offers a
strong acknowledgment token and then begins to expand on the feeling of being
“completely overwhelmed”. She actually begins this elaboration prior to the therapist
trailing off and in this sense we can see the therapist was giving up his turn in order to let
the client continue. It is a unique moment where the client asserts herself. I do not think
that it is a coincidence that in this assertive moment the topic of conversation is clearly
emotional. The client and therapist are talking about being “overwhelmed”. The client
continues by talking about how she feels like she “is full of chaos”. Previously at the end
of S1 the client talked about how having to explain herself and being evaluated was a
“chaotic thing”. In S2 during N2 (line 142), the client describes herself as a “chaotic
mess” when she got a 97 on an exam. Here, six minutes after first using the term (}
“chaotic thing” t=9:01, “chaos” t=15:12), the client echoes her previous talk by referring to herself as being “full of chaos”. Previously, during S1, she talked about the experience of being evaluated as a “chaotic thing”. Here we see a shift. It is not the experience or situation that is “chaotic”, rather the chaos is something that resides inside, it is something “you’re full of”.43

An interesting thing about the client’s response from lines 207 to 209 is that she elaborates on the experience of being “overwhelmed and releasing” and then goes back to talking about how her child’s scream “drives [her] crazy”. She tries to keep these two things separate by placing the “releasing” in the past tense. She says: “It is sort of like…you’re just full of chaos ((shaking hands  back and forth)) and…I don't know why it works it just did” (lines 207-208). By saying “I don’t know why it works, it just did” the client switches from present tense to past. This verb confusion fits in with the ambiguity throughout the sequence. Immediately after this change in tense the client returns to talking about how and why her daughter drives her crazy. Again, the sudden shift back, without a clear explanation is very apparent when looking at the transcript. However, neither participant looks to be all that confused. When looking at the details of the interaction I find myself asking what the connections are between her screaming child, cutting, being overwhelmed and releasing, and hitting herself?

At line 209, the client returns to talking about her daughter and gives more context to the “noise” that Wanda makes, which is so bothersome to her. However, the client does not simply talk about the noise she makes, but instead describes how she acts.

43 Notice how the client uses the universal “you” rather than saying I. This is a way of distancing herself from the experience as well as a means of normalizing it (Du Bois, 2007, p. 28).
She sets up her description by saying that what bothers her is “not being able to…reason with her.” Her description is centered on how Wanda will “work herself into…such a lather that she won’t let you give her what she’s demanding” (lines 213-215). She goes on to talk about how she sometimes makes “jokes about it” (line 215) and then ventriloquates the things she has “said” to Wanda such as “Wah wah wah, I’m gonna die of mild discomfort” (line 217). It is worth pointing out that this is a double ventriloquation. The “Wah wah wah, I’m gonna die” is actually Wanda’s speech ventriloquated by the client both in the past as well as in the present. This story is about how the client deals with her daughter’s cries and frustrating behavior by “mocking her.” Again, the connections between cutting, hitting, crying, being overwhelmed, and releasing are not clear, but if I were the therapist I would conceptualize the mocking as a higher order defense that alleviates the client’s frustration and keeps her from cutting or hitting herself.

*Extension/Question (16:07).* The therapist responds to the client story by saying “but when things feel chaotic” (line 227). The therapist’s utterance is difficult to classify from a conversation analytic perspective. On the one hand, it can be seen as an extension, continuing the client’s speech and acting as a bridge between the preceding and forthcoming utterance. However, the utterance functions more like a question. It is actually a sentence fragment and it lacks the necessary predicate in order to be a complete sentence. By offering only the first part of the sentence the action initiated by the utterance remains stalled. Therefore, it is left up to the client to finish the action. In this case she is explaining what she does “when things feel chaotic”. Therefore, the utterance feels like an extension, and yet also acts as a question. Furthermore, it is a response to the
story told by the client. The client’s story explains how she mocks her daughter when she is worked up. The story avoids talking about the “chaos” the client talked about earlier. The “but when things feel chaotic” brings the overwhelming and chaotic feeling into the conversation. It also creates a more direct connection between the experience of being “full of chaos” and her daughter’s tantrums. The therapist’s response creates a comparison. When the client’s daughter throws a tantrum she can handle this by making “jokes” and “mocking her”, but sometimes this still makes her feel overwhelmed and “full of chaos”.

Excerpt 16, S3, Session A, Lines 206-229

Because the therapist’s question/extension is unfinished it allows the client to respond in a number of different ways. She chooses to respond by elaborating “when things feel chaotic” and she does so in a way that seems both visceral and genuine. She
begins by saying “Ahh really, really, sort of overwhelming” (line 228). The way she initiates her turn is as if she was asked: “What does it feel like when things are chaotic?” At line 206, when the therapist repeated her words “overwhelmed and releasing” she similarly initiates her turn by saying that it’s like being “full of chaos”. Although we can quibble over the differences between feeling chaotic and feeling overwhelmed the client uses these almost interchangeably in order to convey the distress she feels. To fully elaborate what it feels like to be overwhelmed and feel chaotic she takes almost an entire minute. Even though a minute might seem like a short period of time, in conversation, where the other participant speaks in short bursts that last less than 5 seconds, a minute feels longer than one would expect. During her elaboration the client uses ventriloquation and an analogy to describe what it feels like to be overwhelmed. The analogy not only compares being overwhelmed to another kind of experience, but also incorporates the here-and-now to illustrate her point.

She starts with a ventriloquation. As she initiates her turn and says the word “overwhelming” she brings her hands to her head and begins to shift them back and forth. She does this while she strains her face in a way that looks painful. She then ventriloquates yourself by saying: “‘I don’t know what to do, I don’t know how to make this situation better’” (lines 229-230). When she does this she looks like an actor acting out a scene. She looks away from the therapist and gazes out at a distance. She has a painful and stressed look upon her face. She emphasizes the words “what to do”. Watching this you get a sense of panic, confusion, stress, and uncertainty. She continues to describe the experience by saying it’s like “everything just stops...there’s too many, too many things happening” (lines 230-231).
She then stops and reminds the therapist that she is partially deaf in one ear, but that on some occasions her hearing actually comes back. She goes on to describe these moments as “strange because then all of a sudden everything is loud. It feels like I’m swimming in sounds. Like everybody and everything is…right…in my head” (lines 234-237). The sudden change in topic could strike a listener as strange. However, the therapist does not respond with confusion. He does not call for a repair. It is as if the sudden introduction of this story indicates that it somehow relates to the experience being described (Jefferson, 1978).

Excerpt 17, S3, Session A, Lines 227-244

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<td>227</td>
<td>T</td>
<td>But when things feel chaotic</td>
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<tr>
<td>228</td>
<td>C</td>
<td>Ahh really, really, sort of overwhelming ((brings hands to face and has stranded look)) like, that’s sort of like, “ahh I don’t know what to do, I don’t know how to make this situation better.” Like () everything just stops, something stopped, cause there’s too many, too many things happening () uhmm (2) I am am par. I have mentioned that I am partially deaf in this</td>
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<td>231</td>
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<td>232</td>
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<td>ear (points to left ear) I think, ah sometimes though my hearing comes back () and..</td>
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<td>233</td>
<td>T</td>
<td>uhmm</td>
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<td>234</td>
<td>C</td>
<td>.. it’s, t’s strange because then all of a sudden everything is loud () It feels like I’m..</td>
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<td>235</td>
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<td>236</td>
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<td>.. swimming in sounds. Like everybody and everything is like right () on ((holds hands to head) in my head. So like the noises we are able to filter out, like the the music in the room (pointing to left)), the sounds of air brakes((points to right as air brakes are heard on recording)), the the buzz of the lights, all those kinds of things () are just oppressively loud and it’s like being, it’s like drowning in an ocean of sound. And it’s sort of similar to that but only more panicked for me, so sort of like just feeling like you’re going to drown because all of these things are just bombarding you. And ah yea that’s definitely what it feels like.</td>
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<td>243</td>
<td>T</td>
<td>And so cutting and or hitting yourself () breaks [that]</td>
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This turns out to be the case. The client goes on to illustrate what it feels like to be “swimming in sounds”. She does this by walking the therapist through the experience in the here-and-now. She says “so like the noises we are able to filter out, like the…music in the room, the sounds of air brakes, the buzz of lights, all those kinds of things are just oppressively loud and it’s like being, it’s like drowning in an ocean of sound” (lines 237-
The first part of this quote is probably the most important. The “so like the noises we are able to filter out” indexes the client and therapist in the here-and-now because it is using the present tense. Of course, she could be talking in general terms, which would not necessarily be specific to the here-and-now, but when she indicates examples of sounds such as the music, the buzzing of the lights, or the air brakes she’s actually pointing to things that are happening right there in the session. When she says “air brakes” you can hear air brakes on the recording for example. This way of illustrating what feeling “chaotic” is like by bringing in the here-and-now and indexing both the client and the therapist is a powerful tool used by the client. As a listener, I had a visceral experience listening to her description. You can follow her logic and attend to the experience along with her as she guides you. It is a powerful moment that brings emotion into the here-and-now experience of feeling overwhelmed and “chaotic”. It is a way of enacting emotion so it can be experienced mutually\textsuperscript{44}, yet still emphasize what it is like for her to personally feel overwhelmed.

She finishes by tying her analogy to the experience of feeling overwhelmed by saying “and it’s sort of similar to that, but only more panicked for me, so sort of like just feeling like you are going to drown because all these things are just bombarding you” (lines 240-242). The “it’s sort of similar to that” contains two indexes: the first referring

\textsuperscript{44} As a therapist it is very hard to work when there is very little feeling. Maybe this is not the case for all therapists, but I am constantly trying to feel what is being said. The client tells her story and I tune into what I feel. Although this feeling relies on many things, it is also a response to the client’s story. How does the story move me as both a therapist empathizing with the client and as a person with my own stories? Can I identify with the client, can I imagine what it would be like to be them in the situation they describe? Most importantly, do I feel moved? If I don’t have this data I am lost and I flounder. That is why I see this moment as so important, the client really shows the therapist how she feels. This is something that she does to act on the therapist.
to being overwhelmed, and the second referring to the experience of having your hearing
return. But more importantly the second index refers to the experience that was just
shared by both the therapist and the client. The importance of this moment is that the
client was able to talk about how she feels during her day-to-day life in a way that
construes emotion as powerful and personal. Emotion is shown to be something that she
experiences as problematic, and it is further constituted as what Foucault (1983) called
the "ethical substance" that needs to be selected, identified, and worked upon (p. 238).
How you work on this is substance is by sharing your personal experience with the
therapist, which she does here in an evocative manner. This transforms the client’s
personal experience into a shared experience, which can be used later for further
therapeutic work. This is the process through which type A actions can become later
constituted as type AB actions, and be used to formulate the client’s previous experience
(Labov & Fanshel, 1977).

Extension (17:02). With his next turn the therapist again responds to the client by
offering an extension that is unfinished and therefore functions as a question. However,
this time the client actively cuts off the therapist, overlapping his speech, and then
finishing his turn. First let’s look at the therapist’s turn. He says: “And so cutting and or
hitting yourself breaks that…” and is then cut-off by the client (line 244). The utterance
relies on possible connections between discourse objects (cutting, hitting, overwhelmed,
chaos) that have remained only possibilities up to this point. Here “cutting” and “hitting”
become paired as a kin behavior, functioning in the same manner. He hedges this a bit by
saying “cutting and or hitting”. This allows the ambiguous relationship to remain, while
also, more or less, equating the two. Both the therapist and client have avoided

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connecting these two behaviors directly. Why that is I can only speculate. What is important however is that both the therapist and the client are both apprehensive and they construct their response with this in mind. The therapist’s response is sensitive to the preceding context, and yet he moves to equate the two. The soft connection actually makes it less likely that the client will flat out disagree with him. Saying the hitting and cutting are the same might feel wrong to the client for whatever reason and lead to a discussion about how they are different. This discussion would be a side-track. The purpose of the therapist’s utterance is not to equate these two behaviors, but to link those behaviors to the chaotic overwhelming emotion that she has been describing.

The client cuts-off the therapist right as he is forming the predicate of his utterance. She stops him from saying what “cutting and or hitting” does and instead says this herself. The transition between the two utterances is illuminating. The therapist uses the action verb “breaks” to describe what the “cutting and or hitting” does. However, the client jumps and the says “it g-” (line 245). The second word is cut off but as is often seen it projects a full word, which is it “it gets”. This is most apparent when you hear the entire utterance as the client jumps in and cuts-off the therapist in order to correct him. She does not hit herself to break something, but because “it gets something out”.

The remainder of the utterance is a meditation, of sorts, on how she is trying to remove something. She says, “it lets me…vent my frustration” and, “for whatever reason it relaxes me. It gets, you know a sort of, I guess I get angry at being overwhelmed or just frustrated at the situation but it gets, it gets something out. I am physically doing something that gets me out of the moment” (lines 245-251 ). So here we see that the client is trying to understand the experience of being overwhelmed and feeling chaotic
and then cutting or hitting herself. She tries different ways of understanding this. Is it getting something out, being angry at being overwhelmed, just frustrated at the situation, or is it simply a means of getting out of the situation? This is all prefaced by the qualifier “For whatever reason”. The client ticks off a number of reasons, but nothing is clear. The connections remain uncertain. However, what is clear is that it is something in her.

Excerpt 18, S3, Session A, Lines 244-259: S3 Interpretation

Interpretation (S3) (18:10). The therapist picks up this uncertainty and formulates a clear connection by offering an interpretation. On line 252, he states: “I also wonder if you turn that anger and frustration towards yourself?” The interpretation is framed as a question, but it is rhetorical. He is not asking, “Do you think that you turn your anger on yourself?” Rather he has put forward a clear understanding of the emotional experience and self-harm. “You turn that anger and frustration towards yourself.” The statement draws a connection between her emotions and designates a clear object—herself.

Lost in the ambiguity of S3 is the object of frustration and anger. Clearly, we can speculate that the client’s daughter is the cause and object of her anger and frustration,
but this is not made explicit. The client talks about how her daughter’s crying really
bothers her and how shemocks her, but there is no explicit discussion of this connection.
Rather, they remain possibilities that can be used or ignored as the participants talk.
These possibilities fade when the client describes what frustration feels like because she
talks about feeling like you might “drown because all of these things are just bombarding
you”. This is furthered by her here-and-now analogy that evocatively conveys being
overwhelmed by external stimuli that is non-specific and ubiquitous. In other words, what
is characteristic of the experience is that there is no clear object. The therapist’s
interpretation describes the hitting as a means of directing anger toward a clear object.
Responding to this, the client emphatically agrees and then says, “I don’t want’a…to
[hurt] my child” (lines 253-254). Here we see the client uses the possibilities, yet unused.
She uses the connections between anger at her child being redirected toward herself.

This all arises out the previous ambiguity as the client talked about hitting,
cutting, and Wanda’s tantrums in ways that hinted at connections, while also creating
disconnects. For example, when the therapist reminded the client that “you’ve hit
yourself” (line 194) she responded by brushing her arm and saying there were “remnants
of that still.” She might have been talking about a bruise from hitting or scars from
cutting, the therapist (and the researcher is left to guess). Then responding to the
ambiguous question, “What do you make of that?” she talked about her daughter. So are
we to assume that hitting and/or cutting are related to the daughter? Both the researcher
and the therapist can only speculate. When the therapist asked if this started “when
Wanda was born” she said: “No….I started therapy for cutting”. So were the “remnants”
scars or bruises, are they related, and if so how? All this is therapeutic food for thought
and it is not hard to imagine what the therapist was piecing together at that time. The cutting and the hitting are akin behaviors. They are related to her daughter and her screaming, but how? The client then talked about the cutting as a way to feel a release when she is overwhelmed. This led into the story of mocking her daughter when she throws the tantrum. Hence, the self-harm could be interpreted as a way of directing her frustration (or anger) at her child toward herself.

As a therapist it is hard not to see the links here, but as a researcher I have to take a step back and assume that there are no given connections. The connections have to be made, they have to be forged. What we see in S3 is how associations are not simply something we have internally, but something that can be displayed. The client talks about things that are not explicitly connected, yet the way in which they are talked about creates a possibility for forming connections that can then be worked into therapeutic theme (Spence, 1982). Hence, cognitive associations can be seen as an interpersonal process that entails bringing forward depictions of others, behaviors, and emotion in such a way that connections are almost clear and therefore available to both client and therapist. At best the therapist might be a little ahead of the client, connecting things that are just coming to light (Boss, 1963/1979, 1979/1983). This is a good example of how problematizing involves the creation of implicit problem possibilities, which can later be made explicit by both client and therapist. Conversational ambiguity allows for numerous possible problems to arise, and therefore ambiguity can be seen as a conversational resource. A sequence, such as S3, where ambiguity is high, yet not so high that the participants are lost and call for repairs, can provide a rich context from which problems can be pulled and made useful across the session.
**Sequence 4 (S4)**

As a therapist, my first impression was that S4 was a productive sequence with a deep beginning and ending, yet filled with defensive narratives that the client uses to avoid talking about emotions. There are some important moments that are worth spending some time on, so I will try and flush these out while summarizing the narratives with less detail. Below is the basic conversational structure of S4.
Figure 11

*Sequence 4 (S4), Basic Conversational Structure*
Initial elaboration on S3 interpretation. The client elaborates on the interpretation ending S3 by making a topical shift. She moves away from talking about herself as a “safe place to vent” anger (line 255) and instead begins to talk about “one of the things I hate about John’s mom” (excerpt 19, line 260). She goes on to talk about how John’s mother “acts with such impunity” and does not “even apologize for just crapping all over people” (lines 262-263). At line 265, the client signals that she has completed her turn by concluding that “I hate that about her” and then laughs. The therapist then uses a question to refocus the client on the content of the S3 interpretation. The therapist asks why “expressing anger…is difficult [and] has to be directed towards you?” (lines 267-268, question at 18:54). This shifts the focus of the conversation back on the client and away from John’s mother. The client states that, “You’re not supposed to get angry… that’s what crazy and mad people do” (lines 269-272). As she says the word angry she looks right at the therapist and then turns away laughing and gesturing with her hands as she associates anger with people who are crazy. She then goes on to elaborate how her mother never got “close to angry” (line 274) and her “dad swears, but is really lighthearted” (line 277). These reactions are then compared to her own expression of anger which she describes by saying: “meanwhile I’m…like break[ing] furniture and…trash[ing] your place like I’m in an 80s rock band” (lines 282-283). She concludes by saying: “I want to just decimate something and…I decimate me instead” (lines 283-285). Most of the elaboration was delivered with humor directed towards her parents and how they express anger. This is continued when she begins to talk about herself wanting to “break furniture”. Yet, as she talks about how she wants to “decimate something,” her speech begins to slow and the smile in her voice fades when she pauses and offers a long
process token “and aaahh,” and then states: “I decimate me instead”. The word “me” is emphasized and when she utters it she looks right at the therapist. She holds her gaze only for a second. The therapist offers an overlapping acknowledgment token that is different than his typical acknowledgment tokens, “mm,” as the client continues to speak. However, instead of using words, she softly utters a downward inflected acknowledgment token and then a series of process tokens all delivered with a croaking voice.

Excerpt 19, S4, Session A, Lines 260-289
Watching this unfold I felt like this was an important moment where the client was having a deep emotional experience. This seemed to be building throughout S3, but that sequence was so filled with ambiguities that it was unclear exactly what was happening. This moment stands out because of its sequential relationship to S3: an elaboration on what was being constituted during S3. The client begins the elaboration by trying to shift the topic away from herself, but the therapist guides her back to her emotional experience. She then talks about anger in her family by using a humorous and somewhat sarcastic tone, but then she shifts, making eye contact with the therapist, and emphasizes how: “I decimate me instead,” followed by a long series of croaking utterances. The directness of this statement is starkly different from S3 where there were a number of ambiguities. I believe it is this combination that conveys emotion. The way the elements of the conversation contrast with each creates a relational pattern marked by shifts in content, tone, and clarity that make a small moment like this stand out within a long conversation.

Following this emotional pause, the client says: “I just get really angry, I guess its anger?” (line 287). This concluding statement captures and makes explicit features of S3 and the initial elaboration in S4. First, it is a clear reflective statement. The client reflects on herself as an object and makes an evaluation: “I just get really angry”. Although this might seem simple and unremarkable, when we reflect on the effort the therapist has made toward focusing the conversation on the client and her emotion, this moment becomes exceptional. S3 focused on anger direct toward herself and others. Here

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45 I use the word reflective here because it is a moment when the client is both a subject and an object. She (subject) is reflecting on herself as an object. In a sense she is problematizing herself as a certain kind of thing, which has constitutional implications.
we see the client talking about her relationship with anger in a way that brings clarity to the previous conversation. Second, the client follows with a rhetorical question re-infusing the ambiguity back into the conversation. She states: “I guess it’s anger?”

**Hence, the ambiguity that was so present in S3 is not completely resolved. Rather, it is reestablished as an ambiguity of the emotional experience.** This can be seen in the therapist’s response. He offers what looks like concise interpretation: “I bet it’s a lot of things” (line 288, Interpretive 3rd, 20:11). The interpretation does not resolve the ambiguity, but accentuates it. What is so interesting about S3 is that it contains a series of adjacency pairs whose connections to one another are highly ambiguous. And yet, that sequence moved the conversation into the realm of emotion, anger, and self-injurious behavior. In the initial elaboration of S4 the conversation stays on emotion and anger, but the conversational ambiguity decreases. There is more clarity in what is being said, but this does not completely destroy ambiguity. Instead the client’s emotional experience becomes ambiguous and the therapist acknowledges this by accentuating that what she is feeling is “a lot of things”. Hence, emotions are being further constituted as ambiguous and therefore ascribed the quality of depth, which can be plumb for insight into the therapeutic problem.

**Narrative 3 (N3).** After the therapist’s interpretive 3rd turn, the client gives a partial agreement token and then sets the groundwork for a narrative that elaborates on

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46 Initially, I wondered if I should classify this as a sequence ending Interpretation. Yet, it was not a strong enough interpretation to mark the next sequence, but was rather another interpretive 3rd turn that was expanding on the elaboration, adding what Peräkylä would call “more layers” (Peräkylä, 2010, p. 18). So are sequence ending interpretations further spread out and responding to more material? It feels that way as a therapist. Often you sit back waiting to see what develops: waiting for some insight that seems relevant.
the angry, ambiguous feeling identified in her previous utterance. The introduction gives us a clue as to how the narrative is being crafted to have a certain effect. The client explains, “I just…sometimes…want to be like, ‘Fucking dishwasher,’ and just be like, ‘No more plates’” (lines 289-290). After she says “plates” she looks right at the therapist and he offers an acknowledgment token. Again this is the same type of introduction that was used to begin N1. She offers an emotional gloss and seeks the therapist’s acknowledgment and interest. The emotion is conveyed as she ventriloquates herself cursing “Fucking dishwasher.” Because the conversation has been focusing on anger, it would be easy to assume that this introduction is about being angry. Yet, that is not certain, it is only a possibility. The client’s previous turn highlighted anger as a problematic emotion, but at the end of the initial elaboration the feelings were seen as ambiguous. The story primes the listener for a story about being angry and yet leaves open other possibilities. For the therapist it is a story worth listening to because it is primed as a story about emotion—specifically anger—which has been foregrounded during the session. Hence, the introduction’s effect is that the client gets permission to take several turns narrating. This move to story-telling allows her to structure her utterances deliberatively and gives her control the conversational topic.

N3 is a story about how the client threw away some plates because John had “made a mess” (line 293) and their cats had gotten into the left out food. The major problem was that their child had a “sanitary” spot where her “clean dishes [go] and he left food there” (lines 303-305). The cats, who “are kind of assholes” (line 295), got food all over the sterile area “with their dirty feet and were making a mess and fighting over food” (line 307). The client ends up getting angry and throws the dishes in the garbage,
saying “‘God Dammit’…’Fuck this’” (lines 309-310). This portion of the narrative is told with a smile. She laughs on occasion and looks at the therapist keeping him engaged. You don’t get the sense that she is becoming angry. The physical indicators of anger: thin lips, clenched teeth and tempo, pitch, and amplitude increases, are not present (Coan & Gottman, 2007, p. 273). Yet, the story seems to be about anger. First, this largely has to do with the context of the conversation. We are expecting a story about anger. Second, the content of the narrative concerns the violation of agreed upon rules. In the client’s home they have a “sanitary environment [where] only clean things go with Wanda’s clean dishes, no food goes there….the only thing that goes where Wanda’s clean dishes go is also clean dishes” (lines 303-305). This is a list of rules that were violated by John and in response the client cursed and threw away the dishes. This is in line with de Rivera’s description of anger as moving against someone who has violated a shared set of values or rules (de Rivera, 1977, 1984, 2006). This brings us to the last indication of anger, which is her use of expletives. In modern English, “cursing” has been associated with anger and frustration (Archer, 2010, p. 398). Furthermore, if we look at the unfolding context of the conversation we see that the client describes her father’s anger by ventriloquating him cursing (line 277). Hence, the narrative projects anger even though the client tells the story in a tongue-in-cheek manner.47 In sum, N3 begins as the narrative about anger, but the emotion is contained within the narrative and does not affect the client or the client-therapist relationship during the retelling.

47 Interestingly, if you pay close attention to her speech when she says “God dammit” and “Fuck this” you can hear changes in the pitch and amplitude. These are the indicators of emotions used by Goodwin and Goodwin (M. Goodwin & Goodwin, 1999) when analyzing the anger displayed by girls playing hopscotch. However, these changes are controlled and have a sing song quality which decreases their impact.

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Excerpt 20, S4, Lines 288-324: Narrative 3 (N3)

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The story unfolds as the therapist asks questions that clarify certain aspects of the narrative (line 311, Question 23:35) and inquire into details left untold (line 320). The story shifts from a description of anger towards a display of contempt toward John. She begins by ventriloquating herself mocking John: “‘Would it have been so fucking hard to...
walk 10 extra feet…. [and] put this in the God damn fridge, would it have really taken that much more effort out of your stupid day” (lines 315-319). She continues by challenging him: “‘How could you not think it was a problem, you have *met* our cats’” (lines 321-322). Gottman (2007) states that hostility, mockery, and sarcasm are clear indications of contempt. The tone of her speech during the section is that of sharp, biting sarcasm. There is humor in her speech, but it is sharp. Meaning she often ends with a strong upward inflection. The overall cadence of her speech is fast and she becomes more animated, quickly looking at the therapist and shaking her head. Gottman states that “contempt can be any statement made from a superior position” (p. 274). This is similar to de Rivera’s (1977, p. 53) contention that contempt occurs when we recognize someone as unfavorable or unlikable. Contempt is part of a class of emotions that have to do with recognition: how we see ourselves; and how we see other people. When we recognize others as similar to us, often holding ideal qualities, we pull those people closer through identification. However, when we see someone acting in a way counter to how we see ourselves, we push them away by being contemptuous. That is what we see occurring in the narrative. The client depicts herself as the upholder of the household rules and John as the neglectful, inconsiderate, and incompetent rule breaker. The positioning of John as incompetent was first hinted at during the slip of N1. This positioning allows the problem to reside with John and make him an object of contempt. Contempt, as an emotional transaction, locates the problem in the other, rather than the self. Hence, what we see here as well as elsewhere is the therapist foregrounding emotions—like anger— in a way that locates the problem within the client.
Question (23:35). At line 339 the therapist keeps the focus on the client’s anger by saying: “So you do feel that you can get angry with John?” She says that she can, but she feels like this never changes anything. The therapist then connects this with someone else from the client’s life, possibly a previous boyfriend by saying “I wonder if that is reminiscent of how you felt with Jake?” (line 368, Question 25:08). The client uses the question to elaborate how: “John doesn’t know how to deal with angry people” and she “make[s] a point of not saying things that…are hurtful” (lines 369 & 376). The therapist asks if she “ever feel[s] guilty” and if she ever “want[s] to say those things?” (Line 375 and 37; Questions 25:08, 25:13). The client responds by saying that she never wants to say these things because: “I don’t want to hurt him” (line 380). After she says this she signifies that she wishes to end her turn and utters the empty objects “ahh yea” (ten Have, 1999, p. 22). This allows the therapist to quickly offer an extension, “but you’ll hurt yourself,” which poetically extends her speech and circulates utterances used previously (line 383, extension 26:23).

The client uses the extension to complete an emotional transaction and talk about things that she wants to change. She starts her turn by offering two quietly spoken acknowledgment tokens and then states: “I don’t know what to do with that” (line 384). She attempts to revert back to her humorous delivery style by saying “something’s got to give you know, it just boils over, something got to give” (lines 384-386). Yet, it is almost like she has run out of steam. She is less animated and when she finishes this line she pauses and then makes a statement that felt very powerful as I watched the tape. In a calm

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48 These questions keep the focus on the client’s own experience of her emotion. Furthermore, it is an explicit attempt to differentiate the chaotic emotions that she’s been describing as not only anger, but also guilt.
and quiet voice she says: “I want to get that under control, because I don’t want to…have
Wanda see me…screaming and storm out of a room and just…furiously unmake the
whole bed or…kicking things, or break things” (lines 386-390).

The previous narrative (N3) began as a story about being so angry that the client
was out of control and breaking things. Here we see a shift where the client depicts this
anger as something she wants “to get under control.” Throughout the session the therapist
has been continually focusing the client on her emotions. Even though emotions can be
viewed as “social relationships,” the focus of the therapy has been on how the client’s
emotions are her personal possession and therefore her responsibility (de Rivera &
Grinkis, 1986). The “I want to get that under control” is an acknowledgment of emotion
as something she has to take responsibility for. In a sense, the client takes responsibility
for emotions, while also creating distance from her acts of (hurting herself, breaking
things, screaming) during this utterance. De Rivera (1977) describes guilt as the pushing
away of an aspect of ourselves that we do not want to belong to us. I believe that, in part,
that is what we are seeing here. However, shame also functions in a similar way. Shame
is experienced when distance is created between ourselves and others who we admire.
This distance is created when we are recognized as lacking features that we admire in
others. In this utterance we can also see the possibility of shame. The client states that “I
don’t want to have Wanda see me screaming.” Hence, both shame and guilt are emotional
possibilities that the client opens up with her utterance. However, instead of exploring
these two emotions and moving towards a more complete and clear emotional
transaction, the client swiftly moves into a story (N4), which is told with the same
sarcastic humor that we have seen throughout the session. Although the therapist uses N4
by pointing out how it is a description of “intense anger,” the story nonetheless moves away from this unique emotional moment and never allows these possible emotions to come to fruition. Meaning, these emotions never fully take form within the conversation because the client swiftly moves back into storytelling that is sarcastic and canned.
Excerpt 21, S4, Session A, Lines 375-417

Interpretation S4 (28:02). N4 is about a fantasy “dream house” that would have a room where the client could “break the ever living shit out of” “figurines” or other
objects (lines 392-399). At line 402, the therapist uses his turn to ask a question (27:30) that highlights the emotion implicit in the story: “So there is some intense anger?” The client responds with a shrug, saying, “Ah well I guess that is anger…I feel silly…I don’t know”. The therapist then asks her to explain why she feels silly and she replies “I should know what I'm feeling. If it is something so visceral…I should have some semblance of what's going on” (lines 403-409). At this the therapist calls for his turn by taking a deep breath, but the client holds on to her turn and continues to speak. This is rare and hence the move gives the following line more prominence: “I don't know if it is anger…I just feel overwhelmed and then just like this desire to break things” (lines 409-413). This is a circulation of the “I guess it’s anger” figure of speech used by the client prior to the transition into N3 (line 287). In response the therapist makes an interpretation (lines 414-415,28:02) that marks the end of S4. He states: “I wonder if that's what maybe gives it this kinda chaotic feel is that you’re not really sure what you're feeling. You just know you want it to stop.” This interpretation also uses a circulation of figures. The “chaotic feel” has been used by both the client and therapist across the session (S1 client line 96, S2 client line 142, S2 client line 207, S2 therapist line 227). Hence, the “chaotic thing” (S1, line 96) that the client first introduced and has been emerging over the course of the past 4 sequences, has become constituted as a “feeling,” in response to not knowing “what you’re feeling” only that it is unpleasant and you “want it to stop.”

As stated at the outset, my first impression was that S4 had a deep beginning and end, but was filled with defensive narratives that lacked emotion. For the most part, this analysis has produced evidence that supports those initial impressions. However, it seems clear that the narratives are not simply defensive. N3 moves from muted anger, to clear
contempt, and ends with the possibility of guilt and shame. There are defensive aspects. The narrative allows the client to control the conversation and talk about emotion (or whatever she chooses) in a way that feels most comfortable. The narrative does produce a topic shift. It moves the conversation away from the self harm discussed in S3, and toward her fights with John (N3). Hence, the narrative allows that the client to change the topic, but she does not stray too far. She keeps the narrative focused on emotion, but displays mainly contempt which locates the problem in John and not herself.

Watching the tape, S3 felt like a very deep and emotional sequence, yet felt loosely connected and strange. S4 seemed to borrow energy from S3, but I felt there was more clarity. The narratives combined with the comments generated by the therapist’s questions and extensions kept the conversation focused on emotion, and provided the client with conversational structure (plot and storytelling sequence structure) and topical control. The client is able to make some clearly powerful statements as she responds to the therapist. She opens up the possibility of transforming her anger and contempt into guilt and shame and she exercises her power as a speaker to hold her turn and state that she does not know what she is feeling; only that she wants to break things. The therapist tries to use this to constitute her emotions as an ethical substance that has depth. The interpretation takes this even further: the problem is this “chaotic” feeling that is caused by not knowing “what you’re feeling” only that you “want it to stop.” Hence, the problem is one of not knowing your emotions, which is a substance of depth. As this is occurring, the client is trying to constitute the problem differently: It is a problem of not “know[ing] what I’m feeling” except “I feel overwhelmed” and have a “desire to break things.” This is a different type of problem than the “job stuff” discussed in S1, yet by circulating the
“chaotic feel” from S1 the problems are linked as emotional difficulties (Peräkylä, 2004).

**Sequence 5 (S5)**

S5 is an extremely short sequence that ends with an interpretation that changes the topic back to self-harm. Because the abrupt topic change is not used to further the previous interpretation it cannot be classified as an interpretive third. Rather, it is used to foreground the client’s self injurious behavior and continues to utilize the therapeutic possibilities created by ambiguities of S3.

Figure 12

*Sequence 5 (S5), Basic Conversational Structure*

Although the client initially offers an acknowledgment token, her preceding elaboration ignores the topic introduced by the interpretation ending S4. Instead of discussing the “chaotic feel”, she offers a commentary about her relationship with John and how “I can tell John…this pisses me off, when you do this,… [and] he tries to listen…. But…. I worry we talk too much” (lines 416-420). In a sense, the conversation is about her and John talking about what they are feeling. Hence, the commentary elaborates on how her and John can discuss their feelings, but it doesn’t acknowledge what has been discussed previously in terms of having “this chaotic feel….that you’re not
really sure what you’re feeling” (S-4 interpretation lines 414-415).

Then after roughly 1 minute and 30 seconds the client signals that she is ready to give up her turn by offering the empty objects “and uhmm” at the end of line 442. The therapist quickly jumps in and offers an interpretation that is just as off-topic as the client’s elaboration. He states: “I wonder if there is something also kind of expressive about the way you hurt yourself” (lines 443-444). If we examine the content of the elaboration and the interpretation of S5, we see that the elaboration seems to be focused on the content discussed in S4 (N3, fights with partner), whereas the interpretation is focused on the content discussed in S3 (self harm). S5 is interesting because it juxtaposes the tactics available to the client and the therapist to change the focus of the conversation. Although the client offers an acknowledgment token, she is free to comment or narrate away from the topic that is brought to the foreground during the interpretation. In contrast, once the client gives up her turn the therapist is able to utilize an interpretation to swiftly shift the topic of conversation. Part of the constitutional process of psychotherapy is exercising certain rights that derive from the participants’ different roles. Clients are granted the right to narration, commentary, and elaboration, where as the therapist is entitled to interpretation, questions, and formulations. These utterances are very different types of actions, granted to very different kinds of people. Clients are to speak down into the depths of their experience; therapists are to light the path by which the client is to tread.
Sequence 6 (S6)

S6 is a long sequence that lasts for close to 14 minutes. The first 6 minutes has a number of interesting exchanges and emotional shifts as the client and therapist expand on the S5 interpretation. Eventually the client takes control of the conversation by again narrating three stories. These stories move away from the topic of self-harm and anger; toward contempt aimed at friends and family. The sequence ends with an interpretation that transforms this contemptuous narrative into anger indirectly aimed at the therapist. A detailed analysis of the entire sequence would be too lengthy, and cumbersome. Instead I
will focus on explicating the first 6 minutes and then detail the emotional shifts that occur over the course of the entire session. Below is the basic conversational structure of the entire sequence.

Figure 13

*Sequence 6 (S6), Basic Conversational Structure*
Elaboration on S5 Interpretation. The topical shift back to self harm is not immediately taken up by the client. Instead of responding, she initially shrugs and opens her hands. She says, “I don’t know” (line 445) with an upward inflection that can be read as dismissive. We can assume that this is the therapist’s take because he quickly offers a justification for the interpretation, initiating his turn with “cause” (short for because, or the reason for) and stating “I don’t think I would have noticed unless you pointed it out to me” (excerpt 23, lines 446-447). This statement is vague and the client quickly calls for a repair and clarification (“The bruise?”) to which the therapist offers a strong agreement token. The client then describes how: “Everybody else..pointed out” the bruise and exclaimed: “‘What happened, what happened?’” (lines 450-451). The “everyone else” creates a comparison between the therapist and “everyone.” The therapist is the odd man out, not noticing the bruise. The utterance shifts the relevance of the client’s previous action when she pointed out her bruise during S3. The fact that the client had to show the bruise says something about the therapist, not the client. This struggle over the relevance of the action continues until line 471 where the therapist uses a question to bring the focus back on the “idea that maybe there is something expressive about it [indexing self harm discussed in a previous utterance]?” The entire exchange is another attempt to move the location of the problem, but this time it is placed in the therapist, rather than John.

Hence, what we see at the start of S6 is the therapist trying to build relevance for the S5 interpretation. However, this does not work. By showing her bruise the client is being a good client and reporting to her therapist in order to assist with treatment (lines 464-465). Furthermore, the fact that she has to show the therapist says something about him, because everyone else noticed. The therapist could have followed the client’s lead
and apologize for not noticing the bruise or reinforced the client’s actions as that of a
good patient. Instead, he comes back to the “expressive” nature of the self harm. Yet, he
softens his assertion. The client does not have to agree that the self harm is expressive, he
is only asking that they “entertain the idea that maybe there is something expressive
about it?” (Question 31:03, lines 471-472).
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<td>445</td>
<td>((shrugs and hands open)) (2) I don’t know.</td>
<td>((deep breath)) cause one of things I was thinking, cause I don’t, I don’t think I would have noticed unless you pointed it out to me.</td>
<td>Yeah.</td>
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<td>Everybody else I’ve seen pointed it out, they were like ((deep in breath with sucking sound)) “What happened, what happened? ((makes SSSS SSSSnoise))” I, I guess it.</td>
<td>gotbigger, ((traced bruise with finger)) it got like really dark purple and this whole like,</td>
<td>hum</td>
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| 455  | it look like I got hit with a golf ball going like 90((laughs)) miles an hour, and umm.. | hum | ...
| 457  | you know, that kinda of thing. [umm] | how is it hard for you to talk about yourself? (.) Umm that (.) that you’re |
| 458  | (deep breath) And I kn-. I remember talking about how it is hard for you to talk about yourself (.) Umm that (.) that you’re |
| 460  | Yes | ...with me. |
| 461  | ...aware of kind of other people’s suffering, uhun but you you decided to share that. | umhum |
| 462  | umhum | |
| 464  | Umhum well I, I made it a point in () in a previous session since part of the reason why I’m here, is for self harm to make mention () when it happens. Because I don’t, I think. | |
| 466  | it is important that (.) you know a. my counselor that ahh when I’m having any sort of back fall or side steps or however you want to ahh conceptualize it because ahh I imagine it changes the nature of things (.) I imagine it does, (.) if I’m (.) simply in recovery or if I’m (.) having these, these, these moments, so. | |
| 471  | ((deep breath)) And I guess I’m curious what comes to mind if we are to entertain the idea that maybe there is something expressive about it? | |
| 473  | (2) I’m really not thinking about anybody else when I’m doing it. Uhun (1) I’m really not... | |
| 474  | Hum | |
| 475  | umhm. (1) <As cause like I said> I am just as likely to, much more likely nowadays to (1) bang((place heel of hand to head)) as I am to do anything else. I’m much more likely to bang. | |
| 478  | What about to yourself? | |
| 479  | C What do you mean? | |
| 480  | T What are you trying to express to yourself? | |
| 481  | C It doesn’t really feel like I’m making Eany big statement, it’s just (.) ((motions hands away from the body twice)) getting, like the desire out of me. (.) Yes. | |
| 483  | T [Hum [.] I guess you know I kind of operate on the, the assumption that the symptom speaks. And I’m wondering what it’s saying? | |
| 485  | C ((hands open)) Ahh “Ever(h)ything sucks.” That’s, that’s the way it feels when it’s happening. Ahun I don’t, I don’t know if there is something (.) or poetic to be said for it. But I don’t know. "(We) can ahh (we) can think about that." | |
The client responds by saying: “I’m really not thinking about anybody else when I’m doing it” (line 473). The response clearly shows that she does not see something “expressive” about harming herself, but she does play along with the therapist and “entertain the idea.” The therapist responds with a quick follow-up question, “What about to yourself?” (Line 478, 31:31). The question is vague and at line 479 the client calls for clarification: “What do you mean?” and immediately the therapist expands his original question by saying: “What are you trying to express to yourself?” (line 480). Again, the client rejects the question saying: “It doesn’t really feel like I’m making any big statement, it is just getting…the desire out of me” (lines 481-482).

Hence, what we see is the therapist offering questions that keep the topic focused on the idea that self harm is expressive, while the client uses her turns to illegitimate the therapist’s questions. At line 483, the therapist changes strategy and offers a declarative statement about the “assumption” that explains why he thinks this topic is legitimate. He states “I guess you know I kind of operate on…the assumption that the symptom speaks. And I’m wondering what it’s saying” (lines 483-485). Again, the client begins her response by opening her hands as if the answer is not clear. However, this time she does attempt to answer the question. She offers a ventriloquation that actually gives the “symptom” a voice. In response to the question of what the symptom might be “saying” the client says: “Ahh ‘everything sucks.’ That’s the way it feels [like]” (line 486). The ventriloquation, “everything sucks,” it is spoken with the smile, but the rest of the utterance is spoken quietly. By the end of the utterance it feels like there is less contention between the therapist and the client. This is demonstrated by the softness of the client’s tone and her willingness to use the therapist’s assertion that there is
something expressive about her hurting herself. Furthermore, the client ends her utterance by talking about how the therapist and client can indeed work on this together, stating “we can…we can think about that” (line 488), referring to the idea that the symptom speaks.

Formulation (32:09). This alignment is furthered by the formulation the therapist offers at line 489. This is another formulation that indexes previously discussed material from past sessions. The therapist recalls: “I remember asking you, ‘Do you if you get angry in session’ and you said, ‘No probably not’ and if you can cry in session and you said, ‘Not if I can help it.’” The therapist and client display their alignment by coordinated laughter in the last ventriloquation (see excerpt 24). The therapist is actually ventriloquating the client here, which feels more intimate or shared. This is furthered by the coordinated laughter and acknowledgment token that begins the client’s next turn.

The formulation is very important in terms of the emerging context of the session. It is an explicit acknowledgment of the client’s difficulty expressing emotion. We have seen throughout the session that bringing emotion to the foreground has been a central task pursued by the therapist. Here we see an acknowledgment of this as a problem for the client. This problem is identified through a formulation of the client’s own speech during a past experience that was shared by both the client and the therapist. The formulation relies heavily on the preceding context. Using implicit problems made possible in S3, the therapist returns to the topic of self harm and makes explicit that self injury is a type of problem that involves the client's relationship to herself. The "symptom" is trying to say something to the client. By converting the symptom in discourse, it is transformed into an action from the client, toward the client. This is the consequence of entertaining the idea.
that the symptom is "expressive," i.e. symbolic. The symptom acts on the client. It is her own unwilled action. Even though the action is unwilled, it is still intentional—it has a purpose (it “speaks”), yet that purpose is unknown. The therapist asks the client to look into this unknown in order to understand herself. The client does this by giving the symptom a voice, which is then followed by the therapist formulation that brings in past shared experience to foreground the client's problem of not wanting to get emotional in session. This is an example of how implicit problematizing of the client as certain kind of emotional being is made explicit, which produces a sense of a rich and deep therapeutic experience.

The client responds by offering a strong agreement token and an elaboration, which indicates that it is “strange” that she struggles to cry because she is “pretty sentimental” (lines 492-493). The therapist then marshals another formulation (32:35) that indexes past shared experiences. He states: “I have seen you actively try to hold the tears in” (line 494). At the same time the client is smiling and nodding while opening hands towards her face and then she emphatically agrees: “Yea, yea I do that” (line 496). When asked why she does hold back her emotions, she responds by saying: “I like to put a…brave, tough face on things” (line 498). This leads into a discussion of how she was raised to “soldier through,” and when she was “growing up [she] was one of the guys” (lines 500 & 504). The therapist quickly participates with her in the idea that guys “don’t talk about their feelings” (extension, lines 505-506, 33:14). Both the therapist and the client are laughing and joking during the section. It is one of the few times the therapist joins in with the client to joke around and be less serious. This is not because there is a lack of emotional content in the client’s speech. She states “I had some pretty terrible shit
happen” (lines 502-503), but this is left unexplored as she says: “and also when I was
growing up I was one of the guys”.

*Excerpt 24, S6, Session A, Lines 489-518*

Eyebrow Noticing (34:41). The client closes her discussion of just being “one of
the guys” by questioning if the fact that she “had hardly any female friends for most [of
her] life” is simply a “coincidence” or if it “could be something else” (lines 513-516).
The therapist encourages this self reflection by stating: “Sounds like you think that
something might be there?” (line 518, 33:53). The client responds by saying that:
“You’re supposed to be tough…or life and everyone else will get you down and get on top of you” (lines 519-520). Her response seems to shift away from the question of why she did not have many female friends. Regardless, the therapist then uses the question to both call for elaboration and challenge the basic idea in the client’s response. He asks: “Where did you come to that conclusion?” (line 521, 34:10). To this the client responds in a curt and direct tone: “I don't have…an instance ((curt))….If you are tough you can take care of yourself and if you’re not then you’re a burden to others. Need[ing] someone, you know, coddling you all the time, well, what the fucks the point of that?” (lines 522-528). At the word “coddling” and “fuck” the therapist raises his eyebrow and the client interprets this gesture saying: “I said something bigger than I think I did, didn’t I? Because you made a face….that one, with the eyebrow” (line 530-531). At line 532, the therapist encourages her to reflect on what she “make[s] of it?” but she tells him: “I want you to tell me what it is…I don’t know” (lines 534-535). Yet, instead of telling her what he thinks he asks her: “What comes to mind?” (line 536) to which she responds: “It seems like…a very strange mentality to have had as a child….the point of being a kid is to be…nurtured and coddled, and get your booboos kissed….Not run around with…gaping wounds and gravel on your knee” (lines 537-541).
What stands out about this exchange is that the client is interpreting herself, her past, and the therapist as a meaningful puzzle. What does it mean that she did not have any “female friends?” What does it mean that the therapist “[raised an] eyebrow?” This wondering if there is “something else” behind what she does, her past, and that actions of others is a type of hermeneutic practice—a way of interpreting the text of one’s life in ways that see beyond the text itself. It is similar to the hermeneutic practice being used by the therapist and only lacks the additional step of interpreting herself as a deep, emotional being. This then is an exhibition of the client’s partial uptake and use of the therapeutic practice in which she is engaged. It is a moment when she uses the hermeneutic of therapy as a technology of the self understanding, allowing her to decode, others, herself, and the world as things that have hidden meaning and depth. It is important to note that this all occurs during an emotional shift. At line 522, the client offers a direct, curt
response that feels different; it feels powerful. Part of this is the evocative language (“coddling,” “fuck”). Yet, it is also the way in which the client directly and succinctly lays out a firm belief about the “way things go:” You have to “take care of yourself” or “you’re a burden to others” who have to coddle you.49 She ends with an angry dismissal: “What the fuck’s the point of that?” Recall that anger is an emotion tied up with belief. Hence, we have an utterance where the tone changes and becomes more direct and curt. There is no irony, sarcasm, or wit, but a clear declaration of a belief. Although this does not seem like anger directed at the therapist, it does feel like the most direct expression of anger we have seen so far in the session. Possibly this is what the eyebrow raise was responding to and hence the hermeneutic work done by the client is a response to emotion. If this is the case, then what we see is the client interpreting the therapist’s response (eyebrow raise) in order to interpret herself as an emotional being. Hence, there is some evidence that the client uses the hermeneutics of therapy in order to recognize and indirectly foreground herself as an emotional being. This ends the contentious beginning of S6 and leads into the 3 narratives offered by the client. A sequence that was marked by both the client’s and therapist’s action against one another, ends with them collaborating and what seems to be an expression of anger that is unique so far in the session.

Narrative 5 (N5). At this point the client starts a pre-sequence to open the first narrative (N5) of the sequence. At line 541, she again uses an evocative, emotionally laden gloss: “Man, childhood sucks!” to introduce and assess the therapist’s interest in

49 Remember the from the standpoint of STE, anger is a transaction that is enacted in order to assert what “ought to exist” (de Rivera, 1977, p. 77).
hearing her story (see excerpt 26, line 541-543). However, the therapist does not give the client clear permission to proceed. Rather, he calls for a repair, as if he did not hear her or understand. Although repair requests often occur for technical reasons (e.g. an utterance is muffled, or phrased in a way that does not make sense), Sacks (1989) has shown how a repair can also be used to resist the actions initiated by the previous speaker. The client’s utterance is clear. Hence, the therapist repair request can be read as resistance against the client’s move to begin narrating. In response to the request the client repeats herself and then offers another emotional gloss that is even more evocative: “Kids are *vicious*, kids are *vicious*” (line 545). By combining a technical repair (maybe he did not hear me so I will repeat myself), with another gloss aimed at opening a narrating sequence the client demonstrates the degree to which wants to tell her story.
| 541 | C | ...knot, and, “I am good” [you] know. (...) ↑I don’t know, I don’t know. (3) #ah# Man… |
| 542 | T | [hum] |
| 543 | C | childhood su(h)ick. (laughs) |
| 544 | T | Humn? |
| 545 | C | I said, “Man, childhood sucks.” (2) Kids are vicious, kids are Vicious. |
| 546 | T | What are you referencing? |
| 547 | C | Oh just being, I got picked on my whole life, whole life. uhum. I was very isolated and very lonely, and being isolated and lonely also makes you weird on top of, ((laughs)) whatever else is going on, because then you have a vocabulary that is too big for your peers and you make jokes that nobody gets, and 2) |
| 548 | C | picked on? |
| 549 | T | Hum |
| 550 | C | Ahh, <elementary school> I can remember being picked on in elementary school. |
| 551 | T | What is coming to mind? |
| 552 | C | Ahh, just ah being teased, <it was kinda one of these like> I had been teased about my weight for almost my whole life, and I was thinking back to it and like, in, in the, in like the second grade, I wasn’t heavy, I was just an Amazon. ((looks at therapist)) like I was… |
| 553 | T | hum |
| 554 | C | …five feet tall in like the first, in like the first and second grade. I was a huge kid and it wasnt that I was, you know, like a barrel, like a barrel or anything like that. I was actually on.. |
| 555 | T | hum |
| 556 | C | the athletic side, but hum I got made fun of for being so: big, and for dressing like a dork because my mom dressed me. And didn’t, she, my mom really wanted to preserve my.. |
| 557 | T | hum |
| 558 | C | …childhood and preserve my innocence, and in the way that she chose to do that was by dressing me, like an overgrown toddler, like I wore, did not wear jeans until I was in middle.. |
| 559 | T | hum |
| 560 | C | school. So that made me [are(h)s]al popular. “‘You look like a clown’ ((spoken in a whisper)).” Like, “Yea, yea I know. I know, and I read at a fifth-grade level. Don’t you.. |
| 561 | T | hum |
| 562 | C | … want to talk to me?” “No, we don’t. You don’t you don’t watch enough thunder rangers [and we don’t like you.” Sad face (makes mocksad face laughs)) |
| 563 | T | [Hum] |
| 564 | C | you don’t make a sad face. |
| 565 | T | Hum. You say sad face, but |
| 566 | C | Yea, well I don’t want to make a sad face. I don’t want to go there because it <sucks hum>.

After the second gloss the therapist asks the client what she is “referencing” and she beings to talk about how she was “picked on [her] whole life” (line 547). The introduction is quite long, stretching from lines 547 to 575. It is a collaborative introduction and the therapist uses two questions and a special kind of formulation called a “noticing” as the client talks about how she was “teased about my weight” and for
“dressing like a dork” (lines 556-557, 563). Watching the session, the introduction actually seemed quite productive and deep. Possibly this is due to the implicit emotion hinted at during the introduction. The client depicts herself as a “huge kid” that stood out because of her size and because: “[my] mom dressed me….like an overgrown toddler” (lines 560, 564-567) and she ventriloquates her fellow children saying to her “‘you look like a clown’” (line 569). The content here is emotionally evocative. The idea of a young child being picked on because of her size and what she wears pulls for emotion. Furthermore, she narrates herself as misunderstood. It is her mother’s fault that she wears clothes that make her look like a “dork.” Even though she was a “huge kid” she described herself as “actually on the athletic side” (lines 561-563). In other contexts this could be considered a strength, but in the introduction it is something that is overlooked.50

She also describes herself as being more intelligent than her peers. For example, she ventriloquates a conversation between herself and an imaginary childhood playmate: “‘Yea, yea I know. I know, and I read at a fifth-grade level. Don't you want to talk to me?’ ‘No we don’t. You don’t…watch enough thunder rangers [and] we don’t like you’” (lines 570-573). Hence, she positions herself as a mature child whose mother tried to “preserve my innocence…. By dressing me, like an overgrown toddler” (lines 566-567) and because of these two factors she was unfairly picked on during childhood. Hence, the narrative depicts her as a victim of her own development and of her mother’s desire to keep her “innocent.” Both the mother and the other children are described contemptuously. This is demonstrated by the language that the client uses, the witty

50 Interestingly in S1 (line 121), the client contemptuously comments on how her mother would not allow her to play sports during her childhood.
sarcastic tone, and the way in which the children and her mother are positioned as people that don’t see the client’s strengths or positive characteristics. This has a direct effect on the listener (in this case both the therapist and myself as researcher). The pull is not simply to feel sympathy toward the client, but to feel contempt toward the other characters in the story while also recognizing the client as someone who should be appreciated or admired.

According to de Rivera (1977), this interplay of contempt and admiration can produce powerful effects because of the structural relationship of these two emotions (see positioning map below). Both contempt and admiration are emotions that involve recognizing positive or negative qualities in the other. In contempt we see the other as having negative qualities that makes them dissimilar from us and the emotional transaction is used to push the other away by accentuating these negative, dissimilar qualities. Admiration is the opposite of contempt in that the “person whom we admire embodies personal values” or “ideals” that we see in, or want for, ourselves (p. 55). Hence, the other is drawn closer as someone who holds similar, ideal qualities. The qualities that the client emphasizes are being “athletic,” “huge” and intelligent.

Previously in this sequence we saw the client and the therapist align over being “one of the guys” (line 504). Uncharacteristically, the therapist laughed and joked with the client about stereotypically masculine characteristics such as: “guys don’t talk about their feelings” (lines 505-506). Hence, the client and therapist have already selected masculine characteristics as something that binds them as similar kind of people. The characteristic of intelligence is not found in the conversation but we can speculate that there is a fairly universal assumption that therapists are part of the intelligentsia and the notion that the
client was more interested in reading than in “Thunder Rangers” might be an appealing characteristic that calls for admiration.

Figure 14

*Positioning Diagram Narrative 5 (N5) Introduction: Contrary Positioning of Contempt and Admiration*

After recounting how she was not accepted by her childhood peers because she did not “watch enough thunder rangers” she says “sad face” and makes a mocking sad face while looking at the therapist (lines 572-573). The therapist offers a “noticing”. This is where the therapist points out aspects of behavior that are in conflict with what is being said. This ‘pointing out’ does not simply index an incongruence, it also calls for an explanation. The therapist states: “You say sad face, but you don’t make a sad face” (lines 574-575, noticing 34:41). The client quickly agrees, stating that she does not “want to make a sad face. I don’t want to go there because it sucks” (line 576). However,
instead of elaborating further she moves away from the topic and quickly begins narrating (N5) how she was raised in “a daycare center” and that boys were her friends, but they would only play with her if other boys were not around. The narrative is short, lasting from line 578-591 (see transcript). The narrative does not evoke the same emotional response because it does not use admiration and contempt to position the characters. Hence, the narrative feels resistive in that it allows the client to move away from the topic of the “sad face” and hold the conversational floor for an extended turn. The notion that the narrative is resistive is reinforced by the therapist’s response to the story. Instead of focusing on any elements brought up in the story the therapist returns to the client’s initial response saying: “You say that…you didn’t want to go there?” (line 592, excerpt 28, question 39:03). This circulates the client’s original figure of speech: “I don’t want to go there” and returns to the contradiction between the content of the client’s speech and her delivery, which was pointed out by the therapist’s previous noticing.

In response the client says that she does not “want to think too hard on it” (line 593). The “it” indexes the “sad face” uttered by the client and then circulated by the therapist in his noticing. In other words, the “it” indexes the implicit sadness in the client’s introduction and also her contradictory style of talking about something that is clearly sad. The client then offers a formulation stating: “I suppose I’m supposed to be going in, that is probably the purpose of all this” (lines 594-596). Although it is not entirely clear what she means by “all this,” my interpretation, as a listener, is that she is referring to the practice of psychotherapy. The therapist also seems to hears the “all this” index this way and he responds by saying, "Well I'm not here to, you know to force you
into anything, but I think we need to explore why it is difficult to go, or what…gets in the way of going there.” (lines 597-599).

Excerpt 27, S6, Session A, Lines 592-601

This exchange has a number of important features. First, this is a unique moment where the client’s utterance is treated as a question and the therapist provides an answer. The: “I suppose…that is probably the purpose of all this,” is a speculative assertion that can be read as a question. The client uses “this” as an index that a listener can interpret as referring to the practice of psychotherapy. Hence, the client’s utterance can be read as a question about what psychotherapy is supposed to be. The therapist could have responded by quoting source material referring to some general rule (such as “psychotherapy should be a way of looking inside and explaining how you think and feel”). However, what he does is position himself as an arbiter of what they are “supposed” to do in “this” psychotherapy. Namely, they “need to explore why it is difficult to go or what…gets in the way of going there.” Again this is a circulation of figures which recycles the phrase “going there”. Hence, this links back to the difficulty the client has in experiencing emotion directly. As she sums up in the next utterance: “I don't want to get, I feel myself going, getting…emotional and I really don't want to do that, so I’m…putting the brakes on” (lines 600-601). Here we see problematizing aimed at the client’s relationship to
herself as an emotional being. This way of thinking about herself is made explicit by both the client and the therapist at this moment, but it relies on the entirety of the previous context where emotion as a personal substance of depth was problematized as in need of hermeneutic interpretation.

Narratives 6 (N6) & 7 (N7). The remainder of S6 contains two narratives (N6 lines 619-627, N7 lines 639-664, see transcript) that bring about topical changes and avoid the therapist’s attempts to focus on why she has to avoid “feeling emotional” (line 603). In both cases the topic changes are abrupt (lines 619, 627). During both narratives the client returns to her witty, sarcastic delivery; speaking with a smile and laughing. The stories do have emotional undertones: N6 is about experiencing fear when she saw “rattlesnake pelts” (line 621) and N7 is about being so afraid of “clowns” that she “punched [a clown] in the nuts” when one approached her at a circus (line 661). N7 is more complicated because there is positioning occurring between the client’s friends who taunt her into going to the circus by saying: “‘Pussy, pussy, pussy’” (line 645). However, because of the topic changes and the style of delivery these narratives feel ‘canned’ and resistive.

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N6 is extremely short and it could be viewed as part of the pre-sequence of N7. However, it does have the basic elements of a narrative: a telling of a past event that unfolds in time.
**Excerpt 28, S6, Session A, Lines 661-679: Interpretation S6**

<table>
<thead>
<tr>
<th>Line</th>
<th>Time</th>
<th>Status</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>661</td>
<td>43:03</td>
<td>C</td>
<td>“I don’t think you’re funny, let go of me right now. Let go” and I punched him in the nuts. And he let go. But (point at theapist) he was asking for it (points and wags finger.)</td>
</tr>
<tr>
<td>662</td>
<td></td>
<td>T</td>
<td>Hun</td>
</tr>
<tr>
<td>664</td>
<td></td>
<td>C</td>
<td>Toward therapist because I said don’t touch me.</td>
</tr>
<tr>
<td>665</td>
<td></td>
<td>T</td>
<td>Mmm</td>
</tr>
<tr>
<td>666</td>
<td></td>
<td>C</td>
<td>Ahh (gaze and points to therapist)</td>
</tr>
<tr>
<td>667</td>
<td></td>
<td>T</td>
<td>Umm</td>
</tr>
<tr>
<td>670</td>
<td></td>
<td>C</td>
<td>Despite the fact that I’m, I’m punching somebody, I am, I am not trying to threaten you [laughs]</td>
</tr>
<tr>
<td>671</td>
<td></td>
<td>T</td>
<td>But, I said I wonder how we got on this topic. And that you know, we started talking about emotions, things that are difficult for you to ahh [1] talk about here, and maybe…</td>
</tr>
<tr>
<td>672</td>
<td></td>
<td>C</td>
<td>[Rig]</td>
</tr>
<tr>
<td>673</td>
<td></td>
<td>T</td>
<td>I’m the clown kind of dragging you towards talking about emotions, talking about things that are difficult and you’re (saying) “Slow up.” (laughs briefly)</td>
</tr>
<tr>
<td>674</td>
<td></td>
<td>C</td>
<td>I don’t wan-</td>
</tr>
<tr>
<td>675</td>
<td></td>
<td>C</td>
<td>Umm.</td>
</tr>
</tbody>
</table>

**Interpretation S6 (43:03).** At line 666, the therapist takes a deep breath to call for his turn and then offers an interpretation. He uses another speculative assertion to ask: “I’m wondering if you are trying to tell me something…with this story as well.”

Although the utterance takes the same form as previous interpretations, this utterance is designed in such a way that it acts as a question. In other words, it has the same effect as: “Are you trying to tell me something with this story as well?” Hence, it calls for the client to reflect on her intention for telling the story. In response, the client stalls for a moment and then points to the therapist and says: “I’m not trying to threaten you” (line 668).

Quickly the therapist follows with another speculative assertion, but this time it functions more like an interpretation. 

> “You said ‘I wonder how we got on this topic.’ [Well] we started talking about emotions, things that are difficult for you to…talk about here, and

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52 However, this interpretation does formulate some of what has already been said and therefore is still hard to classify.

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maybe I'm the clown….talking about emotions, talking about things that are difficult and you're saying: ‘slow up’” (lines 672-677). This interpretation answers the question posed by the speculative assertion while also summing up S6 as sequence concerned with emotion. It brings back to the foreground the problem of talking/feeling/expressing emotion, which the client moved away from while narrating. It does this by proposing that the story is not simply a representation of a past a event, but possibly something “expressive.” The story is interpreted as an action in the here-and-now directed against the therapist, or as the client put it, ‘a threat’ aimed at the therapist. In a sense, the interpretation converts N7 into an indirect expression of anger against the therapist. Furthermore, the interpretation positions the client as an active agent who is responsible for her actions in the present moment. This contrasts how the client often depicts herself as a victim and how she actively avoids enacting emotion in the here-and-now of the session.

**Sequence 7 (S7)**

Sequence 7 (S7) is much shorter than S6, and lasts only 8 minutes. It is the last sequence prior to the closing and it is important because both the client and therapist talk more explicitly about emotion as a problem. As we have seen emotion has been continually foregrounded and problematized, but up until S6 this process was implicit. The power of S7 comes from its relation to the previously implicit talk about the problem and the shift toward explicit formulation. As the therapist and the client are discussing this, there seems to be a possibility of the client getting angry. However, the client quickly changes the topic and offers a long commentary about her mother-in-law. Much like in S6, the therapist uses an interpretation to transform the client’s commentary,
giving it another meaning beyond its representational function. Below is the basic conversational structure.

Figure 15

*Sequence 7 (S7), Basic Conversational Structure*
Elaboration on S6 interpretation. After the S6 interpretation the client begins to elaborate, accepting the interpretation and then taking it further. She begins with a humorous denial, saying, “I don’t want to punch you,” but then she follows this by saying: “There might be something to that, I suppose, I suppose” (lines 678-679). She continues: “I really don’t want to make it seem like a threat, but the fact that I was so quick to fire back: ‘It’s not a threat, it’s not a threat, you’re not the clown.’ You probably are the clown, you are probably are the clown” (lines 681-684). In this last utterance, she is again utilizing the hermeneutic practiced that the therapist demonstrated in the S6 interpretation. She is interpreting herself (“the fact that I was so quick to fire back”) in order to understand what the story meant and why it was being told. Hence, the client has taken herself as an object to be interpreted and understood. In her interpretation she even tries to acquit herself by saying, “it’s not a threat, it’s not a threat, you’re not the clown,” but then follows this up with her interpretive conclusion which is: “You probably are the clown.” Hence, this is a moment where we can see psychotherapy changing the client in the sense that she begins to adopt the hermeneutic strategy of the therapist. Interestingly, the client is acting as both interpreter and the object that is being interpreted; therefore she occupies two positions and creates a doubling. Again, this use of the therapeutic hermeneutic occurs when there is some evidence of anger and this furthers the notion that the client is taking up the hermeneutic of therapy and using it as a technology to decode herself as an emotional being.
Excerpt 29, S7, Session A, Lines 672-684: Elaboration on S6 Interpretation

Formulation (43:49). The therapist then jumps in and offers a formulation that indexes material from past sessions. The formulation brings in a previous moment in therapy when the client expressed her discomfort with a “moment of silence” (line 686). How this connects to the previous utterance is somewhat unclear. However, the client picks up on this immediately and discusses how these silences make her feel “awkward” because she is unsure if she is “supposed to be talking” (lines 687-689). She ends her utterance by saying that “I don’t want to put up a whole bunch of walls, but I’m…increasingly aware that I certainly must be” (lines 689-693). The therapist then jumps in and offers what is best described as an interpretive third turn, which comes out of Peräkylä’s work (2010). The therapist offers an interpretation that is aimed at deepening the previous interpretation ending S6. Instead of simply agreeing with the client that she “puts up walls” he instead changes the metaphor. He states: “I think…we kind of skip along the surface. You like to stay at a space for only so long” (lines 694-696). Hence, the therapist first transforms the “I put up walls” problem into a “we skip along the surface” problem. In other words, the problem is an interpersonal issue that
they share together rather than one that the client has herself. This shift in ownership of
the problem changes again when he states that she doesn’t like to stay in one space very
long. At this point, the client takes a deep breath, similar to the way that the therapist has
done throughout the session to call for his turn. It seems as if she wants to speak, yet the
therapist continues. Moving on, he holds the floor in order to offer an explanation of why
she doesn’t like to dwell in one space too long. He explains, “maybe you fear that if you
spend too much time talking…or just reflecting on some of the things we talked about,
…and maybe if some of the, I don’t know what you call this….” at which point he
pinches his pointing finger and thumb together repeatedly. When the therapist gestures
the client offers a strong acknowledgment token as if she recognizes the gesture. Then the
therapist says “may not hold everything back” (lines 696-701). Watching this exchange it
seems as if the pinching is a gesture the client has used in previous sessions in order to
keep herself from becoming emotional. Hence, the gesture acts like a formulation
indexing previous sessions. The indexing of previously shared experience furthers the
constitution of the personal, emotional problem, and adds a historical dimension that is
shared by the therapist who stands as an intimately involved witness to the problem that
has continually been problematized as personal.
Interpretive 3rd turn (44:15). The interpretive third turn gives the client an opportunity to continue her elaboration. She does this by talking about her “three years” in therapy and how during this entire time she has “almost always wanted to… keep a lid on the jar” (lines 702-704). Hence, the problem of talking about emotion has been a persistent problem that she is aware of. Again, this awareness is something that occurs because she is both the interpreter and the object of interpretation. The therapist uses his next turn to point out the time constraints of their own work together because he has only “a year in this program” and this means that he would like to step “on the gas a little” (lines 707-709). He then points out that he is not asking her to “spill [her] guts;” however he states: “I am asking you to be curious about why it’s so important that you do put those brakes on” (lines 711-714). This line is important because what he is asking is for her to be curious about herself. It is an explication of what it takes to be an ethical subject.
in psychotherapy. You must be curious about yourself. This curiosity is the constant condition of the therapeutic relationship. The therapist is curious about the client first and foremost. When this curiosity wanes the alliance crumbles. This curiosity is the implicit condition of the therapy relationship and in order for the client to be an ethical subject—a good client and good person—she has to be curious about herself. Hence, curiosity, for the client, is a relationship to herself, which further constitutes the problem as personal.

   Question (45:37). Initially the client responds with humor by saying: “Nobody likes the crying lady” (line 715). She says this line with a smile. By using “nobody” as her turn indicator she offers a response that is directed at everyone and no one at the same time. This gets flushed out after the therapist asks: “Who’s nobody?” (Line 716). She then moves on to talk about how: “you will be a bother if you…do that” (line 721). The index (“that”) refers back to what she doesn’t allow herself to do, which is become emotional. She goes on to connect this to her mother who “preemptively guilted [her]” so she would not have “tantrums” (lines 728-729). She does end with an emotional statement. The emotion is expressed through her tone and delivery. She states: “You just don’t do certain things, and letting myself get overwrought feels like one of those things you just don’t do…And I mean that with all the sort of (gestures up and down with her hands in a stepping motion) hard stepping percussiveness that I’m implying now, you just don’t” (lines 731-735). The “percussiveness” that she is referring to aligns with the way she punctuates her speech by forcefully saying certain words that I have tried to show in the transcript. Here again, we have a moment that feels like anger. However, the client is not angry at anyone in particular. Rather, she is passionately stating her beliefs which help to explain why she has problems expressing her emotion. Although this is not a clear
emotional transaction, the tone that she uses and the statement of belief are in line with de Rivera’s understanding of anger (de Rivera, 2006).

**Excerpt 31, S7, Session A, Lines 704-738: Emotional transaction of anger**

<table>
<thead>
<tr>
<th>Line</th>
<th>Transcript</th>
</tr>
</thead>
<tbody>
<tr>
<td>704</td>
<td>T twice!(you know, keep a lid on the jar.</td>
</tr>
<tr>
<td>705</td>
<td>C And I think that yo-shh I think that’s &amp; I am aware of that [and] ahh given that.</td>
</tr>
<tr>
<td>706</td>
<td>C [hum]</td>
</tr>
<tr>
<td>707</td>
<td>T .. you you’ve worked with Jackson for a while and I only have a year in this program.</td>
</tr>
<tr>
<td>708</td>
<td>C ((nodding)) umhum</td>
</tr>
<tr>
<td>709</td>
<td>T .. that I may be stepping on the gas a little ↓ bit [umm] And I don’t want you to think that.</td>
</tr>
<tr>
<td>710</td>
<td>C Ya [umm]</td>
</tr>
<tr>
<td>711</td>
<td>T .. you have to kind of abandon, umm you have to just, kinda spill your guts to me, ..</td>
</tr>
<tr>
<td>712</td>
<td>C Okay</td>
</tr>
<tr>
<td>713</td>
<td>T .. that’s not what I’m asking you do. But I am asking you to be curious about why it’s so important that you do put those brakes on.</td>
</tr>
<tr>
<td>714</td>
<td>C (3) Everybody likes the crying (gaze) lady. Umm</td>
</tr>
<tr>
<td>715</td>
<td>C (hum) Whose nobody?</td>
</tr>
<tr>
<td>716</td>
<td>C Everybody. ((laughs)) The everybody that is nobody. (1) See nobody becomes.</td>
</tr>
<tr>
<td>717</td>
<td>C hum</td>
</tr>
<tr>
<td>718</td>
<td>C everybody who doesn’t like a crying lady. (.) Um I’ve just always had this notion..</td>
</tr>
<tr>
<td>719</td>
<td>C hum</td>
</tr>
<tr>
<td>720</td>
<td>C .. that you will be a bother if you, if you do that, that [your] to me?</td>
</tr>
<tr>
<td>721</td>
<td>T [You] feel like it’s going to be a bother</td>
</tr>
<tr>
<td>722</td>
<td>C That that you’re just a nuisance. (.) Or [that] at you, like I I, it has been really impressed..</td>
</tr>
<tr>
<td>723</td>
<td>T I see[ ]</td>
</tr>
<tr>
<td>724</td>
<td>C .. upon me not to complain too much. (.) And, people haveit so much worse than..</td>
</tr>
<tr>
<td>725</td>
<td>C umm</td>
</tr>
<tr>
<td>726</td>
<td>C you and and I never never had tantrums when I was a kid because my mom</td>
</tr>
<tr>
<td>727</td>
<td>C preemptively guilted me. ( (laughs)) That is the way I see it and umm ya. And so..</td>
</tr>
<tr>
<td>728</td>
<td>C umm</td>
</tr>
<tr>
<td>729</td>
<td>C .. there ah y know, you just don’t do certain things and letting myself get overwrought feels like one of those things you just don’t do. (.) Umm yea and I mean that with..</td>
</tr>
<tr>
<td>730</td>
<td>C umm</td>
</tr>
<tr>
<td>731</td>
<td>C .. all the sort of ((gestures up and down with hands in a stepping motion)) hard stepping percussiveness that I’m implying now, you just don’t. (5) ya (3) are we here on..</td>
</tr>
<tr>
<td>732</td>
<td>C umm</td>
</tr>
<tr>
<td>733</td>
<td>C Thursday?</td>
</tr>
<tr>
<td>734</td>
<td>T We are not, we’re off, but the week after that we’ll be going to twice a week.</td>
</tr>
</tbody>
</table>

I argue that what we’re seeing here is the onset of emotion – most likely anger – which is then cut off by how the client ends the utterance. Instead of continuing to talk about this belief that she holds, she instead asks a question. The session is close to ending, so the client ends her turn by asking: “Are we here on Thursday?” (lines 735-265)
This is a call to close the sequence and close the session more generally. It is a strong topic change that occurs right at the point where we see the beginnings of what might be an emotional transaction of anger. Furthermore, we see a parallel between what happens at this point in S7 and what they have been discussing so far. Namely, that the client begins to skip along the surface and never goes too deeply into her emotions. Remember that questions are powerful because they demand responses and they give the questioner another chance to talk once the question has been answered (ten Have, 1999). Hence, the therapist does offer a response about when they will be meeting next and once he’s finished the client quickly introduces another topic. The client begins to discuss how her partner’s mother is coming to town and how much she dislikes his mother. She discusses this for almost 5 minutes. Hence, we can see how the call for a closing really was a shift away from the problem being discussed previously. This gives further evidence that what we saw was the beginning of an emotional transaction, which the client shutdown by utilizing powerful conversational tools such as calling for closing and asking questions.

Discussion of her partner’s mother is told once again in a sarcastic, witty tone. Although this commentary does not fit the criteria to be considered a narrative, it functions much like a narrative because it is a discussion about other people and their relationships with the client. The client describes how her and her partner are “always in the position where we have to lie to her. Because the truth tends to make her insane” (see transcript, lines 746-747). She ends her commentary by saying John’s mother is “a torrent” who “drives me fucking crazy” (lines 799-802). The therapist then offers an interpretation much like he did at the end of S6. He again offers a speculative assertion
that is in the form of “I wonder” followed by an interpretation that offers an explanation. Hence, the therapist asks if there might be something about John’s mother, which “drives you so crazy… that you recognize in yourself” (lines 803-804). Initially she rejects this, but the therapist continues by connecting back to where the client talked about how she “got a 97 and all [she] could focus on was the question that [she] got wrong” (lines 806-808). The client then offers a strong acknowledgment token, which is a clear shift from her original disagreement and focuses her elaboration on self-harm: “Ya, but I’m…only harming myself, …I think Sandy is the other way around, Sandy is hard on everybody else but herself” (lines 809-811). The therapist then uses another interpretative third turn and states: “So maybe she's like that to everybody else…, but I guess what I am trying to point out is that you are that way to yourself” (lines 820-821). The client initially offers an agreement saying she “concede[s],” but she goes on to say that “I think my way of doing things is better than her way of doing things, objectively speaking (lines 828-830).
At this point the therapist offers an interpretation that can be viewed as an interpretive fourth turn. Yet, this interpretation feels very different than the others. From a therapeutic perspective it looks like a supportive statement that highlights strengths and distinguishes the client from John’s mother who represents negative, distasteful, and disowned aspects of the client (i.e. the bad object). Examining the interaction we see that the client ends her utterance by offering her own assessment of herself (“I think my way of doing things”) which she then labels as “objectively speaking.” The therapist then
offers his assessment (“Well I do think”) about the client: “you are curious about the way you do things. And I think that is one of the reasons why you’re here is to explore those things” (lines 831-833). Hence, the therapist does not agree with the client that her way of “doing things” (i.e. “only harming myself” and not others) is better. Rather, he ascribes the client with a quality—curiosity. “You are curious about the way you do things” is a clear shift away from the topic of “doing things” her way. The positivity of the quality is created through the design of the turns and the unfolding context. The therapist designs his turn as an agreement with the client’s evaluation that she does things “better” than John’s mother. Hence, whatever comes after the “Well I do think that you are…” will come across as a positive an evaluation (unless it is spoken in a way that conveys sarcasm). What follows is that she is curious about herself.

Considering the context of the session, we have seen a few places where the client does seem curious about herself and begins to interpret her own behavior. This has been shown to be an adoption of the therapist’s hermeneutic strategy that he demonstrates again and again with his utterances. The therapist is intently curious about the client, always bringing the focus of the conversation back on her, rather than John, John’s mother or their child. In truth, this seems to be the overall strategy of the session: the therapist wanting to focus on the client as an object of curiosity and the client resisting this except in a few places. Therefore, this interpretation does not seem to be an “objective” assessment of a positive quality that client possess. Rather, it is a way of relating and understanding oneself that is being constituted as something good—something that distinguishes her from her ‘mother-in-law’ who is a “torrent.”
Closing Sequence

The S7 interpretative sequence is followed by a powerful elaboration that continues to makes problematizing of SA explicit (see closing sequencing diagram). It is what therapist’s call a “door knob statement” because it often feels emotional, authentic and deep, yet it is said right when the session needs to be closed. Here the client spells out what she wants from therapy. She explicitly formulates what she sees as the problem—the sticky issue of emotion regulation—and how this interferes with what she wants for her child. She also makes implicit the connection between herself and John’s mother, a similarity that she does not want:

I don't want to be a big ball of crazy, and I don't want to be unable to give Wanda something to look to. Like she is very smart and she's very aware and she's gonna pick things up very quickly. …I don't want her getting to the place where she can't, I I don’t want her thinking that something not done perfectly isn't worth doing. And I don’t want her thinking that not being perfect makes her worthless. I don't want her not being able to, you know, get it out without breaking things or hurting herself. And I don’t want her seeing, and I don't want her being afraid of me, I don't want her being afraid of setting me off because half of what John does is just trying to damage control his mom. (lines 834-844)
Figure 16

Closing of Session A, Basic Conversational Structure
The statement stands out as a powerful moment for a number of reasons. First, the client shifts from talking about other people to speaking for herself in relation to others. Almost every sentence in the utterance is started by “I don’t want.” By stating what she does not want there is a directness and clarity that is different from most of the previous session. Second, there is no sarcasm or wit. As a listener I did not hear that contemptuous edge that often accompanies her utterances. The statement feels forthright and honest, and in part this is because of the tone and the use of I statements. Last, as a listener I felt as if there was a different emotional resonance. Again, this has to do with the tone and the use of I statements, as well as the long dramatic pauses at the end of the utterance followed by a deep inhalation by the client. Analyzing the content of this utterance we see that the client is talking about what she does not want to be/be seen as. She does not want to be “a big ball of crazy” and have her daughter be “afraid of setting [her] off.” She does not want to show her daughter that the only way to deal with emotions is through “breaking things or hurting herself.” And most importantly, she doesn’t want her daughter to be “afraid of” her.

Guilt, according to de Rivera, is structurally related to the emotion of “horror.” Both horror and guilt are “recognition” emotions. In a later article, de Rivera (1984) describes these emotions as having to do with social recognition. In every form of life “there are different roles that different persons are expected to play” and “with an awareness of the emotional relationships between people, one cannot avoid being struck by the way in which emotional dynamics maintain the system and the positions of the individuals within it” (p. 129). These are classified as recognition emotions. Hence, horror is the emotion we experience when we “pull back from another whom we cannot
recognize, another who is so distorted that we can no longer identify him as a member of our group” (de Rivera, 1977, p. 55). In guilt there is a similar sense of pulling back in order to create distance; however this is done in order to pull away from an aspect of ourselves that we no longer recognize. As de Rivera states:

> Just as in horror the person cannot recognize the other as the person he once was — cannot identify him as a member of the group — so in guilt the person cannot recognize himself. Paradoxically, this preserves the person’s identity as a member of the group. Think, for example, of a person who has committed some crime: if he experiences guilt do we not feel less horror than if he experiences nothing? (p. 59)

Hence, guilt effectively distances an undesirable aspect of oneself while also reinforcing the person’s identity as a member of the group. Here, the client describes herself as something unrecognizable: “a big ball of crazy” that her daughter might be “afraid of” or even worse, “look to” emulate. The basic elements of guilt as described by de Rivera are present. The utterance is primarily about being recognized as something undesirable. This is something the client herself recognizes, but also that she is concerned her daughter might recognize. However, this is not a description of a past event that she feels guilty about—this is what she wants for the future. The conventional understanding of guilt is that it concerns a past event and this raises doubt about the utterance being a transaction of guilt. Yet, when we look more closely we see that the client accounts for why she is not, at present, feeling guilty. Even though her daughter “is very smart and…she’s gonna pick things up very quickly,” she is still young and not aware of her mother’s behavior (lines 835-836). Hence, because the daughter is not old enough to recognize the client’s behavior as something horrible, then the client is able to postpone her guilt until the future. The utterance opens up the possibility of guilt at some future
point, while also rationalizing why she does not feel guilty now.\textsuperscript{53} This, combined with the other factors above, convey emotion and makes the utterance noteworthy in the context of the session. However, the evidence shows that this cannot be considered a full emotional transaction of guilt.

\textsuperscript{53} This is a circulation of figures used in S3 (lines 219-223) where she talks about having to stop mocking her daughter because she is "pretty…clever" and will soon understand.
Excerpt 33, Closing SA, Session A, Lines 831-870: Elaboration of S7

**Interpretation**

<table>
<thead>
<tr>
<th>Line</th>
<th>T</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>831</td>
<td>Hmm</td>
<td>Well</td>
</tr>
<tr>
<td>832</td>
<td>I do think that (.) you are curious about the way you do things. And I think that is one of the reasons why you're here to explore those things.</td>
<td></td>
</tr>
<tr>
<td>833</td>
<td>C</td>
<td>I don't want to be a big ball of crazy, and I don't want &lt;to be&gt; unable to give Wanda something to look to. Like she is very smart and she's very aware and she's gonna pick things up very quickly. And if I am, I don't want her getting (. . .) to the place where she can't, (. . .) &gt;&gt; I don't want her thinking that something not done perfectly isn't worthwhile. (. . .)</td>
</tr>
<tr>
<td>838</td>
<td>Umm</td>
<td>um</td>
</tr>
<tr>
<td>839</td>
<td>C</td>
<td>.. And I don't want her thinking that not being perfect makes her worthless. I don't want her</td>
</tr>
<tr>
<td>840</td>
<td>not being able to, you know, (3) get it out without breaking things or hurting herself. And I don't want her seeing, and &gt;&gt; don't want her being afraid of &lt; me, I don't want her being afraid of setting me off because half of what (. . .) John does is just trying to damage control..</td>
<td></td>
</tr>
<tr>
<td>842</td>
<td>Um</td>
<td></td>
</tr>
<tr>
<td>844</td>
<td>.. his mom, he never feels like he can say, &quot;Hey this is what my problem actually is.&quot; You know (3) (deep breath)</td>
<td></td>
</tr>
<tr>
<td>846</td>
<td>T</td>
<td>Well, we'll have to continue next week.</td>
</tr>
<tr>
<td>847</td>
<td>C</td>
<td>Okay</td>
</tr>
<tr>
<td>848</td>
<td>T</td>
<td>umm So are we on for Tuesday? And Thursday next week.</td>
</tr>
<tr>
<td>849</td>
<td>C</td>
<td>Yes. Sounds great.</td>
</tr>
<tr>
<td>850</td>
<td>T</td>
<td>28th and the 30th.</td>
</tr>
<tr>
<td>851</td>
<td>C</td>
<td>Umm and hopefully, and hopefully I'll have work soon. That is what I'm working on. That's what I am working on.</td>
</tr>
<tr>
<td>853</td>
<td>T</td>
<td>Hmm (2) and I think maybe maybe, part of this is kinda of my style, but I do..</td>
</tr>
<tr>
<td>854</td>
<td>C</td>
<td>umhum</td>
</tr>
<tr>
<td>855</td>
<td>T</td>
<td>.. tent to ask a lot of questions, ah but I don't expect kind of [immediate] packaged..</td>
</tr>
<tr>
<td>856</td>
<td>C</td>
<td>Umhum ( [laughs])</td>
</tr>
<tr>
<td>857</td>
<td>T</td>
<td>.. answers. ( [laughs])</td>
</tr>
<tr>
<td>858</td>
<td>C</td>
<td>oh [I'm] so used to that, sort of like [makes noise mmrt] [like]</td>
</tr>
<tr>
<td>859</td>
<td>T</td>
<td>[Ya] and I, and I again I kind of noticed that we skip along very quickly, I, kind of, ask a question, get an answer, and then I ask another question. And I..</td>
</tr>
<tr>
<td>861</td>
<td>C</td>
<td>ya</td>
</tr>
<tr>
<td>862</td>
<td>T</td>
<td>.. think part of what I'm gonna try to be mindful of is maybe slowing things down a bit. (. . .) And umm staying with [the], and I think, and I think..</td>
</tr>
<tr>
<td>865</td>
<td>C</td>
<td>Okay [ya]</td>
</tr>
<tr>
<td>866</td>
<td>T</td>
<td>.. here again that part of it is kind of my style for me, cause I am curious I ask a lot of questions. (1) But I think ahh again slowing things down and seeing what's there..</td>
</tr>
<tr>
<td>868</td>
<td>C</td>
<td>Thats ok.</td>
</tr>
<tr>
<td>869</td>
<td>T</td>
<td>.. reflecting, and that: may involve some silence.</td>
</tr>
<tr>
<td>870</td>
<td>C</td>
<td>Okay, I will try to be okay with tha: hum.</td>
</tr>
</tbody>
</table>

After the doorknob statement, the therapist attempts to close the session, but ends up offering a formulation that makes explicit what he expects the client to do during the
sessions. He states that he “tend[s] ask a lot of questions” but then “we skip along very quickly” and he needs to try “slowing things down and seeing what’s there, reflecting, and that may involve some silence” (lines 855, 867-869). This is a circulation of figures from their previous discussion about silence and skipping along the surface. In both places the therapist formulates what he does and what the client does in response. Here and at important moments in the session we see the client being encouraged to be “reflective” and “curious” about herself.

Through our analysis we have shown that being “curious” means using a hermeneutic strategy where one’s own actions, thoughts, and feelings become objects for the client to interpret. As we see in the door knob statement above, the client is thinking about herself as an emotional being, but still finds ways to avoid fully transacting emotion. Her relationship to her emotion is problematizing as the ethical substance that needs to be worked on in order to become an ethical subject during psychotherapy. This work is accomplished by using the hermeneutic of psychotherapy as a technology of self understanding that makes conscious the reasons why the client “skips” along the surface of her feelings. This is an ongoing project that requires, first and foremost, a curiosity about oneself as a deep emotional being. This constitutional process can be seen during the original problematizing of S1 as the therapist deepens the trouble, foregrounding both the client and her feelings in order shape the problem. In S3 we saw how conversational ambiguity can create many possible problems and act as a therapeutic resource. Throughout all the sequences we saw how both the client and the therapist constitute their roles by utilizing specific kinds of utterances (e.g. the client narrates personal experience and the therapist formulates shared experience that foregrounds the client), which
contribute to the unfolding constitutional strategy. Each utterance was shown to link
together as action on action, creating a complex field of power. These tactics can now be
understood as part of an overall strategy through which the client is constituted as a deep
emotional being.

In the next chapter this analysis continues. The data occurs approximately 2
weeks after session A. I will continue to demonstrate how the client is constituted as a
deep emotional being; however, the next session, session B, needs to be understood as its
own event. It is not an extension of session A, but another enactment of the practice of
psychotherapy. Session A is part of the history of this practice and therefore it is
contextually important. They are close relatives whose similarities are not due to shared
universal features, but are instead formed through the tactical deployment of power
within the same general strategy aimed at constituting the client as a deep emotional
subject.
Overview

Session B (SB) occurs about 2 weeks after session A and at least one session had transpired between the two sessions. We do not have access to any of the sessions between SA and SB; however in SB the therapist brings up an event that occurred in the previous session and he continually uses this event to constitute the therapeutic problem as personal and emotional. Hence, constitutional strategy in SB is the same as in SA. Yet, there are differences. In SB the client often problematizes herself as an emotional being. This differs from SA where the client often resisted this way of thinking about herself. In SB both the client and therapist constitute the problem as something emotional and personal; however this does not mean they talk about the problem in the same way, nor do they stop acting against one another in ways that are both explicit and implicit. Rather,
the problematizing becomes focused on how the client relates to her emotion and how this affects her relationships with other. Hence, in session A the participants problematized the location of the therapeutic concern, where as in session B they focus on how the client relates to the problem, which has been collaboratively understood as personal and emotional. As a listener, I found SB to be a very deep session that was filled with emotion. The analysis detailed in this chapter shows how this emotional depth is part of the constitutional strategy across both SA and SB.

**Opening Pre-Sequence**

At the beginning of the second session the client enters the room and sits down. She sits upright and faces the chair where the therapist is about to sit with her legs folded up so they do not dangle from the couch. The therapist then trails in quickly and sits as if in a hurry. Yet, prior to getting situated the client begins to speak.
Figure 17

Opening and Sequence 1 (S1), Session B, Basic Conversational Structure
The opening sequence, initiated by the client, details her difficulty getting to the session and her trouble getting over a cold. What we see in this initial sequence is the client accounting for her tardiness. Judging by the overall length of the session (which is 30 minutes) the client was approximately 20 minutes late. She accounts for her tardiness by telling a story (N1) where her boyfriend causes her to be late. It is a little unclear whether he caused her to be late because he did not wake her up or because he did not bring her to the appointment on time. The content of the story seems of minimal importance because the therapist bypasses it completely when he takes his turn at line 25.

*Excerpt 34, Session B, lines 1-20*

<table>
<thead>
<tr>
<th>Line</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>C: &lt;Join was my ride's in and my alarm clock today. (&gt;.)  £Ya we are not going to do that...</td>
</tr>
<tr>
<td>2</td>
<td>T: hm</td>
</tr>
<tr>
<td>3</td>
<td>C: ...again. £[(laughs)]</td>
</tr>
<tr>
<td>4</td>
<td>T: ['Humm'], What happened?</td>
</tr>
<tr>
<td>5</td>
<td>C: Umm, he set the alarm clock for himself and snoozed, (1) and then star- and then got up and slept in a different room. So I kept snoozing, so that... the snooze is at like a nine minute interval so I would wake up, and I (go out to him.)&gt; I have to get closer&lt;, until...</td>
</tr>
<tr>
<td>6</td>
<td>T: Hmm</td>
</tr>
<tr>
<td>7</td>
<td>C: ...I was in the room where he was, till he'd be, he was completely sound asleep in that, in...</td>
</tr>
<tr>
<td>8</td>
<td>T: Hmm</td>
</tr>
<tr>
<td>9</td>
<td>C: ...that interval. (.) I nudge him, I'd say, &lt;“The alarm clock is going off”&gt;, he'd say &lt;“I need a little more time,”&gt;.(.) ((laughs)) shelp myself back and hit the button. And ah! (1) normally...</td>
</tr>
<tr>
<td>10</td>
<td>T: Hmm</td>
</tr>
<tr>
<td>11</td>
<td>C: ...he wakes me up before he leaves cause.(.) I've asked him to.(.) ((laughs)) And today he...</td>
</tr>
<tr>
<td>12</td>
<td>T: Hmm</td>
</tr>
<tr>
<td>13</td>
<td>C: ...didn't and he started calling me, but(.) he didn't call me until after 11:00, cause his, his meeting was late. So it's like mm he is like, “1 empt:ought ↓tha: the ↓phone ↓call would ↑wake ↓you up.”I’m like, “it doesn’t count” if you’re waking me up when I’m supposed to be somewhere else. I’m like (.).↑ahh↓tha- NO, there is no, even if I would have answered the phone I still would've overslept and... been late.(.) ((laughs)) So no, it does...</td>
</tr>
</tbody>
</table>

However, that does not mean that the beginning of the session is unimportant. Conversation analysts have long found that the opening of an interaction provides a wealth of information (Sacks, 1989; ten Have, 1999). Not only does classic Conversation Analysis begin with Sacks’s study of conversational openings, but applied CA has found
openings useful in understanding the overall context of the conversation. For example, Sue Fisher (1986) analyzed medical doctors interactions with female patients who are seeking treatment for reproductive care (this included consultations about cervical cancer with oncologists as well as OB-GYN consultations). She found that most medical consultations were initiated by information requested by the doctor. This led the patient to provide information. All of this might seem like a benign everyday occurrence, but Fisher argued that this opening structure of the conversation was a product of the institutional power of the doctor. Fischer stated that: “Institutional authority is revealed in the structure of the discourse. It is the doctor who opens and closes the interaction…It is the doctor who asks the questions and initiates most of the topics” (p. 60). By starting off a consultation with a specific question the doctor limits the conversational choices of the patient. A question demands answers, and if the patient doesn’t provide an answer then this has to be accounted for. Therefore, most often patients provide the preferred response, which is an answer to the question at hand. She goes on to describe how this differs greatly from what we find in ordinary conversation. Studies have shown that “there is balanced participation” in ordinary conversation where the participants are of equal status (p. 64). This balanced participation is, however, “disrupted when one conversational partner has more status and power than the other” (p. 64). This ability to control the conversation is evidence of the asymmetrical power relations in medical practice.

Psychotherapy is a type of medical practice, but one that differs from other types of care. This is evident in the conversational structure at the opening of this session. Here, the psychotherapist does not initiate the conversation. The client begins accounting for
her behavior before the therapist can even get settled down in his chair. At first we might see this as a stark contrast from the typical medical consultation as described above. We might applaud psychotherapy for its egalitarian construction. Even though this is a compelling and hopeful conclusion, it is, sadly, not the case.

The client accounts for her tardiness because psychotherapy is a practice that has its roles and expectations, which provide a mutually understood context for both the therapist and client. Therapists often refer to these roles and expectations as the therapeutic frame (Gray, 2002). One of the expectations is that the client will be on time and so will the therapist. This differs greatly from medical consultations where doctors can routinely be late. This expectation is woven into the context of psychotherapy. The client begins to account for her tardiness before the therapist even sits down. She states: “John was my ride in and my alarm clock today” (excerpt 33, line 1). The utterance by itself makes little sense. Yet, the therapist does not ask what she means, he asks: “What happened?” (line 4). There is a presumption that something happened, presumably that something went wrong. The context of the psychotherapy session, and hence, the mutual understanding of timeliness is shared by both the therapist and the client. The ability to speak first does afford the client a certain amount of conversational freedom. Yet, the context of the conversation does affect what she will say. By not meeting the implicit and shared expectations she chooses to account for her tardiness, rather than bringing a past clinical material or talk about a crisis that she experienced since the last session. This is a demonstration of the institutional power of psychotherapy. From my experience as a therapist and as a client, I know that therapists often account for their own tardiness. These accounts might be different; however both the therapist and the client find it
necessary to explain their deviations from the therapeutic frame. Therefore, what we see here is institutional power being exercised through the context of psychotherapy, rather than being exercised through the conversational tactics of the therapist. From the outset the client re-constitutes her role by narrating personal experience for the therapist to be curious about and eventually formulate and interpret.

*Question and N1 (00:41).* However, the opening sequence is more than just an account for the client’s tardiness, it also has the potential to affect the participants by enacting emotion. The beginning of Session-B is very similar to Session-A. The client begins with a pre-sequence gloss that tests if it is okay to begin a “trouble talk” (“we are not doing that again,” line 1). After the therapist ‘agrees’ (his question of interest, “what happened?” gives her permission to proceed) she launches into the first narrative of the session (N1). As discussed above, this occurs in response to being late. She is contemptuous, sarcastic, and entertaining as she tells the story. Her boyfriend is cast as self-centered and neglectful. He sets “the alarm clock for himself,” she says sharply (line 5). And he didn’t call “until after 11,” and he offers the dopey excuse: “I thought the phone call would wake you up” (lines 16-17). Here, she enacts his speech using a melodic and spacey tone. Because of his self-centeredness and neglect, she reprimands him and says: “it doesn’t count” (line 18). She places emphasis on the word count, saying that: “if you're waking me up when I'm supposed to be somewhere else….even if I would have answered the phone I still would've overslept and been late…So no, it does not work that way” (lines 18-22). The story is about being angry at her boyfriend for being self-centered and neglectful and causing her to be late. It depicts her moving against her boyfriend’s actions and arguing about what his behavior ought to be.
However, by telling the story in therapy it becomes a discursive object of contempt. The story is put on display for the therapist and the client. Its purpose is not to change the boyfriend’s behavior, but to paint a picture of a neglectful self-centered boyfriend that both the client and the therapist can recognize. This narrative functions to shift responsibility from the client to her boyfriend. He is to blame for the client’s tardiness.

This move can be seen as a preemptive defense on two fronts. First, it makes it difficult for the therapist to interpret her tardiness as resistance. If she is late because of somebody else, then her tardiness cannot be a symbolic act aimed at avoiding, defying, or denying issues currently being addressed in therapy. Second, the story acts as a defense against contempt. The client is eager to tell the therapist that it was her boyfriend who caused her to be late. She changes her cadence, acts out the different parts, speaks with irony and wit, and delivers her lines with a smile. She is entertaining and charming and her utterance can be interpreted as an attempt to get on the therapist’s ‘good side.’

Therefore, to defend against the therapist being contemptuous toward herself, she performs a narrative in order to form a contemptuous alignment (between herself and the therapist) against the boyfriend.

This is an interesting dynamic that the Structural Theory of Emotion brings to light. Although emotional transactions might be distinct, emotional potentiality is diffuse. As you can see in the example above, the attempt to elicit emotion does not determine what emotion is transacted. The client attempts to bring the therapist towards her by getting him to align against the boyfriend. However, the therapist might become

54 Anger and contempt are structurally identical emotions, belonging to different dimensions (de Rivera, 1977). Therefore, the transformation we see here should come as no surprise.
contemptuous towards her defensive blaming of her boyfriend. He might see it as avoidance or as resistance. Furthermore, he might withdraw into boredom because of the client’s inability to talk about what seems therapeutically important and professionally interesting.

Actually, the therapist says very little during the opening of the session. He does not inquire about the significance of her lateness as you might expect from a psychodynamic practitioner. At first this might seem odd. When clients show up late to sessions, this can be seen as a sign of resistance and interpreted (Vehviläinen, 2008). However, we soon find out that the therapist came into the session with an agenda and we see this clearly when he makes his first conversational move.

**Sequence 1 (S1)**

*Pre-request (1:52).* At line 22 the client makes a sudden topic change and tells the therapist that: I have a “frog…in the back of my throat” (excerpt 34, line 24). To this the therapist offers a one-word question: “Still?” (line 23). The question is interesting. We might see it as an empathetic gesture indicating how the therapist has a history with the client and remembers that she was sick. Hence, the topic change does what the contemptuous story could not: draws a response from the therapist that is neither contempt nor anger. Instead, the therapist offers a question that might be seen as intimate interest.

*Excerpt 34, Session B, Lines 20-26*
However, we can also see how this question opens up an interactional slot that the therapist uses to change the subject of the conversation. By asking the client if she is still sick, the therapist reserves the right to ask another question after her response (ten Have, 1999, p. 114). Yet, instead of asking another question he makes a statement: “I wanted to pick up on something…that we talked about…last week” (line 25). Interestingly, this statement functions like a question because it is the beginning of a pre-request sequence (Liddicoat, 2011, p. 167). Here, the therapist does not directly request a topic change. Instead, he states how he had “wanted” to talk about “something” from the previous week. Now, the client could have responded by saying: “Yeah, what did you want to talk about?” This would probably have led into a request sequence with the therapist stating: “I want to talk about your coworker from last week.” Yet, the pre-request (which is actually a type of pre-sequence) acts as a request. Evidence of this is in the client’s response where she begrudgingly replies: “okay.” Her agreement at line 26 (which is the preferred response for a pre-request sequence) gives the therapist permission to bring up previous clinical material.

However, this permission comes at a cost. Initially the client looks away and then says that this is “okay.” Her “okay” gives the therapist permission to proceed, but as she says this she quickly rolls her eyes (line 26). This nonverbal action is accompanied by an annoyed, provisional tone. These acts—looking away, rolling her eyes, and speaking in a
provisional annoyed tone—are not disparate actions strung together, but parts of a whole emotional transformation. According to Gottman (2007), eye rolling is almost always associated with contempt. Hence, in response to the pre-request the client breaks her attempt to align with the therapist. Initially she wanted to bring the therapist closer, but now she wants to keep him at a distance. The therapist’s pre-request, along with the opening pre-sequence and narrative, are good examples of the actions on actions that the participants use in the practice of psychotherapy. Much like the beginning of SA, different tactics are used to change the positioning of the participants, as well as the characters that are discussed. However, during the opening of session B the tactics are more directly aimed at modifying the relationship between the participants. This contrasts with session A, where the tactics focused on locating the problem in the client, rather than John.

*Formulation (1:56): Contempt, Shame, and Discursive Defense.* This might explain the tortured structure of the therapist’s formulation that follows the client’s begrudging permission to proceed. The first part of the utterance identifies the topic the therapist wants to talk about. He states: “You were talking about the coworker you had…” and then he pauses for a brief moment (excerpt 35, line 27). During the pause the client offers a strong acknowledgment token: “Yea” (line 28). This is important. As Liddicoat (2011) points out, there are typically two types of preconditions that must be in place in order for a pre-request sequence to be granted: the “availability of the requested object or ability of the person to carry out the request” (p. 168). Here the therapist is requesting permission to return to some previously discussed clinical material. This is the requested object. The clinical material is an object constituted by both the therapist and
the client. Both the client and therapist have shared ownership of this experience and therefore it is available for discussion.\footnote{This is another example of a “AB-event,” which will become relevant in the chapter 7 discussion (Labov & Fanshel, 1977).} The acknowledgment token at line 28 indicates that the client recognizes the object of the request,\footnote{Here we are reminded of Austin’s concept of a happiness with regards to utterances (Austin, 1962).} but there is still some trepidation in her voice. The therapist then continues, extending his formulation: “you said after…talking about…all the…difficulties you…had with her you were like: ‘if I keep talking about this I’ll blame myself’” (lines 27-31).

*Excerpt 35, Session B, Lines 27-50*

<table>
<thead>
<tr>
<th></th>
<th>T</th>
<th>You were talking about the cowoker you had (. and umm .) and you said after kind of...</th>
</tr>
</thead>
</table>
| 28 | C | therapist |\> Yes: <((gaze: stares motionlessly at the therapist))>
| 29 | T | "ah" of talking about kinda of um (. ahh all the kinda difficulties you have had with her you were like: "if I keep talking about this I'll blame myself."
| 30 | C | <Yes>, ((LA)) ummit, it's a kind of a thing that I have that keeps me from ((gaze)) (. really making changes or confronting people because I go "((make sshhhrrrr noise and points)....
| 31 | T | Hm
| 32 | C | ((quickly rubs his eye and looks away))
| 33 | T | Umm
| 34 | C |...You are probably overreacting, (. (schrr noise and points)) You're being an ass...you're ((points)) not acknowledging your fault in this, you're ((points upward)), you're probably ((points)) as big of perso-. you know, as big a problem ((swing: pointing hand to horizontally)) as she is. ((LA)) <You know>, this((point)), and this ((point)), and this...
| 35 | T |...
| 36 | C |...((point)), and this ((point)), and this. Umm (. ) i- it, that always happens. (laughs)
| 37 | T | Hm
| 38 | C | Umm and I'm convinced that if I get upset or if I let that feeling be known I'm going to be wrong and an ((gaze)) Eashhole. E. E. E. And I really don't want: hat. < (.) ((LA)) And...
| 39 | T | Umm
| 40 | C |...
| 41 | T |...
| 42 | C |: nowhere else. <(.) ((LA)) Umm yea. ((FEELING like an asshole really just kind of it's it's.
| 43 | T | Hm
| 44 | C |...very good at oh stopping me from doing all kinds of things. (. elf is why I do not parallel parkin traffic.E.
| 45 | C |...
| 46 | T | Hm((gaze with playful, overly-curious look))

The client seems to be set at ease by the latter half of the therapist’s formulation...
and she responds with a strong acknowledgment token followed by a long elaboration that runs from lines 32 to 68. Immediately after her acknowledgment token she says: “it's a kind of thing that I have that keeps me from really making changes or confronting people” (lines 32-33) By stating “it’s” she creates an index, which points back to the therapist’s previous utterance. The index is most likely referencing the end of the therapist’s utterance where he ventriloquates the client stating: “you were like: ‘if I keep talking about this I’ll blame myself’ ” (lines 27-31).

This ventriloquation also has an index (“about this”), which refers to the “coworker….difficulties” that the client was discussing during the previous session. The ventriloquation (and the entire formulation in which it is set) is complex because it involves 3 different temporal events: the present moment, the previous session, and an outside event (see Figure 18). The formulation is purposely uttered in the present-moment as a temporal reference to the previous session. This is done by using the past tense turn initiator, “You were talking about…”. The ventriloquation invoked is from the past session as the turn initiator indicates. However, because the ventriloquation uses the index, “about this,” it simultaneously points to the previous session and the outside event. Hence, the ventriloquation points to all three temporal events. However, in the present conversation the outside event is less of a concern than the previous session where the event was discussed. It is there that something happened: a new event, shared between

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57 We do not know whether the client was discussing an event or a series of events, but for simplicity I will refer to it as an event (the difficulties with her co-worker) that the client discussed in the previous session. Presumably, these “difficulties” occurred outside of therapy, at the client’s work.
the client and therapist that is brought forward in the present-moment and constituted as a clinical, possibly pathological, occurrence.

Figure 18

*Temporal References and Indexes in SBS1, Lines 26-32*[^58]

As will be shown, the effort to constitute this past shared experience as clinically important is direct and clear. It begins with the initial formulation discussed above and

[^58]: For more on the how time is used in institutional and ordinary conversation, see Goodwin’s *Time in action* (C. Goodwin, 2002).
runs through the remainder of the session. Regardless, the client has her own agenda. She avoids directly addressing the past session by making her own conversational path, which aligns with the previously discussed material, but creates distance between herself and the event indexed by the therapist. This begins with her initial response to the therapist formulation in lines 32 - 40. As mentioned before, she begins her turn with an acknowledgment token followed by the turn initiator, “Yea, it’s a kind of thing…” (line 32). We have already discussed how this is an index pointing back to the previous utterance. We could simply see this as a demonstration of the basic collaborative nature of conversation (and psychotherapy) by highlighting how participants orient to each other’s turns. However, the client also uses this index to distance herself from the therapist’s utterance (and indexes). This is done by shifting the temporal frame from past tense to the simple present (see the lower portion of figure 18). The therapist’s formulation directly references the past session in various ways. The client, instead of directly addressing the past session by stating, “Yeah, I was…,” she shifts the temporal frame by using the simple present (“it’s…”). The simple-present-index points to a thing that exists as a matter-of-fact. As the tense implies, the thing’s existence is temporally infinite—it has always, and will always, exist. Although she is still referencing the previous utterance (and we can assume that she is discussing something that is relevant to the previous event), her subtle move allows her to distance herself from the events of the last session.

The client’s elaboration continues with her discussing “a kind of a thing.” This implies that we are dealing with an object that is of a certain class or category. This type of thing is quite problematic it seems. She describes how it affects the way she interacts
with people and keeps her from “really making changes” in her life. She states: “It’s a kind of a thing that I have that keeps me from really making changes or confronting people because I go (makes noise shrrrch and points away from her head), ‘you are probably overreacting. You’re being an ass, you’re not acknowledging your fault in this’” (lines 32-36). Interestingly, she begins by linking the thing to her behavior. The thing has the power to “keep [her] from making…changes or confronting people.” Initially, it seems like she is going to clearly explain how the thing goes about affecting her behavior with the remainder of her utterance. She uses a subordinate conjunction (“because”) to connect the first and second clauses of her utterance. By using “because” the client indicates a causal relationship. Therefore, it seems likely that the client will use her utterance to establish a simple causal relationship between the thing and the content of the subordinate clause. However, after using the causal conjunction she states “I go…” and then launches into a series of non-verbal gestures and third person statements (see lines 35-38). In and of itself the “I go” combination is unremarkable and it can be easily overlooked. However, upon further examination we see that this marks a shift from object to subject, which complicates and confuses the simple causal relationship that we might expect.

Immediately after the client indicates that the action in the subordinate clause comes from her (“…because I go…”) rather than the thing, she holds her hand to her head with her finger pointing toward the ceiling. Then she quickly rotates her hand forward and ends with her finger pointing outward. While she performs this gesture she looks away from the therapist following the line of her finger and makes a loud clicking sound with her mouth. It sounds like a soda can opening. It speaks of immediacy and
force: something that catches her attention, but in a routine, mechanical way. She uses this sound and gesture to punctuate each of her statements. Eventually she drops the sound, but continues to punctuate with the gesture until line 40. Although the dependent clause ends at line 35, its content is extended and developed by the series of statements that follow. The statements are bound together by the continuation of the gestures and the grammatical similarity (see excerpt 3). After the initial gesture at line 33, the client finishes the dependent clause by stating: “‘You are probably overreacting.’” While watching the session, this comes across as a third person statement and this initial impression was reinforced upon a closer examination of the utterance. The entire utterance is self-directed. This began with her description of the problem as a “kind of a thing that I have…” This self-direction was continued with the subjective action statement “I go…,” which set up the third person reference. Hence, the “I go” functions in the same manner as ‘I say.’ It is used here as a simple-present transitive verb that is commonly used to introduce oral speech or narration (Go, n.d.). Because there is a continuation of the simple-present, this statement cannot be viewed as reenacted speech. It occurs as a matter-of-fact outside of any specific instance because it is infinite by definition.

The question that confronts us is: why does this utterance arise now? Why does the client move away from the therapist’s initial formulation and introduce a different temporal order, which bypasses the shared event that the therapist was trying to discuss? Is this a defensive operation? Is it an ingenious strategy to avoid discussing the past session because she finds it anxiety provoking or disturbing? Or is it something else all together? I argue that with her utterance the client is attempting to grasp the emotion (the
phenomenon) of shame. According to the Structural Theory of Emotion (STE), emotions are interpersonal phenomena, which always have a directional movement that extends or constricts the psychological space between self and other or subject and object (de Rivera, 1977). The object or subject of the emotion can be either explicit or implicit. Meaning that emotions can be directed toward real individuals in the present moment or they can be directed towards oneself. In the latter, the individual who manifests the emotion is both the subject and the object. In this case, either the subject or the object is typically implicit.

According to de Rivera, shame is a “me” emotion where the individual is both the subject and object. In the case of shame, the movement originates from an implicit object that is contemptuous towards the subject. This creates distance between the object and subject and can often look like a retreat or withdrawal on the part of the subject. Furthermore, shame is part of the recognition dimension of emotion. According to de Rivera, recognition emotions arise in relation to how we are seen by others. In the case of shame, the implicit other (object) sees the individual acting inappropriately. In other words, the experience is that of being viewed as not in line with the values held by the other.

When we look at the utterance, we see a series of third person contemptuous statements directed toward the client. The other here is implicit. As we have established, the client’s utterance does not directly address the event of the previous session nor “difficulties” with her coworkers that occurred outside of therapy. By changing the temporal order the client indexes these events, but avoids specifics. Hence, the simple-present tense allows for the creation of an implicit, no-one-in-particular-other who stands
outside of time. This lends some needed clarity to our analysis. The troublesome complexity caused by switching from object-initiated-action to subjective-action can now be seen as an attempt to grasp the interpersonal relationship of shame.\textsuperscript{59}

However, enacting shame through discourse is not the same as experiencing shame. We have all experienced shame at some point in our lives. For example, imagine standing in front of a store clerk with a line of people waiting to check out behind you. As you swipe your credit card the store clerk waits patiently and then turns to you sheepishly and says, “It was denied, I am sorry.” Now, you know you pay off your balance every month and you are currently up-to-date. “There must be some mistake,” you protest as you swipe your card one more time. Yet, it is all in vain as the cashier tells you again, “Sorry, declined.” During this entire process you feel as if everyone in the entire store knows that you are broke. That you are some lowlife that can’t pay off his credit cards. Now, no one is saying this to you directly. If you pay close attention you will see that anyone within hearing range is looking away and avoiding eye contact. Even the cashier who could be contemptuous only sheepishly informs you that there is a problem. She does everything she can to look away and not make the problem worse. And even though you know that you are fully employed and financially responsible there is an experience of recognition. You feel ashamed in that moment. In that moment you do not get angry at the cashier or the credit card company. Instead you retreat. You pull away and try to get out of the situation as quickly as possible.

\textsuperscript{59} De Riviera (1984) explains that “me” emotions have the same structural components as emotions which are explicitly interpersonal and he speculates that these emotions originate out of interpersonal experiences where the implicit other becomes internalized. Hence, even though these emotions are self -originated and self-directed they are still considered interpersonal phenomena.
What we see in the client’s utterance is very different from shame itself. She is talking about shame, rather than feeling ashamed. What we call the experience or “transaction” of shame only occurs when there is a movement—a distancing between subject and object—along with an instruction to change the interpersonal situation (p. 41). Here, there is no distancing indicative of shame, nor is there a transformation of the client’s world or object relations (at least not yet anyway). Rather, shame has been transformed into an object via the discourse. It is a discursive object that both participants can orient to and use in whatever way seems appropriate and adventitious. In many ways, we are seeing something quite remarkable happening. The client is able to bring about an emotion that is often difficult and troublesome, yet renders it innocuous. The discursive move allows her to talk about shame without becoming emotionally involved. Hence, she is able to treat this very real and powerful emotion as an abstraction. This ability to transform difficult emotional experiences into innocuous abstractions is indicative of intellectualization—a common defense mechanism found in the psychodynamic literature (Gabbard, 2005; McWilliams, 1994).

With this phenomenon in view can we answer why this arises at this point in the therapeutic conversation? One possible explanation is that the therapist’s formulation oriented the client toward an emotion laden event. Feeling compelled to take her turn she chose (quite unconsciously I would argue) to shield herself from the onset of emotion by creating an intellectualizing temporal shift that could convert the event into a discursive object. We are at a disadvantage because we do not have access to the event that the therapist brings up with this formulation. This is one of those cases where the research participants are formulating their turns based off of previously shared experiences that the
researchers are blind to. However, remember that the formulation and response make up an *adjacency pair.* Therefore, the therapist’s formulation at line 27 and the client’s response makeup a concrete conversational unit. If our hypothesis is right, and the client is addressing shame in her response, then we would expect to see some evidence that the emotion was introduced in the therapist’s formulation.

As we have discussed, the therapist begins his utterance by referring back to the previous session and offering an account about how the client was “talking about… all the…difficulties” she had with her coworker (line 30). Interestingly, the formulation is delivered as a sort of truncated narrative that has its own temporal order. In other words, the formulation is like a story that unfolds over time. He starts off by saying “you were talking about the coworker you had…and you said *after* kind of…talking about…all the difficulties you have had with her, you were like: ‘if I keep talking about this I’ll blame myself’” (lines 27-31). By using the word “after” he implies that a certain amount of time had passed. The implication is that the client was initially commenting or narrating about a coworker conflict, mostly likely issuing *complaints toward* the coworker. This movement toward the coworker changes in the latter half of the therapist’s utterance. After indicating that some time had passed, the therapist ventriloquates the client’s speech saying: “‘if I keep talking about this I’ll blame myself.’” This ventriloquation indicates a directional movement away from the coworker. The client is no longer

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60 Recall that the adjacency pair has become the fundamental building block of CA’s empirical methodology. Each conversational sequence can be broken down into a series of adjacency pairs that continually show how the participants are orienting to previous utterances. This discovery is exactly what Austin (1962) spoke of when he said that utterances require a sequel or response. Require is the key word because participants have to give some kind of response or end up having to make excuses for why they changed the subject or did not respond at all. See chapter 3 for more details.
addressing her complaints toward the coworker; rather, she is on the verge of blaming herself—of directing her complaints inward. Hence, the formulation tells the story of an emotional event. A transformation had occurred. The client initially focuses her attention on her coworker. Following STE, this movement toward the co-worker is in line with transactions of anger and contempt. In the latter half of the formulation, the client blames herself. This inward movement is in line with feeling ashamed.

Therefore, the therapist’s formulation introduces an emotional event that the client must address. Formulations project agreement and make it difficult for the client to offer a dis-preferred response, such as disagreeing with the therapist. It is hard enough to disagree with a formulation when the therapist is simply summarizing what was previously said. However, when the formulation includes reproduced speech, disagreement becomes even more complicated and possibly confrontational. If the client wholesale disagreed with the formulation she would be calling into question the integrity or competence of the therapist. “No, I never said that! Did you not listen to a thing I said?” This could have been the client’s response. A clear disagreement and a clear transformation of the situation. In this alternate response the client moves against the therapist by challenging how he ought to behave. According to de Rivera (1977), anger arises in a situation where “the others’ behavior constitutes a challenge to what a person believes ought to exist” (p. 78). Ultimately, oughts “have the same status as a belief in what is real” (p. 79). Therefore, the imagined response from above would be a challenge

61 In anger, we challenge the other for acting inappropriately and creating “difficulties.” In contempt, we recognize the other as not upholding the important values of our society. Furthermore, we recognize them as someone we would not want to be. If we acted in such a manner, we would feel ashamed.
directed at what transpired in the previous session and what a therapist ought to be (i.e. a good, curious listener who remembers). However, it would be difficult for the client to respond in such a way. Even in normal conversation disagreements are dis-preferred and rare (Sacks, 1987; ten Have, 1999). In institutional conversations where there are power differences, such as between patients and doctors, disagreement is even rarer (Fisher, 1986). Although psychotherapy differs greatly from medical interviews, therapists have a unique authority making disagreement difficult (Bartesaghi, 2004). Clients rarely flat out disagree with therapists. Rather, they resist the therapist utterances by distancing themselves from what the therapist has said (Lepper & Mergenthaler, 2007; Peräkylä, 2005; Saladin & Grimmer, 2009; Vehviläinen, 2008; Viklund et al., 2010). Conversation analysis is very good at distinguishing the subtleties of resistance, yet they are unable to explain why this resistance occurs. By examining utterances in terms of emotions, we can see disagreement as the emotional transaction of anger. By disagreeing we challenge the other. De Rivera states:

The other is seriously acting as though what he thinks ought to exist is reality, and this differs from what the person asserts ought to exist. Since….only one of the oughts can be correct, there is a real conflict of wills where one may win or lose; the contenders occupy the same “reality space” and one must leave. (p. 82)

Anger can be risky because the challenge could lead to a rupture. Instead of transforming situations as intended, the transaction of anger could lead to the withdrawal of the other, creating interpersonal distance and individual isolation. Or, the other could erupt in anger and contempt. Possibly, the individual is not prepared or capable of withstanding this kind of assault and fears having to withdraw in shame or dreaded rejection. Ultimately, anger is to be avoided and this is why disagreement is a dis-preferred response in conversation.
So if the client would prefer not to disagree, then what other options are at her disposal? She could simply address the event that the therapist indexes in his formulation. In most situations this might prove to be the best option. However, here, the event is an emotional transaction. By directly referencing the event the client puts herself in risk of re-experiencing the transaction of shame as implied by the therapist’s formulation: “if I keep talking about this I’ll blame myself”. For some clients this might not be a problem, but for this client emotions have been constituted as problematic. This is addressed in the previous session and can be seen as the central problem being constituted across the two sessions of our dataset. Hence, the client finds herself in a difficult position. She has to make a response. By not responding the client would be breaking the conversational structure and normative expectations (Sacks, 1987, 1989; Schegloff et al., 1977; ten Have, 1999). This possibly could lead into a present moment transaction of shame (or embarrassment). Yet, most of her responses might also lead to an emotional transaction. Therefore, she performs a brilliant, defensive operation. She transforms the emotional transaction into a discursive object. This creates distance between herself and the emotion and allows her and the therapist to manipulate the object and not get their hands too dirty. This extinguishing of a potential emotional transaction has its own affective resonance. Perceivable on the recording, she responds with a mix of excitement and, what might be described, as the dead, flatness of objectification.

According to Ego Psychology, defense mechanisms affect our behavior and create a “compromise formation” (Gabbard, 2005, p. 33). A deal is made between the desire of the Id and the defenses of the Ego. The resulting defensive behavior is an amalgam of the two movements—a dynamically motivated expression. The client’s response is similar.
Although she defends against directly experiencing emotion, she still addresses the emotion implied in the therapist’s formulation. This is done in a way that identifies the problem as her own. Unlike SA, the client starts off thinking about the problem as something personal. Furthermore, I have shown that she also constitutes the problem as something emotional, i.e. shame. However, she uses tactics that contain this emotion in generalities and therefore avoids enacting the emotion in the here-and-now. Hence, the move maintains her general prohibition against experiencing emotion, while still constituting herself as an emotional being.

*Topical change (2:34): Parallel parking.* At line 40, the client begins to finish her turn, bringing her description of shame to a close. She finishes by exclaiming, “this, and this, and this, and this and this” to indicate the relentless criticisms that are used against her. As she speaks the last “this” she briefly looks away from the therapist. With her gaze broken, the therapist takes a moment for himself. He gently scratches his eye, diverting his attention away from the client and the therapeutic encounter. At that precise moment, the client redirects her gaze back at the therapist, but there is a instant where her gaze is unmet. She then continues her turn, but shifts her delivery and uses a humorous and playful tone. She says: “I’m convinced that if I get upset or if I let that feeling be known I’m going to be wrong and an [with a brief pause she turns to the therapist with a playful look and says] *asshole.* And I really don’t want that” (lines 42-43). At this point she looks away again and states that: “this is enough to normally keep me pretty angry on the inside and nowhere else” (lines 45-46). This last statement is again delivered with a smile while gazing at the therapist. The therapist returns her gaze, but not her humor. He is stoic. She then looks away as she offers a few process tokens (*umm yea*) and then falls into a long
pause. Watching the tape I felt like this was a sincere and deep moment. It stands out because of the tone change. Furthermore, the explicit reference to anger is something that we have not found in the client’s speech. In session A, the client directly refers to herself as angry only 3 times (SAS3, lines 287, 403, and 412) and in each instance she qualifies this with some variation of: “I guess it is anger.” Here, the poetic description of anger “on the inside and nowhere else” grabs the listener’s attention as the client continues constituting herself as a kind of person who has anger “on the inside.” She is a kind of subject that has internal and personal emotions that can be understood in a way that constitutes her as an ethical subject. The intuitive deepness of this moment is a grasping of this constitutional process, shaping the client as an emotional subject. However, this moment is short lived.

*Question (4:14).* Quickly the client launches into a long story about how being an asshole keeps her from doing all sorts of things such as parallel parking (see transcript). The entire story is delivered like a scene out of a play. The client acts out the different parts, dramatically delivering self-deprecating jokes at her own expense.62 The story runs from lines 51 to 68 (see transcript). The client talks about how she has difficulty parking

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62 Watching this I could not help but feel like the client was trying to quickly move away from the more sincere reflective moments by performing a sarcastic comedy directed at herself. Her long story about parallel parking is a prime example. However, when we examine the transcript we see that the story is introduced through a pre-sequence at lines 48 through 49. The client states that: “Feeling like an asshole…it’s very good at…stopping me from doing all kinds of things. It is why I do not parallel park in traffic” (line 46-49, see excerpt 35). As she delivers this utterance the therapist looks at her with a playful and somewhat overly curious look. We can view the client’s utterance as a veiled request to deliver a more expanded story about her problems of parallel parking. The simple acknowledgment token paired with his playful look at line 50 gives permission to proceed with the story. Therefore, the client did not simply force the story onto the therapist. Even if we see the story as a defensive moving away from the more emotional and reflective moments that preceded it, we have to recognize that it was brought into the session through an interpersonal exchange where permission was granted.
when there’s traffic around, but how she is actually a very good parallel parker otherwise. This evolves into her other driving habits, all of which seem to be related to a general nervousness about driving. At line 69, the therapist asks: “And this would be something to do with not wanting to feel like an asshole?” This question is more than simply an attempt to elicit information. Adams (1997) has shown how questions can be used as therapeutic interventions. Here the therapist is using his turn to ask a question that redirects the client back to the topic of “feeling like an asshole.”

The question at line 69 does more than refocus the client on a certain aspect of her speech, it also reserves an interactional slot that the therapist uses to insert the first interpretation of the session. Much like the beginning of the session, the therapist uses his question tactically. Previously, he used a question to express empathy and to reserve an interactional slot to bring up past clinical material for discussion. The question acts as an intervention, but also reserves an interactional slot, which the therapist then uses to make an interpretation.

*Interpretation S1 (4:30).* At first glance the interpretation offered by the therapist seems completely unrelated to the majority of the client’s extended response, or the answer to his more immediate question. The therapist goes right back to talking about the previous session where they discussed the client’s relationship with one of her coworkers. However, the therapist does tie his interpretation to the client’s previous utterances by circulating one of the most significant figures of speech that was used. He carries over the word “asshole” and incorporates it into his interpretation: “What I kinda noticed with your story about your co-worker [is] for the first part of it she was the asshole…and then
you were afraid if you thought about too long you would be the asshole” (excerpt 36, lines 73-75).

Excerpt 36, Session B, Lines 70-89: SBS1 Interpretation and Interpretive 3rd turn

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<td>Yea(,) ahh, that is one of the things that happens when I'm panicked, my brain goes, &quot;You are f**cking this up and you are an asshole.&quot; {(laughs)} &quot;You don't do anything right and you are a stupid asshole, look at how you're driving.&quot;</td>
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<td>Hmn, cause wha- what I kinda noticed with your story about your co-worker, it was kind of like, for the first part of it she was the asshole, (,) and then you were afraid if you thought about it too long you would be the asshole.</td>
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<td>72</td>
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<td>I don't think- ah, I feel like ya, I feel like if I, if I put it out there, I'm an asshole. Umm if I, if I snap then it, then perspective change, and you know, a paradigm shift kinda thing and now I'm the asshole. &gt;Sort of like hhm&lt; {(start: snapping fingers as if trying to get the words out)} the, the dream &lt;(I was talking about) where- where I yelled at John's mother,...</td>
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<td>73</td>
<td></td>
<td>((Nods)) umhm</td>
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<td>74</td>
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<td>...and they all went to her like THAT, that is what happens in my head. It is like (,) the second I say something back, or the second I am like, &quot;You need to stop this,&quot; then,(,) ((hands up facing forward at about shoulder level)) ya.</td>
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<td>75</td>
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<td>((Deep breath)) it sounds like you, kind of move between kind of being the victim of other people (,) {(opens hands and nods twice toward client)} being an asshole, and then you...</td>
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<td>((Nods)) ya</td>
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<td>...being the asshole and then all of a sudden being the victim like the dream.</td>
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So, after all that was said by the client, the therapist grabs onto this one word and uses it in his interpretation of her experience of talking about her coworker. There is a similarity between the interpretation and the original formulation. In the original formulation the therapist says that the client had “difficulties” with her coworker and if she continued to talk about the difficulties she would “blame” herself. As stated previously, this formulation is a complex web of temporal indexes. The formulation is the therapist’s gloss of what the client said while telling a story about her coworker. He emphasizes how the client began to blame herself while talking about the difficulties that were occurring between herself and her coworker. This self blame was something that the
client feared would arise during the telling of the story. Therefore, her fear of self-blame arose in the present moment of the previous session.

With the interpretation we see something similar. Here the therapist refers to the temporal dimension of the story-telling that occurred previously. He says that in the “first part” of the story the coworker was the asshole and then if the client thought about the story too long she would become the asshole. However, in the interpretation the therapist made an important shift. Instead of talking about self blame and ambiguous “difficulties,” he labels the coworker using the pejorative noun— asshole. By stating that the coworker was the asshole the therapist gives her an identity with a negative connotation. Then he creates a one-to-one correspondence between the coworker of the story and the client’s experience during her telling of the story. The interpretive utterance is a shift towards identity, both of the coworker and the client. It also constitutes a similarity of kind between the client and coworker because they can both be identified by using the same pejorative. Yet, it is still unclear what it means to be an asshole? If we look at the client’s previous utterances we see that she described herself as an asshole over and over again when she makes a complaint about another person’s behavior or when she inconveniences others. However, what an asshole is to the client and how it relates back to the previous clinical material is still uncertain and remains a task to be worked out in the clinical discourse.

Interpretive 3rd turn (5:11). Yet, this will have to wait because initially the client rejects the therapist’s interpretation. She initiates the turn by stating: “I don’t think” (line 76). However, she abruptly cuts off the end of the statement and then changes to an extremely qualified acknowledgment token (“ah, I feel like ya, I feel like”), which leads
into an elaboration of how she sees the problem. She states: “I feel like if I…put it out there, that I'm an asshole” (line 76). While saying this she lifts both her arms up and moves them outward in front of her. By saying “put it out there” the client indexes anger. This becomes clear when we look back to where she first introduced the word asshole at line 43. There she stated: “I’m convinced that if I get upset or if I let that feeling be known I’m going to be wrong and an asshole.” This was her response to the therapist’s initial formulation. Furthermore, “put it out there” is a spacial reference. In order to put something out it has to first reside inside. This inside/outside dichotomy was established by the client when she quietly reflected how she is “angry on the inside and nowhere else” (line 45-46).

Consistently, the client uses her utterances to describe the problem as a general phenomenon that is ever-present. Yet, the therapist uses his talk to address a specific moment that occurred in therapy. He is focused on how she began by talking about her coworker as the asshole and then during the retelling she felt like she might become the asshole. Although they both describe a similar process, they continually use different temporal dimensions to talk about the problem.

After this the client elaborates further by bringing in past clinical material about a dream. She closes her eyes and gestures wildly while stating: “Umm if I, if I snap then it, then perspective change, and you know, a paradigm shift kinda thing and now I'm the asshole” (lines 76-77). Then her speech quickens. She begins snapping her fingers as if something important and relevant just dawned upon her. She finally says: “Sort of like…the dream I was talking about” (lines 78-79). The last part of the utterance is said slowly. She looks at the therapist and points towards him and he nods. The utterance and
the non-verbal gestures give permission to continue and serves as an acknowledgment of past shared experience (the therapist remembers the dream). When the therapist nods at line 80 he does so prior to any description of the dream. She goes on to describe the dream stating: “where I yelled at John’s mother, and they all went to her, like THAT, that is what happens in my head. It is like the second I say something back, or the second I am like, ‘you need to stop this,’ then—ya” (lines 79-83). As she begins to describe the dream the therapist offers an acknowledgment token after which the client’s speech speeds up slightly as she becomes more animated. Her gloss of the dream is short and succinct. She describes yelling at her boyfriend’s mother, causing them all to go to her side. She then connects the dream to what happens ‘in her head’ the second she says something back or tells someone that they need to stop. This is another complex construction. The client takes the dream experience, where she was in a social situation with an unknown number of other individuals, and then uses this to describe what happens in her head. By using the dream to demonstrate what happens in her head the client uses material that is familiar to both her and the therapist. This familiarity increases the persuasive power of her utterance. Furthermore, she utilizes preferred clinical material such as a dream to elaborate her understanding of the problem.

After the client’s elaboration the therapist makes an interpretive third turn. The therapist begins by using the neutral epistemic marker “it sounds like” (line 84). He has used this phrase previously to mark interpretations. There is a familiarity to the construction of the interpretation, but here he introduces some new content. He states: “It sounds like you…move between…being the victim of other people being an asshole, and then you being the asshole, and then all the sudden being the victim like the dream” (lines
84-87). Up to this point there has been no discussion of “being the victim”. Yet, the therapist uses it to describe the client’s position relative to the actions of others whether they be real or imagined. Earlier, the therapist used his interpretation to create a correspondence between the client and her coworker. Her coworker was the asshole and the client was becoming an asshole. Here the relationships are becoming more complex. When other people are being assholes then the client is “being the victim”, which leads the client to be an “asshole” and then she returns back to the position of “the victim”.

This last stage of victimization is different. It is like “the dream” where the client becomes the victim of other peoples’ disapproval rather than their anger. These complex interpersonal relationships are being constituted in this interpretation and throughout S1.

In this last interpretation the therapist utilizes not only the client’s most immediate speech — by referring to the dream and using it to elaborate his interpretation — but also continues to circulate the figure of “being an asshole,” which was introduced by the client and has become an important part of this session.

For S1, I have chosen to include the elaboration and interpretive 3rd because it powerfully expands on the constitutional work across the sequence. The interpretive ending of S1 continues to problematize the client as an emotional being. Her problems are found in her own personal experience of what she feels when she gets angry. The interpretation expands this personal experience to involve comparisons with others. As was shown above, the emotional transaction that was brought forward by the therapist’s initial formulation was a movement from anger and contempt to shame. This movement is used to structure the interpretation, the elaboration, and the interpretative 3rd. These all rely on the transformation of the modes of distancing. Meaning, that in anger you move
against the other, in contempt the other retreats from your critical gaze, and in shame you retreat from the other’s critical gaze. Hence, these emotional movements are used by the client to pull in the dream that she shared with the therapist. The dream has the same kinds of emotional shifts as the formulation and hence the dream becomes a well designed tool that can be used to understand herself as an emotional being. This is reinforced by the therapist’s interpretive 3rd, which again relies on the same emotional transformations. Hence, S1 demonstrates how problematizing the client as an emotional being allows for an increased scope of collaboration. Diverse material such as co-worker difficulties and dreams can be identified and utilized by the participants as relevant and creative associations that constitute the client as a deep reservoir of emotion that needs to be understood in order for her to become a more conscious and ethical being.

Sequence 2 (S2)

S2 is a short sequence where we see a more explicit display of resistance in the form of topic changes and disagreement responses (see the basic conversational structure below). After the first part of the therapist’s interpretative 3rd turn, the client gives a strong acknowledgment token. This is offered right after the therapist pauses for a brief moment, opens his hands, nods and says “being an asshole” (line 86, see excerpt 36). The strong agreement token offered by the client projects agreement with the idea that she is the victim of other peoples “being an asshole”. Yet, once the therapist finishes the interpretation she offers a weaker agreement token and then begins to elaborate her disagreement with the interpretation. She states: “it’s not like there….is a victim…[to] my bad driving, there is no victim to my bad driving, I just feel like a stupid ass” (lines 88-89). Hence, the client resists the therapist’s interpretation by bringing in previously
discussed material to point out how the interpretation does not fit. Her complaint is that there is no victim to her bad driving. However, the therapist was talking about how the is client a victim, not how other people are victimized by the client. This might be a misunderstanding, but neither participant offers a repair requests. Instead, her utterance is unchallenged. She finishes by saying: “I don't know quite how to make a leap from, from the two, but it is a similar concept” (see transcript, line 91). What is important here is that the client elaborates on the interpretive 3rd of S1 in a way that completely abandons the emotional movements that made S1 feel so deep and powerful. Hence, this initial elaboration and the entire sequence as a whole feels shallow in comparison as it lacks the emotionality of the previous sequence.

Figure 19

*Sequence 2 (S2), Session B, Basic Conversational Structure*
Question (5:40). The therapist uses his next turn to ask: “What comes to mind when you think of the word asshole?” (line 93). As a therapist, I recognize this as a free association question. Empirically we can say the question selects the word “asshole” out of the previous material and leaves behind the recent topic of victimization (given the resistance that this topic engendered, it was probably a good move). Hence the question initiates a slight topic change and leads into some interesting moments. First, the client says that an asshole is “not a good thing,” someone that “doesn’t have their shit together” (lines 94-95). Yet, she says her co-worker is “profoundly worse” than an asshole, she is “a tire fire. Just noxious and nasty and serves absolutely no purpose but to give people...cancer...she is not an asshole” (lines 116-118). She then makes a topic change and begins to talk about how to time the traffic lights just right so you don’t hit any red lights. And last, she ends the utterance by again trying to define what asshole means in general.

Interpretation (S2) 8:44. The therapist then uses a familiar two-part interpretive sequence, beginning with a speculative assertion and ending with an interpretation. As we have seen in session A, he uses this sequence to focus the talk on the client, rather than the co-worker or timing traffic lights. He asks: “I’m wondering what that word meant, what meaning it has for you?” (excerpt 37, line 128). To this the client shakes her hands around in confusion, which allows the therapist to interpret: “Cause I was wondering if you’re feeling that way, it brings up a lot?” (line 130). This ends S2 and on a whole the sequence was less eventfully than S1. However, the circulation of “asshole” is important as we shall see in S3. Furthermore, the explicit resistance displayed in S2, leads into a rare emotional transaction between the client and the therapist at the beginning of S3.
Sequence 3 (S3)

In response to the S2 interpretation, the client offers an agreement token followed by a qualified response. She again tries to define what she means by “asshole,” saying that it is “a person that completely doesn’t have their shit about them [and] is an inconvenience to others” (lines 131-132). She refers to the person who is “tailgating with his blinker on” and as she says this she rolls her eyes (lines 133-134). Then she looks away from the therapist and slows down her speech. She speaks in a softer tone, not quite a whisper, and she says: “I don’t know a better way of articulating it without more examples, but I feel that we’re getting a little…” and she breaks off and begins to wave her hand back and forth (lines 134-136).

Excerpt 37, Session B, Lines 129-136: Subtle Anger after SBS2 Interpretation

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This utterance stood out while watching the session. Here, the client directly addresses the therapist. Even though she looks away, she states that she doesn’t have a “better way” of explaining to him what an asshole means to her. She ends by confronting him. This is done in a very subtle way, but it is clear as you listen to the interaction. She begins by saying, “but I feel like we’re getting a little…” and then breaks off her speech and projects disagreement with the therapist, indicating that he is getting a little off track. In response, the therapist drops his questioning about the meaning of the word asshole and again tries to bring her back to “what happened last session.” I believe that the
client’s utterance is powerful because it is a subtle transaction of anger. The client gets angry at the therapist in this moment and challenges the direction of his question. This can be seen in the subtle confrontational language she uses along with the change in tone and rate of speech. Furthermore, the client’s utterance forces the therapist to abandon his position and approach the subject in a different way. Although subtle and fleeting, this is a moment where there is an emotional transaction between the client and therapist. Furthermore, it is the emotion — anger — which has been a subject of conversation across the two sessions of the dataset. It is an emotion that the client struggles to experience and even define. And yet, we see it manifesting here in a way that seems appropriate. The questioning by the therapist during this small section does feel like badgering at times. She forces a topic change with her anger and in response both the therapist and client refocus the problematizing on the client’s emotions.

Formulation (9:11). In response to the client’s subtle anger the therapist asks that they go “back to the story… and what happened last session” (see transcript, line 137). He then offers a formulation of what occurred during the last session. The formulation occurs in two parts. In the first, he states: “you were talking about this woman who is worse than an asshole” and then opens up his hands (line 138). At this point she offers a strong agreement token that stands out because of the up and down tone changes as she says “↑Oh ↓Ya” (line 140). On the one hand, the strong agreement token seems to give the therapist permission to proceed and he finishes the formulation by saying: “but then…something happened” (line 141). However, this strong agreement token also contrasts with the previous transaction of anger. This indicates that the shift the therapist made was appropriate and accepted. De Riviera might say that this is the coming back
together after the distancing that was created during the subtle anger of the previous exchange. Possibly this renewed closeness contributes to the emotionality of the next section. What follows from this point is a long elaboration where the client talks about subject matter that should be painful (see conversational structure below). Watching the tape this section feels more emotional than any other section in this dataset. However, there are no clear transactions of emotion. Hence, as we walk through this section of the session we have to attend to the subtleties of tone, content, and non-verbal ques, in order to assess why this section feels so deep and emotionally laden.
Figure 20

*Sequence 3 (S3), Session B, Basic Conversational Structure*
Rejection trouble talk (9:11-15:33). The client begins her elaboration (on the therapist’s formulation) with the turn indicator “And then” which makes the utterance feel like it’s a continuation of what has previously been said (excerpt 38, line 142). It is not an extension per se, but the turn indicator does reinforce this new alignment that has occurred after the subtle anger expressed earlier. She continues by saying: “I always feel like if I get upset, if I say something back, I always worry that I’m…overly sensitive” (lines 142-143). Notice that again she does not talk about the event in therapy that the therapist is referring to in his formulation. Like before, she changes the temporal dimension and refers to this in the continuous present. This is something she “always feel[s] like” (line 142). However, here she refers to another event(s) that causes her to think she is “overly sensitive.” She does not indicate what this event was and instead hints that there is a story behind her feelings (“Probably because I've been told I'm overly sensitive,” lines 143-144). This is another gloss used to assess whether it is okay to transition into a trouble talk sequence. The therapist recognizes this and quickly asks: “Who said it?” (line 146, 9;47). And this leads into a powerful commentary on how her parents were dismissive of her difficulties when she was being abused during junior high and high school.
The trouble talk begins with an account of how her dad mocked her for “being sullen” during a period when she was “being bullied and...in multiple abusive relationships” (lines 147-149). The utterance is delivered in a sarcastic tone, marked by
incongruent laughter (e.g. “… it’s not funny…((laugh))…” at line 153), intonation changes, and sharply emphasized words. She ventriloquates him mocking her saying: “He got upset with me for being sullen. He was like, ‘Ooh so moody, ooh so melodramatic, ooh leave me alone’” (lines 148-151). She follows this by saying that: “it's not funny if the joke is me” and goes to describe herself as the “punchline” of his jokes (lines 152-153). At the end of this utterance her tone changes. Her speech is softer as she drops the sharp accentuations and instead starts to draw out her vowels. She says, “So there is that….Ya that always sucks by the way, it always sucks” (lines 153-154). This is another gloss. It has two indexes “that” and “it”, which point back to the mocking interaction between herself and her father. Yet, instead of simply nodding the therapist asks: “What always sucks?” (lines 155-156). This should not be seen as a call for clarity; rather it is an invitation to expand on the emotionality of the “it always sucks” gloss.

The client responds to the therapist’s question without sarcasm. She speaks directly at first and incorporates long pauses that we have not seen previously. She states: “He never got why I didn't think it was funny, he just thought it was more of the same. (7) And so asking someone to stop becomes fodder for it to keep happening.63 (3) And that su(h)cks ((looks a therapist and squints))” (lines 157-159). When she says “sucks” there is a breathy, slightly broken quality, as if the emotion of the utterance impaired her ability to say the word. This moment is followed by a few words, a deep breath and 6 seconds of silence. It is a short moment that could easily be abandoned. However, the client chooses to do something novel. Similar to a what we saw in session A, the client

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63 Here, as a therapist, I can't help but hear the parallel to the "abusive relationships" mention previously. The inability to stop someone from continually abusing you is a common theme, especially the idea that "asking someone to stop just becomes fodder for it to keep happening."
turns her attention on the therapist and asks: “What?” (line 160). Then using an endearing tone she offers a noticing: “Ah, you have the furrowed eyebrows” (line 160). This is quickly followed by a series of apologies and dismissals. She states: “I am sorry, I have a hard, it is not, nothing, it is nothing” (lines 161-163). To this the therapist asks: “What are you apologizing about?” (line 164, 11:16). She responds with a clear confident declarative statement: “For making it about you.” She then moves to a more humorous tone and offers a ventriloquiation of herself saying: “‘hey, let’s talk about what your face is doing’” (line 165). She ends by stating: “I don’t exactly know how to handle compassion or…complements, or attempts at understanding, it just feels sort of foreign and weird to me” (lines 166-168).

This is a complex interaction where something new happens. It has many facets so let’s begin by breaking it down piece by piece. First, as we discussed previously the client is the object of interpretation during psychotherapy, meaning that her utterances and behaviors, both past and present, are being talked about and examined. This is primarily done by the therapist, but at times also done by the client. This is the primary reason why the therapist uses many different types of utterances, where as the client primarily just responds with elaboration. However, here the client briefly makes the therapist an object whose behavior is to be wondered about. She begins by asking a quick, punctuated question (“What?”) that indicates that he is doing something worth noticing. She then elaborates the question with the noticing itself, starting with an “ahh” token that conveys a sense of something being endearing. She then points out that it was his “furrowed eyebrows.” Hence, not only is the client taking on the role of interpreter,
she is making the therapist the object of interpretation rather than herself. Yet, this changes quickly.

There are two points in the next utterance where she indicates that she is shifting from talking about the therapist’s behavior to talking about her own. First she offers a quick, yet cut off, statement saying: “I am sorry, I have a hard….” She does not complete the thought, but by using the first-person pronoun “I” she indicates that she is now talking about herself. Moments later, she follows up by ventriloquating herself saying: “‘Hey, let’s talk about what your face is doing.’” Hence, by ventriloquating herself she indicates that she is now the object of interpretation. Furthermore, what she is interpreting is her difficulty talking about herself during the present interaction. Given the context of both session A and session B we know that the client and therapist have been talking about how she “skips along the surface” (SA, line 694). Furthermore, our in-depth analysis has shown that she often shifts topics when things get emotional or when emotion is even brought up. Hence, what we see happening here is the client interpreting this tendency as it occurs. From the therapist’s perspective we might say that the client is interpreting her own defenses. What this research shows is that she is reflecting on a tendency that manifest both explicitly in the conversation and implicitly throughout the data of this case study. Here, she is using the hermeneutics of therapy as a technology of self understanding. This technology is being used to constitute her as an emotional being who relates to her emotions in ways that need to be understood in order for her to heal and become a good, ethical subject.

Second, the interaction has many indicators of emotion. Remember, less than three minutes ago there was a display of subtle anger on the part of the client toward the
therapist. This was followed by indications of a realignment between the client and therapist, which lead into trouble talk introduced by an emotional gloss. The trouble talk that was introduced—being mocked about her “sullen” mood while being abused outside of the home—is an emotional topic (or at least should be). She shifts from sarcastically talking about how her father’s behavior “sucks” when she displays emotion, as she says “sucks” in a breathy, broken tone. The emotional transaction happens at that moment when the client says the word *sucks* and the therapist responds with a look that the client later described as “compassion”. Her questioning of this look is because she does not “know exactly how to handle compassion, compliments, or attempts at understanding.”

De Rivera (1984) describes the emotional movement of compassion as akin to acceptance. “Acceptance is the emotional relationship that is involved when we do not insist that the other be what we want…her to be, do not dictate….but simply allow the other to be what… she is, without our withdrawing or distancing” (p. 135). Both compassion and acceptance are considered *Being* emotions because they transpire in moments where who we are, our very existence, is affirmed or denied. However, compassion differs from acceptance. Compassion implies “a willingness to suffer with the other,” which, as de Rivera notes, is vital to “alleviating suffering” (p. 135).

Third, the positioning that gets worked out over the course of the next few turns creates a contrary relational structure between the characters (Sarah and her father) and the participants (Sarah and the therapist). Emotions, by our definition, are the “transformation of our relation to the world-to the persons, objects, events, and actions that are important to us” (de Rivera, 1977, p. 35). The emotional transaction (lines 157-164, 10:34-11:16) that occurs transforms the relationship between the client and the
therapist in a way that contrasts with client’s relationship with her father. The father “got upset” and made her the “punchline” of his jokes, while the therapist shows “compassion.” These differences get refined over the next few turns, but here we see the raw difference. The emotional relationship between the therapist and client is very different from the narrated relationship between the client and her father (see positioning figure 1).

Figure 21

*Positioning Diagram, S3 Session B: Compassion Versus Rejection*

The three aspects listed above make this is a very powerful moment in the session. However, in response to the client’s turn, the therapist has to choose where to focus his utterance, what to highlight and open up for elaboration. Initially, he chooses the ‘defensive’ aspect of the turn. He issues a command to: “Say…more about…what you think about when…someone is trying to understand or to be compassionate” (line 323)
169-170). The client complies and says that there is a “spectrum,” on the one hand “nothing sticks like Teflon” and on the other it “promotes a…very aggressive response” like what is being said is “‘horseshit’” (lines 174-175). This elaboration was not about what she was experiencing with the therapist, but what she generally feels. This was established by the therapist during his command when he asked what she thinks when “someone” is trying to be compassionate. The client’s turn initiator “Umm it varies” indexes the more general experience (line 171).

However, the therapist then tries to apply this general experience to the here-and-now. He asks: “Did you feel like that was what I was conveying?” (line 177, 12:31). The client tries to avoid talking about the experience by first generalizing (“someone,” line 178), then confusing the object of analysis (“I didn’t want to make this about you,” when the therapist is trying to focus on her experience, line 181), but eventually she agrees that the therapist had “just a look of compassion” (line 182). Again the therapist asks about the experience, but this time implicates himself (with a “that” index) and the emotional transaction: “what did that bring up for you?” (see transcript, line 183, 12:59). The client states that it makes her feel “uncomfortable” because she is “missing something” and others see how “bad” things are (lines 184-192). Hence, the emotional transaction has become understood as “a look of compassion” toward the client, which produced an “uncomfortable” feeling where she became aware that others recognize her as having it “bad.”

At line 193, the client creates a turn relevant place indicating that the utterance about her response to compassion is complete. However, instead of giving the floor to the therapist she inserts a commentary about her mother. She says that her mother always
told her that “things are going to be okay,” however “she was always wrong” and this is “where the horseshit part comes from” (lines 195-196). The client frames it as a “dismissal” (line 197). She describes her mother as never wanting her “to be upset” so her mother would “deny things for me” (lines 199-200). She states “I need my own special denial for that…I can’t borrow yours” (lines 199-202). After this there is a long pause lasting 19 seconds. She then offers a summarizing statement that describes how both her mother and father relate to her problem in a way that contrasts with the therapist’s response. She states: “It made it very hard for a long time, to talk to either of them. Because my dad made fun of my problems and my mom refused to admit that I had any problems” (lines 202-204). This is followed by another 19 seconds of silence. These long silences are important.

Although there is some laughter in this commentary, the long silences and the content of the utterance convey an emotional weight. The presence of silence in this sequence is unique. In session-A there were few silences, the longest lasting 8 seconds (SA, line 735). At the end of SA the client and therapist explicitly address this as they formulated some of the things they would need to change going forward (SA, line 694). Here we see long silences (some lasting nearly 20 seconds) that accompany emotionally provocative content (abuse and neglect). Furthermore, the content stands out because it contrasts with the emotional transaction of compassion between the client and therapist. Her parents’ responses are lacking compassion. Compassion is the acceptance of another regardless of how you feel towards them, combined with the ability to feel suffering. The client’s father mocks her and her mother denies that her problems exist. If we were to conceptualize the relationship between the client and parents as emotional relationships
according to de Rivera, we could describe the father’s relationship as one of contempt and shame and the mother’s relationship as one of denial and rage. Hence, the emotional transaction creates a relationship that differs from the relationships being described by the client. As a therapist, I would describe this as a corrective emotional experience, which is, according to many authors, essential for change (Bernier & Dozier, 2002; Greenberg & Safran, 1989; J. P. Miller, 1990; Safran & Greenberg, 1991). Even though the client is unable to fully accept the compassionate look, she is aware of it, and recognizes it as a different response than what she’s describing as she talks about her parents.

What is important to attend to is how emotion, as an ethical substance, can be related to, experienced, and understood in many different ways and how this allows for a rich constitutional process which produces in the client a deep self. During SAS7, lines 687-689, the therapist and the client talk about how hard it is for Sarah to be silent during session. At that time, it was not clear how this was relevant to the overall constitutional strategy, but it seemed important. Here we can see how silence is a way to doing emotion. The silences during this section are long, dwarfing anything we saw in session A. Hence, the problematizing of silence that we saw at the end of SA was in fact a tactic aimed at constituting the client as an emotional being. The problematizing centered on her ability to be silent. Hence, it is her relationship with her own behavior and feelings during the behavior that becomes an object of curiosity and interpretation. Silence, or lack thereof, can be questioned for meaning. Furthermore, silence can be used to demonstrate ethical activity. The client is doing emotion. She is engaged in the practice of emotion which has been problematized at what needs to be worked on in order to heal. During the interaction described above this is all present. Yet, there is also emotion
transacting between the client and therapist, as well as, emotion being transacted between the characters in the client’s commentary. The client is the one who makes these transactions explicit and available for thought, for problematizing. Reflecting on the number of ways that emotion is used during psychotherapy, it is justified to argue that the depth of the emotional subject is the vast expansion of variation that emotion, as an ethical substance, makes possible; rather than what lies beneath the lived surface of life.

*Questions and Elaboration on “Wounds” (15:33).* After the long silence the client makes a topic change towards physical injuries inflicted by herself, accidents, and her parents. The transition is ambiguous. She casually says, “rough week” and then says, “I don’t have any,” while wiggling her fingers in front of the therapist (lines 204-206). She points out that she does not “have any nails” and this leads into conversation about not having any nails because she “aggressively…tear[s]” them and they don’t “heal properly”(lines 206-212). At line 217, she makes another topic change abruptly. She comments: “My mom broke my finger twice and never apologized,” which is followed by an awkward laugh. She then describes the experience while also showing the therapist her fingers and talks about how they “never got set, because, ‘I was fine. I was making a big fuss out of nothing’” (lines to 224-226). At line 234, the therapist offers a formulation (17:05) saying: “You’ve got some wounds.” The client uses this to list even more injuries and the therapist offers another formulation saying, “Some of your wounds are self-inflicted” (line 240, 17:22).

Initially, the client disagrees with this formulation but the therapist points out that her nails are self-inflicted wounds and then she begins to talk about her self-inflicted cuts that have healed on her forearm. She discusses other injuries as well. She offers a
narrative (N2) about a time when she was building a “terrarium” and she accidentally cut herself, which is quickly transitioned into a short commentary about when she smashed her toe and the “top popped off” (lines 254-275). While talking about her smashed toe she makes a brief comment that is not clearly connected to the previous material. She says: “she never apologized” (line 277). The client goes on to describe how, presumably, her mother told her that she was making a “fuss” and how she never took her to the doctor: “I never got a splint, we didn’t go to the doctor, we didn’t get an x-ray” (excerpt 39, lines 284-285).

Formulation (20:25). At line 286, the therapist makes a formulation to summarize the client’s prior speech and says, “Completely ignored.” This formulation also utilizes the client’s prior talk by re-circulating a partial figure of speech. The client, referring to her broken pinky finger, states that her entire nail was “completely purple” (line 279). The therapist recirculates “completely” in his formulation. This circulation of figures is interesting in that it draws from a section of the client’s speech that references the wounds that she has endured during her life. This is a major aspect of the prior sequence. Yet, the therapist uses this phrase to focus on the more interpersonal (and personal) aspects of the previous sequence, hence constraining the client’s next turn.
The client makes use of the therapist’s formulation by offering an acknowledgment token and an elaboration, which describes the ways in which her parents minimized her physical ailments (seizures) and injuries (smashed fingers and toes). She ventriloquates herself and her parents, saying: “Yeah, they’re like, ‘Oh, I have done that 100 times’” to which she ventriloquates her own assertive response: “‘No, my finger is broken and I get to react this way’” (lines 287 and 293). When we analyze the construction of the turns we see that the therapist does not comment on this last
ventriloquation and instead questions her about wanting an apology. If we look at the turn-taking organization of these utterances we see that the therapist offers an overlapping acknowledgment token at line 294 and then initiates a turn request in the form of a deep inhale (it is common for this therapist to signal/claim his turn with a deep inhale). However, instead of giving up her turn, she adds the assertive response quoted above and then yields her speakership.

The therapist takes the floor and asks: “Do you think that there is a part of you that is still waiting for an apology?” (line 296,20:54). As he finishes his question the client utters a neutral token (ahh at line 297) just before the therapist continues his turn and qualifies his original question by asking if there is a part of her: “That still wants recognition of...?” He trails off and doesn’t finish the question, leaving it highly ambiguous. I draw this out in detail because it shows the way in which the client can influence the speech of the therapist. By extending her turn and not allowing him to speak, she influences his turn, compelling him to contend with the new material that is more assertive then her previous talk. Furthermore, by initially offering the neutral token (ahh at line 297), rather than the more preferred acknowledge token, she nudges the therapist to qualify his original question. Although the qualification is unclear, there is some compelling evidence that the client’s neutral token pushed the therapist to respond to her assertive statement.

In response to the therapist’s question the client offers an agreement token, which is then elaborated. In her elaboration she discusses: “The whole apology thing” (line
by saying that she was forced to apologize for everything, rather than talking about wanting an apology from her parents. For her the “whole apology thing” is complex. She states: “I was in a position where, I was told I had to apologize even if I was sure I was right and I was not allowed to ask for apologies and that really... made me feel sort of like an untouchable, like ‘you always have to be in a state of...being sorry [and] always be in a state of either feeling shame or...feigning shame’” (lines 300-304). Notice that her utterance is focused on her feelings. No longer is she talking about her physical injuries; rather the interpersonal dynamics of her family relationships and her feelings are being foregrounded. Interestingly, this is not because she responds directly to the therapist’s questions. Rather, she makes use of his question, shaping her response around the proceeding material and then moves in a new direction. She borrows his focus on apologies and uses this to bring in previous clinical material. Then she shifts the focus, emphasizing how she was made to “feel...like an untouchable.”

In terms of emotion, the “wounds” elaboration above is a commentary on rejection. “In rejection, the imperfect being of the other’s existence is denied by making the other meaningless — by denying that there is an essence to the other’s existence or any meaning to the occurrence of an event” (de Rivera, 1977, p. 64). Although parts of

64 She creates an index indicating that this was something discussed previously: “I think I touched on last time.”
65 This utterance has a number of temporal dimensions. First, at line 299 the client indexes a previous session where she discussed “the whole apology thing.” This is an event that both participants share. The “whole apology thing” is also a gloss that the client then unpacks by using a temporal reference (“I was in a position”) to talk about the position that she was in, presumably, during childhood. Yet, the index is unclear. In a sense the index is floating: it refers to an unknown period of time. This response demonstrates how a client can form a response by weaving together multiple temporal indexes to produce an utterance that goes beyond the original thrust of the therapist’s question.
the elaboration deal with self injury or accidents, prominent throughout are commentaries on parental rejection of an aspect of the client—namely her suffering. Whether she was being mocked by her father for her suffering or having her suffering denied by her mother, there are numerous examples of rejection. The movement of rejection is to push the other away to such a degree or distance that they no longer exist. It is the opposite movement of compassion, where we move toward the other even though there are elements of their existence that might be unpleasant or unappealing. Hence, after the emotional transaction of compassion we see the client move into a commentary on her long history of rejection, which is the emotional movement opposing compassion (p. 69).

Rejection is an emotional transaction that her parents enact against her. At the end of the “wounds” elaboration there are two indications of her response to their rejection. First, there is the assertive statement prior to the therapist’s last question where she states: “No, my finger is broken and I get to react this way.” If we think about this last line in terms of emotional movement we see that it is a moving against her parents. She declares that she has the right to “react this way.” This is a declaration that challenges the way her parents “ought” to behave. Hence, this last line stands out because it is an attempt to respond to rejection with anger. However, there is no clear indication that the client ever said this to her parents. Meaning, it is not proceeded by, “so I said to them…” Hence, the line comes across as something that she would like to say, but has not. On the other hand, when the client discusses the “whole apology thing” she makes a reference to the past and discusses explicitly “feeling shame” and always be in a state of “being sorry.” Because this directly references the past there is a sense that this is how the client responded to her parents’ rejection. Namely, she felt ashamed, like “an untouchable.”
Interpretation S3 (21:35). As the client is talking about “feeling shame or feigning shame” the therapist offers a loud acknowledgment token and then takes a deep breath. His inhalation overlaps the client’s closing line: “And never being able to say: ‘you’ve hurt me, I demand recompense’” (line 306). Much like the previous exchange, the client ends with a more assertive statement just as the therapist is calling for his turn. Hence, the interpretation starts prior to the closing line and does not seem to take its content into account. Instead, the therapist indexes a “tension” in the client’s previous speech that was also present in the “story with your coworker” (lines 309-312). In the excerpt above you can see the entire interpretation. It begins with a neutral epistemic marker, “And it sounds like,” which indicates that what is being said is independent from the client's previous speech. Then he uses “that’s” to index a “tension” in the previous speech that is connected to the “story” about the coworker. However, as the interpretation unfolds he indicates that the connection is not to the story per se, but what she feels when she tells the story. Namely, “You feel like: ‘If...I think about this too long, I’m going to start thinking I’m the asshole.’”

This line closes the interpretation and its power comes from its construction. The therapist designs this as a ventriloquation of the client’s speech and also recirculates the word “asshole.” This word was first used by the client at line 43 in response to the therapist’s formulation about co-worker “difficulties.” There she spoke the word with a sarcastic smile saying: “If I get upset or if I let that feeling be known I'm going to be wrong and an ((gaze )) £asshole£.” In S2, the therapist asked the client “What comes to mind” when she thinks of the word and this continued until the client displayed subtle anger and made the therapist shift course at the beginning of S3. Since that point the
word has not been used, yet the therapist brings it back for the interpretation. The word creates a link to these moments of the session, giving a sense of coherence and connection between the vastly complex preceding context (Peräkylä, 2004). Furthermore, the interpretation is a temporal reference that again points back to the emotional transaction that occurred in the previous session (which is itself another reference to an event that occurred outside the session). Hence, the interpretation has the same temporal construction and emotionality as the original formulation. As we have seen, the client uses different tactics to distance herself from this event, but the therapist continually points back to it. The interpretation creates links throughout the session by continuing to utilizing this unique temporal construction. Last, by indexing a “tension” the therapist introduces metaphorical language that can be used to interpret the client’s previous speech and the event indexed in the initial formulation of the session. Tension implies a mutual pulling of opposite forces. However, what those forces are is not entirely clear. As we have seen throughout the dataset, the interpretation leaves a lot to be filled in. This is part of its power. The client is called to elaborate on what that tension is and how it applies to her understanding of herself, her emotions, and her relations to others.

However, the elaboration after an interpretation is different than the elaboration after a formulation. Formulations gloss shared experience and compel agreement. Interpretation introduces something new that comes from outside the shared experience of the client-therapist dyad as well as the client’s personal experience (type AB and A events respectively). Hence, interpretation calls for more than just elaboration: it calls for contestation, modification, partial agreement, agreement, reflection, and so on. 

*Interpretations are openly disputable claims (D events) and therefore interpretation*
requires interpretation. There is no set way to interpret an interpretation; however psychotherapy as a constitutional practice problematizes the client as an emotional being who is asked to be curious about her emotion. The client can avoid talking about emotion, but this is problematized as a way of relating to herself that also needs to be understood. The only way out is through the use of the therapeutic hermeneutic as a technology of self understanding. By interpreting one’s own emotions the client places herself on the ethical path, which is the path toward goodness and health. Hence, this analysis has shown that psychotherapy constitutes the client as a deep emotional subject that requires hermeneutic understanding in order to heal. This hermeneutic healing process is the rediscovery of the ethical within the pathological.

Closing Sequence

S3 elaboration. The client offers a series of strong agreement tokens and then uses an index to connect the S3 interpretation to a “notion…that I’m not supposed to get angry and I’m not supposed to want things from others” (lines 314-315). This does not utilize the metaphor of opposing forces that creates tension. However, the therapist quickly uses a question that can also be read as an extension. He asks: “And if you do?” (line 317). The client seamlessly extends the therapists turn and says, “Then, now I have the problem” (line 318). This is a wonderful moment of collaboration where the therapist and the client work together in order to elaborate on the metaphor of tension. Hence, if we imagined their turns as one unit of speech it might look like this: “I’m not supposed to get angry or want things from other people, and if I do then I have the problem.” Tension is created because if the client has a problem with someone else she immediately becomes the problem herself. Hence, the problem is located in the client regardless of
what she does and this tendency is now being further problematized as something therapeutically important.

Throughout session B the client has thoughts about the problem as something that is personal and emotional. Only during S2 did she focus more on what was problematic about others and this was quickly abandoned. The S3 interpretative elaboration would be considered highly collaborated according to Peräkylä’s research (Peräkylä, 2008). The extensions that create seamless speech are present just as Peräkylä has found elsewhere. What this analysis reveals is that here the client and therapist are talking in the language of personal emotion. They are talking about how the client relates to herself as an emotional being. Here, the client is interpreting the S3 interpretation in order to think about herself as an emotional subject, which has been the overall strategy identified by this analysis. Hence, it is possible that moments of high collaboration, indicative of strong therapeutic alliance, are constituted by the client’s use of the hermeneutic tools in ways that align with the strategic deployment of power within psychotherapy.
At line 351, the therapist offers an interpretive third, saying: “it sounds like you have a lot to say” (25:37). The client uses this to talk about her “lack of confidence,” which then leads into a discussion about the “job hunt” (the lines 360—366). This conversation leads to the closing of session B, which amounts to a negotiation of when they’re going to meet next. The ending of session B is uneventful, but overall the session has been a wonderful specimen that allowed us to examine the way that emotion can be
discussed, transacted, and problematized in psychotherapy. The next chapter will review the finding identified during the analysis of both session A and session B. After this, there will be a discussion of what the findings say about psychotherapy, as well as, a reflection on this research project as a whole.
A DETAILED INTERACTION ANALYSIS OF PSYCHOTHERAPY AS CONSTITUTIONAL PRACTICE: FINDINGS

"We should not be surprised that....in the twentieth century, madness should have discovered at the center of itself a primitive nucleus of guilt and aggression...this is not the gradual discovery of the true nature of madness, but simply the sedimentation of what the history of the West has made of it for the last three hundred years. Madness is much more historical than is usually believed, and much younger too.”

Michel Foucault, Mental Illness and Psychology, (1987, p. 6).

Overview of the Findings

An analysis of this size and depth produces a number of interesting findings. However, some findings standout because they directly concern the research question or are important in terms of evaluating the overall project. In this chapter I cover two major findings (findings 1 and 2), which answer my research question: How is the client constituted as a certain kind of subject during psychotherapy? In the following chapter, I discuss two major findings (findings 4 and 5) that help to illustrate the success of DIA as methodology capable of explicating the constitutional change process in psychotherapy. The findings are as follows. (1) Interpretation was shown to be a pragmatic practice that asserts the therapist’s subjective perspective into the conversation. This allows the client
to respond with her own interpretation. This collaborative process was found to be an important change process in psychotherapy and these findings conform to the more interactional understanding of interpretation (Aron, 1992; Winnicott, 1971). (2) The study shows how psychotherapy constitutes the client as a deep emotional subject who must understand her emotions in order to be an ethical being. (3) The analysis provides a description of how Foucauldian problematizing occurs through the deployment of conversational actions that shift the location of the therapeutic problem and encourage the client to think about herself as an emotional being. (4) This study demonstrates how the indeterminacy of talk is used as a creative resource for both the therapist and client during problematizing.
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Interpretation as Constitutional Practice

At the beginning of this dissertation I discussed my desire to examine psychotherapy in a way that best captured its subtleties, while demonstrating its humanity. I explained how interpretation is a way into psychotherapy because it is a pivotal construct that can be reinterpreted and put to work for both the researcher and the practitioner. This research has shown that it is not only a pivotal construct, but an organizing tactic used to constitute the client as an intentional being capable of self interpretation and understanding. As was discussed above, many of the therapist’s turns were used to problematize the client as an emotional being. If we return to the analysis we see that the kind of emotional being that was foregrounded was one whose emotions are intentional. The interpretations of the case study are, for the most part, used for this general purpose. However, my interest in interpretation goes beyond the therapist’s tactics. Interpretation is important to the constitution of the client as an intentional subject because (1) it is the site where subjectivity is claimed and therefore constituted explicitly, (2) it is where the hermeneutic technology of therapy is utilized, and (3) it is where the solution to the interpretive problem as an ethical transformation that demands the incorporation of the interpretive technology as a means for achieving the good.

Previously in chapter 3, the distinction was drawn between A-events and AB-events. This distinction was derived from the work of Labov and Fanshel (1977). Labov stated that in order to understand psychotherapeutic discourse we have to view each utterance as an action. The type A-event is a representation of the speaker’s past, where the speaker has sole ownership of the experience. We can see this in the narratives and commentary
offered by the client during this case study. On the other hand, AB-events involve shared experience. Here, both participants have ownership of the experience. Formulations have been identified as a type of AB-event that glosses a shared experience between the client and therapist (Antaki, 2008). As we saw in the analysis, formulation was a common tactic used by the therapist.

AB-events occur in both everyday conversation and psychotherapy, but as my analysis has shown, AB-events are used tactically by the therapist. In psychotherapy, these AB-events begin to accumulate quite quickly. As a therapist learns more and more about the patient’s experience he or she has greater access to the patient’s biography and are able to comment on these experiences. As with the case study, formulations can be directed toward what has just been said or what was said in previous sessions. As was discussed in Chapter 3, formulations are the most non-coercive type of therapeutic intervention, but they are extremely powerful because they selectively foreground elements of the previous talk and they project agreement, making them very difficult to contradict. This ability to project agreement rests on the subtle manipulation of the ownership of experience. The formulation concerns shared experience, but it is uttered as if it concerns the client’s experience. This can be seen in the design of the utterance. Formulations start with some variation of personal pronoun that indexes the client as the owner of experience (“So, you say you are tired of all this”). There is a key distinction between a formulation and an interpretation: interpretations assert the therapist’s perspective on the client’s experience (“It seems to me that you are tired of all this”) (Bercelli et al., 2008).

As shown in the case study, psychotherapy precedes as a series of actions
volleying between A-events and AB-events. There are norms dictating who should use A-event actions and AB-event actions in psychotherapy. The client’s role is typically to elaborate further and further on A-events. The therapist encourages this with questions and extensions, but much of the therapeutic work is done through the intentional use of AB-event actions such as formulations, which selectively foreground certain elements of speech in order to constitute the client in specific ways. This was demonstrated in chapters 5 and 6; however, there were also moments where other types of actions were utilized. Furthermore, there were a few moments where the client used utterances that are most often wielded by the therapist.

The first was where the client used AB-event utterances to formulate what was happening during the session. These events stood out when I first began looking at the dataset. I remember feeling as if these were powerful moments where the therapy deepened. This initial reaction was important because it indicated that something different was going on during these brief moments. The client shifts from a common type of action and begins to act in ways that are more typical of the therapist. She does this in order to gloss what they are doing in therapy (“Ya got me,” SAS1, line 59 and “I'm supposed to be going in [emotion], that is probably purpose of all this,” SAS6, line 594), and to gloss what she is trying to do during her commentary (“For making it about you,” SBS3, line 165). My initial reaction was a response to this shift. In these moments the client was no longer elaborating on her own biographical experience for the therapist. Instead, she was formulating on a shared experience between the therapist and herself. Hence, she was no longer offering up her own story in order for it to be selectively formulated and problematized, but selectively formulating and problematizing the shared
experience of psychotherapy. During these moments she clearly declared herself not simply as an object of psychotherapeutic understanding, but as a subject who shares ownership of the psychotherapeutic relationship, which then became an object for her to interpret.

As mentioned in chapter 3, A–events and AB–events are only two of the many different types of actions that take place in psychotherapy. Traditionally, the distinction between A-events and B-events has been the most useful in terms of generating CA research on psychotherapy (Peräkylä et al., 2008a). Utterances that pertain to another’s experience are B-events. These utterances have the form of “B believes that A believes” (Labov & Fanshel, 1977, p. 80). What has interested conversation analysts is how the ownership of experience influences sequential organization. Typically, the owner of the experience is given the chance to respond to B-event statements. Furthermore, new research has shown how the ownership of experience can be shifted depending on the type of social practice in which the participants are engaged. Vehviläinen (2008) has argued that psychoanalysis modifies the common rights given to the owner of experience and he speculates that this is due to the way the therapist uses his turns to display a co-ownership of experience. Furthermore, conversation analysts have recently become interested in a third type of action called a D-event. According to Labov (1977), D-events are disputable events because both participants recognize that the truth of the utterance is not certain and hence further action is required, whether this be to deny, agree with, support, or completely reinterpret the original action as required. Labov states that the most common type of D-event is an assertion. He goes on to say that in psychotherapy there are two particular assertions “an evaluation…. [and] an interpretation” (p. 63). For
Labov, an evaluation highlights the emotional or interpersonal aspects of the previous speech, whereas the interpretation treats the previous speech as symbolic. This distinction between an evaluation and interpretation has all but collapsed for modern day conversation analysts. D-event actions are collectively referred to as reinterpretations, or interpretations depending on the researcher (Bercelli et al., 2008; Vehviläinen, 2008). In this case study we have referred to D-event actions as interpretations.

From this perspective we can see interpretation as an action directed toward A–events and AB–events. Because the bulk of psychotherapy consists of A and AB-events, interpretations stand out because of their unique design and sparsity. Interpretations come from the therapist’s perspective and this can be seen in the “epistemic markers” used in the design of the utterance (Bercelli et al., 2008, p. 49). The therapist’s perspective is openly displayed in a way that is overt, yet not definitive. Unlike a formulation, the interpretation does not project agreement, nor does it claim to be a reflection of the client’s experience. Rather, it is an expression of the therapist’s own subjective experience of the client and it therefore calls for “a response” (Labov & Fanshel, 1977, p. 63). This call to respond is a call to subjectivity: the interpretation demands that the client claim her position as a subject, the “I am,” and respond to the subjectivity of the therapist. This is why interpretation is a site where subjectivity is constituted explicitly. Clients are called to interpret themselves as objects. Their interpretation takes their own autobiographical past, and the lived experience of being with the therapist as its object. Hence, the client forms a subject-object relationship to herself-in-relation-to-others as she interprets the interpretation.

This conforms to Habermas’ (1968) understanding of depth therapy as an
emancipatory practice where the therapist must first take the client as the object of interpretation and then the client must then take on a subjective position towards herself as an object: “The subject cannot obtain knowledge of the object unless it becomes knowledge for the object—and unless the latter thereby emancipate itself by becoming a subject” (p. 262). The client’s subject-object relationship is a way of understanding herself, but it is also a way of positioning herself in relation to the therapist as a certain kind of subject. Much like the therapist’s interpretation, the client’s interpretive elaboration is a claiming of subjectivity. This makes the interpretive adjacency pair a site where the participants can act with or against one another’s actions in order to constitute each other as subjects. The number of responses available is quite large. Clients can openly disagree or modify the interpretation and in this they create a subject position in relation to the therapist. Moving away from the traditional perspective that clients never interpret (Loewenstein, 1951), Lewis Aron (1992) argued “that the optimal way for the analyst to establish himself or herself as a subject is through the use of interpretations, which, while being explicitly about the patient, carry a great deal of implicit data about the subjectivity of the analyst” (p. 479). This study provides solid evidence for the notion that interpretation is important because it creates a site where client can change because she is called to interpret herself in relation to others and her world. In line with Aron, interpretation is important because it provides the client with an opportunity to be different; rather than simply receive different information about who she is from the therapist.

**Interpretation, Ethical Self-Construction, and Collaboration**

When researchers analyze what clients do in response to interpretations, they see
a number of different tactics, most of which were described by Peräkylä (2008). Much of Peräkylä’s work has been focused on this topic. As discussed in Chapter 2, clients elaborate on interpretations in ways that are complementary and non-complementary to the therapist’s interpretation. Peräkylä has shown how both the client and the therapist use extensions to add to the elaboration in ways that are complementary with one another. According to Peräkylä: “Further explication of the interactional ways in which the matching and mismatching, the complementarity and non-complementarity of the therapist’s and client’s actions takes place, is probably one of the central tasks of conversation analysts investigating psychotherapy" (p. 118). Peräkylä’s description of how therapists and clients move together and apart is quite powerful. However, what is needed is a theory of how these movements are part of an overall constitutional strategy. This is important because as Bercelli (2008) points out, a client’s elaboration to an interpretation is “something more than accepting the therapist proposals…. [it is] the possibility for clients to show what they make of the therapist's proposals, and how, by extensively responding to them, they possibly change their perspectives about their own events and experiences” (italics added p. 61).

Turning to the case study, we see a number of different ways that the client interprets the therapist’s interpretations. We see her agreeing, disagreeing, as well as elaborating in ways that initiate topic changes. Furthermore, when we look at the moments where there is more complementarity, we see something unique occur. In these instances the client begins to interpret herself in a way that is similar to the depth hermeneutic of the therapist. She does this in response to the therapist’s interpretation that her “clown” story was really about her anger towards the therapist (SAS6, lines 681-
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682). A more profound example is after the interpretation that ends session B. Here, the client and the therapist work together to extend an interpretative understanding of the client’s own anger and its relation to herself (SBS3 elaboration, line 307-318). In chapter 6, I asserted that the collaborative spirit of this moment was due to the client’s use of the therapeutic hermeneutic, used, more often, by the therapist. In both cases the client began by directing her own D-event action (interpretation) towards herself. From a therapeutic perspective she was becoming her own analyst. Hence, it was during these complementary elaborations that a client performed a type of action that is institutionally granted to the therapist. However, her use of this type of action was not something that was dissuaded or discouraged. On the contrary, these are the moments that felt the most collaborative, deep, and meaningful. These were my reactions as a listener. Furthermore, these were my reactions as a therapist and as a client. My initial impression of depth and meaning is telling. These are the kinds of moments one looks for as a therapist and the moments that feel most profound as a client. They are the moments remembered as evidence that you were onto something, that you were moving in the right direction, and that you were doing real therapeutic work.

Hence, these moments are ethical because they point us in the direction of ‘the good’ as Foucault described (Foucault, 1983). In other words, these moments are inscribed with a telos. Furthermore, these are the moments where the client takes up and use a “technology of the self,” which she uses to decipher herself and determine how to be a good and ethical being. Hence, one of the possible responses to an interpretation is this constitutional move where the client begins to interpret herself and internalize the therapeutic technology of self in order to orient herself on the path towards becoming a
good ethical subject.

Although we see no evidence in this case study of the classic psychoanalytic depth hermeneutic that directs its aim towards the vicissitudes of sexual desire, we do see the remnants of the confessional technology of self that Foucault associated with psychotherapy (Foucault, 1983). For example, the therapist emphasizes that the client is different from her mother-in-law because she is “curious” about herself. The therapist does not give her moral instructions about who she should be as a person, but how she should relate to herself as a kind of object. Here, what it means to be a good and moral person is to be curious about yourself and about the intentions of your actions. Interpretation encourages a self reflection or curiosity. Therefore, psychotherapeutic interpretation is the keystone of a strategy that constitutes clients as deep emotional beings who are often unaware of their own intentional acts towards themselves, others and world. The ethical substance that must be worked on is one’s emotions or feelings. This is something that Foucault predicted in one of his last interviews, and we see evidence of that quite clearly in this case study (Foucault, 1983). Other researchers have pointed out how this focus on emotion as personal rather than social is something that can be seen across psychotherapy (Goicoechea, 2013). They have also pointed out that in some ways this can be used to obscure gender-based power relations (p. 115). This study has shown that interpretation is a unique and important therapeutic action that can be described empirically. Furthermore, it is central to the constitutional strategy of psychotherapy because it is a site of overt power where the therapeutic technology of self can be taken up by the client and used to further collaboration, resulting in an increase of therapeutic meaning. Collaboration as an interactional process, and therapeutic meaning
as an emotional transaction, are both part of the constitutional field and are often described by therapists and clients as moments where the therapy deepened. These moments are indicators of the way in which self interpretation is a solution to the hermeneutics of psychotherapy—a solution that places us on the path to becoming a good and ethical being, which, as Foucault points out is a fundamental element of any constitutional practice.

**Psychotherapy and the Deep Emotional Subject**

The major finding of this study is that the client was constituted as a deep emotional subject who needed to be understood in order to heal. Researchers have been able to show that emotion is vital to understanding change in psychotherapy (Gendlin, 1969; Greenberg & Safran, 1989; Safran & Greenberg, 1991). The notion that emotion is important for change goes back to the beginning of psychotherapy, when Anna O. jokingly referred to her cathartic sessions with Breuer and Freud (1955/2000) as “chimney-sweeping” (p. 30).66 I argue that emotion is fundamental to psychotherapeutic change not because of a universal connection between emotion and psychopathology, but because psychotherapy as a practice is interwoven with an understanding of human beings as emotional creatures and emotion as intrinsic to psychopathology. This understanding has occurred over centuries, a process that Foucault (1988a) describes in *Madness and Civilization*. Psychotherapy is part of this historical process. It is based on

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66 Those familiar with the case of Anna O. will recall the emotionally intensive sessions that Breuer describes. A later case study, recounted by Freud (1955/2000) is more telling. In his work with Miss Lucy R., he elicits talk about emotion in order to understand her illness. In a footnote he states: “I turned to psychical analysis and requested her to tell me what emotion had preceded the onset of her illness” (p. 101). Here, emotion is a source of insight for Freud. Yet this elicitation of talk about emotion also constitutes the patient as an emotional being.
the confessional practices of Christianity, but focuses its constitutional work on the irrational emotion of the symptom, rather than the sinfulness of the soul (Dreyfus & Rabinow, 1982; Foucault, 1978).

Hence, even when emotion has been a secondary concern in psychotherapy, it has still been a concern. It was telling that as I began this study I felt that CA alone could not explicate the constitutional processes in psychotherapy. I felt strongly that emotion had to be accounted for in order to understand psychotherapeutic change. This has been identified as an implicit assumption of the researcher that arose during the practice of research and became fundamental to the results. This assumption is not just an idiosyncratic preoccupation. It is an assumption that arose out of my own constitutional process of becoming—being—a psychotherapist, a researcher, and a client. Hence, the focus of emotion in this study should be understood as a working out of the implicit assumptions embedded in the practice of psychotherapy and the constitutional effects this has on those involved in the practice. The ‘deepness’ of psychotherapy can be defined as the active problematizing of emotion as a type of ethical substance that needs to be worked on in order to gain self understanding and health. This is the ethical path for the modern patient, the pathos to becoming “the kind of being to which we aspire” whether that be the “pure, or immortal, or free, or masters of ourselves, and so on” (Foucault, 1983, p. 239). What we see in this data set is emotion being problematized as that which must be understood in order to be manage. However, the controlling of the emotion is not done in and for itself. Rather, it is done in the service of being in ethical relationships with others. This constitutional work is at a high arc at the end of SA when the client delivers her compelling ‘doorknob’ statement:
I don't want to be a big ball of crazy, and I don't want to be unable to give Wanda something to look to. Like she is very smart and she's very aware and she's gonna pick things up very quickly. …I don't want her getting to the place where she can’t, I don’t want her thinking that something not done perfectly isn't worth doing. And I don’t want her thinking that not being perfect makes her worthless. I don't want her not being able to, you know, get it out without breaking things or hurting herself. And I don’t want her seeing, and I don't want her being afraid of me, I don't want her being afraid of setting me off because half of what John does is just trying to damage control his mom. (lines 834-844)

The client has been called to be the ‘master of herself’ because this impacts her relationships with others. During therapy, the client’s relation to her emotional depth is brought into a triadic relationship with others and in this way she constitutes herself as a deep self, teleologically aimed toward fostering ethical relations with others.
DISCUSSION AND FUTURE RESEARCH

"Thought is questioning, a stepping back from what one is doing, a posing of problems. It is what Heidegger called 'circumspection.' Diverse solutions may be the result, but what is at the root is the problematization (itself a result of social, economic, or political processes) which they attend to."


Psychotherapy as Thought; Thought as Problematizing

The research question that guided this project was how clients are constituted as certain kinds of subjects during psychotherapy. In answering this question I hoped to achieve two goals. First, I wanted to develop a methodology that could be used to empirically explicate the actions on actions of constitutional practices. And second, I wanted to provide an account of how psychotherapy can produce constitutional change.

Let’s begin by reflecting on the methodology. After many roadblocks and dead ends I developed what I call Detailed Interaction Analysis (DIA). This new methodology is based on conversation analysis, but incorporates a relational theory of emotion as action (STE), as well as, an action based understanding of narrative (NIA). As I argued in chapter 4, these three aspects of DIA are ontologically compatible with radical realism and are therefore well suited for constitutional analysis. What both distinguishes and binds them is the assumption that language, narrative, and emotion are all actions that can
be used to problematize oneself in relationship to others and world.

This understanding of thought has implications for psychotherapy and beyond. Foremost, it requires us to understand thought as a sociocultural phenomenon that is historical and constitutive. Thought can be seen all around us and cannot be limited to internal cognitive processes: Buildings, tools, books, calendars, and cable TV are all thought materialized; the professional institutions in which we work and live are thought enacted; and everyday conversation, whether it be in our homes or in the institutional practices in psychotherapy, is thought in action. All of this has arisen out of a history where people stepped back and began to ask questions about their form-of-life and problematize their existence. This questioning allows the world to light up in different ways, allowing new possibilities and problems to be discovered. Through this process the world is changed.

However, so are we—problematization not only changes the world, but changes the people-in-the-world. As Packer (2011) points out:

> Thought assumes ‘concrete forms’ in institutions, practices, and systems of representation (maps, calculi, etc.). ‘Internal’ action on mental representations is only one form of thought, and it requires the formation of a particular kind of self as a knowing subject. Foucault reminds us that, for Kant, becoming a Cartesian subject required a certain kind of ethical stance, a stance in which one viewed oneself as a universal subject. Thinking for Kant should be individual, detached, and formal. But Foucault emphasized…that thought is found in all action, whether it is intellectual, ethical, or self-conscious. (p. 375)

Hence, psychotherapy needs to be understood as a form of thought. From the large-scale institutions all the way down to the conversational turns in a single session, psychotherapy is a way of problematizing people within their form of life.

One advantage of seeing thought in this way is that it becomes visible and
available for empirical research. This project has been an example of how this research can be conducted. What the methodology has allowed me to show is how thought occurs within the practice of psychotherapy. I have demonstrated how therapeutic thought is a social and interpersonal phenomenon, rather than an internal and individual experience. Psychotherapy is a unique way of thinking about problems and it differs from everyday conversation. We have seen the way in which the therapist and the client work together to constitute the therapeutic problem as emotional and personal. The client’s life was problematized in such a way that the most important problems were located in the client herself. This locating was done by directing thought toward the client’s feelings and her response to her feelings, rather than her boyfriend’s difficulty holding a job, or her mother-in-law’s disregard of others. CA alone would have been able to produce a penetrating account of the conversational actions, but the insight into the location of the problem and role of emotion required an expanded methodology. This methodology allows us to see psychotherapy as a strategic constitutional practice that locates the problem in the client. The problems are hers, and psychotherapy, at every level of analysis, is strategically designed to constitute problems in such a way. Confidentiality, private space, minimal (in the service of therapy) therapist disclosure, and the expectation to share honestly what you are thinking and feeling (Freud's rule of analysis) are all normative practices that foster a type of problematization that locates the problem in the individual.

Yet, psychotherapy as a way of thinking and problematizing oneself begins before the client even comes to therapy. Expectancy effects have been used to explain why people get better in psychotherapy (Lambert & Barley, 2001; Wilkins, 1984). The idea is
that if you expect psychotherapy to work, then you will likely benefit from treatment. The notion here is that psychotherapy works because of a self-fulfilling prophecy. However, if we understand psychotherapy as a socio-historical practice that begins when people recognize their life as a type of problem, we can then state that psychotherapy begins at this point. This is when therapeutic thinking begins and it is at this point that the therapeutic conversation is made explicit. Hence, expectancy effects are the way in which the problem is recognized as a therapeutic problem that can be answered, understood, and healed. To recognize a problem as a therapeutic problem is to understand it as idiopathic, yet capable of comprehension—comprehension being a near equivalence to cure. It is no wonder that when the individual recognizes they have a problem that needs to be understood, therapy is often, at least in my experience, most effective. The problem has to be constituted as one’s own in order for therapy to occur and this is something that permeates not only the moment-to-moment actions during a psychotherapy session, but also the design of our therapeutic tools (small cozy office spaces, practices of confidentiality and so on), the formal knowledge of psychotherapy (American Psychiatric Association, 2000), and theories of psychotherapeutic change (Orlinsky et al., 2004; Rogers & Dymond, 1954; Snyder & Ingram, 2000).

**Conversational Mapping and Indeterminacy of Talk**

One challenge I faced during this project was to develop a methodology capable of making a highly complex and ambiguous interaction sensible without oversimplifying. By looking at speech as action, I was able to classify different types of speech based on the actions it accomplished. Largely, this typology was taken from conversation analysis and to some degree linguistics (C. Goodwin & Heritage, 1990; Labov & Fanshel, 1977;
ten Have, 1999). The conversational maps were an attempt to simplify the interaction in order to best explicate how utterances were linked together as actions on actions unfolding across time. However, the conversational maps are misleading. They give the reader a sense that utterances can be clearly cataloged, and yet, this is not the case. As I discussed in chapter 5, many of the utterances could have been classified in different ways. For example, an utterance could simultaneously be understood as an extension, question, or interpretation. Conversation analysts have long recognized that this is the case (Bercelli et al., 2008). By using an inductive approach, conversation analysts are able to collect different examples of a species and then often use the most ideal specimen to illustrate the conversational mechanisms that they are describing (Jefferson, 1988).

This study differs from conventional CA studies. The ambiguity did make mapping the sessions difficult. However, through the process I came to understand the importance of this ambiguity as a therapeutic resource.

The conversational maps are important because they allow us to see connections and patterns within individual sequences and between sequences. Although they tend to obscure the conversational ambiguity, conversational maps, ironically, allow us to understand the importance of ambiguity as a therapeutic resource. For example, SAS3 is a highly ambiguous sequence. Both participants make unexpected topic changes and deploy utterances that can be understood in many different ways. The sequence also concerns cutting, which was later identified as the original problem bringing the client into therapy. Furthermore, the sequence has many emotional undertones; namely anger and frustration. However, because of the ambiguity of the sequence it is unclear how the client and therapist understand the problem. However, as the client and therapist
transition from SAS3 to SAS4 the ambiguity lessens. Although SAS4 does not feel as spontaneous or emotional, the client and therapist are able to talk about emotion in ways that feel very important. This sequence (SAS4) stands out, not only because of what is being said, but also because of its relation to SAS3 and the shift from ambiguity to clarity when discussing emotion. Hence, the conversational mapping allows us to see how sequences and adjacency pairs relate to each other in organic ways that constitute certain moments as therapeutically important. Approaches that do not attend to the unfolding context miss the hermeneutic interrelation of participant and context as it unfolds across time, which could lead to misunderstanding.

Another reason why conversational ambiguity and uncertainty should not be ‘analyzed out of the data’ is because they are used as a creative resource for the participants. Again, this is most prominent in SAS3, but can be seen elsewhere throughout the dataset. Ambiguity and uncertainty about what one participant means with his or her speech allows for an open dialogue where new understandings of the problem can be brought to light. As is shown in SAS3, much of the ambiguity arises from the fact that a number of possibilities are implied by any given utterance. These possibilities become available for both participants to be used later on and made explicit. For example, in SA, emotion is constantly being brought to the foreground and discussed, but how emotion is a problem for the client remains implicit until it is later discussed as an explicit problem. These later moments draw from the former, selecting certain ways of problematizing emotion, while neglecting others.

Within any given sequence there are many problems that seem connected, yet these connections are not given. Instead connections have to be forged. According to
Donald Spence (1982), this is the central work of therapy: forging connections and creating themes across a brimming surface of therapeutic conversation. This research concurs with Peräkylä’s (2004) work, showing that connections are often made by circulating figures of speech that link together similar topics, emotions, or relationship across a session. This linkage can be seen in the circulation of “chaos” or “chaotic” feelings in SA. The focus of SA was on emotion and the circulation of “chaos” linked together by different emotional transactions. This tactic was used to constitute the problem of SA as emotional and personal. The problem became how the client could not express, experience, or describe her emotions. In session B we see a different tactic, namely the use of interpretation to forge connections and create themes across sequences. For example, the final interpretation, the SBS3-interpretation, brought back in the “coworker difficulties” to make sense of problems that had arisen in SBS1, SBS2, and SBS3. Hence, interpretation was used to link together multiple problems. Last, there were a handful of occasions where the client or the therapist used classic formulations to make the implicit problematizing that had been occurring explicit. For example, the therapist’s SAS6-formulation at 32:09, and the client’s SAS6-speculative assertion/question at line 602 are moments when the problematization of expressing emotion was made explicit. This is more profound given that the problematizing of emotion was so prominent, yet implicit prior to this point.

In summary, this research has shown how the therapist uses specific tactics — questions, formulations, and interpretations—to constitute the client’s problem as personal and emotional. The therapist’s constant foregrounding of the personal, emotional aspects of the problem was not, however, an act of domination. The therapist
was not simply prescribing a view for the client. The natural indeterminacy of speech always leaves open possibilities for the problem to be understood differently. A therapist might foreground emotion as a personal problem, but how the client relates to the problem — relates to her emotion — is an open ended process. In this dataset, we saw the client, at times, avoid talking outright about the problem as something emotional and personal. At other times, she seemed to grab on to the problem as emotional and personal, and yet how she related to emotion was continually being constituted. Hence, even when the therapist’s tactics are clear, therapy still has a certain degree of ambiguity, which allows the problem to continually be constituted, problematized, and understood. DIA and conversational mapping allow us to produce a coherent account of the constitutional processes in such a way that the indeterminacy of language becomes a key factor in the change process, rather than something that needs to be controlled and eliminated from the research.

**Research as Genealogy; Research as Ethics**

The next question is whether this research methodology has provided a convincing account of constitutional processes and given us some insight into how psychotherapy produces change. Each reader will have to answer this for themselves, but let me conclude with some clarifying remarks. This research should be understood as a genealogy. As was described in chapter 2, Foucault used archaeology, genealogy, and ethics as related, yet differing, approaches aimed at creating a “historical ontology” of modern human beings (Packer, 2011, p. 378). Foucault’s “project,” as it has been described, was meant to include an examination of “power in its materiality, its day to
day operation….at the level of micropractices” (Dreyfus & Rabinow, 1982, p. 185).

However, because of Foucault’s early death in 1984, this research was never completed.

My research is a continuation of the problematizing that Foucault, as well as Heidegger, brought into existence with their work. My project’s contribution is to refine a methodology that brings to the surface how a client is constituted during the practice of psychotherapy. Chapters 5 and 6 can be seen as a mapping of the clear tactics, as well as the mistakes, mishaps, ambiguities, and accidents that contributed to the constitutional effects of the practice. The method is a genealogy because it creates of record, mapping myriad ways in which people—in a given culture, in a given practice—become constituted as certain kinds of subjects. Just as “a family tree is a record of chance encounters, irrational attractions, and accidents of fertility and mortality. A genealogy discloses these accidents and the coincidences, surprises, and struggles that produced a descendant” (Packer, 2011, p. 356). Hence, a genealogy exposes the conditionality of that which seems unconditional. People and the problems that become deemed as therapeutic concerns are not given—they are constituted. This research shows what that constitutional process looks like at the ground-level. It is true that psychotherapy has to be understood as a practice that exceeds the confines of the consulting room, but it is at the level of micro-practice—moment-to-moment actions at the everyday level—that constitution and therefore power occur.

According to Foucault (1978) power is everywhere and it deploys not from the top down, but from the bottom up. That to say, that power, in its modern form, is best understood as a productive force that is used to create certain kinds of people. Hence, it is in day-to-day interactions that power is most potent. It can be seen in the concrete ways
people act on one another and themselves in order to produce certain ways of relating and certain ways of existing. These actions are often complex. Actions are always met with other actions. Actions can align, break, shift and counter one another. These shifts can be quick, the result of clear tactics or fortuitous accidents. Genealogy maps the field of power—the actions on actions—as it manifests within the domain of research. Chapters 5 and 6 provide such a map, charting tactics, counter-tactics, and accidents as they unfolded temporally in the psychotherapy of the dataset.

Power is ever-present because it occurs whenever we problematize our existence (i.e. think). Problems require actions and because all problems, even those related to objects, are ways of working out our own existence, power is always present (Heidegger, 1927/1962; Packer, 2011). However, power is not a transcendental force, rather it is the result of uncoordinated actions on actions that align and oppose, creating a field of forces in which people become certain kinds of people. Hence, the ‘nature’ of power is dependent on the concrete actions used in everyday practices. In chapters 5 and 6, I demonstrated how problematizing can occur in psychotherapy. The turn by turn analysis showed how the client and therapist resisted each other’s actions, as well as, used each other’s actions to elaborate, foreground (SAS1), and avoid certain topics and emotions (SBS1-temporal defense against emotion; narratives to resist, SAS4-N3). These actions on actions, the way the client and therapist worked with and against each other is the living anatomy of the therapeutic alliance.

Fifty years of process and outcome research has shown that the alliance is a major factor that leads to change in psychotherapy (Orlinsky et al., 2004). However, as Kazdin (2009) points out, we still do not know what the alliance is and how it works. I argue that
if therapy is viewed as a type of problematizing then the nature of the therapeutic alliance becomes clear: it is a dynamic flow of actions that unfolds as we problematize who we are as certain kinds of people. Similar process studies show how the alliance is strengthen or weakened based on how the participants agree on common problems and work collaboratively (Saladin & Grimmer, 2009; Voutilainen et al., 2010). Kozart (1996) argued that researchers wanting to understand the therapeutic alliance should use conversation analysis because it provides “a set of ideas and terms that focus the researcher's attention on subtle, and often overlooked methods by which interactants jointly negotiate a sense of ordinary purpose” (p. 397). Kozart went on to state that a focus on how the pragmatics of therapeutic conversation affects collaboration would greatly advance our understanding of the alliance.67

As discussed in chapter 3, conversation analysts have indeed focused on the subtleties of collaboration and resistance produced by the pragmatics of the participants’ speech. This current research retains that focus on pragmatics while also attending to the strategic deployment of power. Hence, this research, in part, adds to the study of change in psychotherapy because it shows how collaboration and the therapeutic alliance can be understood as constitutional processes of productive actions on actions through which the client shapes herself as a deep emotional subject who uses the hermeneutics of therapy in order to understand herself and live a more ethical life. The prime example of this is the elaboration after the SBS3 interpretation. As I show, the client and therapist extend each

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67 This claim is connected to Kozart’s advocacy of Bordin’s (1994) theory of the alliance, which instructs the researcher to focus on collaboration when studying the therapeutic alliance. Kozart (1996) states that “Bordin forged a pantheoretical vision of the alliance based on the principle of patient-therapist collaboration (expressed as the bond)” (p. 369).
other’s speech in a manner that has been shown to be highly collaborative and alliance building (Peräkylä, 2008). Yet, by using DIA to attend to the constitutional strategy we see that this collaborative moment is where the client is interpreting herself as an emotional being. Through her collaborative elaboration with the therapist she constitutes the problem as: not wanting to get angry and if she does become angry then, instantly, she becomes the problem. This is a problem of how she relates to her emotions and therefore relates to herself. Hence, it is a problem of Ethics. Possibly, with future research, we will find that many of these moments of collaboration and alliance building occur when the client begins to understand herself in ways that align with the strategic deployment of power within any given therapy.

In sum, my research allows us to see the psychotherapeutic alliance as a non-egalitarian relationship that is productive, rather than domineering. In his later years, Foucault (1982) turned away from genealogy towards ethics. He became interested in studying how people constitute themselves as certain kinds of subjects. He did this by looking at what people do in order to become the of kind people they believe they should be (Foucault, 1983). Psychotherapy is such a practice. The ethical moment begins when the person’s life becomes problematized as a personal psychological problem that therapy can address. We do not have direct access to the moment, or the moments in which the client recognized herself as having a therapeutic problem. However, the client does reflect back on the original problem that brought her into therapy. In session A (line 203), she says that she originally came in for “cutting.” Cutting (or self-injury) was discussed across the dataset; however, it was not addressed as a behavioral issue. Instead, the therapist encouraged the client to understand the cutting as something “expressive” (SA,
line 472). Hence, the cutting is a problem of expression; it is a maladaptive form of communication that needs to be understood. Why has this maladaptive expression arisen? The answer seems to do with how the client relates to her emotions.

Throughout both sessions the therapist continually brought emotion to the foreground, problematizing the way the client experienced and expressed her feelings. This research showed how feelings, or emotions, can be constituted as the “substance ethique” or “ethical substance” that needs to be worked on in order to understand the therapeutic problem (p. 238). It is emotion that becomes problematized in a unique way throughout the dataset and it is here that the constitutional work is aimed. The problem is that the client has difficulty expressing emotion or even understanding why this is difficult for her. This is the ethical problem that needs to be resolved in order the client to heal and live the good life. It is not the same depth hermeneutic of Freud. There’s no digging back into the ever-growing roots of sexual desire. As Foucault predicted shortly before his death, the modern person has to understand and know their feelings in order to be an ethical being.

**Final Reflections and Future Research**

At first glance, the case study approach has obvious limitations. Typically, the results from case studies are assumed not to be generalizable and so the claims made in chapters 4-7 may or may not be case specific. Yet, this assumption is based on a representational ontology where data from surveys, testing protocols, and interviews are taken to be facts that represent the outside world. This study arises from different ontological assumptions. As discussed in chapter 3, radical realism assumes that the real world is right before us and becomes visible through our practical activity. This practical
activity is visible and therefore available to empirical research. Naturally occurring practices are therefore not facts or representations, but specimens that can be examined in order to bring to light real constitutional processes. Hence, despite the case study approach, these results are valid processes that occur in psychotherapy. It is true that other types of therapy exist. Furthermore, all practices, including psychotherapy, evolve and, therefore, new therapies will arise as old practices fade. However, this specimen is part of the fabric of modern therapy and one would expect this type of therapy—a therapy that constitutes the client as a deep emotional subject—to be prevalent in contemporary practice. Hence, I argue that the constitutional change process explicated in this study is prominent in modern psychotherapy and future research examining constitution in psychotherapy would back up this claim. An expansive research project would find different types of constitutional specimens, for sure, but this would only serve to enrich the discussion of how psychotherapy is a dynamic constitutional process that exists in a larger field power where all actions transpire with and against prevailing cultural winds.

Detailed Interaction Analysis (DIA) is my contribution to this project. This methodology, discussed in chapter 4 and implemented in chapters 5 and 6, can be used in future research aimed at similar questions of constitution and change. The field of psychotherapy research as a whole is searching for a way to explain how change happens in therapy. The constitutional approach to change is promising. This methodology provides a fine grain analysis through which real of practices that can be understood within an overarching theory of change. The incorporation of the Structural theory of Emotion and a theory of subject positioning through narration addresses the problems
that arises when strictly using conversation analysis to studied constitution. However, acceptance by mainstream psychotherapy research is uncertain. The ontological foundation of this approach is contrary to the representationalism and positivism found in mainstream psychology. Therefore, the appeal of this approach and its ability to influence research remains to be seen. However, there are some signs that change is on the horizon.

I believe that developing a constitutionally-based approach to psychotherapeutic change would benefit the field in ways that aligns with the aspirations of many prominent psychotherapy researchers. First, Gottman’s SPAFF coding shares many the ontological assumptions found in the Structural Theory of Emotion and in the constitutional approach to change (Coan & Gottman, 2007). Therefore, a future project integrating SPAFF coding with a detailed interaction analysis of constitutional change would be an inspiring project that might be of interest to the field of psychotherapy research as a whole. Furthermore, prominent researchers such as Kazdin (2009) and Orinsky (2006) have both indicated their desire to see research that describes how change happens in psychotherapy and for research that reflects the humanity of psychotherapy meaning, that research, which breaks down a highly complex contextual practice into numbers and self-report scales, is inadequate to capture what actually happens in psychotherapy. The constitutional approach to change is a step in the right direction because it provides analytical power while also retaining a sense of the holistic encounter that occurs during a psychotherapy session.

68 In chapter 4, I argue that by not having a theory of emotion, conversation analysts limit their ability to talk about the variety of emotion and relationships between emotions. Furthermore, some researchers might unknowingly rely on subjectivist assumptions about emotion when designing studies. In chapter 3 and chapter 4, I also point out the importance of analyzing subject-positioning as discussed by Korobov (2001) and Wortham (2001).
One barrier that needs to be overcome is the large amount of data that is required and generated during this type of research. The inductive approach commonly used in pure CA is important because it makes data analysis and data presentation manageable. As Orlinsky (2004) indicates, very few studies have used fine grain analysis to look at psychotherapy because of the massive amount of data that it generates (p. 6). The preferred method is to break the therapy sessions into parts, which again interferes with the desire to capture the holistic contextual nature of the practice. These questions still need to be resolved if a constitutional approach to psychotherapy is going to become influential in the field of psychotherapy research.

Last, a constitutional approach to psychotherapy always has an element of critique. I’ve tried to repress the side of me that wants to defend psychotherapy from any detraction. Psychotherapy researchers and psychotherapists need to see the constitutional approach as something creative rather than simply destructive. Genealogy is aimed at exposing the historical contingency of what we do and who we are. The same impetus is the guiding impulse of psychotherapy, starting with Freud, and to turn this critique on ourselves is only natural. Remaining open to critique is vital when doing research and when considering psychotherapy from within. What would the field of psychotherapy research look like if creative critique was the general goal of research? Where might this lead in terms of our understanding of psychotherapy and how psychotherapy can change given future research? These are all unanswered questions that future researchers, clinicians, and clients will need to explore.
REFERENCES


APPENDIX: TRANSCRIPTION KEY AND TRANSCRIPTS

TRANSCRIPTION KEY

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Description</th>
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<tbody>
<tr>
<td>(.)</td>
<td>Just noticeable pause</td>
</tr>
<tr>
<td>(.3), (2.6)</td>
<td>example of time pauses</td>
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<tr>
<td>Word word [word]</td>
<td>Square brackets denote the start of overlapping talk</td>
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<tr>
<td>[word]</td>
<td></td>
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<tr>
<td>.hh hh</td>
<td>In-breath (note the preceding fullstop) and out breath respectively</td>
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<tr>
<td>Wo(h)rd</td>
<td>shows that the word has breath in this (or perhaps laughter or crying) bubbling within</td>
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<tr>
<td>Wor-</td>
<td>a dash shows a sharp cutoff</td>
</tr>
<tr>
<td>(word)</td>
<td>a guess at what might have been said</td>
</tr>
<tr>
<td>()</td>
<td>Unclear talk</td>
</tr>
<tr>
<td>Word WORD</td>
<td>underlying sounds are louder, capitals are still louder</td>
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<tr>
<td>((sniffs))</td>
<td>attempt at representing something hard, or impossible to read phonetically</td>
</tr>
<tr>
<td>°word°</td>
<td>material between &quot;degree signs&quot; is quiet</td>
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<tr>
<td>↑word,↓word</td>
<td>pitch rising or falling</td>
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<tr>
<td>wo:rd</td>
<td>Colons indicate that the speaker has stretched the preceding sound.</td>
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<tr>
<td>&gt;word word&lt; &lt;word word&gt;</td>
<td>Inwards arrows show faster speech, outward slower</td>
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<tr>
<td>((gaze))</td>
<td>One participant looks directly at the other participant</td>
</tr>
<tr>
<td>((LA))</td>
<td>Look away: Participant looks away for the other participant</td>
</tr>
<tr>
<td>£word£</td>
<td>Talk was delivered with a smile</td>
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Based on the Jefferson transcription system (2004), and excerpt, in part, from *Conversation Analysis and Psychotherapy* (Peräkylä et al., 2008b, pp. 198-199). The notation for gaze and look away are unique to this study.
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<td>1</td>
<td>C</td>
<td>((Yawn for 6 seconds)) ah ((laughs and grabs back)) umh I have a twitchiness bugging me...ahh... it is a hectic week. ((laugh))</td>
</tr>
<tr>
<td>2</td>
<td>T</td>
<td>Mhh What is going on?</td>
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<tr>
<td>3</td>
<td>C</td>
<td>It is a three ring circus, I've got John's mom coming in and my family coming in, but they're not clear on who's coming, or how they're coming, or when they're coming (laughs)</td>
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<tr>
<td>4</td>
<td>T</td>
<td>Hmm</td>
</tr>
<tr>
<td>5</td>
<td>C</td>
<td>And umh try to coordinate Wanda's birthday party and the new move and yea (1) ah(h)h ((clinches fists)) and this job stuff on top. ((gaze)) John got let go (.) at work. Hum his boss is meeting with him today to try and re relocate him if they he said “I don't think I'm a good fit for this position;” they agreed and they're going to try to (1) see if they can't put him somewhere else and put 'him to use.' Hum I don't think it's a great idea, but (.) ((gaze)) its its you got to try, &gt;you know.&lt; &quot;So&quot; (2) and it's a job I think he'd be really good at, but..</td>
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<td>6</td>
<td>T</td>
<td>(Nods)</td>
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<td>7</td>
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<td>8</td>
<td>C</td>
<td>. . he’s not he is&gt;having some difficulty getting a call back. &lt; Someone approached ↑him about doing a job. And because at the time he had a job he (. ) said, “well let me think about it,” but he didn't do anything really conclusive so there is a chance that the job’s not there anymore but hum</td>
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<td>9</td>
<td>T</td>
<td>This is kind of what you feared last week</td>
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<td>10</td>
<td>C</td>
<td>Ya I was I was (. ) fearing slash im- uh anticipating this. (. ) Hum because, (2) ah, it was very clear that he was quitting. Umm, on the a-, mentally he was (1) he was quitting. Things were getting to be too hard and he was getting to the point where he says, “Ya know.”” You know, that moment of like relaxation when you finally say, “Okay, I'm going to let this go”? He was getting to that sort of checked out..</td>
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<td>11</td>
<td>T</td>
<td>hum</td>
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<td>12</td>
<td>C</td>
<td>.. place. It wasn't you know, he wasn't barreling into the w-, barreling into the work anymore. He was sort of just saying, &quot;if I didn't make it to this meeting, I think I'd be okay with that. And if, and if they let me go (1) I'm okay with that. [And] hum [(.)]</td>
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<td>20</td>
<td>C</td>
<td>But that</td>
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29 wasn't okay with you.
30 C He was sort of looking for permission to to stop working
31 T Hum
32 C He wanted he was looking to get fired. And I think that's unfortunate.
33 T Hum
34 C If, I do ahh I don't and it is not so much that I think it was a bad decision, because I think actually it was: (.) I think not working, what he was doing is, is probably for the best
35 T Hum
36 C Hum not just because, it was, he was miserable because of everything else that is on his plate. He's got all these incompletes and he's got, you know, oth- you know other things to, other things to take care of and so it's (.) For, for me it's, it's less of a big deal. My biggest sort of ((makes grunting noise and gestures outward with both fists)) about it is, uhhmm the fact that we just, now we have (1) no: jobs again. Now nobody is employed again. And so that, it's much more me-like I have ((laughs)) two stages of reaction here. One is the (. ) the sort of like, “no one has a job” and that the the shitstorm that that creates in my mind. And then there's the, well this wasn't a very good fit for him and (. ) hum he wasn't getting paid and it was really shaking his confidence [and] he was having panic attacks and so I like, like..
37 T [hum]
38 C .. from that, (viewpoint) like you know, this is, you know, ((hands waving from head)) it is a good thing, it is a good thing that this job is over, but it is a bad thing you're unemployed..
39 T hum hum
40 C .. Like I try to sort ((laughs)) of, like that that is what I want to say to him, “it's like it sucks your, it sucks that your unemployed, but that job is bad for you, I wish you had some other..
41 T Hum
42 C ..job” You ((laughs )) know? But, hum yea.
43 T So, how have you been dealing with it?
44 C <I've applied to some more work,> which I, I really have a hard time with. I always feel like an asshole. (((laughs)))
45 T (((swiftly turns head towards client))) Why?
46 C (((laughs)) hummm I'm really bad at (2) hum at at hum, I feel I am really bad at the whole process. Not that necessarily people are brill:liant at it, but ahh I feel ya oh, um, um, ahh, I
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<td>60</td>
<td>don't know how to explain this (.a) ahh (1) y.a got me. Um (3) ah ah ahh maybe I'll come up with something brilliant, but for now I'll just say like, the the w:hole like, “this is why you should hire me” and trying to spin (.what I have done and trying to talk myself up &gt;I am really,&lt; (.I, I really have a hard time (.time doing that)</td>
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<td>61</td>
<td>Hum</td>
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<td>62</td>
<td>Umm</td>
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<td>63</td>
<td>What do you make of that?</td>
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<td>64</td>
<td>Ahh It ((laughs, gaze)) probably doesn't speak good things to me. Hum</td>
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<td>65</td>
<td>I'm sorry it didn't catch that.</td>
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<td>66</td>
<td>(I- saying), it probably isn't saying very much good about me to be honest, that I can't (.). ahh say (4). I don't have a follow-up for that, I can say, “Hire me, I am hard-working” and that's pretty much it (.). ahh its its hum yea (.),((laughs)) (.). “Hire me, I won't steal things or set.</td>
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that. The things I've done further back [I am losing] contact with. I worked for, I proofread...

Hum
.. for one of my professors and he is retired and now that I don't have a way of getting ahold of him (.)
Hum
And so it's just this very (3) ((shifts hand back and forth)) >Chaotic thing< (1) And I: I don't like feeling judged and I don't like, really having to explain myself a whole lot.
Hum so [yo-]
don't like describing things like that ((smile)), ( ) narrative awesome, fine with that, but when it comes to justifying myself I have a hard time with that.
Being evaluated.
Ya I don't like it, I don't like it at all, it makes me qu↓easy.
Hum yea
((deep breath)) You know, I'm thinking back to, ahh when we're talking about, how it is difficult for you to talk about yourself.
Hum yea
I'm wondering if it's related to (. ) this uncomfortable feeling that you're being evaluated
Yea and I don't feel like I do a terribly good job of it hum (. ) I don't know if you've had a chance to read through my, my notes or if Jackson even bothered to write it down (. ) cause I said it like, ↑forever ago, but hum. It was <sort of> taught to me, hum when I was younger, that you don't do things you don't do well. (1) ((gaze)) That you ((nods head as she looks

hum
.. away)) don't enjoy things you don't do well, and you don't do things you don't do well
And what don't you do well?
I:, umh I, I don't really know ((laughs))

hum

Umh but (2) ahh that was always my understanding, my m:om wasn't good at sports (.).

Hum
..and she refused to let me participate because she thought I would be bad at them too (.).
Because it's genetic apparently, being able to hit a tee-ball is genetic ((laughs))
.. looking for failure you could subdivide things, you know, until the piece you have is nothing but failure."

"And that's what you seem to...

"Teacher's fault. (. ) He didn't teach (. ) [and hum] the first half, the first half of the semester.."

".. he would give out problems for you to work and then at the end of the class he would write the answers down and uhmm (. ) He got tired of writing, either he got tired of writing.."

".. the answers down or people weren't working, and so said he stopped writing the answers down and (. ) I started failing (. )."

"Ah Because he didn't teach. So the only way that I, so the way that I was learning physics was he would give me the answer, I would work the problem out until that was the answer that I got. I'd work the other problem out using the same steps I done for, for problem one and if I got the answer that was the correct answer to number two, that was the way you solved the problem (. ) [uh] mm"

"But without the answers I didn't know if I was learning the right thing or not, it was just..

".. yea I, I can give you an answer to problem two, but I don't know, if it is right now, I don't know why it would be right (. ) Um yea so, that was a little frustrating (. ) I got, C- I got..

".. an A in the first half and like a D ([laughs]) in the, a low D in the second half and ended up with a [high C] in the course. ahh which didn't b↑reak me up all that much I got to say (1)."

"hum well I wonder if in that situation ahh you see that it was maybe not a reflection on you, but a reflection on the teacher (. ) But it sounds like a lot of things, that if things don't go.."
<table>
<thead>
<tr>
<th></th>
<th>C</th>
<th>Yea</th>
</tr>
</thead>
<tbody>
<tr>
<td>184</td>
<td>C</td>
<td>.. right you, you see them as a reflection on yourself</td>
</tr>
<tr>
<td>185</td>
<td>T</td>
<td>Ah definitely, definitely, “Why couldn't I have held it down.” “Why couldn't I have made it,” you know “things happen.” “Why couldn't I have fixed things.” I have a lot of fix ((leans forward and makes fists)) in me, I want to fix things. Um (1) and ahh which, which is a good thing in some ways and a terrible thing ((laughs)) in other ways because I drive myself crazy humm</td>
</tr>
<tr>
<td>186</td>
<td>T</td>
<td>Yea because I remember last week, um, you said that you, you hit yourself</td>
</tr>
<tr>
<td>187</td>
<td>C</td>
<td>That you've hit yourself</td>
</tr>
<tr>
<td>188</td>
<td>C</td>
<td>Yea, Ya Rr-((brushes fingers over left forearm))there are remnants of that still ((gaze))</td>
</tr>
<tr>
<td>189</td>
<td>T</td>
<td>what do you make of [that?]</td>
</tr>
<tr>
<td>190</td>
<td>C</td>
<td>[Ah] hh I just (.) it's the no(h)ise that she makes. There is this particular ahh it's ju-. And I, I've heard other babies cry and it doesn't bother me: (.) nearly as much as when Wanda cries, [when] Wanda does it [and] especially,</td>
</tr>
<tr>
<td>191</td>
<td>T</td>
<td>So this started when Wanda was born?</td>
</tr>
<tr>
<td>192</td>
<td>C</td>
<td>Ah no I had ah, I, I ar- initially started therapy for cutting uhmm (.) it just when I feel</td>
</tr>
<tr>
<td>193</td>
<td>T</td>
<td>.. completely overwhelmed, it's just a way of releasing uhmm (.) yea</td>
</tr>
<tr>
<td>194</td>
<td>T</td>
<td>Overwhelmed and releasing (.) what com[&quot;es&quot; &quot;t-&quot;&quot;]</td>
</tr>
<tr>
<td>195</td>
<td>C</td>
<td>Yeah ((shaking hands back and forth)) and &quot;ah&quot; I don't know why it works it just did. Uhum and it disa- Yea it is not being able to sort of like reason£ with her drives me crazy. To be like, &quot;Listen, you need to stop screaming because you're not dying, you just your threw juice and that is why you don't have juice right now. So if you could please, just don't hit me I'm..</td>
</tr>
<tr>
<td>196</td>
<td>T</td>
<td>Hm</td>
</tr>
</tbody>
</table>

>Because that will happen< she'll work herself into such a l- like she'll she'll work herself into such a lather that she won't let you give: her
what she's demanding. Sometimes I can make jokes about it, you know.

A:nd yea, I can make jokes about it, you know.

Sometimes I can make jokes about it, you know, like "Wah wah wah, I'm gonna die of mild discom[fort]". I've said...

C:.. slightly lighthearted, like "Wah wah wah, I'm gonna die of mild discom[fort]". I've said.

T:.. that to her a Coup[le of] times, which I think is okay as long as she can't hear me.

C:.. I can make jokes about it, you know, like "Wah wah wah, I'm gonna die of mild discom[fort]".

T:C:.. that to her a Coup[le of] times, which I think is okay as long as she can't hear me.

C:.. mo:ck↑ing her. If I'm going to have to stop that pretty so[on be]cause she's pretty it.

T:.. I'm going to have to stop that pretty soon because she's pretty it.

C:.. in an hour, those kind of things is like "okay, okay" ahh.

T:.. in an hour, those kind of things is like "okay, okay" ahh.

C:.. Ahh really, really, sort of overwhelming ((brings hands to face and has stranded look)) like, that's sort of like, "a:hh I don't know what- to do, I don't know how to make this situation better." Like (.) everything just stops, something stopped, cause there's too many, too many things happening (.) uhum (2) I am I am par- I have mentioned that I am partially deaf in this ear ((points to left ear)) I think, ah sometimes though my hearing comes back (.) and..

T:.. I have mentioned that I am partially deaf in this ear.

C:.. it's strange because then all of a sudden everything is loud (.) It feels like I'm..

T:.. it's strange because then all of a sudden everything is loud (.) It feels like I'm..

C:.. swimming in sounds. Like everybody and everything is like right (.) on ((holds hands to head)) in my head. So like the noises we are able to filter out, like the the musak the in the room ((pointing to left)), the sounds of air brakes ((points to right as air brakes are heard on recording)), the the buzz of the lights, all those kinds of things (.) are just oppressively loud and it is like being, it's like drowning in an ocean of sound. And it's sort of similar to that but only more panicked for me, so sort of like just feeling like you're going to drown because all of these things are just bombarding you. And ahh yea that's that's definitely what it feels like.

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frustration, so then, cause I think that's probably what a large bit of the torrent is is just (.)
Not the, the sound thing, but 'sort of', I feel I am making this much more (muddled) than it
needs to be. hh uhuh (.). Yea it's it's (1) For whatever reason it relaxes me. It gets, you know
a sort of, I guess I get an:gy at being overwhelmed or just frus:trated at the situation but it
gets, it gets something out. I am physically doing something that gets me out of the
moment. Umm

| 246 | (deep breath) I also wonder if you t- turn that anger and frustration towards yourself? |
| 247 | I do, I totally do, I totally do, cause I don't want'a I don't want'a, you know, do anything to
| 248 | my child (.). I don't want'a, you know, hit John or break dishes because the dishwasher is not
| 249 | working, you know I don't want to ((laugh)) yea it feels like the only safe place to vent
| 250 | Hum a- and that brings me back to where there's a different set of rules for you than there
| 251 | are for other people. (.). That ahh that they can't be objects of your aggression, but..

| 252 | ..you can be your own object of aggression. |
| 253 | I think that is one of the things I hate about John's mom. (.). ((laughs)) And that's that she.. |
| 254 | Hum |
| 255 | .. acts with such impunity. (.). That she doesn't c-, it doesn't, she doesn't have to explain, or
| 256 | justify, or even apologize for just crappping all over people. (2) A:n:d, and like: “No, you..
| 257 | (quick deep breath) and and what do you think it is about expressing anger that (.)
| 258 | ahh is difficult, that uh, it has to be directed towards you?
| 259 | Uhum you're not supposed to get an((gaze))gy. (1) (((LA))) U:hum yea (.). ahhh that's
| 260 | ((laughs)) |
| 261 | ((laughs and gestures with hands)) that's you know like, that's what crazy and mad people
do. (1) Yea, ↑ya hum. Like I said, I don't really have, you know, like the most..
| 262 | hum |
| 263 | .. my mom ever gets close to angry is like a disapproving look or a chiding tone, like my
| 264 | mom is (((motions hands across her face -- flat faced))

<p>| 265 | What about your dad? |</p>
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<tbody>
<tr>
<td>277</td>
<td><strong>C</strong></td>
<td>My dad <em>wears</em>, but is really lighthearted. [So] he will be like, &quot;God dammit&quot; and then.</td>
</tr>
<tr>
<td>278</td>
<td><strong>T</strong></td>
<td>Hum[m]</td>
</tr>
<tr>
<td>279</td>
<td><strong>C</strong></td>
<td>.. he's fine. There's never like &quot;Mother fucking piece of shit [why doesn't a god damn thing..</td>
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<tr>
<td>280</td>
<td><strong>T</strong></td>
<td>Um [((laughs and adjusts position))]</td>
</tr>
<tr>
<td>281</td>
<td><strong>T</strong></td>
<td>((laughs))</td>
</tr>
<tr>
<td>282</td>
<td><strong>C</strong></td>
<td>.. ever go right and one more thing.&quot; £Yea and meanwhile I'm, I am one to, like, break</td>
</tr>
<tr>
<td>283</td>
<td><strong>C</strong></td>
<td>furniture and and like tra(h):sh, trash your place, like I'm in an 80s rock band, like I,..</td>
</tr>
<tr>
<td>284</td>
<td><strong>T</strong></td>
<td>hum hum</td>
</tr>
<tr>
<td>285</td>
<td><strong>C</strong></td>
<td>..want to just decimate something. [So]£ And a:h I decimate me ((gaze)) instead, [like]..</td>
</tr>
<tr>
<td>286</td>
<td><strong>T</strong></td>
<td>Hu:m [mm]</td>
</tr>
<tr>
<td>287</td>
<td><strong>C</strong></td>
<td>ya↓ a(h)h I a(h) ((croaking)) (. Yea I just get really angry. I guess it's anger? Uhum [ahh]</td>
</tr>
<tr>
<td>288</td>
<td><strong>T</strong></td>
<td>[I bet] it's a lot of things.</td>
</tr>
<tr>
<td>289</td>
<td><strong>C</strong></td>
<td>Ya pro(h)bably, I just, yea I, just, like &lt;sometimes I do just want to be like&gt;, “Fucking</td>
</tr>
<tr>
<td>290</td>
<td><strong>C</strong></td>
<td>dishwasher,” and just be like, “No more plates” ((gaze)). Yea, I did that..</td>
</tr>
<tr>
<td>291</td>
<td><strong>T</strong></td>
<td>hum</td>
</tr>
<tr>
<td>292</td>
<td><strong>C</strong></td>
<td>..once actually, I threw away some plates, I pulled them out eventually, but (. John had,</td>
</tr>
<tr>
<td>293</td>
<td><strong>C</strong></td>
<td>John had made a mess, had cooked, and he made a huge mess in the kitchen and had made</td>
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<tr>
<td>294</td>
<td><strong>C</strong></td>
<td>food, and had, but had made more food than he could eat, and he said he was going to put</td>
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<tr>
<td>295</td>
<td><strong>C</strong></td>
<td>it a↑way, and I said okay this, you know, we have two cats that are kind of assholes,</td>
</tr>
<tr>
<td>296</td>
<td><strong>C</strong></td>
<td>because cats are kind of assholes, and uhum, because they don’t..</td>
</tr>
<tr>
<td>297</td>
<td><strong>T</strong></td>
<td>Hum</td>
</tr>
<tr>
<td>298</td>
<td><strong>C</strong></td>
<td>understand personal ownership beyond what they own. They own things and and nuts to..</td>
</tr>
<tr>
<td>299</td>
<td><strong>T</strong></td>
<td>hum</td>
</tr>
<tr>
<td>300</td>
<td><strong>C</strong></td>
<td>.. the rest of you. Hum so, but he had left it out and he had left, you know this, this dirty</td>
</tr>
<tr>
<td>301</td>
<td><strong>C</strong></td>
<td>cooking, cooking thing, with food in it on top of the hutch where we keep all of Wanda's</td>
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<tr>
<td>302</td>
<td><strong>C</strong></td>
<td>things. And I like to keep Wanda's clean things in a (. as close to, not a sterile environment,</td>
</tr>
<tr>
<td>303</td>
<td><strong>C</strong></td>
<td>but to a sanitary environment as possible, only clean things go with Wanda's clean dishes,</td>
</tr>
<tr>
<td>304</td>
<td><strong>C</strong></td>
<td>no food goes there, no nothing, the only thing that goes were Wanda's clean dishes go is</td>
</tr>
<tr>
<td>305</td>
<td><strong>C</strong></td>
<td>also clean dishes. (. And he left food there and the cats had jumped on top of..</td>
</tr>
<tr>
<td>306</td>
<td><strong>T</strong></td>
<td>hum</td>
</tr>
<tr>
<td>307</td>
<td><strong>C</strong></td>
<td>.. the hutch with their dirty feet and were making a mess and fighting over food (. right..</td>
</tr>
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</table>
next to all this stuff. And I went, “God dammit” and just threw the whole ((hand gestures up)), “Fuck this” ((hand gestures down and makes noise dumm)).

You threw it away? Or the-

I threw the food away, I ch-I threw the plates away.

Hummmmm

I, they didn’t break and I eventually fished them out when I calmed down a little, but I was like, “Would it have been so fucking hard to walk 10 extra feet” because there’s only, there’s a 10 foot span from the hutch to the far side of the kitchen like to just “put this in the god damn fridge, would it have really taken that much more effort out of your stupid..

hum

.. day to just do things properly.”

<And how did he respond?>

(3) Ahh he said he was sorry, he said he didn’t think it would be a problem. And I said, “How could you not think it was a problem, you have met our cats, you can’t leave food out that they want to eat, that they would have want to eat, and expect them to behave themselves. (. mhuf If you, you can’t leave temptation out with with,

hum

..with a creature that doesn’t have any sense of morality, they’ll just ((makes noise gestures outward mmnnaa)), you know?

outcome of that ahh (. ) conflict between you and John?

No, I’m never really satisfied with those kinds of things, because really what I want is for the situation not to have happened. (. ) And no amount of me ↓ yel↑ 7ing or Getting Mad..

hum

..fixes the fact that, you know now I have to scrub this whole area and you’ve wasted food and, you know, you’re <cutting corners when> you don’t need to. I have a re:al issue with people cutting corners. Like, cause, it ↑ real↓ y doesn’t take a whole lot of effort to do thing:s (. ) in an efficient, (. ) thoughtful kind of way, you know, and so it drives me ahh a little bit off my, off my keel when someone cuts corners in a:a way that (. ) ahh that a:h is bad for the situati[on and there is this ()]
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<th>339</th>
<th>T</th>
<th>[So so, you do feel] that you can get angry with John?</th>
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<tbody>
<tr>
<td>340</td>
<td>C</td>
<td>Ya, I totally (laughs) do</td>
</tr>
<tr>
<td>341</td>
<td>T</td>
<td>Hum</td>
</tr>
<tr>
<td>342</td>
<td>C</td>
<td>Oh yeah definitely</td>
</tr>
<tr>
<td>343</td>
<td>T</td>
<td>Hum</td>
</tr>
<tr>
<td>344</td>
<td>C</td>
<td>But Ummh (2) Ya and I, “I am sorry I yelled, please don’t do this again,” and he’s like, “I forgot that the cats are assholes. I didn't m[ean] for that to happen.” [And I am] like okay,...</td>
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<tr>
<td>346</td>
<td>T</td>
<td>[hum]</td>
</tr>
<tr>
<td>347</td>
<td>C</td>
<td>.. okay and that, like that part feels better, but I always wonder, ahh wer- John and I are pretty good at talking but I worry that it doesn’t do enough (.)</td>
</tr>
<tr>
<td>349</td>
<td>T</td>
<td>Hum</td>
</tr>
<tr>
<td>350</td>
<td>C</td>
<td>Like ahh (.) cause I, there are things that I told him &lt;100 times&gt; and you know it is like ..</td>
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<tr>
<td>351</td>
<td>T</td>
<td>Hum</td>
</tr>
<tr>
<td>352</td>
<td>C</td>
<td>..like, “Don't put dirty dishes were Wanda's clean dishes are when I” its , she has a drying stand, we have we have a narrow kind of kinda of probably about that wide ((holds hands about a foot apart)) on one side of the sink and a big counter that’s like this big on the..</td>
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<tr>
<td>355</td>
<td>T</td>
<td>humm</td>
</tr>
<tr>
<td>356</td>
<td>C</td>
<td>.. other side, so we have a pretty sma-, like the kitchen is the length of this sofa really, and ((laughs) hum ahh, ahum I was like just dirty dishes..</td>
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<tr>
<td>358</td>
<td>T</td>
<td>hum</td>
</tr>
<tr>
<td>359</td>
<td>C</td>
<td>.. on that side of the sink, only clean dishes by Wanda’s stuff because I don't want to..</td>
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<tr>
<td>360</td>
<td>T</td>
<td>Hum</td>
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<tr>
<td>361</td>
<td>C</td>
<td>.. have to re-scrub things that are already clean (.)..you know. (.) And he doesn't care. And ahh and he gets mad that I say that. I am like “Well, if you cared, you’d either say this doesn't work for me and here’s why, let’s figure out something different,” or you, or when you say “Okay babe I got it” you would mean it, and I wouldn't have to keep telling you...</td>
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<tr>
<td>365</td>
<td>T</td>
<td>hum</td>
</tr>
<tr>
<td>366</td>
<td>C</td>
<td>.. this If you were listening and if you were caring, we wouldn't have to keep having this discussion.</td>
</tr>
<tr>
<td>368</td>
<td>T</td>
<td>I wonder if that is reminiscent of how you felt with Jake?</td>
</tr>
<tr>
<td>369</td>
<td>C</td>
<td>Definitely, definitely. And (2) ahh John doesn’t kn:ow how to deal with angry &lt;people&gt;. He</td>
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</table>
really doesn't have a lot of good means for dealing with angry people. Cau:se ah with his mom he sort of just blocks everything out. (. ) Ahh he just kind of just, it's like a computer in..

...sleep mode, it's ↑↑there and it is techni↓cally working . (. ) But it is not present, you know.

<Do you ever feel guilty after getting angry with John>?

(3) No actually cause I don't, I make a point of not saying things that I think are hurtful. And ahh

Do you want to say those things?

↑↑No ((shakes head)), no I really don't uhum sometimes I tend to say something shocking just to see if I can get his stupid attention, but hum I don't want to hurt him, I don't. Hum, yea .(2.) Cause I don't really think that he is, I think that he's inconsiderate but not bad. [So] I don't like, I don't want to hurt him. Ahh (. ) yea .

But you'll hurt yourself.

"Yea", yea I , I don't know, what to do with that. Uhum (1) £Something's ((gaze)) got..

.. to give£ you know, it just boils over, >something's got to give< (. ) and ahh I I want..

.. to get that under control, because I don't want to: you know , have Wanda see me like screaming and storm out of a room and just you know like, ((laughs)) furiously unmake the whole bed or you know kick things, or break things, though it is tempting..

.. ((laughs)). When I was in college we had to, like, design our own, like, our dream house for one of these sort of writing Project things. And mine was a, mine included a room th-, a room in the house that was a, you know how, like how in a church you pay quarter and you get to light a candle or something like that, it is a similar thing you pay a dollar and there..

.. is a box full of figurines from the dollar store, you just buy them in bulk, and you..

.. just break the ever living shit out of it, you know, and then you g: "Okay" ((makes..
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<tr>
<th>Line</th>
<th>Speaker</th>
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<tr>
<td>401</td>
<td>C</td>
<td>.. noise ummmm and hand gestures away)). Let the cupie doll have it.</td>
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<tr>
<td>402</td>
<td>T</td>
<td>So there is some intense anger?</td>
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<tr>
<td>403</td>
<td>C</td>
<td>Ah well I guess ((open hands and shrugs)) that is anger, I don't ((laughs )) this is this is, I..</td>
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<tr>
<td>404</td>
<td>T</td>
<td>Hum</td>
</tr>
<tr>
<td>405</td>
<td>C</td>
<td>..feel silly, I, I don’t know, I , I</td>
</tr>
<tr>
<td>406</td>
<td>T</td>
<td>What makes you feel silly?</td>
</tr>
<tr>
<td>407</td>
<td>C</td>
<td>That I wouldn’t, like, cause it seems like, like I should know what I'm feeling (. ) if it is..</td>
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<tr>
<td>408</td>
<td>T</td>
<td>hum</td>
</tr>
<tr>
<td>409</td>
<td>C</td>
<td>..something so visceral that I should have some semblance of what's going on. [a- I, I]</td>
</tr>
<tr>
<td>410</td>
<td>T</td>
<td>[ ((deep breath as if preparing for speech))]</td>
</tr>
<tr>
<td>411</td>
<td>C</td>
<td>don't know if it is anger, like, I just feel, I, I just feel overwhelmed and then just like this desire to break things.</td>
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<tr>
<td>412</td>
<td>T</td>
<td>I wonder if that’s what maybe gives it kinda this chaotic feel is that you’re not really sure what you’re feeling. (. ) You just know you want it to stop.</td>
</tr>
<tr>
<td>413</td>
<td>C</td>
<td>Yea [Li]ke sometimes I can tell John like this pisses me off, when you do this, this pisses me off, I can say that, (. ) Which is kind of,</td>
</tr>
<tr>
<td>414</td>
<td>T</td>
<td>Hum</td>
</tr>
<tr>
<td>415</td>
<td>C</td>
<td>.. kind of nice (1) 'ya' (1) I know sa- I know he tries to &gt;listen too.&lt; I will give him that, but uhum, it is sometimes I worry we talk too much (. ) (( makes “chaaa” moving head toward..</td>
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<tr>
<td>416</td>
<td>T</td>
<td>hum</td>
</tr>
<tr>
<td>417</td>
<td>C</td>
<td>.. therapist)) we are always sort of like, “Do you want to talk about this,” “Well yes, yes I do.”</td>
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<td>418</td>
<td>T</td>
<td></td>
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<tr>
<td>419</td>
<td>C</td>
<td>And I'm not, but it never feels like we have, I guess I want some point in time for there to be like a, we talk about it and then one of us goes “Okay” and the next course of action, it’s like I want it to be more than just, “Let’s talk about what we are feeling” I want it to be like, “Okay, I didn't like when this happened.” “You didn't like when this happened.” And it feels like that's when the conversation stops. I want to go to the level of, ahh I would love it to go to the level of (.) “And this is how are going to, what were going to do differently. What I can do differently, what you can do differently.” Because just talking about it doesn't keep us from going back to a place that really neither of us want to go. uhum It doesn't help..</td>
</tr>
<tr>
<td>420</td>
<td>T</td>
<td>hum</td>
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</table>
.. us get there and ahum. (3) I think it is good that we are able to talk..

I think it is good that we are able to talk.  

.. about things that like, "You drive me crazy, it’s not always easy to live with you," and be like, "You drive me crazy, and it’s not always easy to live with you." And neither of us..

((laughs))

.. mean that in a, neither of us mean that in a me:an-spirited way, just being honest about..

.. the nature of the each other and this relationship [and that] were not going anywhere..

we still love being here but, sometimes you’re a bear and that’s okay, you know and uhum. (2)

Hum I wonder if there is something also kind of expre:ssive about the way you hurt yourself. (2)

((shrugs and hands open)) (2) I, I don’t ↑ know.

((deep breath)) cause one of things I was thinking, cause I don’t, I don’t think I would have noticed unless you pointed it out to me.

The bruise?

Yeah.

£Everybody£ else I’ve seen pointed it out, they were like ((deep in breath with sucking sound)) “What happened, what happened? ( (makes SSSS SSSS noise))” I, I guess it..

.. got bigger, ((traced bruise with finger)) it got like really dark purple and this whole like,.. 

.. it look like I got hit with a golf ball going like 90 ((laughs)) miles an hour, and umm..

.. you know, that kinda of thing. [umm]

[ ((deep breath))] And I kn-, and I remember talking about how it is hard for you to talk about yourself (. ) Umm that y- that you’re

Yes

.. aware of kind of other people's suffering, uhum but you you decided to share that..

umhum
..with me.

Umhum well I, I made it a point in (.) in a previous session since part of the reason why I'm here, is for self harm to make mention (.) when it happens. Because I don't, I think..

it is important that (.) you know as my counselor that ahhh when I'm having any sort of back fall or side steps or however you want to ahh conceptualize it, because ahh I imagine it changes the nature of things <i>I imagine it does,> if I':m (.) simply in recovery or if I'm (.) having these, these, these moments, so.

((deep breath )) And I guess I'm curious what comes to mind if we are to entertain the idea that maybe there is something expressive about it?

(2) I'm really not thinking about anybody else when I'm doing it. Uhum (1) I'm really not...

.. uhum. (1) <As cause like I said> I am just as likely to, much more likely nowadays to (1) bang ((place heel of hand to head)) as I am to do anything else. I'm much more likely to bang.

What about to yourself?

What do you mean?

What are you trying to express to yourself?

It doesn't really feel like I'm making £any£ big statement, it's just (.) ((motions hands away from the body twice)) getting, like the desire out of me. [(. Yea].

operate on the, the assumption that the symptom speaks. And I'm wondering what it's saying?

((hands open)) Ahh “£ever(h)ything£ sucks.” That's, that's the way it feels when it's "happening." Ahum I don't, "I don't know if there is something ( ) or poetic to be said for it. But I don't know." "(We) can ahh (we) can think about that."

Cause I remember asking you, “Do you get angry in session,” and you said, “No probably not,” and if you can cry in session, and you said, “[[[laugh]]] Not if I can help it.”

((looks down)) Yea, I'm not, I'm not one for the waterworks, uhum, I which is strange because I'm ↑pretty ↑sentimental, uhum but [ahh yea].
<p>| 494 | T | Hum [[(deep breath)]] Yeah, and I have seen you actively [try to hold the tears in.] |
| 495 | C | ((deep breath, smiling, open hands wave towards face as she nods)) Yea, yea, yea I do that. |
| 497 | T | And I wonder what that's about? |
| 498 | C | &quot;I,&quot; I like to put a, a brave, tough face on things. |
| 500 | C | I don't know, uh, the way I was raised I guess, you kind of soldier through and ahh... |
| 502 | C | .. and you don't complain a lot, about a lot of things. (2) I had some pretty terrible shit happen ((gaze laughs)) as we discussed earlier and hum, (1) I think that's part of it. And also sort of I, when I was growing up I was one of the guys. (1) I- |
| 505 | T | about their feelings£? |
| 506 | C | Hum (1) and £guys don't talk |
| 507 | C | &lt;No they don't&gt;, no they talk about that that that that, you know that swe:et ollie you did... |
| 509 | C | .. or how,...how you, how you tweaked your arm when you fell that time. They, they don't... |
| 511 | C | .. talk [about that stuff], &quot;Yea, it Didn't hurt, didn't hurt.&quot; &quot;Yes it did, Wuss&quot; (((laugh))) (4) |
| 513 | C | ..Yea, I was one of the guys. I didn't have an-, I had hardly any female friends for most my life, hum, almost all of my friends are guys, &lt;even even&gt; most my friends are guys. (.).. |
| 515 | T | hum |
| 516 | C | ..hum (2) &lt;I don't know why that is&gt; ↑hum could be coincidence, could be something else, I don't know, I don't know. |
| 517 | C | Sounds like you think something might be there? |
| 519 | C | Just that sort of hum (2) that sort of ahh, (1) you're supposed to be £tough£. And you get tough or; (1) life and everybody else will get you down and get on top of you. (.) hum (1) yea |
| 521 | T | Hum and where did you get tha- conclusion, where did you come to that conclusion? |
| 522 | C | I don't have a, an instance ((curt)), or an ahh (1) ahh or a particular ((rubs hands together)), you know, paradigm shift in mind, &quot;just&quot; seems to be (.) the way things go. (3) If you are tough you can take care of yourself, and if you:‘re ↓not then you‘re a burden to.. |</p>
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<tr>
<td>525</td>
<td>T</td>
<td>hum</td>
</tr>
<tr>
<td>526</td>
<td>C</td>
<td>.. others. (2) Need someone, you know, co:ddl[ing] you all the time, well, what the..</td>
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<tr>
<td>527</td>
<td>T</td>
<td>Hum</td>
</tr>
<tr>
<td>528</td>
<td>C</td>
<td>.fuck's [the] point of that? (2)</td>
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<tr>
<td>529</td>
<td>T</td>
<td>hum</td>
</tr>
<tr>
<td>530</td>
<td>C</td>
<td>((gaze)) I said something bigger than I think I did, didn’t I, because..you made a face?</td>
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<td>531</td>
<td></td>
<td>[[(laughs)]] Yea that one, with the eyebrow ((hand toward eye and makes noise “Bink”).)</td>
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<td>532</td>
<td>T</td>
<td>[hum [[(eyebrow ↑)]]]</td>
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<tr>
<td>533</td>
<td>C</td>
<td>I don't know, [I don't] know, I want you to tell me what it is, ((LA sheepishly)) if I said something big. (. You tell me what it is. (1) I don’t know. Hum</td>
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<tr>
<td>536</td>
<td>T</td>
<td>Hum</td>
</tr>
<tr>
<td>537</td>
<td>C</td>
<td>(2) It seems like an a:. (. a very strange mentality to have had as a child. I think that is kind of the point of being a kid is to be sort of nurtured and coddled, and get your booboos kissed and things like that. (. Not run around with, you know, gaping wounds and gravel on your..</td>
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<tr>
<td>540</td>
<td>T</td>
<td>hum</td>
</tr>
<tr>
<td>541</td>
<td>C</td>
<td>.. knee, and, “ I am good” [you] know. (. ↑I don’t know, I don’t know. (3) #ah# Man..</td>
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<tr>
<td>542</td>
<td>T</td>
<td>[hum]</td>
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<tr>
<td>543</td>
<td>C</td>
<td>.. childhood su(h)cks. ((laughs))</td>
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<tr>
<td>544</td>
<td>T</td>
<td>Humm?</td>
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<tr>
<td>545</td>
<td>C</td>
<td>I said, “Man, childhood sucks.” (2) Kids are vicious, kids are ViCious.</td>
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<td>546</td>
<td>T</td>
<td>What are you referencing?</td>
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<td>547</td>
<td>C</td>
<td>Oh just being, I got picked on my whole life, whole life. uhuh I was very isolated and very lonely, and being isolated and lonely also makes you:ird on top of, ((laughs)) whatever else is going on, because then you have a vocabulary that is too big for your pe:ers and you make jokes that nobody gets, and (2)</td>
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<td>551</td>
<td>T</td>
<td>Hum</td>
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<tr>
<td>553</td>
<td>C</td>
<td>Ahh, &lt;elementary school&gt;. I can remember being picked on in elementary school.</td>
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<td>554</td>
<td>T</td>
<td>Hum</td>
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<td>556</td>
<td>Ahh just ah being teased, &lt;it was kinda one of these like&gt; I had been teased about my weight for almost my whole life, and I was thinking back to it and like, in the, in like the second grade, I wasn't heavy, I was just an Amazon, ((looks at therapist)) like I was.</td>
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<tr>
<td>559</td>
<td>T hum</td>
<td></td>
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<td>560</td>
<td>C .. fi:ve fee:t tall in like the first, in like the first and second grade. I was a huge kid and it wasn't that I was, you know, like barrel, like a barrel or anything like that. I was actually on..</td>
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<tr>
<td>562</td>
<td>T hum</td>
<td></td>
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<td>563</td>
<td>C .. the athletic side, but hum I got made fun of for being so: big, and for dressing like a dork because my mom dressed me. And didn't, she, my mom really wanted to preserve my..</td>
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<td>566</td>
<td>C .. childhood and preserve my my innocence, and in the way that she chose to do that was by dressing me, like an overgrown toddler, like I wore, did not wear jeans until I was in middle..</td>
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<tr>
<td>568</td>
<td>T hum</td>
<td></td>
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<tr>
<td>569</td>
<td>C .. school. So that made me £re(h)al popular£. &quot;&quot;You look like a clown&quot; ((spoken in a whisper)).&quot; Like, “Yea, yea I know. I know, and I read at a fifth-grade level. Don't you..</td>
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<tr>
<td>571</td>
<td>T Hum</td>
<td></td>
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<td>572</td>
<td>C .. want to talk to me?” “No, we don’t. You don’t you don’t watch enough thunder rangers [and] we don’t like you.” Sad face ((makes mock sad face laughs))</td>
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<td>574</td>
<td>T [Hum] Hum. You say sad face, but you don't make a sad face.</td>
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<td>576</td>
<td>C Yea, well I don’t want to make a sad face. I don’t want to go there because it &lt;sucks hu:m&gt;. And also having like friends that would be friends with you, but only when (. ) like, no one else was there. Cause I went to a daycare center, and somedays the other kids would get, like the kids in my age group, like within like a grade or two (above me) would all, all of the other, like all of their other friends would go and they would be like, “Oh, let’s you and I play, and we’ll have a grand old time. But tomorrow yo:u stink.”(.) Ahh granted these are,..</td>
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<tr>
<td>582</td>
<td>T hum</td>
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<td>583</td>
<td>C .. boys and so like around other boys they had to do the whole “girls are yucky” kind of thing, and they didn't hang out with any girls during, during the daytime hours so the sort of like the everybody else watching you kind of times, but ahh yea. I was a girl that didn't have any female friends and I was we:ird because I was a:rtsy and dressed like a do:rk and was £5</td>
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587  foot tall! [(laugh)] That's a big kid (.) that's like, there on me now (holding hands and..)
588  T  [hum]  hum
589  C  .. neck). In like in the first and second grade, that is a huge kid. hum Yea. So: that kind of
590  591  sucked, all of that su ck ed, [(moving hands back and forth past each other)], all of that
592  sucked.
593  T  You say that ahh you didn't want to go there?
594  C  Yea, <I don't want to>, I don't want to think too hard on it. £Not something I particularly
595  enjoy ruminating on.£ Hum (1) I suppose I'm supposed to be "going in, that is probably the..
596  T  hum
597  C  .. purpose of all this” but ahh
598  T  We'll I'm not here to, you know to force you into anything, but
599  I think we need to explore why it is difficult to go, or what what gets in the way of going
600  there.
601  C  Hum, I don't want to get, I feel myself going, getting um (2) emotional and I really don't
602  want to do that, "so I'm putting the, putting the brakes on."
603  T  hum
604  C  “Cause you gotta be tough.” [(holds hands up)] Like the thing I joked to John is, like, “£I...
605  T  hum
606  C  .. am actually pink and squishy like, I am not tough at all.£” I’m such a pushover. (2) Yea (1)
607  I'm not tough at all. £And also I hate spiders and snakes, I hate snakes [(making a point to..]
608  T  hum
609  C  .. stare at therapist)),I hate snakes and clowns. Hum [(laughs)] yea ah ah I mean that
610  611  completely [(motions hands)] with all seriousness completely un-ironically, I hate clowns,
categorically speaking all clowns are bad people, all clowns are bad people. And I can't..
612  T  hum
613  C  .. even stand (.) pictures of snakes. Like if I touch, like if I'm like going through a like a..
614  T  Hum
615  C  .. book and there's a picture of a snake, if I touch the picture of the snake without, like,
because I didn't know it was on the next page, I, I get the heebie jeebies and like, my whole
616  skin crawls, and like it is really, yeah I can't handle snakes. Yea I can't even handle dead..
like, I went somewhere and they had these pelts hanging up and they're..  
Like, I went somewhere and they had these pelts hanging up and they're..  

I went somewhere and they had these pelts hanging up and they're..  

see because this means that at some point in time there were at least three snakes.  
Goodness knows how many there are [now]." #Ya know# “There was not a snake, but..  

multiple Snakes.” (1) Yea <#I hate snakes# I hate snakes, hate snakes.> £I hate their faces.  
(. ) Hate that they can kill you.£ ((laughing)) I hate snakes. £And for whatever reason in..  

.. my mind they are always spring-loaded£ [Like] ((Motions hands towards therapist..  
.. and begins to laugh, making pwwuuu sound)) Snake. Yea, yea I hate snakes. "I hate snakes." I forgot how I got on this topic.  
((Deep breath)) You are talking about how you don't like to get emotional and you have to be strong.  

Yea, and then I'm not because I'm afraid of snakes, I'm not strong because I'm afraid of..  

.. snakes. I'm a big old wuss because I'm afraid of snakes, clowns, but mostly snakes..  

.. (.£I punched a clown once, not my fault (. ) I had some friends that thought it would be a..  

.. great idea to get me over being unhappy with clowns, by surprising me with a trip..  

.. to the circus. I didn't want to get out of the car, and I was persuaded to get out of the  

.. ca:r by the way. “Pussy... pussy, [pussy]” ((motioning her in a back and forth..  

.. tomahawk motion)) gets me to do an enormous number of things that I really oughtn't do.  
Hum. Don't know why, but it does. And probably that inner fourth grade boy mindset..
| 649 | T | Hum | hum |
| 650 | C | .. that I seem to have. And ahh I got invited to be, like they were doing their ((waves hands together and says da- da-da- da-)) and the clowns came out and they came up into the audience to try to bring some people down to do like, to be props, to be essentially props in one of their, one of their bits. And ahh my friends made such a hooping and hollering and I was on the end, of course I was on the end, and they came up to us and the guy’s like trying to get ahold of me, and I don’t know if he can’t hear me or if I’m speaking too fast cause I’m, I can ((motions hands forward and makes noise brababra indicating really fast speaking))..
| 657 | T | uhum |
| 658 | C | .. if I’m really agitated. Uh, and he grabs me by the, he grabs me. (. ) “I know you’re doing your job, but I don’t think you’re funny, let go of me right now, let go of me right now...
| 664 | C | .. toward therapist) , because I said don’t touch me. |
| 665 | T | Mmm  ((deep breath)) You know, it’s interesting, I’m wondering if you are trying to tell me something that this, with this story as well. |
| 668 | C | Ahh ((gaze aand points to therapist) £I’m not trying to threaten you. Despite the thoug-... |
| 670 | C | .. despite the fact that I’m, I’m punching somebody, I am, £I am not trying to threaten you.£ ((laughs)) |
| 672 | T | But, I could- you said “I wonder how we got on this topic.” And that you know, we started talking about emotions, things that are difficult for you to ahh (1) [To] talk about here, and maybe.. |
| 676 | T | .. I’m the clown kind of dragging you towards talking about emotions, talking about things that are difficult and you're [sa:ying] “Slow up.” ((laugh briefly)) |
| 678 | C | [I don’t wan-] £I don’t want to punch you, I really don’t.£ umm (1) ‘There might be something to that’ I supp↓ose (2) I- suppose. |
T Umm
C Ahh (.) yea, I really don't want to make it seem like a threat but the fact that I was so quick
fire back "it's not a threat, it's not a threat, [you're] not the clown.£" You..
T [umm]
C .. probably are the Clown, you probably are the clown.
T No but I I think I have picked up that ahh, I mean I remember one of the first (sessions) we
had a (.). <moment of silence>, and you're like, "Please say something, (.) anything."
C umhum Ya ya, it is ↑awk↓ward. (1) Because I feel like I'm supposed to be (1) going and
going and going and going, ((flailing hands around head )) like, “Am I supposed to be
↑talk↓ing?” I don't know, necessarily see ahh how productive silence is, and I don't want..
T umm
C to (.). put up a whole bunch of walls, but I'm, I'm increasingly aware that I certainly must..
T umm
C .. be. (.) [ahh]
T umm [Well] I think also we kind of (1) ahh >skip along the surface. < You like to stay at ..
C Umm
C .. a spa[ce for] only so long. And I think a that maybe you fear that if we spend too much..
C [((deep breath)) Ya]
T .. time umm talking or just reflecting on (.). some of the things we talked about, ahh that
maybe if some of the, I don't know what you call this ((Gaze holds hands up touching..
C [((nodding))] Ya [((LA)]
T ..together his index fingers and thumbs)) may not hold everything back.
C I, I don't know why I want to, but I, its like I've been in, in therapy for almost thr:ee ye:ars
and it is very mu- and almost always wanted to (.). ((Clench his fists and rocks forward
twice)) you know, keep a lid on the jar.
T And I think that yo- ahh I think that's <I mean> I am awa:re of that [and] ahh given that..
T [hum]
C .. you've worked with Jackson for a while and I only have a year in this program..
C ((nodding)) umhum
T .. that I may be stepping on the gas a little ↓bit. [umm] And I don't want you to think that..
C Ya [umm]
.. you have to kind of abandon, umm you have to just, kinda spill your guts to me,..

Okay

.. that's not what I'm asking you do. But I am asking you to be curious about why it's so important that you do put those brakes on.

(2) £Nobody likes the crying (gaze) lady. £ umm

Whose nobody?

£Everybody. ((laughs)) The everybody that is nobody. (1) See nobody becomes..

hum

hum

.. everybody who doesn't like a crying lady.£ (. ) ahum I've just always had this notion..

hum

.. that you will be a bother if you, if you do that, that [your]

[You ] feel like it's going to be a bother to me?

That that you're just a nuisance. (. ) Or [th]at your, like I, it has been really impressed..

I se[e]

.. upon me not to complain too much. (. ) And, people have it so much worse than..

ummm

.. you, and and I never never had tantrums when I was a kid because my mom £preemptively gui:lted me.£ ((laughs)) That is the way I see it and umm ya. And so..

.. there ahh ya know, you just don't do certain things and letting myself get overwrought feels like one of those things you just don't do. (1) umm yea and I mean that with..

ummm

.. all the sort of ((gestures up and down with hands in a stepping motion)) hard stepping percussiveness that I'm implying now, you just don't. (5) ya (3) Are ↑we here on..

ummm

.. Thursday?

We are not, we’re off, but the week after that we’ll be going to twice a week.

((Fake laugh)) <>"Then John’s mom is coming to town [Tomorrow]."> ((exhale))

[Umm] Do you wish
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<tbody>
<tr>
<td>741</td>
<td>that we were meeting on Thursday?</td>
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<tr>
<td>742</td>
<td>C Ahhhh, Eif only to give me an excuse to get away from her.£ ((laughs)) Not that that,..</td>
</tr>
<tr>
<td>743</td>
<td>T umm</td>
</tr>
<tr>
<td>744</td>
<td>C .. your, that this isn’t productive, but I would sit in the lobby just to get away from her.</td>
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<tr>
<td>745</td>
<td>T Hum</td>
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<tr>
<td>746</td>
<td>C We are always in the position where we have to lie to her. Because the truth tends to make her insane. Like s:he does not yet know that John doesn't have a job and when it..</td>
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<tr>
<td>748</td>
<td>T hum</td>
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<tr>
<td>749</td>
<td>C .. comes time to tell her that John doesn’t have a job, we are going to tell her that the program, that that the program itself lost its, that the funding for the program itself fell through, and so the job disappeared, because (2) she has a sort of hard-line of this..</td>
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<td>753</td>
<td>C .. always follows this and this always follows this and this always comes from this and so if John doesn't have a job, if John is fired from his job it means that he is lazy and worthless and will never amount to anything and he didn't care about what he was doing. (.) And..</td>
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<td>756</td>
<td>T hum</td>
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<td>757</td>
<td>C .. that is so far from the truth because Jo:hn, umm John has anxieties and things that I talked to you about before a little bit. He is actually is bald in patches from pulling out his hair. umm He gets stressed out and he just fiddles until he has this big raw bare patch and so we have had to shave his head every year when he gets a big problem, we end up, I end up saying, “Honey we need to shave your hair” so you don't give yourself a sort of molted look. And umm I g- Eit is not the fact that he doesn't care, it is that he doesn't care productively.£ He cares a tremendous amount, so much so that he doesn't sleep, that he can't eat and that he, you know, he he goes bald (.) from fretting over how much stuff he..</td>
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<td>765</td>
<td>T hum hum</td>
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<td>766</td>
<td>C .. has to do, it's not that he doesn't care, he doesn't know what to do with himself. But she doesn't, see that. In her mind's eye is, “If you work hard you succeed, and if you're..</td>
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<td>768</td>
<td>T hum</td>
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<tr>
<td>769</td>
<td>C .. failing then it’s your fault” (.) and, “If you have opportunity and you Fail then you’re..</td>
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<tr>
<td>770</td>
<td>T hum</td>
</tr>
<tr>
<td>771</td>
<td>C ..wasteful and ungrateful.” “Because how could you fail, because you only fail if you..</td>
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</table>
T hum
C .don't care, and how could you not care if someone's giving you something.” And that's, those are the only terms she sees things in, unless. She always reads.
T hum
C ..the most negative thing into every situation. Nothing is ever, and nothing is ever her.
C hum
C ..fault as well. There's never any role that she plays in anything that goes on around her, and she never admits to her own, her own issues, or her own feelings. Like she'll call us and be like, “You guys are irresponsible with my money.” And really what's happening is that she has overextended herself, she has made promises to us, and to, I don't know, bigger than she can afford and rather than say, “Guys, I feel bad, I don't think I can do what I promised you,” she says, “How dare you still need my money.” Like well you promised us the money.
T hum
T C .. that's why we're banking on it. If you had said you couldn't give it to us, we would've, you know, we hopefully would have been able to make other arrangements. But we certainly would've been working on it. (?) And so, she like ya, it's it's never in terms of, “I am feeling this way, ..
T hum
C .. let me h-“ you know, “I apologize, we need to do something different.” It is always (2) you know. (1) And so umm I think we’re trying to avoid relaying bad news to her has really sort of complicated John’s language. (?) Because now he doesn't, he doesn't say..
T hum
C ..many declarative things. Like he won't say, “I'm hungry.” He will say: “it's getting to be lunchtime.” And I’ll be like, "Do you want food? Or you’re remarking on the hour of the day? >What is it you want?<” He gives me all of the, all of the, support but not the thesis. "Tell me what it is. And then, and then we can see if you need to justify what is.” But or he’ll lay out the justification for something and not say what it is. Because if you say what something is, if you try to talk directly to her she's a torrent. If you let her kind of, if you give her the..
T hum
C .. information and see what she pieces out, and then you talk about whatever she figures out and that's the way he's gotten around dealing with her, it drives me fucking crazy.
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<td>807</td>
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<td>815</td>
<td>C</td>
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<td>817</td>
<td>T</td>
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</table>
| 818  | C    | .. mean because of our relationship? [Is] that, is that, a.. trump card I can pla[y]?
| 819  | T    | [ya] ((Adjusting the seating position and smiling)) [So] maybe she's like that to everybody else ahh, but I guess what I am trying to point out is that you are that way to yourself. |
| 822  | C    | Ya, ah I concede that, and umm it drives me crazy because I think, ahh I guess, of the two of us I thought I had a better handle on things. Like a I think of the two of us I am closer to doing things the right way, which is cutting everybody a reasonable amount of slack, but all I have to do is add just one person to the mix and I've got it made you know. |
| 826  | T    | Um umhum |
| 827  | C    | She got to add the whole rest of the world to her recipe, she is only serving Sandy right now. And ahh I think I am close to having a good handle on things and I think its better, I think.. |
| 829  | T    | Hum |
| 830  | C    | .. my way of doing things is better than her way of doing things, (.) objectively speaking. |
| 831  | T    | Hmm Well |
| 832  | T    | I do think that (.) you are curious about the way you do things. And I think that is one of the reasons why you're here is to explore those things. |
| 833  | C    | |
I don't want to be a big ball of crazy, and I don't want to be unable to give Wanda something to look to. Like she is very smart and she's very aware and she's gonna pick things up very quickly. And if I am, I don't want her getting to the place where she can't, (. ) I don't want her thinking that something not done perfectly isn't worth doing. (. ).

And I don't want her thinking that not being perfect makes her worthless. I don't want her not being able to, you know, get it out without breaking things or hurting herself. And I don't want her seeing, and >I don't want her being afraid of me, I don't want her being afraid of setting me off because half of what ( . ) John does is just trying to damage control..

Um

.. his mom, he never feels like he can say, "Hey this is what my problem actually is." You know (3) (deep breath))

Well, we’ll have to continue next week.

Okay

So are we on for Tuesday? And Thursday next week.

Yes. Sounds great.

28th and the 30th.

Ummm and hopefully, and hopefully I’ll have work soon. That is what I’m working on. That’s what I am working on.

Hum umm (2) and I think maybe, part of this is kinda of my style, but I do.

Umm umhm

.. tend to ask a lot of questions, ahh but I don’t expect kind of [immediate] packaged..

[[laughs]]

I'm so used to that, sort of like (makes noise mmrt) [like ]

[Ya] and I, and I again I kind of noticed that we skip along very quickly, I, kind of, ask a question, get an answer, and then I ask another question. And I..

"ya"

.. think part of what I'm gonna try to be mindful of is maybe slowing things down a bit. (. ) And umm staying [with] the, and I think, and I think..
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<td>865</td>
<td>C</td>
<td>Okay [ya]</td>
</tr>
<tr>
<td>866</td>
<td>T</td>
<td>.. here again that part of it is kind of my style for me, cause I am curious I ask a lot of questions. (1) But I think ahh again slowing things down and seeing what's there,..</td>
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<td>868</td>
<td>C</td>
<td>That's ok.</td>
</tr>
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<td>869</td>
<td>T</td>
<td>..reflecting, and that may involve some silence.</td>
</tr>
<tr>
<td>870</td>
<td>C</td>
<td>Okay, I will try to be okay with that hum.</td>
</tr>
<tr>
<td>871</td>
<td>T</td>
<td>And if it's not let me know, and we will explore that.</td>
</tr>
<tr>
<td>872</td>
<td>C</td>
<td>Ok- I think that if it's not okay I think I'm pretty good at showing what I'm, when I'm uncomfortable with things. Hum so but yea. Here is to hoping.</td>
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<tr>
<td>874</td>
<td>T</td>
<td>Hum Okay, well I will see you next week Sarah.</td>
</tr>
<tr>
<td>876</td>
<td>C</td>
<td>Alright, sounds good.</td>
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<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>C</td>
<td>£&lt;John was my ride in and my alarm clock today.&gt;£</td>
<td></td>
</tr>
<tr>
<td>T</td>
<td></td>
<td>£Ya we are not going to do that..</td>
</tr>
<tr>
<td>C</td>
<td></td>
<td>hm</td>
</tr>
<tr>
<td>T</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td></td>
<td>..again.£ [((laughs))]</td>
</tr>
<tr>
<td>T</td>
<td></td>
<td>[Humm], What happened?</td>
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<tr>
<td>C</td>
<td></td>
<td>Umm, he set the alarm clock for himself and snoozed, (1) and then star- and then got up and slept in a different room. So I kept snoozing, so tha- the snooze is at like a nine minute interval so it would wake me up, and I (go out to) him, &gt;I have to get closer&lt;, until..</td>
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<tr>
<td>T</td>
<td></td>
<td>Hmm</td>
</tr>
<tr>
<td>C</td>
<td></td>
<td>.. I was in the room where he was, till he’d be, he was completely sound asleep in that, in..</td>
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<tr>
<td>T</td>
<td></td>
<td>hmm</td>
</tr>
<tr>
<td>C</td>
<td></td>
<td>.. that interval. (. ) nudge him, I’d say, &lt;“The alarm clock is going off”&gt;, he’d say &lt;“I need a little more time,“&gt; (. ) (laugh) shelp myself back and hit the button. And ahh (1) normally..</td>
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<tr>
<td>T</td>
<td></td>
<td>hmm</td>
</tr>
<tr>
<td>C</td>
<td></td>
<td>.. he wakes me up before he leaves cause (. ) I’ve asked him to. (. ) (laughs) And today he..</td>
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<tr>
<td>T</td>
<td></td>
<td>hmm</td>
</tr>
<tr>
<td>C</td>
<td></td>
<td>.. didn’t and he started calling me, but (. ) he didn’t call me until after 11:00, cause his, his meeting was late. So it’s like mm he is like, “I ↑thought ↓that the ↑phone ↓call would ↑wake↓ you up.” I’m like, “It doesn’t count” if if you’re waking me up when I’m supposed to be somewhere else. I’m like (. ) ↑ahh↓ tha- NO, there is no, even if I would have answered the phone I still would’ve overslept and.. been late. (. ) (laughs) So no, it does..</td>
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<td>T</td>
<td></td>
<td>hmm</td>
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<tr>
<td>C</td>
<td></td>
<td>.. not work that way. ((LA)) (. ) &lt;I’ve been ↓sick&gt;, so:</td>
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<td>T</td>
<td></td>
<td>Still?</td>
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<tr>
<td>C</td>
<td></td>
<td>Oh yea , I still have the frog ((points to throat)) ahh in the back of my throat just a little bit.</td>
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<tr>
<td>T</td>
<td></td>
<td>hh I wanted to pick up on something hmm that we talked about ahh last, last week.</td>
</tr>
<tr>
<td>C</td>
<td></td>
<td>((LA)) Okay. ((rolls eyes))</td>
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<tr>
<td>T</td>
<td></td>
<td>You were talking about the coworker you had (. ) and umm (. ) and you said after kind of..</td>
</tr>
<tr>
<td>C</td>
<td></td>
<td>&gt;Ye:a&lt; ((gaze: stares motionlessly at the therapist ))</td>
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417

<p>| 30 | T | .. ahh of talking about kinda of um (.). ahh all the kinda difficulties you have had with her you were like: “If I keep talking about this I’ll blame myself.” |
| 31 | C | &lt;Yea&gt;, ((LA)) umm it, it’s a kind of a thing that I have that keeps me from ((gaze)) (.). really making changes or confronting people because I go “((makes shrrrch noise and points)). |
| 32 | T | Hm |
| 33 | C | ..You are probably overreacting. (.). ((schrch noise and points)) You're being an ass..you're ((points)) not acknowledging your fault in this, you're ((points upward)), you're probably ((points)) as big of perso-, you know, as big a problem ((swings pointing hand to horizontally)) as she is. ((LA))[&lt;You know&gt;, this ((point)), and this ((point)), and this.. |
| 34 | T | (((quickly rubs his eye and looks away))|
| 35 | C | .. ((point)), and this ((point)), and this. Umm (.)) I- it, that always happens. ((laughs)) |
| 36 | T | Hmm |
| 37 | C | Umm and I'm convinced that if I get upset or if I let that feeling be known I'm going to be wrong and an ((gaze)) £asshole.£ (.). £&gt;And I really don't want that.&lt;£ (.). ((LA)) And.. |
| 38 | T | Ummh |
| 39 | C | .. it ahh it’s enough to normally keep me pretty (1) ((gaze)) £&gt;angry on the inside and.. |
| 40 | C | .. nowhere else.&lt;£ (.). ((LA)) Umm yea. (4) Feeling like an asshole really just kind of it’s it’s.. |
| 41 | T | Hm |
| 42 | C | ..very good at oh stopping me from doing all kinds of things. (.). £It is why I do not parallel park in traffic.£ |
| 43 | T | Hm ((gaze with playful, overly‐curious look)) |
| 44 | C | Cause I feel instantly like an asshole, [as] it takes me forever and.. I'm blocking the way and [hm] |
| 45 | T | Hmm |
| 46 | C | .. I have no, (. ) I instantly ((snaps fingers)) feel like I have no fucking clue what I'm.. |
| 47 | T | Hm |
| 48 | C | .. doing. ((laughs)) And I'm actually an elegant parallel parker. (1) Ahh, (. ) it was the only thing on the driver’s test that I needed, l- just just did with complete finesse, and hmm.. |
| 49 | T | Hmm |
| 50 | T | Hm ((gaze with playful, overly‐curious look)) |
| 51 | C | Cause I feel instantly like an asshole, [as] it takes me forever and.. I'm blocking the way and [hm] |
| 52 | T | Hmm |
| 53 | C | .. I have no, ( ) I instantly ((snaps fingers)) feel like I have no fucking clue what I'm..&lt;£ (.). ((LA)) And.. |
| 54 | T | Hm |
| 55 | C | .. doing. ((laughs)) And I'm actually an elegant parallel parker. (1) Ahh, (. ) it was the only thing on the driver’s test that I needed, l- just just did with complete finesse, and hmm.. |
| 56 | T | Hmm |
| 57 | T | Hm |
| 58 | C | .. I can’t do it even unless there is only cones around me though. (.). Actual cars, ((makes.. |
| 59 | T | Hm |
| 60 | C | .. noise hhhmm)) actual cars with traffic, oh fuck no, I'll just walk from four blocks away. (.). |</p>
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<td>61</td>
<td>&lt;John makes fun of my driving&gt;. I don’t, I almost never make left turns that aren’t.</td>
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self-awareness, I guess is what an asshole is for me. Umm and then in the sense of just as a big old swear word. Your swear word of choice. Ahh it doesn't have to have any sort of, you know, nuanced meaning in that sense. Sometimes when I say I feel like an asshole, it's, "Whatever you can't imprint," you know, whatever other ((laughs)) word of that will (get the spot you want) for the most part, umm.

T Umm ((deep breath)) I'm wondering what that word meant, what meaning it has for you?
C Umm ummm ((moves hands around and shakes head as if displaying confusion))

T Cause I was wondering (if you're feeling that way, it brings up a lot)
C ((small cough)) Ya, (.) I don't know, I, I I guess sort of that a person that completely doesn't have their shit about them is an inconvenience to others. And sometimes, and I guess also that sort of an ignorance to their-, to ahh like the guy tailgating ((eye roll)) with his blinker on in the wrong lane. (1) Like that sort of thing I guess, umm I ((LA)) >'I don't know a better way of articulating it without more examples, but I feel like (we’re) getting a little'(< ((shakes hand back and forth as if signaling uneasiness)). ((laughs))

T Well, let's go back to the story that you were telling and and, what happened last session when ahh, you know, you were talking about this woman who is worse than an asshole. ((hands open))
C ↑Okay ↓Ya

T Hum, but then you, then ↓some↑thing happened.
C And then something, I always feel like if I get upset, if I say something back, that's (when it), I always worry that I'm, that I'm overly sensitive. (.) Umm >probably because I've been told I'm overly sensitive.< Although I probably should take that with a grain of salt cause it was not something that was terribly thoughtfully said. umm

T Who said it?
C ↑My ↑dad. Umm, when I was in high school. And, no, actually when I was in middle school and was being bullied and was in multiple abusive ↑re↓lation↑ships. And he got upset with me for being ↓sullen. ((begins waving hands back and forth, a gesture reminiscent of one used to indicate a spell being cast)) He was all like, “Ooh so moody, ooh so melodramatic, ooh leave me a:one.” ((laugh)) Like it's not funny if the joke is me. If if you want to make me feel ↓bet↑ter you can tell me a joke but don't make me a joke, because I ar- I already get the punch line and it's not funny. Umm ((laughs)) yea, so there's.
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<td>that. Umm ahh yea, it’s ahh. (3) Ya that always sucks by the way, it a:lways sucks. (.)</td>
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<td>155</td>
<td>T</td>
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<td>156</td>
<td>C</td>
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<td>T</td>
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<td>169</td>
<td>C</td>
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<tr>
<td>185</td>
<td>you know you're doing this?” Umm yea, “Why are you doing that? Why is your face doing that? ((laughs)) What did I say? What did I say that means more than what I think it does? What is it? What is it?”</td>
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<td>188</td>
<td>T</td>
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<td>189</td>
<td>C</td>
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<td>214</td>
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216 T up facing him)) any nails at all like I have almost no nail at all on most of these fingers.
217 C What looks like nail is actually that exposed under-dermis, are most of these. (5) £My mom broke my finger twice and never apologized. ((laughs)) (2) The same way..
219 T Hmm
220 C ..actually,£ she broke it, like if you, the the knuckles ((leaning over to show the therapist her knuckles and the therapist leans over also)) don’t line up. See how the knuckle, this knuckle is pointing this way and this knuckle is pointing that way, versus that one, how..
223 T Hmm
224 C .. they sit on top of each other. I have breaks in here. ((laughs)) And never got set,..
225 T Hmm
226 C .. because I was fine. I was making a big fuss out of nothing. The only good part was that I..
227 T hmm
228 C .. got to cuss without getting punished for it. ((laugh)) But ya, see how they, ((showing..
229 T hmm
230 C .. fingers again)) part of my fingers are only, like that is my natural finger. ((holding fingers extended)) (2)
232 T Hmm
233 C £One of these things is not like the other.£ ((singing))
234 T Hmm, you’ve got some wounds.
235 C Oh yea definitely, definitely. Umm, my ankle wasn’t a problem until they had to rebuild it. My finger wasn’t a problem until, until the fact that I ((shows hand again to the therapist))
238 T Hmm
239 C ((laughs)) Ya.
240 T Some of your wounds are self-inflicted.
241 C Ah not many of them I gotta say.
242 T We:ll, your nails.
243 C I don’t think of those as wounds, but, yeah, yeah. (2) ((looking at her forearms and wrists)) I don’t have any scars left from, from the cutting and the ones I did, I covered. ((showing a..
245 T Hmm
246 C .. tattoo on left forearm)) That’s where they were and you could still see a couple arrant..
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<td>247</td>
<td>T</td>
<td>Hmm</td>
<td>hmm</td>
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<tr>
<td>248</td>
<td>C</td>
<td>.. marks. You’d have to know they were there ((coughs)) to see them. (1) Umm naa, and..</td>
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<td>249</td>
<td>T</td>
<td>Hmm</td>
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<td>250</td>
<td>C</td>
<td>.. they use to go almost the entire way around. ((runs her hand around her forearm..)</td>
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<td>251</td>
<td>T</td>
<td>Hmm</td>
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<td>252</td>
<td>C</td>
<td>.. multiple times and makes a shshshs sound)) There are three or four that I can still see at this point. (3) £I'm a cutter not a maimer.£ So, so not a whole lot of scarring. (. ) I had worse ones from cat scratches. (6 while looking at hands) Terrarium wound, I cut myself dow-...</td>
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<td>255</td>
<td>T</td>
<td>Hmm</td>
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<td>256</td>
<td>C</td>
<td>.. down to there ((pointing to a spot between her fingers)) I think, up doing unsupervised..</td>
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<td>257</td>
<td>T</td>
<td>Hmm</td>
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<td>258</td>
<td>C</td>
<td>.. art projects and science projects because everyone else was asleep. ((laughs)) You had..</td>
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<td>259</td>
<td>T</td>
<td>Hmm</td>
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<td>260</td>
<td>C</td>
<td>.. to ahh, to get a knife and ahh, this is back when soda bottles had like a black base that was flat on it’s, so so before they created them with feet, there was this black plastic..</td>
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<td>262</td>
<td>T</td>
<td>Hmm</td>
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<td>263</td>
<td>C</td>
<td>.. base, that you can pull off. And umm, what you would do is you pull that base off, cut the bottle right around the neck where the taper was, and then (invert) the whole thing over the black base and seal it up with glue, and then it would be a self-sustaining terrarium. And ahh mine hit umm the (glue) that had been holding the, the label on, the knife slid and like ((using one hand to show where she was cut on the other)) I dug in deep here and..</td>
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<td>268</td>
<td>T</td>
<td>Hmm</td>
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<td>269</td>
<td>C</td>
<td>.. then lightly across there. ((pointing to hand)) Ah, the tips of one of my toes is square, of..</td>
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<td>270</td>
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<td>Hmm</td>
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<td>271</td>
<td>C</td>
<td>.. my big toe is just squared off at the top cause, I smashed it ahh really hard and the top of it..</td>
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<td>273</td>
<td>T</td>
<td>Hmm</td>
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<td>274</td>
<td>C</td>
<td>.. popped off. (. ) Like I ((smacks hands)) smashed it so hard that top came off. And it is really gross inside your toe, I don’t know, inside mine at the very least. I’m assuming it is..</td>
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<td>276</td>
<td>T</td>
<td>Hmm</td>
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| 277  | C    | .. the norm. But just blood pooled everywhere, yeah. >She never apologized< (. ) There was,
“Let me see it, you're making a fuss.” (laughs) And my nail was like, ((grabs pinky finger and begins looking at nail)) the entire, like you know, was completely purple, my nail bed was just instantly full of blood and there, you get like speckling from where everything else around it is crushed and gone. (. ) The bruise went on all the way around ((traces finger around pinky)), which is how I know it was broken. [You don’t] get an get an all-around..

<p>| 278 T | [Hmm] |
| 279 C | .. bruise, ah unless there’s a break. (1) And (2)) yeah, &gt;I didn’t g-&lt; I never even got a splint, we didn’t go to the doctor, we didn’t get an x-ray. |
| 280 T | Completely ignored. |
| 281 C | Yeah, they’re like, “Oh, I have done that 100 times.” (. ) “I have slammed my finger plenty.. |
| 282 T | Hmm |
| 283 C | .. of times, it's fine.” I’m like ((holds arm up with a limp wrist and then flicks finger and makes the noise Mmmnt and then laughs)), so, yeah. (. ) Same thing with my seizures, I’m, I’m just tired. I don’t have a problem, I’m just tired. I, I, my finger’s not broken I’m just: (. ). |
| 284 T | Hmm |
| 285 C | .. being a baby. [I am] just overreacting. No, my finger is broken and I get to react this.. |
| 286 C | [hmm] ((deep breath)) |
| 287 T | Do you think that there is a part of you that is still waiting for an apology? [That] still.. |
| 288 C | A[hh] |
| 289 T | .. wants recognition o:f? |
| 290 C | Yeah, I do. Umm (1) I do. Umm, the whole apology thing &lt;I think I touched on last time&gt;. I was in a position where, I was told I had to apologize even if I: was sure I.. |
| 291 T | umm |
| 292 C | .. was right and I was not allowed to ask for apologies, and that re:ally (. ) for me it made me feel sort of like an untouchable, like, “You, (. ) always be in a state of, of being sorry. Always be in a state of either feeling shame or fe- or feigning shame. (. ) Always do this.”.. |
| 293 T | Umhum |
| 294 C | .. A:nd (. ) [never being]able to say, “You’ve hurt me. I demand recompense.” (((laughs))) |
| 295 T | [[[deep breath]]] [And it sounds like that’s one of the tensions you’ve had the, in the story with your coworker is |</p>
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<td>that, (1) I mean you were (. ) outraged towards this woman. And when you think about it,</td>
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<td>310</td>
<td>umhum</td>
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<td>311</td>
<td>T .. even when you talk about it when she's not even in the room, you feel like: (1) “If, if I think about this too long, I'm going to start thinking I'm the asshole.”</td>
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<td>313</td>
<td>C Yeah, yeah. (. ) Umm</td>
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<td>314</td>
<td>T yeah. And I think it's, it's tied in to that, this sort of notion that I'm not supposed to get angry and I'm not supposed to want things from other people.</td>
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<td>316</td>
<td>T And if you do?</td>
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<td>318</td>
<td>C (breath)</td>
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<td>319</td>
<td>C Then, now I have the problem, now I have the problem. (2) Ahh sort of, kind of like, I guess a rageaholic, like you go from ahh some guy cut you off and your mad and that's okay, but if you, you let it out, or if you vent, then then you're the problem. It's all like good for you to be mad as hell, you know, you follow a guy home and break out his taillights, like (2) but ahh ya, that was a really bad metaphor. I could come up with one a little bit less goggly. (laughs) Umm, it is the sense of feeling like, ahh, it's all well and good to be upset, but it's never okay to do anything about it. (2) Because you're not supposed to be mad. (3)</td>
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<td>325</td>
<td>T hmm</td>
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<td>326</td>
<td>C Again, I don't really know, I don't really have a good sense of what it's like to just be angry. I know what it looks like to be, you know, furious, and I don't know what it looks, but then I know what it looks like to be mostly okay. I don't really have a good sense of the in-between. Umm, (coughs) and I notice that there's always this, this worry for me that I'm overreacting. That's always in my head, that it's, I'm making something out of nothing, I'm reading into something, I'm being too sensitive. And ahh, and I never quite, have never had the presence or idea like, &quot;No-no, it's okay. No, you're not acting like, you know, like this person murdered your family, you're just acting like they cut you off in traffic or they were rude to you.&quot; Like, I don't have a good sense of those kinds of things, and umh yea.</td>
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<td>335</td>
<td>T So on the one hand you feel this intense anger rage, and on the other hand you feel like the problem's with you, you've got to either control this, umm, and it's all your fault.</td>
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<td>337</td>
<td>C Umhum umhum umhum</td>
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<td>338</td>
<td>C Yeah it is sort of a weird thing I grew up with actually, in the sense that, ahh, if you pick a fight with someone who's, like someone says something stupid and hateful and hurtful, like</td>
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someone says something, ahh, some sort of terrible stereotype, something racial, something genderist, something whatever, umm, if you say something back to them in a way that fuels the argument fire then it's your fault. Whatever happens is your fault because they're a big ugly, you know, crazy person, so it's like they have a pass. And that's what I take from being told that I'm not allowed to speak my mind even when I'm sure I..

| 340 | T | .. am right. Because that means that, cause apparently me saying anything just makes things worse and then it's my fault. That is like the person who says the, says the first initial stupid, hateful, argumentative thing, it is like they get fre- like one freebie, go ahead and ruin how things go. And umm yea, I feel I can't really say a whole lot, and that drives me crazy, a little bit. ((laughs)) umm |
| 341 | C | .. am right. Because that means that, cause apparently me saying anything just makes things worse and then it's my fault. That is like the person who says the, says the first initial stupid, hateful, argumentative thing, it is like they get fre- like one freebie, go ahead and ruin how things go. And umm yea, I feel I can't really say a whole lot, and that drives me crazy, a little bit. ((laughs)) umm |
| 342 | T | Cause it sounds like you have a lot to say. |
| 343 | C | I do and ah, at the same time there's this decided lack of confidence in most things. So I'm like well, “Maybe I'm underin-, I'm underinformed” you know, or there's a deep recognition of the fact that I don't know everything. Umm, I have problems with myself in that regard. Umm, I can't think of anything that I do better than anybody else. I feel always replaceable. Pretty much always replaceable. And it makes it also harder for me to, not just because of the fear of being wrong, but the fear of, or the sort of notion I've got nothing worth saying, nothing someone else wouldn't say that was a good idea, and nothing you know, noth- I hav- I have nothing novel to bring to the table. Like a second of reflection anybody would know what I'm thinking. You know, and ah- so, makes the job hunt particularly annoying. |
| 344 | T | Umm |
| 345 | C | Because, ah, you have to be confident, they want you to really always sell yourself and I feel like such a sham, such a fraud, and sometimes it's just, I don't ever feel like myself, like I read things I write for, for job things, and it takes me like six times longer, cause I am like, "No, this doesn't sound like me, this sounds like me trying to sound like someone who.. |
| 346 | T | Umm |
| 347 | C | .. wants to sound like a buzz word robot." Like this is not good. And also at this point the.. |
| 348 | T | Umm |
| 349 | C | .. job search being so long, it's been ((breath out)) (. ) ahh Pretty much a year, it has been.. |
.. a year since I've had any kind of income and it's been 18 months since I had um a regular paying, like a regular job where I came on a regular schedule and I had a guaranteed paycheck every week. Umm, it's been 18 months since that happened, and..

.. it's very hard to say with great confidence, “I'll do whatever you say, I'll be whoever you want me to be, just pay me.” (laughs) And there’s ahh, which is really where sort of my..
| 402 | C | Sounds good. |