Towards Collaboration: A Comparative, Longitudinal, Conversation Analysis of Change in Talk-in-Interaction in Psychotherapy

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TOWARDS COLLABORATION: A COMPARATIVE, LONGITUDINAL, CONVERSATION ANALYSIS OF CHANGE IN TALK-IN-INTERACTION IN PSYCHOTHERAPY

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ABSTRACT

TOWARDS COLLABORATION: A COMPARATIVE, LONGITUDINAL, CONVERSATION ANALYSIS OF CHANGE IN TALK-IN-INTERACTION IN PSYCHOTHERAPY

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December 2019

Dissertation supervised by: Alexander Kranjec, Ph.D.

The study utilizes conversation analysis to describe changes at the level of talk-ininteraction across four points of time (beginning, middle, late, and ending sessions) in four different psychotherapies: two “successful” psychotherapies and two “unsuccessful” ones, with the author of this study conducting the psychotherapies in each case. The analytic domains, practices, and sequence types of interest were not pre-defined at the outset, though the analysis showed alignment to be of principal interest. Patients whose therapies were “successful” progressively aligned with therapeutic activities over time, with a difference revealed in how quickly this alignment occurred according to the ‘type’ of activity in question: requests for confirmation, formulations, and other activities that proposed understandings that partially modified patients’ talk were regularly aligned with by the mid-point of the trajectory of the patient’s overall psychotherapies; interpretations, reinterpretations, and other proposals of understanding that were displayed as coming from the therapist’s own perspective were modestly
aligned with at the “late” period of the patients’ psychotherapies, though the patients continued
to display “complex resistance” in response to these actions. Patients whose therapies were
“unsuccessful,” in contrast, showed high disalignment throughout their treatments, and the study
demonstrates that the therapist—myself—was also implicated in disaligning with the patient’s
actions (e.g., storytellings).
DEDICATION

To Mavis and Georgette.
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I wish to acknowledge a debt of gratitude to the Duquesne University Ph.D. Program in Clinical Psychology. During a time when the cost of education is prohibitive for many students and human science approaches in Clinical Psychology programs are few and far between, Duquesne was a double lee that protected and nourished.

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My deepest gratitude and love I extend to Rebecca, who was my buoy during the writing of this dissertation. I count it as the rarest gift to have such a bond, that two people may peel back the glossy covers of their public selves and reveal the large ink stain on the first page...and to survive and grow more intimate because of it.

Finally, I give thanks to my mother and my aunt, to whom I dedicate this dissertation. Thank you for your steadfast love and protection. I would not have made it ten steps without your help.
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Introduction

If we can say anything that is universally true about the otherwise fragmented field of activities, theoretical foundations, specialized terminologies, and institutional allegiances that characterize psychotherapy, it is that it aims to cause something new to occur. It seeks to promote change. From that courageous beginning, we confront a veritable babel. In this hinterland of a strange discipline, where disagreement extends so far that the assembled congress cannot even agree on the nature of a human being—are they a data-processing machine? intersubjective self-organization (Seligman, 2012)? Dasein (Heidegger, 1962/2001)? parlêtre (Evans, 1996)?—everything becomes the privileged site of psychotherapeutic change. The banners of change read “brain,” “behavior,” “cognition,” “affect,” “experience,” “drive,” “true self,” “self-object,” “object relation,” “desire”...until the elected speaker finally pronounces his Dodo bird verdict, “Everybody has won and all must have prizes.”

And yet, dissent is immediate. The Dodo bird verdict, some retort, “reflects a failure of researchers...to adequately assess the range of phenomena that can change in psychotherapy” (Shedler, 2012, p. 18). Reservists arrive. The debate becomes so fierce that a contingency from Sweden declares that only their approach—cognitive behavioral therapy—will be supported by the government (Cornelius, 2018 cites how, between 2008-2012, “authorities only supported certificate training exams for those being trained in CBT”). An uneasy truce is made; but quietly, members of minority traditions are pushed out of academic departments and alliances are made with managed care mercenaries, keen to profit from the infighting.

If what I have described forms the context of the present study, it is not because I attempt here to wade into the martial waters of change theory, but because the debate compels us to return to what is essential about psychotherapy and assess it on its own terms. What could be
more true than to say that psychotherapy is a kind of conversation? This is our most immediate experience of this institutional practice, and it begs to be treated as such.

This is easier said than done, because conversation is not an immediately self-evident phenomenon. What are we doing when we speak with one another? Are we transmitting our thoughts, encoded through the vehicle of language (Clift, 2016)? Are we gesturing towards, and evoking, an emotionally-colored “world,” a gestalt of signification (Merleau-Ponty, 1945; Merleau-Ponty, 1949/2010; Merleau-Ponty, 1960/1964)?

No study can be atheoretical. To say something about a phenomenon is to draw it into an ordered world of articulated meaning, with its attendant (implicit or explicit) assumptions, bias, and other coordinates that make something of the phenomenon—give it flesh and form. To conduct this study, I have had to draw on a theory of conversation that renders the phenomenon meaningful. Rather than a theory that understands an interlocutor’s talk as primarily transferring information or evoking a way of being experientially in the world, I have approached the conversations that form the primary data of this study as social actions. Using the methodology of conversation analysis (CA), I have treated the talk that flows between psychotherapist and patient as doing things—things like questioning, summarizing, interpreting, agreeing, disagreeing, and storytelling.

In this study, I investigate the unfolding conversations between four patients and myself, looking to see what it is we are doing as the treatments progress over time. At any given moment that I or my patients produce an utterance, I adopt a mode of inquiry that asks, “Why that now” (Clift, 2016, p. 94): Why did the patient begin his sentence with the word, “Well”, right after I asked a question? Why did I begin my interpretation with the phrase, “I think”? Why did no one speak after the patient finished telling a part of his story? In the process of
investigating our “talk-in-interaction” in this way, a picture begins to emerge of what I and my patients are doing in a given segment of our conversation; and by conducting this inquiry over whole stretches of a psychotherapy, we can begin to describe what changes at the level of our talk-in-interaction over time.

In addition to the assumption that conversation does things, I have also assumed that psychotherapeutic conversations are not always successful. How else should we characterize the fact that some patients leave after only a few sessions, without giving notice? Making a rudimentary division between unsuccessful and successful psychotherapies, we will want to know what happens—what I and my patients do with our speech—over time in these therapies that are destined for such different endings. What are we doing differently as we talk with one another? Are these differences immediately evident or do they only emerge after a period of time?

The findings I discuss show that a key, fundamentally social, phenomenon distinguishes the successful and unsuccessful treatments—a phenomenon that can be described in terms of alignment or, more broadly, cooperation. It is a phenomenon that bleeds into the design of patients’ (as well as my own) utterances and characterizes the actions carried out by the relevant actors. I demonstrate how its relevance emerged quite early in the treatments and how it serves as a useful indicator of whether a treatment is on a positive course. With this understanding, psychotherapists may be better able to spot subtle manifestations of problems in this social category. I also present the finding that non-alignment, or uncooperativeness, is normal for a certain phase of an otherwise successful therapy. This attunes us to the temporal dimension of psychotherapeutic talk-in-interaction and offers a possible model for how the social activity of patients’ aligning activity might be expected to change over time.
Introduction

The relevant conversation analytic literature on change in psychotherapy is nearly nonexistent (for one exception, cf. Voutilainen, Peräkylä, & Ruusuvuori, 2011), and so I have approached the literature review in a way that accomplishes more than a mere summary of what is known about this topic. Assuming no preexisting knowledge of conversation analysis in my reader, I begin by offering what amounts to a primer in the subject, introducing key ideas and describing central conversational practices that establish the lens, or tools, that I will apply to the analysis of four different psychotherapy treatments. From there, I review the conversation analytic literature relating to empathy, which, broadly speaking, refers to practices for displaying understanding of the other’s description of some state of affairs and affiliating with her emotional stance, or position, towards those affairs. The last sections synthesize literature from the field of “conversation analysis and psychotherapy,” presenting the arguments that the practice of eliciting “expansion”—that is, prompting the patient to say more—is an almost universal characteristic of psychotherapeutic talk and that most psychotherapies have two distinguishable “stages”—an “enquiry” phase and an “interpretative” phase—that organize its activities. The hope is that this review will render intelligible the analysis I conduct and orient the reader to a frame that contextualizes the practices and actions under discussion.

Introduction to Conversation Analysis

Conversation analysis (CA) is primarily a methodology—a “set of methods” and a “set of tools” (Sidnell, 2010, pp. 20, 47)—for investigating ‘talk-in-interaction’ (Muntigl & Horvath,
Lest we come away at the outset, on the basis of this definition, with the view that CA is somehow only a methodology, I should immediately add that it is founded on (and seems to repeatedly confirm, empirically) a theory of human interaction—namely, that there is an “underlying logic” to people’s conversations (Sidnell, 2010, p. 10). (Another way of stating this is that conversations do not allow one to say whatever one wants whenever one wants, and I am not referring, here, to prohibitions on certain taboo speech, restrictions on rudeness, etc.) This theoretical understanding of human conversation is already embodied in the hyphenated term ‘talk-in-interaction,’ appealing to the situatedness of one’s talk in interaction with others. The one is constrained by the other. Leaving to the side, for the moment, how it is that both parties to a conversation will have their talk shaped or constrained by virtue of being in a conversation, we can begin to approach some of the peculiarities of CA theory by noting that it treats even the most apparently irrelevant of words, response cries, syntax, prosody, and silence (to mention a few) as potentially purposive (Stivers, 2005). To provide just one example, a great body of research by the eminent conversation analyst John Heritage (1998; 1984; 2002) has endeavored to show how the particle “oh” (in the sense of “Oh! You don’t say!”) can work to show that a prior speaker’s question was somehow inappropriate or problematic; to mark receipt of new information; to signal that an element of another speaker’s story is significant; to show, following someone else’s assessment of something, that one already possessed similar opinions or knowledge about it (Heritage & Raymond, 2005); and to generally convey a ‘change-of-state’ in the producer of the “oh.”

Examples like this are illustrative because they bear out CA’s aim of describing “practices” that people use in conversation (Sidnell, 2010). (Note that a practice may include the speed at which one talks, the repetition of a just-prior speaker’s own words, or even the use of
silence, such as when one wants to encourage an interlocutor to continue speaking.) What
composes part of the theoretical edifice of CA is its claim that parties to a conversation use
interactional practices (Stivers, 2005), like the practice of prefacing a response with an “oh.”
Still further, it assumes that these practices do some kind of interactional work, which the
discipline refers to conceptually as “actions-in-talk” or simply “actions” (Sidnell, 2010).
Examples of “actions” include assessments, complaints, compliments, requests for information,
tellings, and agreement/disagreement. Building up our sense of the theory that informs CA
(what we might more accurately describe as the discovery yielded by CA methodology), the
discipline argues that practices of talk are the vehicles of social actions. There is no direct link
between a given practice and a given action (just note, above, how many different actions can be
performed through the practice of using the “oh” particle), but ultimately we will want to
understand how certain practices, in certain contexts, can pull off a given social action. One
way, then, of defining CA is as a theoretically-informed methodology that “examines the relation
between practices of speaking and actions-in-talk within sequences” (Sidnell, 2010, p. 73). This
would be part of the “underlying logic” that CA is getting after when it studies a snippet of
conversation.

There is another sense in which a logic subtends ordinary human conversations, and an
aspect of it was alluded to in the previous quotation with its reference to “sequences,” though for
now we will proceed at the most elementary level of this logic and only slowly work up towards
an exposition on sequences. This is a logic of the various organizations that conversations
submit to, one of the most basic of these being the turn-taking system, a universal invariant of
human conversation that prescribes a rule of “one party talking at a time” (Sidnell, 2010, p. 37).
More precisely put, interlocutors implicitly orient to a norm of yielding the conversational
“floor” to someone in the process of completing his or her in-process utterance and the action it embodies. CA has a term for this in-process utterance that enacts some action (actually, an utterance can effectively carry out multiple social actions, but more on this later): a turn-constructional unit, or TCU (Schegloff, 2007). A TCU does not necessarily map unto what, in colloquial English, we refer to as a sentence—it can be realized in a response as short as a “yes” or “uh huh”—but it does have a certain internal coherence that is the minimal necessary for doing whatever action it is designed to do. The practice, or reply, of saying “yes,” for instance, is minimally sufficient for pulling off the action of “agreeing.” When CA refers to the organization called the “turn-taking system,” it has in mind a systematic rule that gives a speaker rights to speak uninterrupted during a TCU. At the terminal boundary of a TCU—what is called a “transition-relevance place,” or TRP—the system allows for transition to a new speaker (Schegloff, 2007). The actual accomplishment of smoothly taking turns in conversation requires some lightning fast negotiation and guesswork by speakers, and as anyone who has experienced a heated discussion will know, sometimes speakers outright compete around the transition-relevance place. The important point is that tremendous organization is evidenced even in cases of overlapped (or apparently ‘interrupted’) talk, this occurring overwhelmingly in transition-relevance places (Sidnell, 2010).

A particularly powerful organization in conversation that constrains the freedom of a speaker to say or do whatever is occurring in her mind is described by the term “adjacency.” By adjacency we mean the fact that phonemes, words, turn-constructional units, and turns-at-talk exhibit a “relationship of adjacency or ‘nextness’” (Schegloff, 2007, p. 14). Phonemes on their own, of course, carry no real-world signification, but through their sequential orderings, their positions of “nextness,” they construct words; and likewise words mostly require to be spoken
alongside other words—and generally words of a particular class (nouns, verbs, prepositions, articles, etc.)—for their import and interactional relevancy to materialize. Notice that these adjacencies of phonemes and words are, in a manner of speaking, imposed as a condition of mutually recognizable language activities. I cannot, as I sit here staring at my surroundings, evoke for my reader a notion of the “grass” I see in my backyard without yielding to a law of adjacency that requires the phonemes (or, in this case, letters) \( g-r-a-s-s \) follow one another.

CA is rather unique among the various methodologies for studying human interaction in showing that people’s turns-at-talk are themselves ordered by adjacency. Just as an utterance, or sentence, arrives at some sense, meaning, or social force through the adjacency of its constituent words, an interlocutor’s utterance is responsive to—or, more strongly, concatenated with—the just prior speaker’s utterance. In what sense is this the case? We can begin at a rudimentary level and note that an utterance in a conversation will always display some interpretation or understanding of the previous speaker’s talk, and moreover, it will do some socially recognized action that is related to the respondent’s understanding of what the previous speaker was doing (Schegloff, 2007). In this, conversation analysis as a discipline shares some theoretical territory in common with pragmatics, whose notions of “speech actions” and “implicature,” for instance, are analogous to the conversation analytic concerns with analyzing how speakers both do things in talk-in-interaction and how speakers display understandings of what the prior speaker was doing (Drew, 2018). Note, though, that CA should not be confused with pragmatics and that their exact relationship to one another is debated (Drew, 2018).

Let us take an example to clarify how language lends itself to social actions. We may imagine a situation involving two parties, in a room with an open window, in which one member remarks, “It’s cold in here,” and the other party gets up and closes the window. In this case,
we’re interested in a physical (rather than conversational) action—namely, the closing of a window—and how it embodies an understanding of the prior utterance *not* as an observation or noticing but as a *request* (to shut the window). The action of closing the window in turn can be understood as an action—a *granting* action—that exhibits logical adjacency, at the level of social action, with respect to the request. According to conversation analysts, the fact that an interlocutor’s utterance will always publically demonstrate how he or she heard, analyzed, and understood the previous speaker’s talk—variously ratifying, updating, or seeking clarification of that understanding—as well as the fact that this public showing of understanding is continuously performed throughout a conversation, makes intersubjectivity possibility (Lawrence, 2003; Sidnell & Enfield, 2014; Sidnell, 2010). To put it another way, after I speak I wait to see how/if what I said is understood by my interlocutor by virtue of the kind of response he gives, just as he will do the same in response to my reply (Sidnell, 2010); and through such displays of our understandings of one another, a dynamic field of *shared* understanding is created. This particular facet of adjacency, then—namely, the fact that utterances are partly shaped through the organizational norm impelling them to embody an understanding of the talk of the just-prior speaker—undergirds the possibility of mutual understanding and, therefore, any kind of meaningful human interaction.

It turns out that adjacency exerts even greater influence than one might expect over talk-in-interaction, affecting even the *content* of an utterance by dint of its coming after some other speaker’s talk (Schegloff, 2007). To illustrate how this is the case, we must first introduce the notion of an “adjacency pair,” the most basic organizational norm underlying the way social actions cohere together in a conversation (Schegloff, 2007; Sidnell, 2010). As a unit of analysis, an adjacency pair is composed of a first pair part (FPP) and a second pair part (SPP), each part
constituting a socially recognizable action and joined together in a logical “pair type” (Schegloff, 2007, p. 13). So, for example, adjacency pairs may take the form of greeting-greeting, question-answer, assessment-agreement, or request-granting, with one speaker initiating the action in the first pair part and another speaker replying with a concordant action in the second pair part. With this necessarily brief introduction, it is already possible to see how the action initiated by a first pair part will likely have some impact on the content of the forthcoming response, since there are a limited number of relevant actions that can follow it (Raymond, 2003). Conversation would be at risk of breaking down if, for instance, a first pair part request (“I was wondering if you could pick me up after work”) was followed by a second pair part storytelling (“Oh, the strangest thing happened to me at work today...”). This is not to say that such things do not happen in conversation, but they are what conversation analysts call accountable—i.e., either the speaker may solicit an account for the unexpected second pair part, or the respondent herself may provide an account for what is analyzably (for both parties) missing. What happens in the vast majority of cases—and what is all the more invisible because of its ubiquity—is a seamless unfolding of conversation that is composed of variations on the adjacency pair, with each first pair part projecting very strong expectations for what kind of response will follow and most second pair part responses readily complying. The constraints on action applied by a first pair part on a forthcoming response has a special name in CA: “conditional relevance” (Schegloff, 2007). Hence, conversation analysts speak about an action making relevant a certain responsive action, and it is regularly observed that interlocutors orient to something “missing” when the conditional relevance of a first pair part is not obeyed in a second pair part (Sidnell, 2010).

We’re still some way from seeing how the organizational norm of adjacency and, specifically, the adjacency pair exerts an influence on the content of conversation, so it is
towards this goal that I introduce another normative organization in conversation: preference. We have already been implicitly addressing the topic of preference insofar as we have noted that a given first pair part action prefers a limited range of second pair part actions. Though this is a type of preference organization, conversation analysts are more wont to discussing preference in terms of the organizational pressure of a given first pair part to produce a particular second pair part among the range of conditionally relevant second pair part responses. The classic example are those first pair parts (such as assessments) that make relevant agreement or disagreement. It turns out that in such contexts there is a preferred next action, and it is usually the one that promotes the carrying out of the initiated (first pair part) action (Pomerantz, 1984a; Schegloff, 2007)—in the case of assessments, agreement. (In special cases, such as a first pair part that does “self-deprecation,” the preference is for disagreement (Pomerantz, 1984a)). We can talk then about preferred and dispreferred response types (Sidnell, 2010)—or alternatively, responses with a “plus” (+) or “minus” (−) alignment with the first pair part (Schegloff, 2007). In most cases, the preferred response will be positively aligned with the project or course of action embodied in a first pair part, taking the form of agreements, confirmations, grantings, and acceptances (Schegloff, 2007). Stated differently, the preferred response is the one that a first pair part structurally “invites” (Pomerantz, 1984a).

There is another, related level at which we find preference organization operating, and this concerns the preference for affiliative next actions. Broadly speaking, preference organization is a way of describing the normative and moral pressure to respond in a way that furthers social solidarity and cooperation between speakers (Stivers, Mondada, & Steensig, 2011; Heritage & Raymond, 2005). The preference for (+) responses that facilitate the action initiated in the previous speaker’s turn is cooperative at a level of structural alignment. In cases of
storytelling, for example, a preferential aligning response will include such practices as “continuers” (e.g., “hmm,” “uh huh,” and “yes”) that support the action of telling a story by declining to occupy the conversational “floor” (Stivers, Mondada, & Steensig, 2011). In addition to a preference organization for aligning responses, though, there is a normative pressure operating on speakers to produce responses that affiliate—that is, responses that adopt the same affective “stance” towards a person, thing, or state of affairs (Stivers, Mondada, & Steensig, 2011). To use again the case of storytelling, a teller will implicitly or explicitly adopt some emotional position vis-à-vis the events in the story she is relating—as surprising, as a relief, as infuriating, and so on—and at the completion of the telling, an affiliating response invokes the same perspective on the reported events (Stivers, 2008). Important practices are implicated in the achievement of an affiliative response. Perhaps chief among these are prosody (the intonation of a spoken utterance) (Goodwin, Cekaite, & Goodwin, 2012), but facial expressions (Kupetz, 2014), grammar (Stevanovic & Peräkylä, 2014), and of course lexical items (“I have something terrible to tell you” (Maynard, 1997, p. 99)), to name a few, play an important role in mirrored displays of affective stance. Since affiliation entails such things as facial expressions of dismay in response to a sad telling, sound stretches (“No:::, he didn’t!”) when responding to surprising news, and the recycling of affective language in a respondent’s assessment of a storytelling—these practices working to, as it were, join with the previous speaker’s felt perspective on a state of affairs—it will come as no surprise that affiliation is conceptually very closely connected to displays of empathy (Heritage, 2011; Stivers, Mondada, & Steensig, 2011).

Much more could be said about preference, but showing how the fact of having a conversation has an effect on the content of interlocutors’ utterances requires description of only
one more preference organization. This preference norm is a facet of alignment (described above) and concerns a first pair part’s exercising some influence over the formatting or design of a second pair part (Stivers, Mondada, & Steensig, 2011). That is, certain practices employed in the construction of a first pair part, such as its grammatical format, can cause correlative design features to be preferred in a second pair part (Schegloff, 2007). A particularly illustrative example comes from Raymond’s (2003) work on yes/no interrogatives—questions that make a “yes” or “no” relevant in the subsequent response. He shows that, in response to such questions as “Did you like it?” or “Have you seen the movie,” there is a preference for a “type-conforming” response that aligns with the grammatical structure of the question. Type-conforming responses, then, by “accept[ing] the terms and presuppositions embodied in a YNI [yes/no interrogative],” will contain variations on a “yes” or “no” in their response (p. 949). Note that we’re dealing here merely with a preference for a certain grammatical structure (a “yes” or a “no”) in response to a YNI, not with the action-relevant preference for either a confirming or rejecting response. This is to say that, in response to a question like “You don’t have his number I don’t suppose” (quoted in Stivers, Mondada, & Steensig, 2011, p. 21), the preference for type-conformity puts pressure on the respondent to say either “no” or “yes” in whatever response he gives, while the action preference is a positive response that may or may not contain the word “yes.” Since some authors seem to imply that type-conformity describes a specific preference for a “yes” or a “no” in response to a YNI, depending on its particular polarity (e.g., “Did you like it?” has a clear positive polarity, preferring a “yes” response), I provide here a quotation from Raymond (2003) that clearly demonstrates his understanding that the preference for type-conformity is distinct from the preference for alignment at the level of social action: “Most frequently speakers produce responses that conform to the constraints
embodied in the grammatical form of YNIs. Speakers can deliver both preferred and dispreferred responses (relative to a FPP's action-type and polarity) using such responses” (p. 945). As he makes clear, there is a level of preference organization that pertains, in some cases, solely to the grammatical structure of an utterance.

We turn now to the point I have been aiming to demonstrate—namely, that the constraints of adjacency in conversation affects the content of speakers’ utterances. I have adumbrated so far four concrete pressures applied by a first pair part on the response that follows it: the pressure to do some socially recognizable action that is relevant to the FPP (first pair part) action; the pressure to carry out the action that is projected or invited by the FPP; the pressure to affiliate, where appropriate, with the first speaker’s feelings about, or way of treating, a certain state of affairs; and, in certain cases, the pressure to be responsive to grammatical and other design constraints of the FPP. Showing how these various preferences can converge in a small spate of talk-in-interaction, it is best to proceed by way of example. CA gives priority to “naturally occurring” talk, so there is already a certain methodological reason for eschewing a hypothetical or imagined bit of conversation to illustrate my point; but there is also the advantage, through such examples, of introducing the reader piecemeal to certain known, recurring structures of conversation that it would otherwise be tedious to enumerate individually, in their own section. I have chosen not randomly a particular “sequence” to elucidate the power of adjacency to shape the content of a conversation. What is not random is that I should fall on a sequence, since a sequence is built up precisely through the building blocks of adjacency pairs (Schegloff, 2007) and adjacency pairs are defined by the adjacency of their first and second pair parts. (Recall that we have been exploring organizational preferences as contingent on the structure of adjacency.) A “sequence” is a sometimes quite elaborated, sometimes quite
compact, course of action that can be analytically demarcated with something like a beginning and an end (Schegloff, 2007). The example I will be providing is of the “news delivery” sequence, which is used to introduce and establish some thing as (good or bad) “news” (Maynard, 1997).

In broad brushstrokes, the news delivery sequence is initiated with either a preannouncement of the news, an inquiry into a known newsworthy matter (what is called an “itemized news inquiry”), a probing into possible news to be told (called a “topic initial elicitor”), or an outright announcement of news (Maynard & Freese, 2012; Maynard, 1997; Button & Casey, 1984; Button & Casey, 1985). Following the announcement of news, there is a response to it, leading (in the idealized and complete version of the sequence) to an elaboration of the news and then an assessment of the news. Since many versions of the sequence can occur in a conversation, I will engage with the following format of the sequence, where the “a’s” denote a speaker and the “b’s” denote a respondent: [(0a) preannouncement + (0b) “go-ahead”] → [(1a) announcement + (1b) announcement response] → [(2a) elaboration + (2b) assessment]. Notice first that this sequence is built up out of three adjacency pairs: a “pre-expansion” (marked by the number “0”) that projects or strongly implies an upcoming “base” first pair part (namely, the “announcement”); the base pair (marked by the number “1”); and an expansion pair (Schegloff, 2007). Let’s begin with the pre-expansion. To aid understanding, imagine that the preannouncement takes the form of “Have you heard what happened to Jack?” Already a number of preference organizations impinge on the freedom of the respondent to act. The first concerns the conditional relevance of a response that signals whether the speaker should proceed with the news announcement, there being only a few that are relevant: a “go-ahead” response (that encourages movement to the base action sequence), a “blocking” response (that
works to halt the progression of the sequence), a “hedging” response (that works to show that a go-ahead/blocking move depends on what the announcement is going to be), and a “pre-empting” response (that demonstrates preexisting knowledge of the upcoming news by launching into the announcement) (Schegloff, 2007). Whatever the respondent says, there is a great deal of pressure on him to construct an utterance that is fitted to one of the four response types that are relevant in this sequential environment. But there is another preference at work, here: the speaker is unlikely to have preannounced some news about Jack if she had good reasons to believe that the respondent was personally familiar with it, so there is a sort of structural expectation that the respondent will respond in a way that progresses the course of action. In other words, the preferred response is a “go-ahead” response, such as “No, what?” or “What happened?” Note as well that the preannouncement (“Have you heard what happened to Jack”) is a Yes/No Interrogative, and so there is also a grammatical preference organization in play, increasing the probability that the respondent will produce a type-conforming response that includes a “yes” or a “no.” The only go-ahead response that is also type-conforming is, of course, a variation on a “no” response (since any response that includes a “yes” will block the preannouncement), and so we have strong reasons to assume that in such an environment the word “no” will appear more often than not. Here we have an instance of how the preferences projected from an utterance can affect the content of a response.

A similar analysis of the [announcement + announcement response] base pair is possible, demonstrating how preference norms affect the form of a response. For expository purposes, let us imagine that the news announcement is that “Jack’s mother just died in a car accident.” The first preference will be for a response that is a relevant SPP—in this case, accepting or rejecting the announcement as “news” (Maynard, 1997). There are two primary practices used by
respondents to accept an announcement as news, differing in respect to how much they encourage the speaker’s elaboration of the news. The “news receipt,” the “weaker” of the two practices, often takes the form of “oh” (Heritage, 1984), “oh really,” and so-called ‘nonsyntactical queries’ (“you did?”), and it functions to display an acceptance of something as news without promoting further telling about it (Maynard, 1997). A “newsmark,” on the other hand, taking the form of such responses as “oh-plus partial repeats (Oh do they), freestanding but query-intoned objects (really?), and syntactical queries (did she?),” not only registers an announcement as news but solicits an expansion of the news announcing sequence (Maynard, 1997, p. 108). (There is a third class of responses, difficult to characterize as either news receipts or newsmarks, that take the form of [“oh” + assessment] (e.g., “Oh dear”). In terms of the preference for alignment—that is, promoting the course of action implemented by an announcement—we can expect that most announcements will project a preference for acceptance of the news as newsworthy; and therefore, the practice of using news receipts and newsmarks is specifically preferred in this environment. So, returning to our news announcement, “Jack’s mother just died in a car accident,” a certain norm is operative that makes the form of the eventual response somewhat predictable: “Oh, no!” “Did she really?“ “Oh God, that’s terrible,” and so on. But the preference for alignment is not the only one relevant in this example. Always at stake in the delivery of news is its “valence”—whether it is “good” or “bad” news—and this is something that is determined interactively by participants in a conversation (Maynard, 1997).

One of the practices that deliverers of news use to display their stance towards, and thereby the valence of, their news is prosody (Maynard & Freese, 2012). Whether spoken in hushed tones, delivered solemnly with emphasis, or interpolated with laughter or sobs, sound markings carry something of the deliverer’s stance towards the reported events. Recalling the preference
organization that prioritizes affiliative responses, recipients of a news announcement frequently incorporate prosodic ascriptions into their responses that correspond to those of the announcer, thereby displaying their understanding of the valence of the news (Maynard & Freese, 2012). In the example we have been entertaining, the announcement would almost certainly bear prosodic features appropriate to “bad” news, and we would expect the response to reflect this in its own prosodic design. Taken together, preferences for a prosodically-sensitive newsmark / news receipt would, in our example, almost certainly influence the format of the announcement response. Again we see how the structure of adjacency plays a decisive role in shaping interlocutors’ talk.

I want to conclude with a particularly striking example of how powerfully the design of an utterance can influence the response it receives. This example is unique for a number of reasons, not least of which is that it comes from what is, to my knowledge, one of the only CA studies that has employed an experimental design. (There are several experimental studies that use CA alongside other methodologies, such as brain imaging; but the study I am going to introduce is elegantly simple in its use of CA methodology alone.) First, to provide some context, the study (Heritage & Robinson, 2011) was prompted by the observation that patients frequently do not reveal the full extent of their medical concerns to their doctors. This of course can have serious consequences in a medical context, where the full disclosure of symptomatic complaints bears on issues of diagnosis and treatment. Hypothesizing that the design of doctors’ “follow-up questions”—usually asked at the end of a brief doctor-patient consultation—would impact the thoroughness of patients’ disclosures, the researchers set up three conditions (a control and two experimental conditions) in which they varied the use of only one word. In one condition, the follow-up question took the form of, “Are there any other concerns you’d like to
address during this visit?”—while in the other, the doctors were instructed to ask, “Are there some other concerns you’d like to address during this visit?” (Heritage & Robinson, 2011, p. 22, italics added). The study, which spanned two U.S. cities and included 20 physicians and 220 patients, found that the “any” version of the question led 53% of the patients with two or more known symptom complaints (determined earlier by surveying patients in waiting rooms) to divulge further information. This was statistically no different than the response finding for the control group. But when doctors employed the “some” version of the question, the response rate jumped to 90%, and it “[reduced] the rate at which patients left the doctor’s office with concerns outstanding from 37 per cent to 8 per cent” (Heritage & Robinson, 2011, p. 30)! How do we make sense of this? As the authors note, the follow-up question regularly used in medical settings is a “polar question.” The polarity of the question—that is, its preference for either a positive or negative response—is sensitive to the polarity of the words used in its design, with the word “any” having a negative polarity and “some” having a positive one. Participants in a conversation strongly orient to a normative organization that encourages aligning responses, and as this study demonstrated, they are highly attuned (most likely without awareness, I would add) to even the preferences projected by the lexical design of an utterance.

Overview of ‘Introduction to Conversation Analysis’

We may pause for a moment and review some of the ground covered, taking stock of CA as a methodology and as a theory of talk-in-interaction. Methodologically, CA approaches any bit of talk in a conversation by asking not what it “means” but what it “does” (Sidnell, 2010, p. 16). What an utterance does could be said, in some sense, to transcend the materiality, raw signification, or specific practices that constitute an utterance. To understand what some
utterance is doing, conversation analysts look to the surrounding talk and what it reveals about how the participants themselves understood what the utterance was doing (Sidnell, 2010). Here methodology and theory merge, or we might say that the theory is confirmed in the practice of the methodology: the things we “do” with our words turn out to be organized sequentially, that is they are responsive to the just-prior, adjacent turns of our interlocutor (Muntigl & Horvath, 2016, p. 106). Methodologically, as well as theoretically, CA places a premium on adjacency pairs—two adjacent utterances, spoken by two different speakers—this being the smallest unit of analysis for explicating how the action (or “doing”) of one utterance is informed by the action of another (Voutilainen & Peräkylä, 2016). CA in turn attends to how groups of adjacency pairs ‘hang together’ in “sequences,” recurrent forms that structure courses of action. One way, then, we may define the methodological aim of CA is in terms of the description of how people accomplish actions through the use of practices and in interactional contexts that structure those practices (for a similar definition, cf. Leudar, Antaki, & Barnes, 2006).

As I have also endeavored to show, CA is concerned with various preferences or pressures (as I have been calling them) that shape talk-in-interaction, this being a point in case where again a methodological sensitivity both informs and is informed by a theory of human interaction: most of the time, people strive to align their talk with one another (Stivers, 2005)—whether that is through exhibiting deference to one another’s right to speak uninterrupted, responding meaningfully to the questions, assessments, complaints, and requests of others, collaborating in progressing or bringing forward the social action initiated by another speaker, designing turns-at-talk that are responsive to the grammatical exigencies of other speakers’ utterances, and/or adopting a position or stance towards some state of affairs that is similar to the one communicated by one’s interlocutor. I have argued that CA sheds light on structures of
conversation that undercut the illusion of our unbridled freedom to say whatever occurs to us, whenever it occurs to us, in conversation. Harvey Sacks, the originator of the conversation analytic method, seems to have had precisely such a notion in mind when he fell on various metaphors of “machinery” to describe the forces that impinge on our conversational activities (Sidnell, 2010, p. 2). (We might note a similarity, here, with the work of the French psychoanalyst Jacques Lacan, who viewed language itself as a sort of “third term” or Other that most people get caught up, and ultimately alienated, in (Fink, 2013a; 2013b). I am in some sense alienated as a speaking being, because I am enforced to express myself according to the strictures of a system that I am born into.) Perhaps because we are a social species, we find ourselves compelled to submit to organizational pressures that are part of the conversational apparatus, but of course it is these organizations, as conversation analysts have argued, that underlie intersubjectivity and the possibility of conversational interaction—so we might say it is a sacrifice that pays off.

Before moving on to the next section, I would like to briefly point out what CA is not, what potentially relevant areas of human interaction it does not interrogate. Peräkylä (2008), a conversation analyst who, last I checked, was also training to be a psychoanalyst (in the Relational tradition, apparently, as suggested by an approving citation of Ogden), notes that, in the transcripts of conversations that are the data source for conversation analysts, we have no access to the speakers’ private thoughts and feelings. (He at least, in his work on psychotherapy conversations, seeks to compensate for this problem by referring to his session notes.) I believe I would be right in attributing to a conversation analyst like Sidnell (2010), who goes as far as suggesting that CA, in its commitment to empiricism, is closer to a natural science than a social science, the view that this is a strength of the approach, since interaction should be analyzed on
its own terms. I for one have settled on the belief that CA is an appropriate methodology for a circumscribed range of research questions, especially when those questions concern the *how* or *what* of interaction. But there are, it seems to me, certain research or clinical questions that draw on a context that extends far beyond the adjacencies of two utterances, the organizational relevancies of a sequence, or the immediate history of the speakers’ relationship. For some questions, the *private* matters of a person’s life are indeed very important and hold obvious relevancy to his or her interactions with others, but I will say no more on this topic, since it does not concern the research question that prompted my writing this dissertation.

Empathy in conversation

Pick up an introductory text on conversation analysis and you will not find a section devoted to empathy. Perhaps this is because empathy is not an organizational system onto itself; its absence does not appear to be a regularly accountable matter. While the system of preference organization does promote *cooperative* and other pro-social actions, and while empathy displays are a species of cooperation and among the most pro-social of activities (Stivers, Mondada, & Steensig, 2011), speakers rarely show evidence of treating the absence of empathy as a moral issue. Just take, as a corroborating example, a CA study (Ruuusuvuori, 2005) focused on empathy that compared how homoeopathists and general practice doctors respond to patients’ descriptions of their troubles. 40-55\% of the responses, the author notes, consisted of mere acknowledgement tokens (“yes,” “mm hm,” etc.), further interview questions, or silence (Ruuusuvuori, 2005). Though we should be careful not to generalize to everyday talk a finding based on institutional talk-in-interaction, it is still informative that displays of empathy are not—at least in this study—the overwhelming response in a troubles-telling environment.
If empathy is not normatively ordered the way that turn-taking, action relevance, and epistemics are, why devote a section to elaborating the characteristics and associated practices of empathy? It is for the same reason that the conversation analytic study of psychotherapy is so massively engaged with empathy. Study after study in the psychotherapy field, too numerous to count, have pointed to empathy as the fulcrum around which successful treatment turns, with more recent meta-analytic papers showing that it is, among the factors researched, the one most correlated with successful treatment outcomes (with a correlation coefficient of .26; Norcross, 2010). It is, therefore, a facet of psychotherapeutic interaction of tremendous importance, and it merits a review, prior to any investigation of it in the specific context of psychotherapy, of its general features: what constitutes an empathic action, how empathy relates to emotion, variations in empathic practices, how empathic moves respond to differences in the allocation of epistemic rights, and the sequential environment of empathic displays.

In the CA literature, empathy has come to be understood as a display of understanding that affiliates with the other speaker’s emotional stance (Kupetz, 2014; Heritage, 2011; Kuroshima & Iwata, 2016). What we might call the precursor to an empathic move is some other speaker’s assertion or telling about some state of affairs and an accompanying display of how he or she is emotionally or affectively oriented towards it, what CA calls his or her “affective stance” (Goodwin, Cekaite, & Goodwin, 2012) or “emotional stance” (Stevanovic & Peräkylä, 2014). The empathic response that follows is one that, however minimally or elaborately, demonstrates that the speaker’s experience is graspable, understandable, and indeed something that the respondent can, from a certain epistemic distance, “share” in; and moreover, it is a response that also affiliates with the emotional stance of the speaker (Ruusuvuori, 2005), in effect ratifying his experience. From a CA perspective, then, we should think of empathy as
an interactional move whereby I demonstrate, through my displayed understanding of my interlocutor, that I am able to partly “enter into [his] experience” (Heritage, 2011) and that I feel as he does about the matter being discussed—that I not only cognitively understand what he is telling me but share in his experience.

By way of example, we can look at “response cries,” which are both eloquently simple in their design and are an especially powerful resource for displaying empathic proximity to the speaker’s experience. First described by Goffman, response cries take the form of signs like “oh,” “uh” and “no” that do not communicate strict semantic information but nonetheless express the respondent’s “sentiments” (Heritage, 2011, p. 176). When used for doing empathic work, they tend to be prosodically marked, as when they are uttered with long sound stretches (Heritage, 2011). Kuroshima and Iwata (2016) have coined the term “stance display token” for a special class of response cries that utilize both prosodic and facial expressive design features to display the respondent’s affective stance. Stance display tokens—and indeed, response cries more generally—can capitalize on their ability to express feeling by joining up with the affective stance of a prior speaker and thereby creating, in the words of Heritage (2011), an “empathic moment.” The following is a simplified example of such a response cry that, through its affiliation with the speaker’s implied emotional stance, works to empathize with the teller. It dates from 2011, not long after a tsunami had hit Japan. A volunteer is speaking with an evacuee who had recently witnessed someone get swept out to sea:

EVA: Then, the parent, like this-(0.4) φ touched φ several times, but

|((EVA stretches his left arm))|((EVA slightly taps and looks at VOL’))

VOL: Uh-huh.

EVA: missed, and the parent was carried away.
Note both the stretched sound contour of the response cry, “oh,” represented in the transcript with three colon signs (indicating its very prolonged stretch), and its falling intonation, denoted by the period that follows it. Were we even to ignore the visible expression of sadness on the volunteer’s face, the prosodic features of the response cry already display a kind of non-lexical gloss of the felt impact of the telling. As is usually the case with response cries, it is difficult to parse out whether the display is meant to signal the respondent’s own emotional reaction to the events of the story or his reading of the teller’s feelings towards the events; and yet it is precisely this ambiguity, or rather blurring of boundaries between the interlocutors’ respective feeling states, that lends response cries their implied claim of empathically sharing or joining with the teller’s experience (Heritage, 2011). But quickly, haven’t we overlooked something in claiming that response cries are a vehicle for empathy, given that they do not exhibit one of the definitional criteria of a full empathic response, namely displayed understanding? Response cries turn out to be a special case, in effect postponing the articulation of one’s understanding of what the speaker is reporting and prioritizing affiliation with her emotional stance towards it. As Heritage (2011) writes, “response cries frequently issue an emotional IOU that must subsequently be cashed in propositional terms” (p. 176). This leads us to the impression that displays of empathy may be ordered in some sense, that they may follow one another in a logical fashion, or that different empathic practices may appear at different junctures in a sequence of talk-in-interaction.

Working with data from everyday interactions between German speakers, Kupetz (2014) has sought to show that there is a rather predictable progression of empathy displays over the
course of an affective telling. Broadly, this progression can be characterized as moving from non-lexical and facial displays of empathy to more elaborate, lexicalized ones that exhibit an understanding of the teller’s talk (Kupetz, 2014). Early in a telling sequence, for instance, we more frequently find empathic responses that utilize a [response cry + assessment] design (e.g., “Oh, that’s terrible!”) (Kupetz, 2014). We can differentially analyze the two components of this multipart practice, noting how the response cry works—as we have already seen—to affiliate, non-lexically, with the affective dimension of the teller’s talk, while the assessment verbalizes an understanding of the events reported. The practice, therefore, meets both of our criteria for “doing being” empathic, even if its displayed understanding of the teller’s talk is minimal.

Another empathic practice that we find appearing in earlier or mid-range locations of a telling sequence is recipient nodding, which works to affiliate with the speaker’s emotional stance (Stivers, 2008). Nods appear, therefore, to share something in common with response cries, in that they also—when delivered in mid-telling—seem to offer something of an empathy “IOU,” a promise that a more verbalized display of empathy is forthcoming. Again, this is a practice that does empathic work in a specialized environment (i.e., in mid-telling); and indeed, when it occurs elsewhere, such as at the end of a speaker’s telling, it can be heard as un-empathic, since a practice that merely endorses the teller’s stance and promotes the teller’s activity is an inappropriate response at story completion (Stivers, 2008).

In the course of progression of displays of empathy, we may come across practices that are more strongly oriented towards bringing out an empathic moment, practices like “candidate understandings” (Kupetz, 2014). These types of utterances, often described as “understanding checks,” do the work of proposing an understanding of the other speaker’s talk and belong to that class of social actions that CA gives the appellative of “repair,” insofar as they are concerned
with locating and addressing problems of hearing, word use, or understanding (Heritage, 1984; Sidnell, 2010). In CA terms, a candidate understanding is a form of “other-initiated” repair—meaning that the person initiating the repair did not speak the repairable talk; and on a gradient that measures the power of a repair practice to locate some confusion, uncertainty, or possible mishearing of another’s utterance, it is the most precise form of other-initiated repair, making relevant a response that either confirms or disconfirms the proposed understanding (Sidnell, 2010; Heritage, 1984). In terms of its construction, an utterance that functions as a candidate understanding may be prefaced with lexical markers like “so that,” “you mean,” or simply “so” (Sidnell, 2010; Voutilainen, Peräkylä, & Ruusuvuori, 2010). (Note that the practice of “mirroring” as it is described and recommended in many introductory psychotherapy textbooks, following such turn-initial formula as, “So you mean that...” or “So you’re saying...,” may frequently do the work of a “candidate understanding.”) A candidate understanding needn’t begin with these prefatory phrases, however, especially when it is designed as a declarative with turn-final rising intonation, as seen in the following example from my personal corpus of psychotherapy talk (a description of which appears in the methods section of this dissertation):

[Jon, S06, 15:50-18:32]
[The patient, “Jon,” is touching the back of his head and searching for the name of this region of his body.]

1 Jon now what's this called back here.
2 (3.0)
3 Therapist the::¿ (.3)
4 Jon medulla.
5 (.6)
→ 6 Therapist Oh Th- in terms of the Brain?
7 (.3)
8 Jon >yeah<
9 (.2)
Jon’s turn at line 1 is the beginning of what Schegloff (2007) calls an “incidental sequence,” a sequence that can occur nearly anywhere in a larger sequence of actions. Specifically, Jon initiates a “word search” sequence (Schegloff, 2007), where he enacts—in part through his body language, which does not appear in the transcript—his seeking out a word. After a considerable pause of three seconds, I (the therapist in the entirety of this data corpus is myself) draw out the articulation of the definite article, which we might surmise functions as a kind of response prompt. (The closest phenomenon I am aware of that describes this practice comes from Lerner’s (2004) work on turn-prompting sequences and the use of “increment initiators”—designed as stand-alone response words, such as “to,” “at,” “with,” and so on—that prompt the prior speaker to elaborate on his turn-so-far. In the case I am looking at, what is prompted for is not an increment of the prior TCU but a separate response.) At line 6, after the patient produces the sought after word, I proffer a candidate understanding of the type of body part he had been trying to recall, marked as an understanding check through its questioning intonation. Consistent with the conditional relevance imposed by a candidate understanding, the patient responds with a confirmation.

Candidate understandings are not de facto empathic, and indeed, even when they occur in the right sort of context—one that may eventually lead to a substantial, empathic response to the other speaker’s emotional telling—they more often function along the lines of an “empathy offer,” aligning with the speaker as teller and helping to facilitate the elaboration of the emotional pith of his story (Kupetz, 2014). In the example I have provided of a small interaction between myself and a patient, the candidate understanding cannot even be said to work as an empathy offer, instead merely serving to check that I have understood correctly the domain of the body that sets the limits for his word search. When they are used to promote understanding
of the teller’s emotional stance, however, I think Kupetz (2014) is right to treat candidate understandings as a resource for moving towards empathy.

Returning to Kupetz’ (2014) claim that displays of empathy appear to progress, over the course of another speaker’s affective telling, from transitory and non-lexicalized practices to more substantial and elaborated ones, let us look at a practice that appears higher in the chain of empathic moves: formulations. Formulations follow on another speaker’s talk and appear to merely summarize what she has just been saying—the “gist” of her talk—or articulate an inference or conclusion based on what she has been saying (Antaki, 2008; Drew, 2003; Kupetz, 2014). This can be somewhat deceptive, however, as formulations also pick over the other’s talk and only replay some of his or her words, in effect transforming the other’s utterance (Antaki, 2008)—which, in psychotherapy, often forms part of a strategic trajectory wherein the therapist shapes the client’s talk towards certain therapeutic ends, such as delivering interpretations (Vehviläinen, 2003; Weiste & Peräkylä, 2014). In Antaki’s (2008) apt description of formulations as they are used in psychotherapy, they provide a “tendentious reading” of what the speaker has just said, but because they are presented as a faithful reproduction of what the speaker has essentially uttered, they strongly prefer agreement and are sometimes difficult to resist. The design of formulations is integral to their appearance and implied claim of merely repeating the gist of the other’s talk. They often borrow from the syntax of the talk being formulated (Vehviläinen, 2003); they are usually produced almost immediately, with little inter-utterance pause (Weiste, Voutilainen, & Peräkylä, 2016)—as if, we might speculate, to enhance the effect of their being a natural inference; they do not feature epistemic downgrading (Weiste, Voutilainen, & Peräkylä, 2016)—again, reinforcing the impression that they are summarizing a matter that is self-evidently available to both speakers; and they are often prefaced with lexical
phrases like “so that,” “so you could say,” and “in other words,” which frames the turn as something that follows as an upshot or summary of what the other speaker has said (Vehviläinen, 2003; Weiste, Voutilainen, & Peräkylä, 2016). Here is an example from one of my therapy sessions, where “Adam” is discussing his underemployment and the effect it is having on his partner:

[Adam, S06, 30:35]

1 Adam =ueeeuuhhh hhh (.6) ueeuuhhh yeah she's ↑still feeling it cause I don't- I'm not ↓working yet. I have ↓promise of work (.)

4 [I have (.)]I'm ↓contracted to work

5 Therapist [huhh:

6 Adam .hh (.3) um: (1.8)

7 but there's still notta paycheck that I can apply: towards (.7) actual things in the house

→ 9 Therapist so you're feeling guilt.

10 (.6)

→ 11 you're saying. you- you feel guilt

12 Adam [HHHHhhhh (.)

→ 13 Therapist [about that

14 Adam I: (4.9)

16 (1.2)

17 (n)yeah

18 (.5)

19 because it has: (1.9) Hhhhhhhh

20 (3.6) hhhhh: (2.0)

21 because ideally speaking (. I: sh- I should

22 have been done yeah:rs ago

About 27 lines earlier in the transcript, prior to line 1, he admits to feeling “I guess a little bit uh guilt,” and at line 9, I recycle his word “guilt” in my formulation. In the context in which he originally uses the word “guilt,” it is very unclear to what situation he connects this
feeling, but my formulation now explicitly ties the feeling to his underemployment. It also removes the hedge (“I guess”) and downgrade (“a little bit”) in the original utterance. Even though the formulation is constructed as a mere summary of what Adam has been saying all along, it introduces a transformed perspective: that he is feeling guilt—rather than “a little bit” of guilt—and that his feelings derive from his lack of financial participation in, and contribution to, his relationship with his partner. Perhaps because of these covert changes to Adam’s talk that the formulation proposes, he hesitates in responding (line 10). A preferred response is normally delivered within .1 seconds (Schegloff, 2007), while delays longer than this frequently occur in environments where disagreement or disconfirmation is upcoming (Muntigl et al., 2013). After .6 seconds have elapsed, perhaps sensing an impending disagreement, I reproduce the formulation, though notably with a change in tense from present continuous (“feeling guilt”) to present simple (“feel guilt”) tense, a change in construction that I surmise downgrades the temporal persistence of the feeling and that, therefore, makes agreement easier for Adam. He still, however, seems to have trouble with straightforwardly agreeing with the formulation, producing instead, at line 12, a long exhale, in overlap with which I add an extension (“about that”) to my prior turn. Extensions often appear in environments where there are problems with recipient uptake, in effect renewing the social action of the turn to which it is grammatically attached by creating a new transition-relevance place (Ford, Fox, & Thompson, 2002). Adam finally begins to respond, but again, a long (4.9 seconds) silence ensues, one which far exceeds the “standard maximum” of 1 second of silence (Jefferson, 1988). His delay in responding strongly suggests trouble agreeing. At line 15, he abandons his previous TCU-in-progress and delivers a minimal agreement token. Apparently in pursuit of an extended agreement (Bercelli, Rossano, & Viaro, 2008), I don’t respond at any of the subsequent transition-relevance places, in
effect refusing to let him “off the hook.” The strategy works, and Adam eventually provides an account for his agreement, though it is interspersed with several long pauses, long outbreaths, and a cut-off (“sh-”).

Before explaining what is empathic about formulations, I’d like to elaborate on different types of formulations, as there seems to be a tendency in some of the literature to assume that there is only one. Peräkylä and Weiste (2013) give evidence for four types of formulations, only one of which I will describe. (The authors also describe “rephrasing formulations,” which are largely identical with the standard practice we have looked at, while the other two—“relocating formulations” and “exaggerating formulations”—are mostly confined to psychoanalytic therapy and cognitive therapy, respectively.) This leaves us to explore “highlighting formulations,” a practice whereby a speaker selects out a few key words or phrases from the previous speaker’s turn and uses these to formulate his understanding of the other’s talk (Peräkylä & Weiste, 2013). Because this kind of formulation remains so close to the other’s own descriptive language, it makes relevant not an agreement but a confirmation (Peräkylä & Weiste, 2013). Here is a simplified example from a psychotherapy setting, where the client is describing her fear of being outside at night. The excerpt is a translation from the original Finnish:

1 C: <at the night time> I don’t necessarily? (0.8)
2 not even with Ville [her boyfriend]. (0.3) I have that
3 kind of unsafe feeling indeed?
4 (0.3) >I don’t< think that he could like defend me?
5 (0.9)
6 T: °mm-m°.
7 C: #mmm# (0.4) from anyone that,
→ 8 T: that even with Ville you feel unsafe=m[m.
9 C: [y-†yeah:.

(Peräkylä & Weiste, 2013, pp. 303-304)
The therapist’s highlighting formulation at line 8 sticks almost entirely to the words used by the client, repeating the phrase “even with Ville” verbatim, as well as the word “unsafe,” while the word “feeling” gets redeployed as a verb. The formulation nonetheless preserves its practice of culling out only certain words from the formulated talk and thereby narrowing the direction in which on-topic talk might continue. Though it is not, therefore, a veridical replaying of all of the client’s talk, it is heard as a summary of “what the client is saying,” and it receives a positive confirmation token (“yeah”).

On the question of how formulations can display empathy, let us start from a somewhat oblique angle. Researchers examining the relationship between various question types used by psychiatrists and the quality of the therapeutic relationship with their schizophrenic patients have shown that declarative questions are positively correlated with therapeutic alliance (Thompson, Howes, & McCabe, 2016; Thompson & McCabe, 2016). Noting that these question types were overwhelmingly “so”-prefaced and worked to articulate conclusions that derive from patients’ prior talk, the authors argue that these declarative questions serve, in CA terms, as formulations (Thompson & McCabe, 2016). Though it requires some inferential logic that is admittedly suspect, we can at least raise the possibility that, given the large body of evidence linking empathy with therapeutic alliance, and the empirical evidence showing a correlation between formulations and therapeutic alliance (Thompson, Howes, & McCabe, 2016), formulations share some relationship with empathy. Fortunately, we needn’t rely on studies of this kind to demonstrate the relationship, as it is borne out from a number of different angles in the CA literature. For one, we may note that the action of showing one’s understanding of what another person has said—especially when what that person has said is emotionally-laden—is, for some researchers, largely sufficient for describing it as an “empathy display” (Kupetz, 2014); and in
the context of psychotherapy, it has been observed that formulations are one of the most cooperative of therapist actions (Antaki, 2008)—“cooperative,” here, denoting some connection with either alignment or affiliation (Stivers, Mondada, & Steensig, 2011). Second, formulations are frequently leveraged as a tool for carrying out transparently empathic moves, an excellent example being Hepburn and Potter’s (2007) work on “empathic receipts,” which, among other environments, often appear when another speaker is crying and that are designed as formulations of that speaker’s mental state. Third, in terms of the troubles-telling “package,” or full troubles-telling sequence, one of the most obvious locations where we might expect to find formulations—following the trouble-teller’s “exposition” of their troubles—is precisely a site associated with empathy work (Jefferson, 2015; Jefferson & Lee, 1992). Finally, though it is merely anecdotal, I would add that in my experience as a psychotherapist, my formulations seem to frequently trigger in patients an outpouring of strong affect, especially when that affect is, so to speak, “right under the surface” and when my formulations in some way affiliate with that affect. This is completely in line with Jefferson’s (2015) observation that empathic and affiliative moves in a troubles-telling context tend to produce “emotionally heightened talk, ‘letting go’ and/or turning to or confiding in the troubles recipient” (Jefferson, 2015, p. 42).

There is, according to Kupetz (2014), a practice that we sometimes find towards the end of an affective telling, one that, as a practice for displaying empathy, may come after formulations. This is the practice—first described by Sacks—of “second stories,” which are designed as related or parallel versions of the first speaker’s telling and that may be used to demonstrate understanding of, and to affiliate with the emotional stance imbedded in, the speaker’s story (Kupetz, 2014). There seems to be some disagreement over the empathic possibilities of second stories, with Ruusuvuori (2005) claiming that they are more associated
with *sympathy* and that, due to the fact that they redirect focus to the second teller’s experience, they rarely occur in professional settings (e.g., psychotherapy). I would suggest that while the presence of second stories (i.e., *therapist* stories) in psychotherapy is generally minimal, certain practitioners do utilize this practice as part of their approach and perhaps even to salubrious ends.

An interesting line of support for this possibility comes from research (Kuroshima & Iwata, 2016) that looked into interactions between volunteers and evacuees in crisis—interactions rather structured by the institutional norms of psychotherapy and that we might characterize as “lay therapy”—where the occurrence of second stories seems to be tied to, and work to overcome, certain epistemic issues. This research shows that second stories may sometimes be used to account for, or provide the grounds for, an empathic utterance that makes a strong claim of epistemic access to the referent (Kuroshima & Iwata, 2016). Empathy, as the authors argue, can be an accountable matter when an empathizing interlocutor appears to claim understanding of certain emotional experiences that are by their nature highly unusual (e.g., witnessing a traumatic event) and in some sense not understandable *directly*, unless lived through by the interlocutor himself. Here is where a second story can serve to provide the justification, the epistemic “proof,” for a speaker’s rights to empathize with a telling from a position of independent epistemic access.

This leads us to consider more broadly how epistemic issues inform displays of empathy. Discussing how the “two great moral systems” of epistemics and empathy play out in conversation, Heritage (2011) notes the following problem encountered by speakers:

In particular, when persons report first-hand experiences of any great intensity (involving, for example, pleasure, pain, joy or sorrow), they obligate others to join with them in their evaluation, to affirm the nature of the experience and its meaning, and to
affiliate with the stance of the experiencer toward them. These obligations are moral obligations that, if fulfilled, will create moments of empathic communion...However, recipients of reports of first-hand experiences can encounter these empathic moments as a dilemma in which they are required to affiliate with the experiences reported, even as they lack the experiences, epistemic rights, and sometimes even the subjective resources from which emotionally congruent stances can be constructed. (pp. 160-161)

A tension exists, for recipients of an emotional telling, between the expectation to endorse the affective way in which a speaker has experienced something and the requirement to respect the speaker’s epistemic rights over her experience. It is a “distance–involvement dilemma,” whereby the pressure to affiliate and draw closer to the speaker is simultaneously repelled by norms that prohibit encroaching into territories of knowledge that are not one’s own (Heritage, 2011, p. 181). So how do recipients navigate this particular straight?

We have already seen that there is a certain class of empathic displays that effectively skirt the problem by curtailing the elaboration of verbal understanding. In this class we can count response cries, stance display tokens, and nods, which variously use bodily, facial, prosodic, and other non-lexical design features to display affiliation with the speaker’s affective stance without expressing particularities of understanding. Another example of a practice that can display empathy without risking incursions into another speaker’s epistemic territory is “continuers.” Continuers take such forms as “uh huh,” “mm hm,” “yeah,” “okay,” or “right,” and they are typically used at the end of another speaker’s TCU to signal receipt of the speaker’s talk and to show that the respondent is declining an opportunity to take the conversational floor (Schegloff, 1981; Goodwin, 1986; Muntigl & Zabala, 2008). They’re frequently seen in the context of storytelling, when respondents will respond at various transition-relevance places with
a brief “mm hm” that works to display an understanding of the story as still on-going (Fitzgerald & Leudar, 2010). In the setting of psychotherapy, they can be absolutely ubiquitous, and that fact appears not to have escaped the attention of patients and others, as evidenced by media depictions of dour therapists responding with “hmm” and “mm hm” at various junctures in the patient’s talk. What is not so frequently remarked on is the deployment of continuers to do empathic work. Fitzgerald and Leudar (2010) have coined the term “empathic continuers” for a special sub-group of continuers that are produced with low volume and typically occur in an environment where the primary speaker is expressing feelings. When used in this way, the continuers not only work to encourage the speaker to take another turn-at-talk, but they “echo the client’s poignant feelings” (Fitzgerald & Leudar, 2010, p. 3193)—they leverage prosody to affiliate with the speaker’s emotional stance. Again, what is notable about this practice, as well as the class to which it belongs, is its affiliative (empathic) function in the absence of a developed display of understanding of the speaker’s experience. These features provide an avenue for empathizing in a such a way that issues of epistemic asymmetry needn’t be addressed.

When it comes time to produce a more substantial empathic response to an affective telling, respondents use a variety of practices that are tailored to the epistemic contingencies of the conversation. Heritage (2011) has shown that respondents whose epistemic access to the speaker’s experience is lacking will display empathy by making “subjunctive assessments.” These assessments affiliate with the emotional stance of the speaker on a sort of conditional basis, indicating that “if the recipient were to experience the things described they would feel the same way” (Heritage, 2011, p. 169). In the following example, Dianne makes an assessment of an asparagus pie she recently ate, and in her response, Clacia makes a subjunctive second assessment:
Other empathic practices for tackling the problem of epistemic access include “observer responses” (Heritage, 2011). Though a respondent may not have personally witnessed a described event, he can affiliate with it through the affordances provided by a rich speaker description, adopting the position of a “voyeur” whose epistemic access is “imaginary” (Heritage, 2011, p. 171). In the following extract, Emma makes an observer response after her sister, Lottie, recounts her recent experience of skinny-dipping with a friend:

LOT: there’s two places where thuh hot water comes in ‘n you c’n git ri:ght up close to’m ‘n i’
(y) £feels like=yer [tə] kin’][a ]dou]:che, ]£=
((3 lines omitted where LOT and EMM laugh in overlap))

h,=
EMM: = hhhhhh =
LOT: =E[n we -: ]

EMM: [#¹[^ C ]‘N ^SEE YOU ^TWO KI:d[S ( ) (Heritage, 2011, p. 171)

Observer responses like these permit a respondent to virtually enter into a speaker’s epistemic territory. In this way, the epistemic rights of the speaker are preserved and the moral pressure to affiliate can be satisfied.

In some cases, respondents may opt to decline an opportunity to empathize with a speaker’s experience, and they may explicitly cite epistemic reasons for doing so. In Kuroshima and Iwata’s (2016) study of the interactions of volunteers and tsunami evacuees, they analyze a segment of talk in which a volunteer provides a formulation of an evacuee’s experience as something one “would never imagine to occur” (p. 98). The volunteer in effect appeals to the epistemic impenetrability of what the evacuee has gone through, and we might imagine that he
does so precisely as an account for not empathizing with the evacuee. Nonetheless, the formulation does not come off as impertinent—rather it treats the evacuee’s story as “tellable” (Kuroshima & Iwata, 2016, p. 99), thereby forwarding the course of action. There are other instances in which respondents simply pass over an emerging moment in which empathy might occur, and this may be heard as markedly non-affiliative. One practice that may be found in environments where a speaker’s emotional stance is not attended to is “ancillary questioning,” which entails asking a question that diverts the topic of conversation (Heritage, 2011). Later, we will explore literature showing a general trajectory, in psychotherapeutic conversation, from an “inquiry” phase of interaction to one focused on “elaboration” (Bercelli, Rossano, & Viaro, 2013). In the earlier phase, where the patient’s trouble is being worked up and clarified, ancillary questions may be unproblematic and even a valuable resource; but in certain—especially post-inquiry—phases, they may be highly disruptive. To see why this might be the case, we will look more closely at Jefferson’s (2015; 1984) “troubles-telling sequence.”

I have already had opportunity to cite the troubles-telling sequence on a number of occasions, but there is now sufficient reason to expound upon it, since the question of the location of empathy in a broader course of action is now pressing. In some sense, opportunities for empathic affiliation are ubiquitous in a conversation. For instance, a pre-emptive completion, by a respondent, of another speaker’s yet-to-be-completed TCU—forming part of what is called a “collaborative turn sequence”—can be highly affiliative (Lerner, 2004), and from what I can gather, the opportunity for initiating such a sequence has few restrictions in terms of where the speakers are located in the progression of the conversation. We could imagine that a pre-emptive completion, such as the one appearing in line 2 in the following example, could appear at many different points in a conversation:
And yet despite the apparent omnirelevance of empathy displays—despite, that is, the recurring possibilities for displaying affiliative understanding of the other person’s position—there is a sense in which empathy is most relevant in particular contexts, at certain positions in the unfolding of a course of action. I need only point out the inappropriateness of an empathic response to a greeting (“Hello”) or a request for information (“What time is it?”) to make the point clear.

In the CA literature, empathic responses are usually analyzed in the environment of speaker descriptions of some trouble (see, for example, Muntigl, 2016; Ruusuvuori, 2005; Kupetz, 2014). While it is clear that empathy is not restricted to talk about troubles, we might speculate that a normative pressure to respond empathically is most relevant in a troubles-telling context, a display of empathy being the expected and moral response to a person experiencing difficulties in a way that it is not in other interactional environments. This is where Jefferson’s work on the troubles-telling sequence takes on such importance, it being, to my knowledge, the first and one of the most comprehensive frameworks for describing, sequentially, the work involved in attending to a troubled person, as well as pinpointing both the location and interactional purpose of empathy within it. Empathy has, we might say, a privileged role in the context of the troubles-telling sequence, and so any thorough analysis of empathy must take the sequence into account.

Something that has been alluded to already, but deserves greater explanation, is that the troubles-telling sequence is something of an idealized or “candidate” sequence, its many segments almost never appearing, one after the other, in an actual conversation (Jefferson, 2015). The sequence is an example of what Jefferson calls a “big package,” an interactional structure
composed of smaller units of interaction that, though ordered in an ideal progression, tend to get reshuffled in the execution of the sequence (Jefferson, 2015). Bearing that in mind, the candidate sequence, in its full form, is composed of the following elements and in the following order: Approach→ Arrival→ Delivery→ Work-up→ Close Implicature→ Exit (Jefferson, 2015). Of these, I’ll focus on the approach, arrival, and delivery aspects of the sequence, as these are the most relevant for contextualizing empathy and examining what interactional purpose it serves.

First, let us note some general features of the troubles-telling sequence and what social work it is engaged in. When an interlocutor orients to a speaker with some problematic experience as a “Troubles Teller”—that is to say, correlatively, when she aligns herself as a “Troubles Recipient”—this amounts to focusing not on the trouble as a problem to be fixed but on the troubles teller himself (Jefferson & Lee, 1992). When an interlocutor positions himself as a troubles recipient, he attends to the troubles teller’s experience and provides “emotional reciprocity” (Jefferson & Lee, 1992, p. 546). That is, the primary work accomplished in a troubles-telling sequence is emotional in nature. Jefferson (2015) explains that the sequence, when properly oriented to by both parties, is bounded off from “business as usual”—the ordinary interactional projects that define a conversation—and is marked by “a movement from distance to intimacy” (p. 43). The normal, affective distance that exists between most speakers is slackened in the course of a “successful” troubles-telling. The troubles teller may laugh after reporting a troubling experience, but the aligned troubles recipient ignores it and hones in on the trouble, showing affiliative receptiveness to it (Jefferson, 1984). The interlocutors become increasingly “lock[ed] in, to the trouble and to each other” (Jefferson, 2015, p. 43), potentially culminating in the release of strong speaker affect. In sum, the troubles-telling sequence describes a recurring set of practices by which subject-actors join-with each other emotionally.
over a troubling experience. The work of a troubles-telling sequence *is*, we may say, this emotional joining-with.

The “Approach” segment of the troubles-telling sequence can be initiated in a number of ways, but my main interest lies in those practices by which the troubles recipient begins to broach a possible trouble in the other speaker. On the one hand, the troubles recipient may simply inquire into a known, possible trouble (Jefferson, 2015)—which, we might note, lends this practice some affinity with itemized news inquiries, which can be designed as “solicitous enquiries into troubles which recipients are known to have” (Button & Casey, 1985, p. 8). (Whether interactants will orient to the inquiry as an approach device into a troubles-telling sequence, or whether it will be treated as an itemized news inquiry, depends, we must assume, on many factors, not least of which being how the respondent takes up (i.e., interprets) the action being done by the inquiry.) Jefferson (2015) also mentions “noticing” as a practice for approaching troubles talk. In psychotherapy talk—a setting in which we cannot overlook the massive relevance of troubles talk—noticings take the form of explicitly pointing out some feature of the interaction that has just occurred, such as the patient’s tone of voice, body posture, or lexical choice (Muntigl & Horvath, 2014a). Muntigl and Horvath (2014) conclude that noticings can be an affiliative practice for bringing patient emotion to the topical fore, but they perhaps miss how noticings can accomplish this in terms of initiating a troubles-telling sequence.

The “Arrival” component of the troubles-telling sequence begins with an announcement of some trouble (Jefferson, 2015). It is in response to such an announcement that we see a first, formalized appearance of empathy and its overall, sequential import in the troubles-tellings sequence. An aligning response, in this environment, is one that “[displays] ‘empathy,’” and by responding empathically, the respondent commits herself as a troubles recipient (Jefferson,
Here, in the context of the first announcement of a trouble, an empathic response works to forward the troubles-telling sequence; it is a practice for progressing the course of action to the next segment of interactive work and propelling the interlocutors into the “intimate” space set aside by the troubles-telling sequence. Jefferson (2015) does not define empathy, but with reference to examples she provides of both (empathic) aligning and non-aligning responses, we can make some inferences. Here is a non-aligning response to a troubles announcement:

L: His mother's real low.  
→ E: Oh really, (p. 38)

And here is an aligning response:

S: We got burglled yesterday.  
→ D: Nah: noːː. (p. 39)

The response in the first extract constitutes a news receipt (Maynard, 1997), while the response in the second example, with its emphasized articulation and drawn out prosody, is a response cry (Heritage, 2011). Not only does the news receipt not display empathy—either in terms of emotional affiliation or offering for confirmation an understanding of the other’s situation—but news receipts are among the weakest responses for encouraging the development of an announcement (Maynard, 1997). The response cry, on the other hand, takes up rather strongly the implicit emotional stance of the announcer, functioning in this way as a display of empathy. It seems, then, that Jefferson’s conceptualization of empathy is largely in line with the one we have developed here.

To briefly hark back to an earlier point left unelaborated, note that an ancillary question (Heritage, 2011) in the response slot of the Arrival segment could be potentially disruptive. Since it is a practice for doing a first pair part (FPP) action, an ancillary question in this slot would reorder the sequential positions of the interlocutors—with the “teller” now cast as a second-position respondent—possibly upsetting the movement into the next segment of the
troubles-telling sequence. Depending on what the ancillary question topicalizes, it might also occlude conversation on the most emotionally pertinent aspects of the trouble. But perhaps more important, such a practice at this sequential juncture would not align its speaker as a troubles recipient, since it would be at odds with the interactional work at stake in a troubles-telling environment—namely, emotional closeness.

Moving on to the last element of the troubles-telling sequence that we will examine, the “Delivery,” the troubles teller here initiates an “exposition” that “constitutes the topical and relational heart of troubles talk, an intense focusing upon the trouble and upon each other” (Jefferson, 2015, p. 43). Doubtless the troubles teller’s affective stance will have been implicit before this point, but in the exposition it becomes significantly elaborated. Thereafter, how the troubles recipient responds will determine whether the sequence progresses according to the schema outlined by Jefferson. Again, we find that it is an empathic or affiliative response that accomplishes this, having the effect of drawing the troubles teller towards a sort of climax of “emotionally heightened talk” (Jefferson, 2015, p. 42). In this specific sequential position, empathy could be said to solicit or enable displays of emotionality that are otherwise regulated in everyday talk. We could of course theorize this further and wonder whether affiliative responses in the context of intensive troubles-telling function as a sort of moral sanctioning of emotional displays, a means of mirroring and thereby deepening latent affect, or a tool for co-constructing an emotional experience. In any case, research on the troubles-telling sequence suggests an intimate connection between empathy and emotional release, as though strong displays of emotion are “produced specifically in response to...exhibited affiliation” (Jefferson, 2015, p. 42).
Overview of empathy in conversation

It will have become clear from our discussion that displays of empathy require a certain material on which to work, which—given that this material is not always present at a given point in a conversation—explains why empathy seems to be a practice most relevant in specifiable sequential contexts. Since empathy is a type of emotional activity, it is not surprising that this “material” largely consists of a speaker’s emotional position or stance towards something he or she is discussing. Displays of empathy in conversation, as we have seen, make visible—either through demonstrations of understanding, nonverbal markers, or both—that the respondent feels about the thing being discussed in the same way as the speaker.

We have also seen that strongly empathic responses are not simply launched into at the first opportunity, but rather there is a sort of collaborative dance, an interactive step-by-step progression, that entails drawing out from a troubles teller increasingly granular and affective descriptions of his trouble in concert with a trouble recipient’s increasingly overt displays of empathy. Empathy deepens in lock-step with a deepening of talk about troubles. Part of this deepening involves increasingly verbalized displays of understanding of the trouble teller’s experience—a movement from generic, even nonverbal, displays of affiliation with the trouble teller to explicit formulations of understanding.

Epistemic asymmetries between speakers pose a particular challenge in progressing to developed, affiliative offerings of understanding of the trouble teller’s position. Speakers attend to their differences in epistemic access to and rights over a knowledge domain (Kupetz, 2014), and an empathic display of understanding that in effect claims, “I feel about this as you do,” risks being heard as an unjustified claim of access to the referent. We have already discussed various practices at the disposal of recipients to mitigate this risk, but I should also make mention of
resources used by troubles tellers to permit *ad hoc* epistemic access to their experience. Tellers have available practices like “direct reported speech”—an utterance that is presented as an accurate replication of what another has said (Holt, 2000)—as well as rich narrative description, to bring recipients into a scene of action (Heritage, 2011). It seems to me that such practices invite displays of empathic understanding precisely by temporarily lowing the walls of epistemic access. Such considerations corroborate still further the view that empathy is a collaborative achievement.

Introduction to psychotherapy and CA: What makes talk “psychotherapy talk”?

However else we might define it, psychotherapy is most straightforwardly described as a form of conversation. I needn’t point out that people spend sometimes considerable sums for the right to have one of these conversations, and they rightly expect that it will be different from the everyday conversations they engage in—that it will exhibit some features, or will be structured by certain norms or rules, that are not characteristic of everyday conversations. So long as we do not get too caught up in a theory of psychotherapy that fetishizes the transmission of a certain kind of knowledge (this is the implicit assumption, I would argue, undergirding most self help books), we will see that the psychotherapeutic claim boils down to this: Psychotherapy is a special kind of talk, conversation, or interaction that occurs between a psychotherapist and a patient and that can lead to positive changes in the well-being of the patient. So what is so unique about a psychotherapeutic conversation?

In his seminar delivered in 1953-1954, the French psychoanalyst Jacques Lacan (1975/1991) proposed the following formulation of the structural hallmark of psychoanalytic talk: “This experience [that is hollowed out in the experience of analytic speech] is constituted in analysis by extremely paradoxical rules, since what is involved is a dialogue, but a dialogue
which is as much of a monologue as possible” (pp. 230-231). Is this true, perhaps, for all psychotherapeutic dialogue? Is this simple asymmetry in turn-taking—such that the patient does most of the talking—the sufficient condition for framing that kind of conversation that has the potential to treat mental health problems? It is a tempting starting point, but we need only observe so-called “active” therapists at work, such as the Gestalt therapist Fritz Perls (Shostrom, 1965), to realize that there is quite a bit of variation, among therapists, in therapist and patient turn-taking distributions. Lacan’s description may be an apt one for certain forms of psychoanalytic talk-in-interaction, but it doesn’t hold for all forms of psychotherapy.

What is so difficult with describing psychotherapy talk in broad brushstrokes is that, even if therapists largely agree that the central institutional task of psychotherapy is patient change, they don’t agree how change is best facilitated in therapy, including what system (behavioral, cognitive, emotional/experiential, narrative, unconscious discourse) is the intended target of change. If these different schools of thought merely voiced their disagreements in the realm of ideas and otherwise utilized similar conversational practices to go about their work, we could simply bracket the former and go about describing the latter. And yet, a review of the conversation analytic literature makes plain that clinical theory does affect practice. Moreover, the various schools of psychotherapy have been building up for some time descriptions of their preferred interventions and idealized constructions of these, and this has led to a situation, naturally, whereby therapists of different clinical orientations have tended to adopt more frequently those practices advocated by their respective schools. To use a term coined by conversation analysts to describe the collection of interactional practices described and advanced by an institutional body, the various schools of psychotherapy have differential “professional stocks of interactional knowledge” (SIKs) (Peräkylä, 2008). This might suggest that we will
have to approach the conversation analytic description of psychotherapy talk expecting only diversity, a sort of tribalism or Balkanization of practice; but if we were to do so, we would be at risk, I believe, of swinging too far in the opposite direction, as it appears that certain practices, or at least interactional projects, are rather common across the psychotherapies. While differences of practice may be the norm in psychotherapy, one gets the strong impression when studying transcripts of psychotherapy that something typifies or marks them as “psychotherapy talk,” something holds them together and differentiates them from everyday conversations.

As a first inroad into the complexities I am pointing to, let us consider again Lacan’s (1975/1991) observation that psychoanalysis exhibits a certain one-sidedness in terms of who does the talking. He is not the only one to notice this: Conversation analysts have similarly remarked that psychoanalysts often decline opportunities to talk at transition-relevance places and frequently allow much longer silences to elapse than is normal in everyday talk (Peräkylä, 2011; Voutilainen, Peräkylä, & Ruusuvuori, 2010). We might conjecture that this is a novelty of psychoanalysis, perhaps stemming from the impact of Freud’s inaugural therapeutic techniques, the most relevant here being the “law of free association”—that is, the Freudian rule, considered an absolute condition for the possibility of a psychoanalysis, that dictates that patients should omit nothing that occurs in their minds (Lacan, 1936/2006). (After all, if “analysands” (the psychoanalytic term for patients) are meant to be speaking freely and frequently, the corollary would seem to be that the psychoanalyst should, as it were, ‘get out of their way.’) And yet, conversation analysts have observed that non-psychoanalytic therapists too—such as those practicing couples therapy—regularly pass up opportunities to self-select and take the conversational floor (Muntigl & Zabala, 2008). Muntigl and Zabala (2008) suggest that this is not due to a wider institutional phenomenon but, rather, informed by a “therapeutic vision that
calls for exercising an *explicitly nondirective* role in the interaction” (pp. 220-221, italics in original). Here we have a practice, then, that is not so prevalent that we could say it has been institutionalized, and yet it does seem to reflect some “vision” or interactional aim that bleeds across more than one clinical orientation. Can this “vision” be described in conversation analytic terms? Does it even show itself in the order of talk-in-interaction? Is it a describable social action?

Before attempting to answer these questions, let us note that even if the psychotherapies share something in common that can be described in interactional terms—and I *do* believe this to be the case—they also hold discordant visions, and this translates into disparities in the use of certain practices and actions. Cognitive-behavioral therapy, for example, with its emphasis on encouraging patients to adopt new behaviors, is one of the few settings in which we regularly find the action of “candidate suggestions” or advice-like “proposals” (Ekberg & Lecouteur, 2012). Usually constructed as recommendations ("maybe [you] do need to ask other [people]...[and] maybe that’s something that you could work on this week"), yes/no interrogatives ("Is it worth exploring some other...accommodation options...so that you’re not living at home?"), or information-giving, proposals in cognitive-behavioral therapy are vehicles for attempting to initiate behavioral change and are informed by a theory of “behavioral activation” (Ekberg & Lecouteur, 2012). I am not aware of any research describing candidate suggestions in other forms of psychotherapy; and indeed, this may be for good reason, as Jefferson and Lee’s (1992) research on the troubles-telling sequence suggests that advice giving is conspicuously “misfitted” in a context in which a person is positioning herself as a Troubles Teller. Advice is misfitted, they explain, because it transforms a troubles-telling into one that is more relevant to a “service encounter,” the Troubles Teller becoming a recipient of advice rather
than a *speaker* with something to tell. It is not surprising, then, that Ekberg and Lecouteur (2012; 2014) found that proposals in cognitive-behavioral therapy usually lead to “resistance.” Jefferson and Lee (1992) provide a suggestion for why such proposals or advice-giving tend to be rejected:

The recurrently found rejection of advice in talk about a trouble may, then, be accomplice to an attempt by a troubles teller to preserve the status of the talk *as* a troubles telling, with its particular structural and interactional properties, and to maintain incumbency in the category troubles teller, with its particular and general perquisites. (p. 535)

If we were to continue by drawing up a list of practices that are uniquely associated with given therapeutic approaches, it would—besides giving us a window into the various interactional flavors of the different psychotherapies—prove not insubstantial. Such practices include interpretations—mostly confined to psychoanalysis (Weiste, Voutilainen, & Peräkylä, 2016)—which draw on a wide swath of patient talk (including patient narratives and descriptions from previous sessions) to explain how different aspects of a patient’s experience link up (much like pieces of a “puzzle”) (Vehviläinen, 2003); topic-initiating “just thinking” turns (e.g., “Do you know what I was just thinking?”), which have only been described in the context of child counseling (Hutchby, 2010); so-called “unusual questions” in a therapeutic approach called The Reflecting Team (Smoliak, Le Couteur, & Quinn-Nilas, 2018); and compliment turns in dialectical behavior therapy designed in a [“okay” + compliment + account] format (Jager et al., 2015). What’s more, we find that certain practices that appear in most types of psychotherapy, such as formulations, can be adapted and refashioned to perform actions that further the specific institutional aims of the different therapeutic approaches: hence, “relocating formulations,” which rephrase the patient’s talk to suggest that the events and experiences described by the
patient map unto another (usually earlier, childhood) experience, appear chiefly in
psychoanalysis (Peräkylä & Weiste, 2013); and “exaggerating formulations”—designed (often
with extreme case formulations) to rephrase the client’s talk in a way that brings out its
unreasonableness, thereby challenging the client’s conclusions—are mostly used by cognitive
therapists (Peräkylä & Weiste, 2013).

With some sense of the concrete ways in which clinicians of different theoretical
orientations diverge around practice, let us return to our starting point and ask again the question
we are trying to come to grips with: What is distinct or characteristic about psychotherapy talk as
a whole? Is there anything that therapists share in common, so to speak, at the level of their talk-
in-interaction? In attempting to answer this question, we could proceed by trying to cull out all
those practices that recur across clinical treatment approaches and that aren’t already common
practices in everyday talk. While I’m sure it would be possible to drum up such a list, I suspect
it would be a dismally short one; and more importantly, I have no reason to believe that it would
greatly advance our understanding of the interactional work done in psychotherapy. After all,
despite some of the conceptual awkwardness of distinguishing between “practices” and
“actions”—despite, that is, the fact that social-actors very probably do not process and categorize
the talk they hear according to prefabricated “actions,” the notion of an action being merely “a
descriptive convenience, not a veridical claim” (Sidnell & Enfield, 2014, p. 433)—we have
already seen, with multiple examples, how talk does something above and beyond what it is
doing at a more rudimentary level. I might appear to be asking a straightforward question, but
what it might be doing is greeting you (“How are you?”), offering you an invitation (“Would you
like to come to my party?”), requesting something (“Any chance you could drive me there?”),
criticizing you (“You just don’t know when to stop, do you?”), prompting you to continue your
story (“What happened next?”), and the list goes on. It is at this sort of level—even if we end up at a level that is not, strictly speaking, that of “social actions” in the usual sense—that we will want to explore what sets psychotherapy talk apart from everyday talk.

Reviewing the many practices deployed by therapists and the various kinds of work they lend themselves to, we will notice a large group of them that—in addition to whatever else they might be doing—can be conceptually unified in terms of a shared, interactional function: expansion of patient talk. I want to be careful not to overextend myself and imply that this is a defining characteristic of psychotherapeutic talk, but in the conversation analytic literature, practices designed to expand patient talk are utilized by therapists of such diverse theoretical orientations that we can comfortably maintain that this is a rather common, interactional project of psychotherapists, even if it remains sometimes unarticulated in their respective clinical theories. In transcripts of psychoanalysis (Peräkylä, 2011), constructionist therapy (Smoliak, Le Couteur, & Quinn-Nilas, 2018), existential psychotherapy (Kondratyuk & Peräkylä, 2011), couples therapy (Muntigl & Zabala, 2008), cognitive psychotherapy and systemic psychotherapy (Bercelli, Rossano, & Viaro, 2008; Bercelli, Rossano, & Viaro, 2013), and emotion-focused therapy, Gestalt therapy, narrative therapy, and symbolic experiential therapy (Muntigl & Horvath, 2014a), practices are regularly found which serve to expand patient talk.

“Expansion,” here, is a general category that describes talk that continues past the possible completion point of a TCU, and under this descriptor we can include elaborations, enhancements, and extensions (Muntigl & Zabala, 2008). Elaborations—often preceded with conjunctionals like “I mean” or “like”—reword or restate a previous discourse unit, while enhancements—often constructed with an initial conjunction like “because” or “so”—usually work to provide some explanation for the previous discourse unit (Muntigl & Zabala, 2008).
Extensions are a type of increment, and they are identifiable by being nonmain-clause continuations of the prior, possibly complete TCU, carrying out the same action as the previous TCU, and usually providing further information along the lines of an event’s location, time, or subject-actors involved (Ford, Fox, & Thompson, 2002).

There are a variety of combinations in terms of who initiates and who performs an expansion, but for our purposes, it is sufficient to consider just two of these: self(patient)-initiated self-expansion and other(therapist)-initiated self(patient)-expansion (Muntigl & Zabala, 2008). Extensions, for instance, often appear in the form of self-initiated self-expansions in environments where a therapist chooses not to speak at transition-relevance places, the extensions serving as a sort of ‘second-round’ attempt by the patient to receive uptake (Ford, Fox, & Thompson, 2002). Here is an example from everyday talk of such an extension, initiated and executed by the same party:

1 S: Ya know when it- (.) came from the:: I think air conditioning system,
2 it drips on the front of the cars?
3
4 S: If you park in a certain place?
5 R: Mm hmm (adapted from Ford, Fox, & Thompson, 2002, p. 19)

When, at line 3, “R” fails to respond to “S,” whose turn contains a request for confirmation (“Ya know...?”), “S” tags on a subordinate clause (“If you park in a certain place”) that continues the action past the transition-relevance place, providing a second opportunity for “R” to respond.

Therapists, it seems, often go out of their way to set up interactions like these, knowing that by remaining silent at the boundaries of patients’ TCUs, patients are likely to self-expand their talk (Muntigl & Zabala, 2008).

Extensions can also be other(therapist)-initiated. A particularly powerful practice for prompting the other speaker to extend her TCU is an “increment initiator,” a device—often
constructed as a single word, such as “and,” “about,” or “with”—that targets for expansion type-specific information that is portrayed as missing in the TCU-so-far (Lerner, 2004). For example, in the following extract, Kathy initiates expansion of Jack’s talk by deploying a first word of a possible extension, which Jack completes:

Jack: I just returned

→ Kathy: from


Similar to increment initiators are “TCU-initial prompts,” designed as main declarative clauses with turn-final conjunctions (Muntigl & Zabala, 2008). Often the declarative clause will recycle elements from the utterance being targeted for expansion, and the appended conjunction will function much in the same way as an increment initiator, prompting the other to expand on the TCU-in-progress.

We have so far looked at only a few practices at the disposal of therapists for prompting patient expansion—one of these (viz., silence) being a sort of ‘practice of omission,’ the others belonging to a class of “specific expansion elicitors” that target for expansion a specified part of the patient’s utterance (Muntigl & Zabala, 2008). When we pan out and consider the full range of expansion practices used by therapists, it is remarkable just how many therapist interventions belong to this set. Among this group of expansion practices we can count, for instance, continuers (Muntigl & Zabala, 2008; Muntigl, 2013)—usually taking the form of tokens like “hm mm,” “uh huh,” “mm,” “okay,” and so on—and this is significant as continuers appear so frequently in transcripts of psychotherapy talk. (Apparently continuers are very frequent in any setting when emotional topics are being discussed, as suggested by a study (Peräkylä et al., 2015) in which university students, prompted to “talk about happy events and losses in their life in a freely chosen way,” more frequently responded to each other with continuers than any other
responsive action under investigation.) We have earlier described continuers in terms of their joint action of receipting the interlocutor’s talk and signaling understanding that an extended turn-at-talk is underway (Goodwin, 1986; Schegloff, 1981). In effect, continuers function as a “pass” on turn-transition. This is what lends continuers their property of pulling for expansion, and it is also what makes them such an excellent practice for “information-gathering” in a psychotherapy setting (Fitzgerald & Leudar, 2010, p. 3191). Some writers in the field of psychotherapy have sought to describe continuers and formalize them as part of accepted clinical practice—what amounts to developments in their respective schools’ “professional stocks of interactional knowledge.” As is apparent in the following quotation, there is a high degree of overlap between how conversation analysts understand continuers and how they are described by psychotherapists:

Instead, she [the analyst] should cultivate a wide range of "hmms" and "huhs" (not "uh-huhs," which have come to signify agreement, at least in American English) of various lengths, tones, and intensities, which can be used to encourage the analysand to go on with what he is saying, to further explain something, or simply to let the analysand know that she is following or at least awake and inviting him to continue. (Fink, 2007, p. 9)

Continuers initiate non-specific expansion, meaning that no specific facet of the speaker’s turn is homed in on as expandable (Muntigl & Zabala, 2008)—hence, the speaker is free to elaborate, enhance, or extend his turn in a number of different directions. Confirmation elicitors belong to the same group of what are called “general expansion elicitors,” but they narrow somewhat the breadth of options for expansion provided by continuers. This is especially apparent when confirmation elicitors are designed as questioning- or declarative-intoned repetitions of one of the words used in the interlocutor’s prior turn (Muntigl & Zabala, 2008),
since this practice clearly calls for expansion in relation to the targeted word. Interestingly, there is a psychotherapy that has made confirmation elicitors central to its therapeutic practice. Lacanian psychoanalysis employs a practice that it calls “punctuation,” which boils down to an intervention of repeating either a single word, phrase, or clausal unit in the patient’s speech, oftentimes with questioning-intonation (Fink, 2007). No conversation analytic research that I am aware of has yet investigated this particular practice, but that it shares both design and interactional features in common with confirmation elicitors appears undeniable. Leaving the question of punctuation to the side, let us note that practices that request confirmation—we would naturally include “candidate understandings” in this category—often receive more than mere confirmation (e.g., “yes”), frequently initiating expansion of the other’s talk.

A variety of question practices function in psychotherapy talk as other-initiators of expansion. Therapists often ask contingent questions during patients’ extended tellings, questions that arise in connection with what the patient has just said and that, in seeking clarification or specification, work to expand the patient’s talk (Bercelli, Rossano, & Viaro, 2013). So-called wh-questions—questions that begin with question words like “what,” “why,” “where,” or “how”—also can elicit expansion (Muntigl & Zabala, 2008), especially when they work as contingent questions, as in the following example:

1  (1.0)
2 T: wh- where ↑are you.
3  (2.0) ((D gazes slightly away from T and chuckles))
4 D: I don’t know↑ ((slightly shifts head from side to side))
5  (2.5) ((T gazes at D))
→  6  T: what do you mean? (adapted from Muntigl & Zabala, 2008, p. 191)

This small extract is taken from a couples therapy session in which the therapist is engaging an unresponsive husband. The first wh-question, at line 2, follows several previous,
failed attempts to elicit talk from the patient. Besides functioning as a request for information, it seems that it also works as a topic initial elicitor (Button & Casey, 1985), a practice for topic generation that is common not only in the beginning of conversations but at moments when topicalized talk grinds to a halt (Button & Casey, 1984). Notice that, here, the wh-question is not a practice of other-initiation of expansion, as the husband has not produced a TCU that could be continued. Following the husband’s “non-answer” response (“I don’t know” is a paradigmatic case of a non-answer response (Jager et al., 2016)), the therapist produces another wh-question, and this time, the practice is aimed at getting the patient to elaborate his turn (Muntigl & Zabala, 2008).

One type of therapist-initiated expansion elicitor seems to me very specialized to psychotherapy settings: demands (Muntigl & Zabala, 2008). Examples of demands that can prompt expansion include such utterances as “tell me about that” (Muntigl & Zabala, 2008), “can you give me an example” (Muntigl & Zabala, 2008), “say more,” and “go on.” In my own training in clinical psychology, I have had the last two utterance types—“say more” and “go on”—explicitly modelled for me, both in classroom and supervisory contexts. What strikes me about these is how ill-fitting they would be in everyday talk. To my ear, expansion elicitors like “say more” have a distinctly institutional ring, and I cannot imagine that they would not at least raise some eyebrows if uttered in an ordinary conversation. That they seem, however, so fitted to a psychotherapeutic setting suggests that they receive their ratification from the unique institutional roles occupied by therapist and patient, as well as the interactional project in which they are involved (Voutilainen, Peräkylä, & Ruusuvuori, 2011).

Some practices in psychotherapy are best characterized as other-initiated other-expansions, whereby the person initiating and carrying out the expansion is different from the
person whose turn is being expanded. We see this in the practice of therapist extensions of patients’ talk, which entails appending to the patient’s just-prior turn a phrasal unit or nonmain-clause—often designed with a turn-initial conjunction like “and” or “but”—that continues the patient’s talk (Vehviläinen, 2003). These extensions frequently forgo the use of a first- or second-person pronoun, lending them the sense of speaking “from within the same world” as the patient (Vehviläinen, 2003, pp. 581-582) and contributing to their function as other-initiated other-expansions. Patients too, I would argue, engage in what amount to other-initiated other-expansions. Analyzing interpretation sequences, Peräkylä (2011) has noted that patients’ extended agreements—usually designed in a [agreement (e.g., “yes”) + account] format—work to “elaborate,” “explain,” or “expand” some part of the therapist’s interpretation (p. 290). Bercelli, Rossano, and Viaro (2008) reach similar conclusions about the function of extended agreements in response to “reinterpretations.” In terms of its action import, we would say that an extended agreement agrees with and displays understanding of the prior turn (Bercelli, Rossano, & Viaro, 2008); but at a different level of analysis, it seems to me that an extended agreement is a form of other-expansion of the therapist’s turn—precisely because it continues, by adding to, the therapist’s TCU.

There are many more expansion practices than the ones I’ve covered, but as my intention here is not to provide exhaustive evidence for the claim that psychotherapy talk is distinctive in its focus on patient expansion—my intention is only to make a case for it—let us move on and ask why psychotherapists of so many ilks appear to encourage expansion. That is, why do so many psychotherapists seem to be in the business of prompting patients to ‘say more’?

The notion that the institutional focus of psychotherapeutic work—the material with which psychotherapeutic dialogue engages—is “inner experience” (Voutilainen, Peräkylä, &
Ruusuvuori, 2010), “the patient’s mind” (Vehviläinen, 2003), holds for a number of approaches to psychotherapy. Of course, therapists do not have access to this except as it is expressed through the affordances of verbal and nonverbal signs, so it would be better to say that psychotherapists are centrally focused on patients’ descriptions of their experience (Voutilainen & Peräkylä, 2016). When formulated this way, we can see why expansion practices may be so ubiquitous in psychotherapy: expansion of patient talk yields more opportunities for patients to discuss their experiences. For an institutional setting set apart for talking about things that fall under this umbrella-term “experience”—whether that be experiences of symptoms, feelings, thoughts, memories, relationships, dreams—practices for prompting patients to continue talking carry considerable currency.

But is this an end in itself? Are therapists expert in eliciting expansion because “experience talk” is innately therapeutic? Most therapists would agree that more is needed. Conversation analysts have suggested that the ultimate goal of psychotherapists is to take patients’ descriptions of their experiences and “reshape” them (Weiste, Voutilainen, & Peräkylä, 2016, p. 646; Voutilainen & Peräkylä, 2016). Facilitating change in patients’ experiences is the overarching institutional aim of psychotherapy (Voutilainen, Peräkylä, & Ruusuvuori, 2010). So even within the relatively brief space of a single psychotherapy session, we will see therapists both “encouraging [patients] to tell anything about their experience” and working to get them to talk about their experience in a new way (Smoliak, Le Couteur, & Quinn-Nilas, 2018, p. 13). Promoting patient talk is clearly a therapeutic endeavor that cuts across many theoretical orientations, but it appears that eliciting expansion serves primarily to produce the material on which another type of activity, an activity associated with change, operates. I leave for the next section a discussion of this second interactional activity.
Overview of “What makes talk ‘psychotherapy talk’?”

In seeking to shed some light on what is distinctive about psychotherapy talk, I have sought to show that a number of practices that are recurrent and widespread in psychotherapy share in common an interactional function: getting patients to expand their talk. Even the practice of therapist silence has been implicated in this argument, showing itself to be an organized practice that serves to prompt patients to continue speaking. In focusing on the thesis of the prominence of expansion practices in psychotherapy, I have had to leave out references to other interactional phenomena that may also be hallmarks of psychotherapy talk. A number of interesting asymmetries exist, for instance, between therapists and patients, such as epistemic asymmetries—therapists accrue a certain epistemic primacy by virtue of occupying a professional role (Stivers, Mondada, & Steensig, 2011)—and action asymmetries—therapists permit themselves to ask questions frequently and at any transition-relevance place, while patients don’t (Bercelli, Rossano, & Viaro, 2008). It goes without saying that there are not just one or two interactional activities that are constitutive of psychotherapy talk, nor is a description of institutional norms in psychotherapy exhausted by a description of epistemic and action asymmetries. Though we cannot claim that any conversation marked by frequent and systematic expansion practices must be a psychotherapeutic one (wouldn’t all storytellings be forms of psychotherapy, in that case?), it strains the imagination to think of a psychotherapy in which patients are not encouraged to expand their talk. Prompting expansion of patient talk appears, then, to be a fundamental activity in which therapists engage.

Just as a wide selection of practices serve, at least in part, to elicit expansion, expansion itself serves another interactional aim. We can think of expansion as constituting an interactional
“phase” of therapy that prepares for—by garnering the necessary material for—another phase of activity. Expansion practices, I propose, work to collect a sufficient saturation of material in the form of the patient’s talk such that it can be worked over in some way. In the next section, I will present this duplex model, situating expansion practices in a more total vision of the interactional work of psychotherapy.

Two interactional projects of “psychotherapy talk”

Broadly, the CA and psychotherapy literature supports the conclusion that therapist provision of new outlooks or points of view on patient experience are rarely taken up, by the patient, without a great deal of preliminary interactional work. For example, a study on therapeutic change by Voutilainen, Peräkylä, and Ruusuvuori (2011), based on recordings from a two-year long cognitive-constructivist therapy, found that the patient’s responses to the therapist’s “conclusions,” or interpretations, proceeded through three phases. Initially, the patient responded to the therapist’s interpretations with resistance, as marked by long silences (12/13 seconds) and subsequent deviation from the topic; later, the patient responded with ambivalent responses, characterized by confirmation of and immediate backtracking from the conclusion; and the last phase of the therapy was typified by confirmation and agreement of the therapist’s interpretations. Corroborating these findings, at least in part, are the results of a study by Friedlander et al. (2012) that investigated changes, over the course of 31 sessions of short-term dynamic therapy, in a patient’s responses to her therapist’s references to her “resistance.” In the so-called resistance phase of the therapy, the patient typically responded to the therapist’s claims of her resistance with justifications; while in the working through phase of the therapy,
the patient began by disagreeing with the therapist’s interpretations of resistance and subsequently turning her attention to describing significant events from her past.

What these and other CA studies of psychotherapy make plain is that patients do not easily accept therapist’s observations, interpretations, or recommendations when these are different from the patient’s current way of being. In a study that analyzed a conversational practice—“proposals”—used by CBT therapists to encourage behavioral change in patients, the authors noted somewhat bleakly, “Although we would not suggest that proposing a change to a client would always lead to resistance, it does appear that proposals for behaviour change can often lead to client resistance” (Ekberg & Lecouteur, 2012, p. 237). Similarly, Hutchby’s (2010; 2015) work on psychotherapy with children found that therapist interactions designed to elicit children’s perspectives on various (therapeutic) issues are usually met with initial declinations; and when therapists continue to pursue a preferred response (i.e., the child’s perspective on a matter), the child typically offers minimal responses or downgraded responses. Therapists who attempt the alternative strategy of offering a perspective of their own on the child’s situation tend to find the child disagreeing (Hutchby, 2010).

What, then, are the conditions or contexts in which the therapist’s novel perspectives, interpretations, or propositions get accepted by the patient? The question we are concerned with, here, is how effective therapists manage the ostensibly difficult task of offering the patient something new, something that will not be rejected outright. Returning to the notion of “negotiation,” as described in relational psychoanalysis, we are concerned with describing the interactional practices associated with successful uptake of more complex and variegated views of others and relationships. CA findings seem to suggest that preparatory work along the lines of minimizing differences of perspective is first required before introducing something new.
Below, I describe a two-phase theory of the successful negotiation and acceptance of the therapist’s insights into the patient’s experience. In the first phase, the therapist can be thought of as hugging closely to the patient’s experience—validating, aligning, and affiliating with it. This phase exemplifies the extensively documented finding that successful psychotherapies are associated with a strong therapeutic alliance (Hilsenroth, Cromer, & Ackerman, 2012). Having secured a minimum of difference between the therapist and patient, the second phase exposes the patient to the therapist’s unique and subjective understandings, which are now better placed to be appropriated by the patient. What follows is a description of the relevant CA literature that supports this two-phase theory.

In their conversation analytic study of 57 sessions of a single cognitive psychotherapy, Voutilainen and Peräkylä (2016) point out two basic “frames of talk” that are the vehicles of psychotherapeutic change. The authors describe these frames as basic ways that therapist and patient relate to one another and as distinct ways of orienting to the therapeutic work being accomplished. In the first of these frames, therapist and patient engage in “affective talk,” which is characterized by the therapist orienting to the patient’s talk in a way that is empathic—i.e., staying with and displaying an understanding of the patient’s experience (pp. 546-547). Such empathizing is most often accomplished through practices of formulations and extensions (p. 546), though other studies (Wynn & Wynn, 2006) have shown that empathy can be achieved through alternative practices: “echoing,” in which parts of the patient’s just previous turn are recycled in the therapist’s turn; the use of first-person plural pronouns, which work to show the therapist’s shared response to an experience; physical touch, which can communicate a shared state of feeling; as well as more standard conversational practices, such as assertions and questions. The other major frame of psychotherapeutic talk is one of “cognitive investigation,”
and is typified by the action of challenging (Voutilainen & Peräkylä, 2016). Challenging, which is most often delivered via formulations, works to point out aspects of the patient’s experience that have gone unsaid by the patient (pp. 546-548)—often experiences that the patient may find it painful or otherwise difficult to ratify.

Analyzing the same dataset of 57 sessions, Voutilainen, Peräkylä, and Ruusuvuori (2010) earlier identified two classes of therapeutic actions—“emotion-centered” and “cognition/consciousness-centered”—that represent different ways of responding to patients’ emotional experiences. The hallmarks of these different responses occur in the form of recognizing and interpreting patients’ experiences. What the authors describe as the action of recognizing shares many properties in common with empathizing, the most important of which is the procedure of displaying an understanding of the patient’s experience. Recognizing is a particularly affiliative move that validates and agrees with the patient’s emotional experience, and it is designed—usually through the practice of extensions—so that it “speaks from within the patient’s experience” (p. 91). It also frequently involves the echoing of the emotional prosody of the patient’s utterance (p. 92). This fact allows us to make a comparison with the practice of “mirroring,” which in the conversation analytic literature has been shown to involve therapists matching the volume and intonational patterns of their speech to those of their patients (Davidsen & Fosgerau, 2015). With the action of recognizing, then, we are dealing with an intervention that, like mirroring, is highly attuned to the emotional realities of the patient, that actively displays this attunement, and that for all intents and purposes is indistinguishable from empathy.

In contrast, interpreting, which is representative of a different type of therapeutic action, maps almost perfectly onto the action of challenging described by Voutilainen and Peräkylä (2016): it articulates something in the patient’s talk that has been implied but left unsaid, and it “inherently
challenges the patient’s talk and takes it in another direction” (Voutilainen, Peräkylä, & Ruusuvuori, 2010, p. 94).

Another study by Weiste, Voutilainen, and Peräkylä (2016) also sets up a similar division between two basic therapeutic actions. In this case, the authors focused on formulations that involve “co-descriptions” and interpretations. What is interesting about this study is how it distinguishes these actions as different types of epistemic practice—that is, practices that make different claims about the degree to which the therapist has access to the patient’s experience. Formulations that involve “co-description” are designed as unproblematic upshots of the patient’s talk, as voiced descriptions of the patient’s experience that are simply “there” in the patient’s talk. Additional design features add to the sense that the description is patently accessible to both parties: there is little gap or silence between the patient’s turn at talk and the therapist’s formulation; the formulation is often preceded with a turn-initial conjunction (“and,” “that”) that implies a shared perspective; and in some cases the formulation may omit a subject of the experience, suggesting the ready availability of such an experience under the described circumstances (Weiste, Voutilainen, & Peräkylä, 2016). Similar to empathizing and recognizing, these formulations often mirror the patient’s prosody and intonation patterns, and partly for this reason, they often do empathic work (p. 659). In contrast, interpretations propose something about the patient’s experience that the patient does not (yet) know and that is based on the therapist’s own conclusions (p. 652). Since the patient always retains rights of epistemic priority over his own experience, successful interpretations—that is, ones that are not ultimately challenged—downgrade their claim to know the patient’s experience. They tend to be posed in a tentative way by being framed as a question, or they are designed with epistemic markers that
emphasize the therapist’s perspective (e.g., “I think that”) or that point to the conjectural nature of the interpretation (“perhaps,” “maybe,” “could,” “might”) (p. 652).

The analytic significance of formulations and interpretations also appears in the work of Vehviläinen (2003), who places their interactional import within a larger “interpretative trajectory”—a sequence of actions in psychotherapy (and, especially, psychoanalysis) that culminates in the production of an interpretation. This trajectory can be thought of as having two distinct phases, with the first—which consists of formulations, extensions, and confrontations—devoted to ostensibly restating what the patient has just been saying, while in fact subtly reshaping the patient’s talk in a way that creates a “case” or “puzzle” to be solved (Vehviläinen, 2003). The second phase, namely the interpretation, appears in the form of an explanation or solution to the puzzle, a solution that is brought off by linking and reorganizing both the material that has been described in the first phase and material that may originate in other sessions (pp. 578-579). Like other authors describing a basic division between two classes of psychotherapeutic intervention, Vehviläinen (2003) understands one of these—represented by formulations and extensions—to “talk ‘from within the same world’ [as the patient],” while the other steps back to propose a hidden meaning that explicates the conundrum of the patient’s experiences (pp. 581-582). Formulations and extensions, which are designed to hug closely to the content and syntactic structure of the patient’s just prior turn(s), claim to merely paraphrase, or reach incontrovertible deductions based on, the patient’s experiences. Interpretations, however, claim to make sense of the patient’s talk and experiences in a way not immediately available to the patient, and in this sense, the interpreting therapist adopts a very different position from before, becoming something like “diagnostican” (Vehviläinen, 2003, p. 581).
Perhaps a more thorough exposition of these two phases of psychotherapeutic action appears in the work of Bercelli, Rossano, and Viaro (2013). Analyzing recorded sessions from four different (cognitive, as well as systemic) psychotherapies, the authors show that psychotherapeutic activity tends to progress through a phase of initial *enquiry*, in which patients elaborate on their experiences, and move into a phase of *elaboration*, where therapists provide their own perspective on the patient’s experiences, often leading to a change of state in patients. This descriptive model of psychotherapeutic activity is explicitly compared to Vehviläinen’s “interpretative trajectory,” but it has the advantage of conceptualizing the enquiry and elaboration sequences as phases that can stretch over many sessions, with potentially multiple enquiry sequences unfolding “in parallel” over time and eventually joining up with one another (Bercelli, Rossano, & Viaro, 2013, p. 135). The actions that constitute and work to develop enquiry sequences are, in the main, open-ended questions, contingent questions, and formulations, which stimulate more tellings from the patient and eventuate in *enquiry outcomes* that, like the “puzzles” described by Vehviläinen (2003), serve as the basis for later interpretations. The elaboration phase is initiated by what Bercelli et al. (2013) call a *reinterpretation*, which, despite the slight alteration in name, is synonymous with what is more simply called an *interpretation* in the CA and psychotherapy literature. Designed with epistemic markers (“I think,” “it seems”, “perhaps”) that propose the tentativeness of the therapist’s perspective, reinterpretations offer a new point of view on the patient’s experiences. For Bercelli et al. (2013), it is in the patient’s extended uptake of the reinterpretation that psychotherapeutic change is realized, for it is here where we vividly encounter the patient’s change in outlook and understanding towards his issues. As the authors demonstrate, however, considerably interactive
work—often stretching over several sessions—prepares the ground for a reinterpretation that may or may not recast the patient’s perspective and understanding.

Table 1 provides a brief overview of the finding, described in multiple CA studies, that a diverse number of psychotherapies organize their activities into two broad phases. In the first, the therapist is highly affiliative, joining with the patient’s perspectives on states of affairs, empathizing with the patient’s displayed affect, and providing preferred responses to the patient’s interactional moves (Stivers, Mondada, & Steensig, 2011). There is little interactional distance between the therapeutic pair, and the therapist frequently designs his utterances as elliptical extensions of the patient’s talk, as though he were speaking from within the patient’s experiential world. In this phase, claimed epistemic access is high—the therapist displays unproblematic access to the patient’s experience “as it is.” At the same time, the therapist, while appearing to merely summarize and join with the patient’s assessments and tellings, covertly omits parts of the patient’s talk, emphasizes others, introduces new terminology, and shapes the talk in a therapeutically-relevant direction (Antaki, 2008). Having subtly prepared the patient’s talk to allow for reasonable connections to be made between disparate experiences (Vehviläinen, 2003), the second phase is initiated. Here, the therapist proposes that something previously unknown to the patient is nonetheless part of patient’s experience and mind (Peräkylä, 2011). The therapist quite clearly speaks from her own point of view, and so her interventions are designed to downgrade their claimed epistemic access to the patient’s experience (Weiste, Voutilainen, & Peräkylä, 2016). A kind of interactional distance is constituted, with the patient’s previously described world on one side and the therapist’s new perspective on the other. What is at stake for the patient is the adoption of a new way of relating to her troubles, and arguably, this moment is a crux of psychotherapeutic change. It is the locus of psychotherapy as “an implicit
and sometimes explicit battleground in which two worlds or stories come into collision; then, the radical question of which world-story will win comes to the fore” (Barton, 2012, p. 163).

<table>
<thead>
<tr>
<th>Author</th>
<th>First phase</th>
<th>Second phase</th>
</tr>
</thead>
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<tr>
<td>Voutilainen and Peräkylä (2016)</td>
<td>Affective talk—typified by empathizing</td>
<td>Cognitive investigation—typified by challenging</td>
</tr>
<tr>
<td>Voutilainen, Peräkylä, and Ruusuvuori (2010)</td>
<td>Emotion-centered action—e.g., recognizing</td>
<td>Cognitive/consciousness-centered action—e.g., interpreting</td>
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<tr>
<td>Weiste, Voutilainen, and Peräkylä (2016)</td>
<td>formulations</td>
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<td>Bercelli, Rossano, and Viaro (2013)</td>
<td>enquiry sequence—e.g., open-ended questions, contingent questions, and formulations</td>
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Resistance in psychotherapy

I consider in this section a topic that has been the focus of much of the recent conversation analytic study of psychotherapy: resistance. In contrast to how this term is conceptualized in psychotherapy, especially in psychoanalysis, where it has been treated in a number of ways, but especially as a phenomenon of avoiding saying something that has never before been put into speech (Fink, 2014a), in conversation analysis it has been deployed to describe an interactive phenomenon. Conversation analytic research on change in psychotherapy has shown resistance to be a variable of central interest, especially as a characteristic of patient’s responses (to therapist interventions) that is sensitive to change over time (Voutilainen, Peräkylä, & Ruusuvuori, 2011). Because of its immediate relevance to this study, with its focus on change in talk-in-interaction in psychotherapy, I seek here to clarify both
what constitutes resistance in the domain of conversation and to review the relevant CA literature on how resistance is navigated by psychotherapists.

In the conversation analytic literature on psychotherapy, resistance is almost exclusively analyzed in connection with patient turns-at-talk and almost always as a feature of second pair parts. Patient talk that is considered to embody resistance consists of those second-position responses that variously disconfirm, disagree, reject, provide a non-relevant answer, deny knowledge (e.g., “I don’t know” responses to questions), claim not to remember, or avoid the terms and/or presuppositions of a question (Muntigl, 2013; Stivers & Hayashi, 2010; Voutilainen & Peräkylä, 2016; Ekberg & LeCouteur, 2014). What we notice about these responses is that they all constitute dispreferred responses, and as dispreferred responses, they disalign with—they fail to advance—a first action (Sidnell, 2010).

An example of what we might call “resistance-as-disalignment” comes from the study of bipolar, or Yes/No, questions (e.g., “Did you see that new movie?”). A response to a question that is aligning—a response that is not resistant—advances the social work realized in the question. Many Yes/No questions do the work of requesting information, and so the aligning response will be, specifically, the one that supplies the requested information. Besides giving “non-answers”, such as “I don’t know” responses (Jager et al., 2016), which is one obvious way of resisting a request for information and disaligning with its action pathway, respondents may also disalign with a question by answering a slightly different question than the one asked—this involves undermining the question’s “agenda”—and/or by supplying an answer that introduces lexical, syntactical, or morphological changes that adjust or challenge the question’s “terms” (Stivers & Hayashi, 2010). An example of the latter comes in the form of responses to Yes/No questions that do not, in their answer, employ “yes” or “no” lexis. These “nonconforming”
responses are disaligned with the grammatical preferences of Yes/No questions (Raymond, 2003). With resistance-as-disalignment, then, we are conceptualizing a responsive action that serves as an obstacle to the realization of the preferred action that has been proposed or initiated—e.g., declining an invitation, disagreeing with an interpretation, or providing a response to a question that doesn’t really answer the question. We also have in mind subtle ways in which the intent or direction of a proposed action can be undermined. These ways include responses that fail to accept the basic vision, agenda, or presuppositions of a proposed activity sequence, as well as responses that contradict the lexical terms and design features of a first pair part action.

Moving up one level of abstraction, we can say that this form of resistance—resistance-as-disalignment—embodies a form of withdrawal of cooperation (Stivers, Mondada, & Steensig, 2011; Madill, Widdicombe, & Barkham, 2001). According to Stivers, Mondada, and Steensig (2011), cooperation is a genus term with two main levels, one of which is alignment. For myself, I find that the language of “cooperation” has phenomenological value, as it helps us to clarify what is at stake when we speak of certain forms of resistance. In those cases of resistance where, for example, a patient rejects a proposed shift of topic (Madill, Widdicombe, & Barkham, 2001), what we are saying by describing the action as “resistant” is that it doesn’t cooperate with what the therapist is trying to get accomplished with his talk. The patient is not displaying the sort of prosocial accommodation that so frequently dictates behavior.

Lest it appear otherwise, I should stress that the term resistance is not meant to index a value judgment, as though it were interactionally retrograde to exhibit resistance. In their conversation analytic work exploring sequences where therapists invited their patients to engage in “mentalization,” Keselman, Cromdal, Kullgard, and Holmqvist (2016) note that, “In our
excerpts several other stances, sometimes seemingly indicative of resistance to mentalization, may be seen as examples of a creative use of language resources and may in fact be based on implicit mentalization” (p. 10). What I believe that the authors are suggesting is that a response that exhibits resistance or disalignment with a proposed activity sequence—such as mentalization—may nonetheless be therapeutically valuable. Indeed, I would hazard that many psychotherapists would extoll the virtues of some resistance, in the sense of disagreeing with views and ideas that are not congruent with the patient’s own. To value patient autonomy and agency is to recognize the place and occasional virtue of resistance-as-disalignment, of non-cooperativeness.

All the same, there is a concern evidenced in the conversation analytic literature with describing effective responses to patient resistance—or, alternatively, describing ineffective therapist responses to resistance and the consequences of this—insofar as a form of chronic resistance is generally assumed to be antithetical to effective psychotherapeutic work. Madill, Widdicombe, and Barkham (2001), for instance, analyze mutual resistance in the interactions of an unsuccessful therapist-client dyad engaged in short-term therapy work. Both participants display a resistance to taking up one another’s “projects” or ways of formulating the client’s problem, with the client displaying an understanding of how her problem stems from domestic iniquities relating to her husband and the therapist concluding that the patient’s distress stems from an internal problem with feeling worthless. The result of their mutual resistance to facilitating the progress of one another’s activities—activities that involve proposals for how to understand the patient’s emotional struggle—is a lack of improvement in an outcome measure of depression. The patient fails to improve in therapy as a result, it would seem, of a series of interactions marked by resistance.
Muntigl (2013) describes a similar finding in his case study of the interactional negotiation of resistance in a couples counselling case. In his write up, he demonstrates that the therapist’s failure to affiliate with a client’s resistance around a certain problem (namely, the client’s “inability to share” or self-disclose) ultimately leads to therapeutic breakdown. Had the therapist engaged the client in talk about her (the therapist’s) shared responsibility for the failure to make headway on the proposed topic, rather than disaffiliating with the client’s resistance and insisting that he produce a relevant response, the breakdown could have been avoided (Muntigl, 2013). At least two insights come out of this study: First, while patient resistance may pose some difficulties to doing effective psychotherapy, responding to it with disaffiliation is counterproductive; and second, topicalizing a patient’s resistance risks exacerbating his withdrawal (Muntigl, 2013).

Rather than topicalizing or disaffiliating with a patient’s resistance (to a given action sequence or topic initiation), conversation analytic research suggests that better interactional outcomes result when therapists neither encourage nor overtly disalign with (that is, resist) patient resistance. Voutilainen and Peräkylä (2016) discuss cases of patient resistance to on-topic talk, as when patients shift the topic of conversation away from some therapeutically-relevant matter. They observe that therapists sometimes manage this resistance by producing “minimalistic” responses that empathically display understanding of the patient’s talk but do not incite further discussion on that topic.

In contrast to the recommendations reported by Muntigl (2013), Friedlander et al. (2012) report that “repeatedly, persistently, and thoroughly addressing a client’s resistance to emotional expression can facilitate the successful resolution of deep emotional distress” (p. 360). Utilizing a case study design, they explored various segments of talk-in-interaction in which the therapist
topicalized the patient’s resistance. Organizing the results of their analysis into two sections, “resistance” and “working through,” they note that the patient initially responded with justifications to her therapist’s portrayals of her behavior as “resistant”; but at a later point, the patient responded to similar portrayals with disagreement, followed by “experiential reflection on her past” (p. 357). If these results hold for other patients, it would appear that, while topicalizing resistance may—as Muntigl (2013) reports—stoke further resistance, doing so systematically and repeatedly may have therapeutic effects. Importantly, though, the therapist in this study—despite his “repeated” and “persistent” topicalizations of resistance—did not disaffiliate with his patient’s displays of resistance. The authors note that, “Dr. G neither forced compliance nor abandoned the pursuit of his psychodynamic agenda” (Friedlander et al., 2012, p. 360), which appears to mirror the approach described by Voutilainen and Peräkylä (2016). Effective handling of patient resistance seems, on the basis of these studies, to call for a measured stance that avoids the extremes of outright disaffiliation—as realized, for example, in insisting on patient compliance with a given activity or agenda—and collusion with a patient’s topic shifts, disagreements, and other forms of resistance.

Finally, though conversation analysis does not permit exploration of questions pertaining to patients’ motivations for resisting their therapists’ activities, there is some research suggesting that certain courses of action are more likely to elicit resistance than others. Ekberg and Lecouteur (2012), in their study of how CBT therapists design their proposals for behavioral change—that is, advice-like recommendations aimed at inducing patients to engage in a new behavior—report that many of the various proposal types elicit patient resistance. They speculate that patients may find it easier to resist these actions because, unlike requests for information, they make relevant a simple acceptance/rejection response (Ekberg & Lecouteur,
2012). This places the patient in a relatively passive position vis-à-vis the therapist’s proposal, which may make resistance for likely (Ekberg & LeCouteur, 2014).

A somewhat different conclusion about the possible cause of patient resistant is arrived at by Voutilainen, Peräkylä, and Ruusuvuori (2011). In their case study of a long-term psychotherapy, they conjecture that a patient’s frequent displays of resistance to her therapist’s “conclusions” (a type of utterance that, I surmise, does work similar to an interpretation), in the early phase of her treatment, reflects in fact the patient’s resistance to closing the discussion around the meaning of her trouble. In this novel understanding of the deeper significance of a patient’s display of resistance, it is proposed that the patient does not accept the therapist’s conclusion, because to do so would signal her readiness to close the topic (on the closure-relevance of agreeing/preferred second pair parts, cf. Schegloff, 2007). If true, this would contribute to the argument I alluded to before that resistance should not be viewed as wanton obstructionism; and indeed, there may be, in some cases, reason to suspect that resistance reflects a patient’s strong alignment with a larger therapeutic agenda (of, for example, exploration of meaning in relation to some trouble).

With this brief foray into the conversation analytic understanding of resistance, I have sought to emphasize its interactional significance as a phenomenon of disalignment with a course of activity—whether that activity is, for example, a topic nomination, a request for information, a proposal, or an interpretation. Understood more conceptually, resistance describes a certain withdrawal of cooperation. I have argued that this is not in any way aberrant or pathological, and indeed, there may be environments where resistance should not be viewed as, essentially, an obstacle to be overcome in the pursuit of a therapeutic agenda but, rather, as an indication of a
patient’s commitment to and cooperation with a larger, more abstract therapeutic activity (e.g., the exploration of the meaning of one’s issue or trouble).
Methodology

Introduction

This study seeks to make some initial, probing observations into how therapists and patients change together, over time, at the level of the structural properties of their speaking-together. When therapists and patients are viewed as interlocked at the level of social interaction, the affordances of one person’s talk shaping the other person’s talk, it becomes possible to ask how this two-person system changes over the course of psychotherapy. Utilizing the methodology of conversation analysis, this study investigates and describes some features of talk-in-interaction that change over the course of successful and unsuccessful psychotherapies. Looking specifically to environments where emotion is discussed, displayed, or made relevant, the study inquires into the sequential organization and micro-analytic properties of therapist-patient talk-in-interaction as it changes over time.

Findings derived from this study hold the possibility of informing future psychotherapeutic research. Previous process-outcome studies have yielded general qualities and content-based interventions that are predictive of outcome (Anderson et al., 2012), but these studies have not been able to specify which specific practices and actions, at which specific phases of a therapy, are associated with outcome. For expert psychotherapists, an implicit relational intelligence probably dictates when and when not to employ certain interactional moves; but for the novice psychotherapist, a greater research base is needed that describes the interactional ebbs and flows that characterize successful psychotherapy. The conversation analytic study of the psychotherapeutic change process has the great advantage of granularity, and as this still seminal line of research progresses, the field will begin to build up a nuanced picture of psychotherapeutic interaction. I predict that this knowledge will have a positive
impact on the training of psychotherapists, and it is in support of this project that this study at least partly aims.

Research question

My initial interest in this study stemmed from my dissatisfaction with the existing psychological literature on therapeutic change. This literature—often based on theory-driven case studies or on randomized controlled trials that assume each patient receives the same “treatment”—did not do justice, it seemed to me, to the richness of the turn-by-turn unfolding of psychotherapeutic conversations. When I eventually familiarized myself with conversation analysis, with its granular attention to even the smallest sigh, pause, or intonational pattern, as well as its novel understanding that talk does things—rather than, say, communicates information—I found myself wanting to know more about how the discipline describes the change process in psychotherapy. To my surprise, this literature was nearly nonexistent (for one exception, cf. Voutilainen, Peräkylä, & Ruusuvuori, 2011—a case study of “therapeutic change in interaction”).

It was this absence in the research base that prompted my proposal to conduct this study. Guiding it, I formulated a number of variations on a question that revolves around a central interest in therapeutic change: Do patients who have a successful therapy display a different pattern of talk-in-interaction from their counterparts who terminate early, and if so, what is it? Does psychotherapeutic talk-in-interaction change in some unclear way over time? That is, do certain actions become more or less frequent over time? Are certain practices used by patients or therapists at one point in time and then abandoned later? Do patients’ response patterns to therapists’ questions, propositions, and other interventions change over time? What are the
specific sequence types in which change occurs, and what is the thing that, in interactional terms, changes?

Summarizing these questions, the present study asks—in as broad a way as possible—What changes, over time, at the level of talk-in-interaction in psychotherapy conversations? And how do the patients from successful and unsuccessful psychotherapies compare when conducting such an analysis?

Data collection and sampling

It has been estimated that it takes about 1 hour to transcribe, using CA transcription conventions (see below), a minute of recorded conversation. Given my aim of studying interactional change across multiple sessions and the extensive labor required were sessions to be transcribed in their entirety, it is essential to sample small segments of conversation from individual sessions, as well as to sample sessions from the overall course of what are, sometimes, rather long psychotherapies (>100 sessions).

The approach I have taken is to select four sessions for analysis from each psychotherapy being investigated, these sessions representing roughly the initial, halfway, ¾-length, and terminal sessions of the respective psychotherapies. Only one, approximately 5-minute segment of talk was selected for transcription from each of these four sessions. Taking my lead from a study by Voutilainen, Peräkylä, and Ruusuvuori (2010), this study honed in on those portions of the broader conversational environment in which some expression or lexicalization of emotion occurred or was made relevant. Given the sizable research implicating emotion and its expression as a special factor in the treatment of psychopathology (Busch & Milrod, 2009; McCullough & Magill, 2009; Osimo, 2002; Fosha, 2009), as well as the massive burden that
transcribing whole sessions would entail, it made sense to limit the data selection to this
environment of talk. This sampling approach yielded a total of sixteen 5-minute segments that
constitute the qualitative dataset, or corpus, on which the study based its analysis and
conclusions.

The question still arises, Of the potentially many emotionally rich moments in any given
session, what was my method of selection? Here I must acknowledge my subjectivity as the
primary factor. Though a questionable approach when viewed according to an ideal of
replicability and operationalization, I drew on my experience as a practicing clinician as my
guide when determining what segments of interaction were the most emotionally laden. My
decision to do so was influenced, in part, by my conviction that emotionality is expressed in, for
example, the emotional deadness of a droning monologue as much as it is in the boiling over of
angry insults. How could I operationalize this complex understanding of emotionality that I have
developed implicitly over the course of my clinical training—that recognizes strong emotion in a
patient’s nonverbal signs, a certain terseness in his style of response, a sudden and
uncharacteristic way of stretching his words, the way he now drops into long silences in response
to pointed questions...? Though it comes with certain risks—given that I occupy in this study
both the role of researcher and participant-member and, therefore, may be unconsciously
motivated to approach my data gathering and analysis in such a way that satisfies foregone
conclusions—I opted to trust my clinical sensibility about what constitutes an “emotional” or
emotion-relevant stretch of interaction. My approach, then, was to listen through a selected
session from start to finish and note those sections where something of felt significance
occurred—where, for example, a patient entered a complaint sequence, or where, in contrast, a
certain sluggishness or immovability marked a stretch of patient talk. On my second pass
through the session, I would select for analysis a section of interaction—again, on the basis of a felt factor, which I readily admit suggests a level of arbitrariness—that had the greatest impression on me, that seemed to me to capture the moment of greatest aliveness, tension, or struggle in the session. This was the actual practice that guided my selection of the sampled conversations that formed the primary data of this study.

For the typical conversation analyst, I think such an approach to narrowing down my corpus will seem particularly inexact, guided, as it is, by a subjective yardstick that belongs to me alone. It seemed necessary to do so, in the context of this study, because I have not been guided by an interest in any one particular interactional practice, social action, or action sequence, which would have, in that case, constituted its own data selection parameter. I have opted, instead, to begin to tackle the challenging question of what interactional phenomena are most implicated in—most sensitive and supple with respect to—the passage of time in the context of deliberate, institutionalized conversations that have as their aim the inducement of behavioral change in at least one party. My motivating research question has been one of a general nature. Had I operationalized my definition of “emotionality” in interaction, I opined that there was a risk of reducing the broad scope of the study to technical, specialized environments of interaction—such as complaint sequences, troubles-telling sequences, or sequences in which crying occurs—which, while adding to the literature on these sequence types, would permit fewer conclusions about what changes in general, over time, in psychotherapeutic talk-in-interaction. Indeed, at the earliest phases of planning for this study, I entertained the thought of randomly selecting 5-minute segments of conversations from my broader corpus, deciding against this when it became apparent that I risked sampling data in which only the patient spoke (psychotherapy—especially psychoanalytic psychotherapy—can be
a very one-sided type of conversation). This would have been somewhat problematic in a study interested in interactional change. (I am aware that a stretch of conversation in which only the patient is speaking is, by definition, a form of interaction—storytellings, for example, are interactional achievements—but had my sampled data consisted primarily of such univocal tellings, it would likely have shed little light on my research interest.) It was necessary, therefore, to deliberately select data in which both therapist and patient were actively speaking, while at the same time avoiding the other pitfall of a too narrowly-defined sequential environment. The method I fell on—to select passages of conversation in which something of an emotionally and, I would add, clinically significant nature was occurring, as judged through the lens of my experience doing psychotherapy—is disadvantaged by the fact that it is impossible to fully replicate the study design, but it offers certain advantages in the form of keeping the data selection open and varied (in line with the study’s interest in general changes in talk-in-interaction), while still focusing on interactional environments that are likely to have some clinical importance (and, therefore, likely to be environments where phenomena related to therapeutic change may occur).

With regards to the sampling of therapist-patient dyads, I drew from two populations: therapies in which termination was mutually agreed upon and therapies in which the patient abruptly ended the therapy (for reasons other than symptom relief, job relocation, injury, or death). The most common way in which patients prematurely terminated therapy in this study was to stop coming to therapy without any advance warning, after which they typically fail to reply to therapist attempts to communicate with them by phone or email. An estimated 40-50% of patients terminate therapy early (Hilsenroth, Cromer, & Ackerman, 2012). Of the many variables that predict termination, alliance is one of the most robust. Hilsenroth et al. (2012) cite
research showing a correlation between a weakening alliance and negative patient behaviors, such as expressing dissatisfaction with the therapist, withdrawing from the therapist, and growing distant. In contrast, when alliance is high—or alternatively, when ruptures in the alliance are appropriately repaired—patients stay in therapy and they are much more likely to have positive outcomes (Hilsenroth et al., 2012). In research that has looked at therapist qualities as they relate to patient outcomes, the most effective therapists have a smaller percentage of premature terminations (Blatt, Zuroff, & Hawley, 2009). Extrapolating from these findings, “remaining in therapy” and/or terminating by consensus seemed to me the best available operational definition of “success” in psychotherapy. A more robust approach would have utilized measures of symptom reduction over time, but at the time that I was designing this study, the treatments I was conducting were too far advanced to allow collecting such longitudinal data.

Given the selection criteria and my limited access to video recordings, this study utilizes a convenience sampling approach. The video-recordings come from psychotherapy sessions held at the Duquesne University Psychology Clinic, a training clinic in Pittsburgh, P.A., open to the public and mostly staffed by graduate students studying for a Ph.D. in Clinical Psychology. My access was limited to my own video recordings, and thus, the pool from which I could sample was whittled down to those in which I was in the role of psychotherapist.

Transcription

This study investigates macro-level patterns of micro-level interactions. To better locate and describe micro-level interactions, it is necessary to transcribe the utterances that constitute them. How fine-grained, though, should a transcription be? In phenomenological research, it is customary to transcribe only the words spoken in an interview, not the intonations, stresses, cut offs, prolongations, overlaps, silences, and inhalations and exhalations that accompany everyday
conversation. At least in the human sciences, the “noise” of certain conversational data are filtered out (Sidnell, 2010, p. 35). For the purposes of analyzing talk-in-interaction, however, such an approach is inadvisable. Sidnell and Enfield (2104) argue that conversationalists make sense of what the other is doing by attending to small features of the other’s talk and making “token inferences” about these (p. 441). Speakers very likely do not categorize each other’s talk according to action-type, but rather, they attend to “specific choices of words, grammatical construction, prosody, positioning of the utterance in relation to what has come before, and so on” (p. 438). In an attempt to reconstruct the interactional environment in which speakers’ make sense of one another’s talk, it behooves one to transcribe those small features of talk that speakers so frequently attend to. These aspects of talk—changes in intonation, pauses, relative speed of talk—are in many instances the very practices that make possible social actions. Naturally, if these features are not transcribed, it is difficult to ascertain the interactional intent of a given utterance.

Conversation analysis comes equipped with a method for transcription—originally pioneered by Gail Jefferson—and includes conventions for marking laughter, overlapping talk, various volumes of speech, silence (transcribed in tenths of a second), and many others. This study employs this method, and an overview of the relevant transcription symbols can be found in the Appendix.

To aid transcription, I used the software program ELAN (version 4.9.3), developed by the Max Planck Institute for Psycholinguistics. It allows the user to slow down a conversation considerably, in order to hear and transcribe various details of talk; it features a kind of chronological ‘ruler’ that allows one to easily count pauses in tenths of a second; and it has a
feature to replay segments of talk on a ‘loop,’ which facilitates what is an otherwise time-consuming procedure if one requires to listen to a segment of talk repeatedly.

Method of analysis

In this study, I analyze psychotherapy conversations through the lens of the descriptive categories and methodological framework of conversation analysis. A more intuitive or idiosyncratic approach would risk a.) making unwarrantable claims about interactional practices that have not been independently verified by the CA community and b.) blurring over important differences between actions (e.g., candidate understandings vs. formulations) that lend themselves to different interactional work. I have therefore eschewed extensively speculating about conversational phenomena not previously described in the CA literature. Nonetheless, the various practices and actions that have been investigated in CA is dauntingly large, and so the quality of my analysis reflects to some extent my familiarity with the relevant literature—which, for all but a few researchers, is bound to be incomplete. The interactional phenomena I am prepared to see in my data is constrained by my preexisting fluency with them, and as such, my preparation for this study, as reflected especially in the literature review, was tremendously important and marks, to some extent, the boundaries of what I was capable of analyzing.

There are distinct limitations to this study stemming from the fact that it has only a few precursors. There are many phenomena that one might make the focus of a conversation analytic study of how talk-in-interaction in psychotherapy changes over time, but given the limited research base, it would be uncertain whether these are the most crucial for understanding what occurs in “successful” versus “unsuccessful” psychotherapy talk. As such, this study was forced to cast a large analytic net, not limiting itself to a predetermined sequence type or set of
practices. This comes with some advantages, insofar as a broad range of actions and practices are attended to; but it also entails some disadvantages, as it does not systematically focus on and track developments in, say, patients’ responses to a particular action type (e.g., interpretations).

Reflexivity

In conducting this study, it was necessary to adopt a reflexive stance to interrogate—and hopefully minimize the impact of—certain biases that attend my peculiar role in the study as both researcher and principal psychotherapist. It is normal to distinguish between “insider” and “outsider” roles in qualitative research (Finefter-Rosenbluh, 2017), but in this study, my “insider” status is so pronounced that it constitutes the *sine qua non* of the data. As the psychotherapist in the sampled conversations, I am the object of the research as much as my patients, and I am inextricably linked as co-interlocutor in our conversations.

The notion of reflexivity is taken up in disparate ways in qualitative research, with as many as five styles or modes of reflexive orientation being described by Finlay (2003): introspection, intersubjective reflection, mutual collaboration, social critique, and ironic deconstruction. What more broadly cuts across these specific types of reflexive stances, however, is the adoption of the following epistemological premises: (1) The generation of knowledge is inescapable influenced by the researcher’s preexisting beliefs, biases, ideology, history, class, race, gender, sexual orientation, political beliefs, and language spoken (Berger, 2013; Dodgson, 2019). In short, the *person* of the researcher effects everything from her research interests and questions to her way of collecting data and interpreting them (Berger, 2013). (2) Also, the researcher’s positioning vis-à-vis her research and participants—including her emotional response (indeed, her transference reaction) to her participants—generates contextually-specific knowledge (Finlay, 2003). The encounter with the
setting and participants that constitute a study has an effect on the researcher, and this is consequential for the production of knowledge.

In the study being conducted here, the role of my theoretical lens and methodology—conversation analysis (CA)—is obviously crucial in both rendering and making possible a certain type of knowledge and limiting the horizons of what can be interrogated and made intelligible. This is not a detrimental limitation, however, as it describes the necessarily perspectival approach that attends any research. Assuming a constructivist epistemology, it is presumed that the Real of natural phenomena—that is, Truth, with a capital ‘T’—must go through the ‘acid wash’ of human interpretation to be made real (with a lowercase ‘r’).

What I seek to bring the most attention to is the impact on my data analysis and interpretation that stems from my being both researcher and researched. In the process of adopting a reflexive stance towards the transcripts that make up my corpus of data, I became aware of how I was initially abstracting my role as therapist and assuming that any response outcome in a given sequence—e.g., a disagreeing response to one of my interpretations—was a strictly patient-centered phenomenon. We may wonder whether I was resistant to implicating myself in the outcome of the “unsuccessful” psychotherapies, setting myself up as a kind of idealized input that placed the burden of the success of the therapies on the patients’ shoulders. Prior to reflexively interrogating this stance, I had been approaching the phenomenon of resistance, in particular, as something indwelling in my patients—a kind of trait or predisposition reflecting the patient’s psychology. Fortunately, the combination of an attitude of skepticism towards my initial conclusions, a methodologically informed attitude of approaching conversational phenomena as interactive in nature, as well as a stroke of good luck (I am not sure what else to call it), taking the form of a progressive realization of my own tendency to disalign with certain of my patients’ action sequences, disabused me of this assumption. As the analysis and discussion sections of this study demonstrate, patient resistance (or disalignment) is found to be largely symmetrical with my own.
After this first discovery of how my role as “the researched” constellated reactions in me that risked occluding my pivotal role in the outcome of the psychotherapies under investigation, background assumptions informing my approach to the data more frequently entered my awareness. Was I not finding ways to gloss the turn-by-turn talk with my patients in “successful” treatments in a way that bore out my unspoken assumption that they would engage in sequential activities differently, over time? Wasn’t I tending to pass over indicators of aligning and cooperative behavior in my patients from “unsuccessful” treatments as somehow anomalous, not worth too much consideration? Didn’t my initial analysis seem somehow too neat, too compelling? Reviewing the findings of my first pass over the data, I spotted subtle ways in which biases were influencing my analysis; and indeed, I discovered that, in one instance, I had analyzed a nearly identical sequence type—one appearing in conversation with a patient from an “unsuccessful” treatment, the other with a patient from a “successful” treatment—as displaying resistance in the former case and “complex resistance” in the latter! Not only did this require me to systematically define my criteria for what I considered “resistance” proper and what I was calling “complex resistance,” but it enjoined me to draw attention in my analysis to the exceptions in the data—those instances that challenged the emerging picture of a patient group that was increasingly cooperative over time and another that persistently stymied me (see the ‘Discussion’ section). In doing so, my findings became, unsurprisingly, more nuanced. It became clear, for instance, that the patients whose therapies were unsuccessful were rather aligned with some enquiry sequence actions—such as requests for information—and that the patients whose therapies were successful were still quite resistant to my interpretations throughout their treatments.

My reflexive practice in this study was not systematic—I did not keep, for instance, a journal or apply a hermeneutic circle of inquiry to the findings of my study. Rather, I adopted an attitude of openness to my data that engendered, piecemeal, awareness of certain background beliefs and biases informing my analysis. I would describe my application of a reflexive stance as a general readiness
to see disconfirmations of the patterns of talk-in-interaction that were emerging in my analysis and to have these disconfirmations reflected in the findings as I articulated them. This stance was itself largely backgrounded, but it nonetheless modulated and informed my analysis through its intermittent percolations that produced awareness of contradictions and complexity.

A more systematic application of reflexivity would have entailed grappling with, for instance, my identity as a (relatively) young, white male. (One of my patients was advanced in age, while another hailed from a country outside the United States.) I also did not rigorously reflect on the role that my clinical framework of psychoanalysis may have had on my interpretation of the data. The language of "resistance," for instance, while replete in the conversation analytic study of psychotherapy, is a term borrowed from psychoanalysis that reflects a certain frame of understanding. While I was careful in the study to identify resistance with the conversation analytic notion of "disalignment," I did not critically reflect on whether facets of the psychoanalytic understanding of resistance crept into my use of the term. Psychoanalysis remains, in this study, a "deep structure" (a golden calf?) that I have been, I suspect, unwilling to interrogate and that undoubtedly has influenced everything from my research question to the study design and findings.

Informed consent and other ethical considerations

This study received IRB-approval from the Duquesne University Institutional Review Board for Human Subjects Protection in Spring 2019. Participants to the study agreed at the time of beginning psychological treatment at the Duquesne Psychology Clinic to having their sessions video-recorded "for clinical training and/or research." Participants were informed that their receiving services at the Duquesne Clinic were not dependent in any way on their agreeing to be video-taped and/or having these sessions used for research purposes; and they were also verbally informed that they could opt out of having their sessions recorded at any time.
Upon completion of transcribing the segments of conversation used for this study, all identifying information in the transcripts—personal names, occupational references, educational and other institutional references, geographical references, and any and all descriptions that could cumulatively suggest the client’s identity or those who might know him—were deleted or purposively changed. Pseudonyms were created for each of the four clients represented in the transcripts, and no master list, or other device, are in my possession that could trace the transcribed transcripts back to the real names and identifying information of the clients. Upon completion of the study, I deleted from my hard-drive my own copies of the recorded sessions. During the time that I was analyzing these recordings, they sat behind two layers of password-protected encryption—viz., FileVault encryption of a Mac-based startup disk and individual password-protected encryption for the individual files.
Analysis

Introduction

In the following, I analyze segments of talk-in-interaction from four different psychotherapies, spanning four different points in time. The sections are presented chronologically and organized by treatment group (“successful” vs. “unsuccessful”). Following a brief contextualization of the first extract analyzed for each patient, I conduct a sequential analysis of the relevant conversational phenomena appearing within an approximately 5-minute’s length section of talk, broken up into extracts to aid readability. The “content” of the conversations receives secondary importance in the analysis, except where a given “display of understanding” is the focus of inquiry and/or interpretive work across sequences, in which case I attempt to track how this understanding shifts—or doesn’t—over time. Otherwise, focus is placed on turn design, action analysis, displays of emotion, alignment, affiliation, epistemics, and topic nomination and pursuit. I especially hone in on three types of sequences, which, broadly described, work to seek information from the patient, seek confirmation or agreement of some partial modification or summarization of his talk, or offer an interpretation of the patient’s experience, problem, or trouble. In these sequence types, I aim to analyze the patient’s practices for displaying (dis)alignment/dis(affiliation). Alignment, in particular, as a descriptive category, captures the level of “resistance” displayed in the patient’s response, and I use alignment and resistance largely interchangeably in the analysis.

The organization of the analysis prioritizes close examination of my sessions with those patients whose psychotherapies were successful. This is because these sessions were more complicated, in the main, in comparison to those patients whose psychotherapies were unsuccessful; and this necessitated both more space to bring out and remark on these
complexities and the inclusion of separate sections for these patients. In contrast, it was convenient to group the analysis of “unsuccessful” psychotherapies under combined headings, as these sessions were often marked by what was absent—for example, the absence of significant therapist questioning and other requests for information—or displayed a certain repetitiveness of sequential structure, both characteristics reducing the sheer quantity or length of the analysis of these sampled sessions.

As the reader will see, the patients who remained in therapy—whose therapies were deemed “successful”—responded in different ways to different first pair part (FPP) actions, over time. They also had a tendency to evidence shifts—often within the span of just a few minutes—in how they understood some matter or issue, in response to my repeated attempts to modify their understandings. The upshot was that these sessions, which bore out the validity of distinguishing between classes of actions—I have in mind, in particular, the distinction between enquiry sequences and elaboration, or interpretative, sequences (Bercelli, Rossano, & Viaro, 2013; Vehviläinen, 2003)—required greater care and more discussion, so as to mark and describe those sequences in which there was relatively high patient alignment and where there was low alignment.

Table 2, below, provides a snapshot of the four patients involved in this study—divided according to their categorization as “successful” or “unsuccessful,” from the perspective of the outcome of their treatments—including basic demographic information and the differential lengths of their treatments. As noted, Adam’s and Keith’s sessions are usually discussed in their own sections, while Monty’s and Jon’s sessions are analyzed together under shared headings.
Beginning psychotherapy: Adam

Adam had failed to show up for his previous two psychotherapy appointments, and when he eventually attended what would be his sixth session, I was keen to topicalize his absences—his absences suggesting a weak therapeutic alliance that, left unaddressed, might lead to a negative therapeutic outcome (Hilsenroth, Cromer, & Ackerman, 2012). Prior to the extract that appears below, Adam had appealed to “oversleeping” as the reason for missing his appointments, and on each occasion that I reintroduced the matter, he tended to quickly, in a stepwise fashion, migrate to other topics of conversation, such as his difficult financial situation. At the time of the treatment, my clinical orientation was heavily influenced by a relational theory of therapeutic action that pinpoints the therapist-patient relationship as the site of primary importance for working through pathogenic psychological patterns (Pizer, 2018). Following a psychoanalytic heuristic that reads possible (relational) meaning into patient behaviors that impinge on the therapeutic frame—behaviors like being late to or missing an appointment (Aron, 2018)—I saw in Adam’s absences something potentially fertile: an opportunity for getting him to reformulate his understanding of his behavior from something unintentional and beyond his control to

Table 2

"Successful"

Keith: White, male, 30s
Adam: non-White, male, 30s

"Unsuccessful"

Monty: White, male, 30s
Jon: White, male, 70s

135 sessions
112 sessions
40 sessions
7 sessions
something founded on thoughts and feelings—an opportunity for getting him to increase his
“mentalization” around what had occurred during those mornings when he had merely—
ostensibly—‘overslept’ (Allen, 2006; Bateman & Fonagy, 2006). As I reasoned, it was
important to not let Adam ‘off the hook,’ as something important bearing on the therapeutic
relationship might be nestled in the apparent happenstance of his absenteeism, and if so, working
over this material could—according to the theoretical view of my then clinical orientation—
promote therapeutic change in Adam. I persisted, therefore, in returning to the topic, as I do in
line 1 of the following extract, this time attempting to deepen his “oversleeping” account by
inquiring into its possible link with the topic of his finances:

Extract 1 [Adam, S06, 30:35]
(Pa= patient, Th= therapist.)

01 Th: You think that (1.0) your financial situation might'vve (.6)
02 ↑factored ↑into: oversleeping:?  
03 (2.6)  
04 Pa: It's: it (.9) o:nly indirect(ly)
05 (.3)  
06 Pa: like (d) the-the- thing: that (2.2) I get preoccupied (.)
07 like this specially cause my lady worries so hard
08 and then I already ha:ve like (. ) my own worries on my
09 plate a:nd (.5) I want to make us both happy
10 (.4)  
11 Pa: and that (.8) drives me (.3) to: (2.3)
12 focus: harder on what I'm doing
13 (.7)  
14 Pa: it's wunathe few (.3) work harder motivators that I still
15 have=that I still respond to
16 (.6)  
17 Pa: u:mm
18 (1.8)  
19 the consequence of that is that (.2) I'm n:ot (1.6)
20 {hhhhhh::/(.8)
By inquiring again into the matter of the Adam’s “oversleeping,” my question at line 1 re-topicalizes his recent absences and works to solicit an account. It is constructed as a yes/no interrogative (Raymond, 2003), which, despite its positive polarity and preference for a “yes” response, downgrades claims to epistemic access through its interrogative design and its use of an epistemic marker (“[Do you think...]”) and a conditional modal (“might”) (Ekberg & LeCouteur, 2014). A long inter-turn silence of 2.6 seconds follows, strongly suggesting a forthcoming dispreferred second pair part response (Schegloff, 2007). Adam’s response at line 4 begins with a hitch (“It’s: it”) and is then abandoned, and he then delivers a non-type-conforming (i.e., his response does not answer “yes” or “no” to the Y/N interrogative), rejecting response—what amounts to a highly dispreferred response. I decline uptake at the transition-relevance place at line 5, and Adam proceeds to give what would appear to be, by dint of its turn-initiation particle “like,” an elaboration (Muntigl & Zabala, 2008) or account for his just-prior response. It is a peculiar account, however, for a number of reasons. The first attempt to elaborate his response, beginning at line 6, contains perturbations and is finally abandoned (“like (d) the-the-thing: that”), and after a long intra-turn silence of 2.2 seconds, he gives an account that has no clear relevance to the terms (“financial situation,” “oversleeping’) or agenda (i.e., getting Adam to reflect on something that might be causing him to oversleep) of my question at line 1. He elaborates his rejection of my question by explaining that he “get[s] preoccupied,” and none of his subsequent elaborations or extensions of his turn appear to dovetail with the scope of the original question. He gives, that is, what Stivers and Hayashi (2010) have termed a “transformative answer”—in this case, a transformative answer that evades not only the language
of the original question but its very presupposition that something is “factored” into his oversleeping. At lines 10, 13, 16, and 18, I decline uptake of Adam’s talk, which causes him to elaborate his response further; but as he does so, he develops what amounts to an explanation for why he has been working so hard, not why he has been oversleeping. Stivers and Hayashi (2010) have suggested that answers such as these, which eschew the terms and the focus of a Y/N interrogative, are disaligning, disaffiliative, and, therefore, highly resistant.

At lines 22-23, Adam introduces into his explanation of why he has been working so hard a reference to the “feelings” that are “overwhelming” him. Leading up to this, we see a long intra-turn silence of 1.6 seconds (line 19), followed by a long exhale (line 20) lasting nearly a second and another long pause (line 21), at which point he repeats the phrasal unit “I’m not” and continues his turn. These design features lend his talk a palpable atmosphere of emotion, augmenting the lexical description of his feelings that he then proceeds to give. As he does so, an interesting phenomenon occurs. He reports that he is “not ma:naging those feelings °ver(y) I° =jus sorta overwhelming me en=I'm using it to work.” It seems clear that he was on his way towards saying, “I’m not managing those feeling very well,” but he drops the word “well”; and what is more, this lexical excision takes place just as the volume of his voice becomes momentarily quiet. Taking my cue from research by Schegloff (2003) into a phenomenon he describes as the “surfacing of the suppressed,” it appears that Adam’s intended use of the word “well” is deleted only to reappear covertly four words later, hidden in the lexical unit “overwhelming” (i.e., over + well +ming). It is clear from the long pauses in his turn, his long outbreath, and the modulation of the volume of his voice that Adam has not only been managing difficult feelings in his daily life but that they are evoked in the process of talking about them. Schegloff (2003) suggests that the phenomenon of lexical suppression (and subsequent
surfacing) can be analytically grounded in interactional terms—that is, in terms of what is occurring at a given moment in a spate of talk-in-interaction. In this instance, it would seem that the suppression of the word “well” is triggered in a context in which certain “overwhelming” emotions are nearing explicit expression. The fact that Adam drops the volume of his voice noticeably at the moment of suppression would seem to buttress this hypothesis, reduced volume being a common prosodic feature of crying (Hepburn & Potter, 2007). It appears, then, that Adam not only suppresses a word at line 22 but works to suppress the outpouring of some underlying emotion—emotion that nonetheless creeps into his talk via long pauses, a sigh, a partial repeat, and lowered volume.

At this juncture, the pursuit of the topic of Adam’s missed sessions is overshadowed by the unexpected appearance of his description and display of strong emotion. In most psychodynamic and psychoanalytic theories of therapeutic change, patient exposure to and expression of defended-against emotions is given special prominence (Shedler, 2012; McCullough & Magill, 2009; Maroda, 2010; Solomon & Lynn, 2002; Fosha, 2002), and at the time of this session, I too ascribed to an affect-focused theory of psychological change. I proceeded, therefore, to inquire into the nature of the feelings alluded to by Adam:

**Extract 2** [Adam, S06]

22 I'm not man:aging those feelings °ver(y) I° =jus sorta
23 overwhelming me en=I'm using it to work.
24 (.6)
25 Th: Which feelings:?  
26 (.4)
27 Pa: U::m: (5.7)
28  min-imally concern
29 (.6)
30 Pa: u:m: but (. ) it's (1.8) hhhhh (.9)
31 I guess a li:tte bit uh guilt. (.4) >hh .hh< ((laughing))
like it's a cause I want to be the position where I can directly help my partner

Th: uhhhh:

Pa: and I can't

w-well I uh euh uh uh tch

like two days ago there was no news that I- that I could
"becuz (I:)/(like)° (3.1)
bec'z I have to- I have to finish this: this graduation track cuz it’s the best track I can take to long term help

(Th)

Pa: uu:mm (.9)

but but it is: uuh a little lacking in (the) as far as short term help goes

(Th)

Pa: an=by a little I mean completely lacking

(Th)

Pa: in short term help

so: and it's not a >it's not a< solace to her.

(Th)

Pa: right she has these issu:es and she:

(Th)

Pa: well it's: ] (.3) it's:

(Th)

Pa: =ueeuuuhhh .hh (.6) ueeuhhh yeah she's still feeling it cause I don't- I'm not working yet.

I have promise of work (.I have (.I'm .contracted to work

(Th)

Pa: .hh (.3) um: (.8)

but there's still notta paycheck that I can apply: towards actual things in the house.
In line 25, following Adam’s revelation that he struggles with certain difficult feelings, I ask an “ancillary” (Heritage, 2011) or “contingent” question (Bercelli, Rossano, & Viaro, 2013)—“Which feelings?”—which functions to shift the topic away from the matter he has been discussing (i.e., concerning what motivates him to work) and towards the topic of his feelings. Heritage (2011) has found that such ancillary questions decline an opportunity to empathize with a speaker; and so too, here, I pass over a possibly emerging moment in which I might have affiliated with his stance, driven by the more pressing interactional task of generating more information about his feelings. After a significant pause of 5.7 seconds at line 27, he responds that he feels “min-imally con-cern.” I suspect that even from a lay, non-clinical perspective, such a description for what Adam has already denoted as “overwhelming” feelings is hearable as unelaborated, if not resistant; and so I decline uptake at the possible completion of his turn, putting pressure on him—so to speak—to continue talking. Adam’s subsequent elaboration is rife with hesitation: he produces a “sequential” conjunctival (“um”) followed by a syntactic conjunctival (“but”), indicating his “pro-tem” speakership as one that is available to have another party—namely, myself—jump in and start up a new turn (Jefferson, 1983); he intersperses his utterance with several long pauses; he emits a long outbreath, heard as a sigh; and he downgrades his eventual description of his feelings with qualifiers (“I guess a li:tle bit uh guilt”). After a pause, he then produces a brief spate of laughter (line 31), an instance of what Jefferson (1984) has termed “troubles-resistant” laughter—an attempt to display that his trouble is not so serious as all that. The overall effect of the design of his utterance is to cast his guilt feelings as something embarrassing, something he does not want to claim complete ownership of, something not to be given too much attention.
When I again decline to respond (line 32), Adam expands his turn and describes his guilt as situated in his desire to “help [his] partner” (line 34). Across several transition-relevance places (lines 44, 48, 50, 53), where I withhold from speaking, he goes on to explain that while the best way to help his partner in the “long term” is to graduate from school, this activity offers her no help in the “short term.” At line 49, he produces an extension to his just-prior turn (concerning the lack of short-term help he provides), recasting it in the most absolute of ways, through the use of an extreme case formulation (Pomerantz, 1986): “an=by a little I mean £completely lacking£”. It bears the prosodic marks of a ‘smiley’ voice, and hence it displays some resistance to taking up a true troubles-teller position. However, its strongly upgraded construction points to a movement towards expressing his emotional stance in a strong and non-hesitant way: the help he is providing his partner, that is, is “completely” lacking. His inability to help in the short term is “not a solace to” (line 52) her, and “she has these issues” (line 54). At line 56, I make an attempt to formulate (Antaki, 2008) some portion of Adam’s talk, my initial focus being on Adam’s partner and her “issues” (which remain somewhat vague). He curtails the formulation by speaking in overlap with me (line 57), his initial turn-constructional unit—which he eventually abandons—beginning with the particle “well,” which in some environments alerts to an upcoming response that will be in some way disaffiliative, disaligned, or rejecting (Schegloff & Lerner, 2009). When he restarts his turn (line 59), however, he responds with an extended agreement (Bercelli, Rossano, & Viaro, 2008), going on to explain that his partner’s feelings are due to his not yet having a “paycheck” to contribute to household expenses.

We can take a pause at this moment and note some general features of the talk-in-interaction between Adam and myself. In extract 1, Adam resists the constraints (both the terms and agenda) of my question, but when I withhold from speaking, his talk begins to display
emerging signs of emotionality and he readily calls out—by naming them (viz., “overwhelming” feelings)—the day-to-day presence of strong feelings, thereby demonstrating his implicit cooperativeness with the larger agenda of the therapy process, such as a willingness to reflect genuinely on, and be open to feelings associated with, ongoing and past life events. We might say, however, that his cooperativeness is ambivalent. He seems to pull back from experiencing some emerging in vivo affect associated with the description of his feelings, this occurring in connection with the suppression of a word at a moment of heightened emotionality; and more generally, in both extracts, he utilizes practices that downplay, mitigate, or obscure his emotional experience: he uses bland, imprecise, or generic language to describe his feelings (cf. “concern”); he shows resistance to occupying a troubles-recipient role by engaging in laughter; and he downgrades the claimed intensity of his emotions through the use of qualifiers. When prompted to specify his feelings further, however, and when I withhold from taking the conversational floor, he progressively upgrades his descriptions of what he is feeling (from “concern” to “I guess a little bit of guilt”), and his account for why he is feeling this way becomes increasingly granular as he continues speaking. There is a clear trajectory, especially in extract 2, of moving—however fitfully—from a vague account of feeling “concern” to one that names “guilt” and contextualizes it in his not contributing to the financial welfare of his primary relationship.

The next extract continues on from extract 2, and again, across the extended sequence, we find Adam showing initial resistance to and then, progressively, alignment with the interactional preferences projected by my actions-in-talk.

Extract 3 [Adam, S06]

64 Pa: but there's still no ta paycheck that I can apply:
65 towards (.7) actual things in the house.
66 Th: so you're feeling guilt.
Th: you're saying, you feel guilt.
Pa: H[HHHhhhh (.]
Th: [about that
Pa: I: (4.9)yeh.
Th: yeh.
Pa: (n)yeah.
Pa: because it has: (1.9) Hhhhhhh
(3.6) hhhhh: (2.0)
because ideally speaking (. I: sh- I should have
been done yea:rs ago.
(1.2)
Pa: >.h=.h< ((laughter))
Th: hmmmm:
Pa: but (eh)- (.3) like I shouldn't still be: the unemployed one.
(1.2)
Pa: who's still jus' workin on his bachelor's
Th: Hmm:
Pa: ummm:
(2.4)
Pa: and (2.6) (f)or the most part I can be: pretty chill about it
but when things are extra tight on her end (.6) I: (1.5)
I: bear (1.5) personal responsibility for not being able to (2.2)
light (.4) to immediately lighten that load (.9)
cause that is ___ a situation that I(h) (.7) I want for my family.
(1.6)
Pa: like at all.
(1.3)
Pa: like I (.5) .hh I('m) (.4) .hh (.4) hhhh
(2.4)
even (. even if it was something I was: initially: o.k. with: (.)
like just as a (.3) pragmatic “this is just something we have to
go through” (.6) you know because of (.3) how the- the nature of
the beast
Th: hmmm
Pa: umm: (.8) I'm really f*ck*ng tired of it hhhh
i:t (1.8) it's (. ) it's an exhausting situation to still be in:

At line 66, I retopicalize the matter of Adam’s guilt by formulating only that: “so you're feeling guilt.” True to formulations generally (Antaki, 2008), this one proposes—using the turn-initial particle “so”—a reading of the ‘gist’ of what the patient has been saying, while passing over much of what he has said and simultaneously introducing a surreptitious transformation of his talk. This particular formulation is extreme in some ways, however, as it highlights something the patient alluded to over 30 lines previously—and then, only in mitigated form (“I guess a li:ttle bit uh guilt”). In effect, I imply that everything the patient has been saying since his brief reference to guilt has been an elaboration and contextualization of that feeling, and I also transform his utterance from a downgraded (“a li:ttle bit uh guilt”) to an upgraded (“feeling guilt”) one. Another, more subtle, transformation also occurs: While Adam had originally externalized or objectified his guilt by referring to it in terms of “those feelings” (line 22), my formulation casts his guilt as something he’s “feeling”—something that he has, not something out there. Interestingly, the change of perspective I introduce is diametrically opposite to the one that has been analyzed in the therapy sessions of the Norwegian psychiatrist Tom Anderson, whose use of a practice called “unusual questions” relocates a patient’s emotional experience outside of him or herself, as though it were an object (Smoliak, Le Couteur, & Quinn-Nilas, 2018).

Following my formulation, it becomes immediately evident that Adam is having trouble agreeing with my reading—indeed, the lapse of .6 seconds suggests a possible, forthcoming dispreferred response (Sidnell, 2010). Perhaps sensing this, I produce an extension (“you’re saying.”) to the original formulation, underlining the epistemic grounding of my formulation in
the patient’s own talk, and then I immediately follow this with what is ostensibly a repetition of
the formulation (“you- you feel guilt.”). In fact, a partial change has occurred from the first to
the second formulation. In the first, I construct my utterance using the present continuous tense,
depicting Adam’s experience of guilt as something ongoing across time—perhaps even
extending into the future—while in the second, I employ the present simple tense, seemingly
mollifying the earlier proposal and suggesting a more general truth about Adam’s proclivity to
feeling guilt. Adam produces a long sigh, at line 69, in overlap with a tag to the second
formulation, utters the first word of what will be an abandoned turn-constructional unit, and then
drops into silence for 4.9 seconds. When he finally responds, it is with a minimal agreement
token (“yea:h”, line 71), which, together with his previous silence and the one that follows his
minimal agreement, strongly suggests incipient disagreement (with the formulation) (Pomerantz,
1984a). He produces one more agreement token at line 73 and drops again into silence; and it is
only after this pause that he opts to expand his response with an enhancement (Muntigl &
Zabala, 2008). Though designed with long sighs (lines 75-76), unusually long intra-turn pauses,
self-initiated self-repair (“because it has...because ideally speaking”), and hitches (“I: sh- I
should”), in this turn he explains that his guilt stems from feeling that he should have completed
his graduation “years ago.” After a pause, he then produces what is an instance of troubles-
resistant laughter (line 80) (Jefferson, 1984). Altogether, this expansion is designed in a
remarkably similar fashion to his initial description of experiencing guilt. I reproduce these
small extracts below for comparison:

**Extract 2a** [Adam, S06]

30 Pa: u:m: but (.) it's (1.8) hhhhh (.9)
31 I guess a li:ittle bit uh guilt. (.4) >hh .hh< ((laughing))
32 (.7)
In both instances, a [incomplete TCU + pause + sigh + pause + TCU + pause + troubles-resistant laughter] turn design is evidenced. The pauses and sighs that precede the complete TCU would appear to be markers of the patient’s hesitation (Weiste, Voutilainen, & Peräkylä, 2016; Voutilainen, Peräkylä, & Ruusuvuori, 2011), while the troubles-resistant laughter that follows the TCU suggests evasion from the interactional role assigned to someone with a ‘trouble’ to tell. The picture that emerges is of something articulated that is worked up to with cautiousness and then hastily brushed away as non-serious, suggesting some special charge or emotional trouble associated with these articulations.

After the silence that follows his laughter, I produce a continuer (“hmmmm:”, line 82), acknowledging receipt of the patient’s talk and displaying my anticipation that the patient has more to say (Goodwin, 1986; Schegloff, 1981). He jumps into an elaboration of his prior turn, and after I produce one more continuer (line 86), he begins to show difficulties with continuing his talk. A silence of nearly 1 second ensues; he produces a stand-alone, stretched “u:mm:” (line 88) that is followed by a long silence of 2.4 seconds, the design—[conjunctonal + break]—suggesting a “trail-off” and the patient’s readiness and availability to drop out of his turn-at-talk (Jefferson, 1983); and he follows this up with another trail-off—composed as a stand-alone conjunction (“and”, line 90) and a post-conjunctonal silence of 2.6 seconds—which strongly
displays his inclination to receive uptake from me (Jefferson, 1983). Therapists’ use of silence in psychodynamic and psychoanalytic treatment approaches has been described in their various traditions as both essential to the analytic process (Lacan, 1936/2006; Levy et al., 2012) and, when excessive, potentially harmful (Gabbard, 1999). When Adam eventually resumes his turn (line 90), my silence proves to be effective in producing further on-topic talk, engendering not only progressively detailed accounts of his guilt but also progressively heightened displays of emotion. In his elaboration (lines 90-94), he reports bearing “personal responsibility” for not being able to “lighten [his partner’s] load,” formatting his utterance with several long intra-turn pauses, self-repair (“to light...to immediately lighten”), and hitches (e.g., “I:...I:"). In line 94, he bemoans that being unable to financially assist his partner “is not a situation that I(h) (.7) I want for my family”, and then, after a brief gap, he extends his utterance to transform it into an extreme case formulation (Pomerantz, 1986): It is not a situation that he wants for his family “like at all” (line 96). Already, a certain trend is evidenced in Adam’s elaborations as I continue to withhold from speaking, moving from a troubles-resistant account of his guilt that emphasizes his employment status to a halting one that formulates his absolute opposition to, and sense of “personal responsibility” for, his partner being in a “tight” situation. This trend continues through the remainder of extract 3, with Adam eventually assessing the situation he finds himself in as one he’s “really fuck£ing tired of £ it .hhhh i:t (1.8) it's (. ) it's an exhausting situation to still be in:” (lines 105-106).

The trajectory of Adam’s talk in extract 3 can be seen to move from being resistant and parsimonious to emotionally upgraded and detailed. He begins by responding to my formulation—and this after a very long pause that projects disagreement—with the most minimal of agreements; he proceeds with a troubles-resistant account that relays what he would prefer his
situation look like (“ideally speaking I should have been done years ago”); he then provides an elaboration—designed as an extreme case formulation—that uses lexical items expressive of his feelings (e.g., “not a situation that I want for my family like at all”); and he culminates with a very strong display of his emotional stance (“I’m really fucking tired of it”), which, while still slightly troubles-resistant—since it is delivered in a ‘smiley’ voice—is upgraded relative to his earlier troubles-resistant laughter. That is, in the broadest terms, while he initially takes up my formulation displaying signs of resistance, my silence at transition-relevance places draws forth from him displays of his emotional stance that are progressively more forceful. This was the same general trajectory evidenced across extracts 1 and 2, where strong, initial resistance to the preference organizations of a Y/N interrogative gave way to a downgraded, troubles-resistant description of his guilt and then, in turn, an upgraded account—constructed with an extreme case formulation—concerning his failure to financially assist his partner.

The last segment of talk to be analyzed from this session comes 20 lines after the conclusion of extract 3. I provide it as an example of how Adam responded, in the earlier sessions of his psychotherapy, to my conclusions or interpretations.

**Extract 4 [Adam, S06]**

126 Th: and what- what I'm hea:ring you say right now is you're getting ti:red of this (.8) these relationships where you rely on others to help contain (.7) feelings of guilt and give you guidance and you're saying, I'm- I'm- just ti:red of this (.4)
129 I need ta do it on my o:wn (.5)
130 a[nd (.2) r:ecently (.4)
131 Pa: [Hhhhhh
132 Th: you've hadda ssspool:- moment an experience of unstuckness (.5)
134 Pa: oh yeah (.2)
136

107
137 Th: You're guiding yourself.
138 (.3)
139 Pa: Hhhhh. hhhhhhh (.2) umm: (5.1)
140 more like I'm I':m (.6) consoling myself
141 (.2)
142 enough to (.5) remain (.8) actively productive on my project (.)
143 without (.9) getting too frustrated and (.8) and like i=I: it i
144 increases my stick-to-itiveness ((hyphens aid readability, here))
145 .hhh (.u through the frustration an' through the (2.0)
146 hhoah (3.5)
147 through being so stumped.
148 (1.6)
149 Th: you were able to con- console yourself before you were getting
150 consoled (.5) by others.
151 Pa: Ahh (.9) no:
152 (.9)
153 Pa: no I wasn't I- it just (.5) led to: (.3) abysmal
154 prod(h)uctiv(h)yhhf .hhh
155 um (1.4) yeah like I would still try to console myself.
156 (.6)
157 Pa: but it was: (.6) a lot less effective.

At line 126, I am already multiple lines into a rather long interpretation that makes
reference to material from previous sessions—this being a common design feature of
interpretations (Vehviläinen, 2003; Bercelli, Rossano, & Viaro, 2013). The thrust of the
interpretation (lines 126-130) is designed with recycled words used by Adam in his previous
elaborations (viz., “tired,” “guilt”), though it is highly disjunctive with Adam’s articulated
understanding of feeling guilty and tired as a result of being unable to financially support his
partner. Instead, I propose that he is tired of relying on others to manage his guilt—the
implication being that he may be tired of relying on his partner but also, perhaps, myself, this
being a possible link back to the topic of Adam’s missed sessions. I conclude the interpretation
by attributing to him, in the form of direct reported speech (Holt, 2000), frustration with his
situation and a desire to do something about it, on his own: “you're saying, I'm- I'm- just ti:red of this (.4) I need ta do it on my o:wn” (lines 129-130). When he doesn’t immediately respond to what is, admittedly, a highly suspect interpretation (it has almost no foundation, from what I can gather, in Adam’s own talk or any other jointly produced conclusions), I extend the interpretation. I remind him, on the basis of material from earlier in the session (not included in the reproduced extracts), that he has reported feeling “an experience of unstuckness” (line 133). He produces a delayed, oh-prefaced, minimal agreement (“oh yeah”), which works to embody the independence—and perhaps even primacy—of his knowledge on this matter (Heritage, 2002). At line 137, I pursue an expansion of Adam’s agreement by reformulating a part of the earlier interpretation, saying, “You’re guiding yourself,” eliding the part of the interpretation that focused on guilt feelings and reliance on others. Adam’s subsequent disagreement (line 140) is presaged by inter-turn silence and a long sigh, but I would also argue that he sought to stave off this outcome through his “trail off”—accomplished through the sequential conjunctional “um” and the long pause that followed it (Jefferson, 1983). He had, in other words, angled for speaker transition, which, only when it fails to occur during the long 5-second silence at line 139, culminates in his disagreement: “more like I'm I':m (.6) consoling myself.” Following the elaboration of his disagreement, I try a new angle and make the optimistic interpretation—again ungrounded in what the patient has said to this point and also, notably, without the use of modal auxiliaries (e.g., “maybe”) that would serve to soften its epistemic claims (Weiste, Voutilainen, & Peräkylä, 2016)—that the patient was “able to con- console yourself befo:re you were getting consoled (.5) by others.” This time, Adam doesn’t hesitate to immediately disagree (line 151, “Ahh (. no::”) and, after a pause, repeats his disagreement. But interestingly—given, as I have indicated, the poverty of the interpretation—the patient proceeds to elaborate his disagreement
with laughter particles and a smiley voice and, after a pause in line 155, downgrades his disagreement: “yeah like I would still try to console myself. (.6) but it was: (.6) a lot less effective.” While still a disagreement, prefacing it with an agreement token (“yeah”) weakens it (Pomerantz, 1984a), and as I hear it, the interpolation of laughter in the prior turn has a similar effect.

Bearing in mind that the interpretations in extract 4 suffer from inexactitude—they are, that is, based on a paucity of enquiry outcomes, such as descriptions of experience provided by the patient (Bercelli, Rossano, & Viaro, 2013; Voutilainen, Peräkylä, & Ruusuvuori, 2010)—and were therefore unlikely to solicit agreement, it is notable that the patient displays hesitation to disagree (line 139) and, when he does provide a strong disagreement in response to a second interpretation, retreats from it. Whether this reflects the patient’s orientation to the action-type preference of interpretations—i.e., agreement—is unclear. In any case, we may remark from a clinical perspective that it bodes well for the therapy that it is Adam himself who, here, makes moves to accommodate the perspective opened up by my interpretation. His initial disaffiliative response to my interpretation amounted to a rupture in alliance (Muntigl, & Horvath, 2016), and his subsequent downgrade of his disagreement—in the absence of any actions taken by me—suggests a striving for affiliation.

Summarizing the phenomena observed in this spate of talk-in-interaction from an early session with Adam, a general pattern is observed that appears to repeat and also tends in a positive direction—not so dissimilar, to employ an analogy, to a healthy share of stock that tends positive over time, despite recurring dips and rises in market price. In extract 1, in response to a question, he initially rejects the constraints and agenda of the question, displaying thereby
disaffiliation and resistance; but as he continues, he describes “overwhelming” feelings and his prosody shifts in a way that, however slight, displays emotion. In extract 2, which continues on from the earlier extract, we again see Adam respond to a question in a resistant way, providing an unelaborated response and subsequently describing his feelings with qualifiers and markers of hesitation; but as he continues, he progressively upgrades his description of his emotions, though he resists, let us say, “owning” those emotions through his use of troubles-resistant laughter. Finally, in extract 3, Adam and I repeat what has become a pattern of interaction between us: he initially responds to my formulation with minimal agreement, but he goes on to provide an enhancement of his turn and eventually upgrades his description of his emotional stance (though still with some evidence of troubles-resistance). A cycle is evident in these extracts, very roughly coextensive with the length of a single extended sequence (e.g., question-answer, formulation-agreement), moving from resistance to affiliation and display of emotion.

Beginning psychotherapy: Keith

The next extracts examined come from the second session—from a treatment lasting about 130 sessions—with a patient I am calling “Keith.” It was hastily scheduled, only a day after our first meeting, after he called in requesting an emergency appointment for what turned out to be a crisis in his romantic relationship. He had had an outburst while speaking to his girlfriend on the phone, triggered by her announcement that she would be going on a trip without him. At the time of our session, he was worried the relationship was on its last leg. Extract 5 picks up about seventeen minutes into the session, as I prepare for and deliver an interpretation that references not only his romantic troubles but also a pivotal event from his adolescence that entailed the breakdown of a dear friendship.
Extract 5 [Keith, S02]

1 Th: The reason I'm asking about letters versus phone calls is um >I'm thinking about< what you said to::: umm I'm=sorry I forgot her name, your girlfriend, i[s

4 Pa: [1NAME

5 Th: 1NAME (.5) thank you (.7)

6 you told 1NAME (.3) don't even bother calling me.

7 I'm (.5) that word (.3) stuck out to me. said >don't even bother< calling me >when you got angry at her< "(and) (um) (I was) thinking ( )" Hence all the questions about letters versus phone calls here,

11 Pa: oaka(y)-

12 Th: umm (.4) tci so: there's- there's a ↑pattern ↑here it ↑sounds ↑like a ↑little bit↑ so: (.7) 2NAME leaves↑ (.2) allava sudden, (.3)

15 Pa: ("yeah")

16 Th: um there's some confusion ab't what's happened bec'z parents aren't (.4) communicating a lot↑

18 (.5)

19 Th: and he's suddenly out of your life. fortunately he comes back an he (moved in with) his friend (.8)

22 Th: um

23 (.4)

24 ? (hu)

25 Th: with 2NAME though, he went to the hospital an he:

26 didn't come back quite the same person >or something happened< (.4)

28 Pa: Hm hhm

29 (2.0)

30 Th: in ↑your- in ↑your ↑experience (.5) when- when people go away,y, (.9) this is a- (2.4) this a sensitive moment=this is a sensitive time. things don't always turn out (.7) well.

33 (.9)

34 Pa: >hm hhm<

35 (2.3)
I begin to lay the groundwork for the interpretation with an account for an earlier inquiry sequence (not included in the transcript), which concerned the recent mode of communication with his girlfriend (viz., a phone conversation) and the mode of communication during the breakdown of an erstwhile friendship (viz., written letters). As I begin to do so, I interrupt the action underway with a “word search” (line 3), as I enlist Keith to recall the name of his girlfriend (this search, together with Keith’s response, forms what Schegloff (2007) terms an “incidental sequence”); and following this, I continue my account by referencing, using direct reported speech (Holt, 2000), a part of Keith’s narrative about the incident with his girlfriend: “you told 1NAME (.3) don't even bother calling me” (line 6). The use of direct reported speech, here, appears to serve the purpose—through its effect of enhancing the granularity of tellings (Heritage, 2011)—of drawing Keith into a sort of scene that I depict as noteworthy, something that, as I say in line 7, “stuck out to me.” Repeating the direct reported speech (lines 7-8) adds to this effect. As described by Vehviläinen (2003), a practice like this, which selects out parts of the patient’s talk and presents them as part of a “puzzle,” often precedes a (psychoanalytic) interpretation, setting up a sort of “enigma” that the interpretation will solve.

After Keith provides a receipt of this initial account (line 11), I introduce explicitly the idea that the things Keith has been talking about—e.g., his phone call with his girlfriend, his letter-writing to his past friend, his saying don’t even bother calling me—are accountable, hanging together in a yet-to-be-explained unity: “there's- there's a ↑pattern ↑here it ↑sounds ↑like a ↑little bit↑” (lines 12-13). Note that this prefatory component of the interpretation is structured with questioning intonation, a hitch (“there’s- there’s”), an epistemic marker (“it sounds like”),
and a qualifier (“a little bit”), collectively working to downgrade claimed epistemic access and primacy (in keeping with the design of many interpretations—Bercelli, Rossano, & Viaro, 2013; Vehviläinen, 2003). Building up the interpretation in this way, with practices that introduce it as provisional and hypothetical (Weiste, Voutilainen, & Peräkylä, 2016), lowers the risk of it appearing to lay claim over a territory of knowledge that is the patient’s own; and in turn, it minimizes the probability of Adam disagreeing with the interpretation outright, which is one way that patient resistance is realized in psychotherapy (Muntigl, 2013).

In lines 14-26, I provide an enhancement (Muntigl & Zabala, 2008) of my turn, marked with the turn-initial particle “so.” I introduce the name of his erstwhile friend (“2Name” in the transcript, to distinguish it from the “1Name” of his girlfriend) and recount a part of the story, told to me by Keith in our first session, of the dissolution of his friendship. By doing so, I imply that something about what happened in this relationship shares something in common with his recent interaction with his girlfriend, strengthening the case for a “pattern” in what is going on. During this segment of the talk-in-interaction, Keith displays modest alignment with the activity underway, providing one softly spoken receipt at line 15 but forgoing at least two other opportunities (lines 18 and 21) to promote the sequence (such as by responding with continuers—Stivers, Mondada, & Steensig, 2011). At line 27, a pause ensues, which the transcript shows as marking the boundary of the buildup of the accountable. Keith receipts my talk with a continuer (Goodwin, 1986), and after a pause of two seconds, during which Keith declines to take up the interpretation himself, I propose one: in your experience, when people go away, this is a sensitive moment, things don’t always turn out well (lines 30-32). Briefly, this interpretation proposes that Keith’s historical experience of a friendship falling apart after the friend briefly departed for health reasons (“he’s suddenly out of your life,” “he went to the
hospital and didn’t come back quite the same person”) has made him wary of people “going away.” The interpretation is just a stone’s throw away from proposing that this explains Keith’s distress at the idea of his girlfriend going on a trip without him; but I withhold this inference, for the time being, in light of a technical preference, in certain psychoanalytic and psychodynamic approaches, for the patient to make the interpretation himself (Fink, 2014b). A long pause of .9 seconds follows and Keith responds with a mere acknowledgement token (“hm hm”, line 34) (Jefferson, 2002). This is significant, as an interpretation makes conditionally relevant a (dis)confirmation (Vehviläinen, 2003) or (dis)agreement (Peräkylä, 2011), and so his response, similar to “I don’t know” responses (Jager et al., 2016), seems to amount to a “non-answer” by failing to promote the action sequence of the interpretation.

After a significant period of silence (line 35), I make a request for confirmation of the interpretation (as Heritage, 2012, points out, a declarative by a speaker in K- position tends to function as a request for confirmation). In light of its sequential positioning after a non-answer from Keith, it seems to work to elicit expansion from him (Muntigl & Zabala, 2008, on confirmation elicitors as other-initiations of expansion), but as the extract shows, this initially fails, Keith producing yet another acknowledgement token (line 37).

Extract 6 follows on from this point, and we see me try a different tack of engaging him in the “puzzle” of his emotional reaction to his girlfriend. At line 40, I ask a Wh-question that invites Keith to engage in a “possible interpretation” of how his sensitivity to people going away might apply to his girlfriend (Hutchby, 2010).

Extract 6 [Keith, S02]

40 Th: Whadayouthinkthelinkiswith(.4)1NAME.
41 (.6)
42 ? (um)
Le's jus' stick with this one instance for >( ) ( this Friday) even though it's a general ( )<

I think (1.8) it'ss:hh (1.1) parsh(y)=because I- I lo:ve her I: (. ) I really feel strongly about where'ar relationship's going an:(d)
I don't wanna lose her:

(.9)

"hm:°")

(.2)
you kno:w (. ) maybe part of it (. ) you kno:w (3.0)
I mean: (.2) e#(h)# (.6) I- I- there have been some other kindav (.7) points to (.3) at least what's going on right ↑↓no:w

(.8)
uuh(m)

(.7)
it might be kindav (.9) HHu (.4) adding- to all of this;
/.6)

u:m

(1.0)
one of which being thet (1.5) kin(d)a how this trip transpired just (1.6) to me didn't (.2) sit well.

(.9)
you know >it was one of those< "I'm goin t' my best frie:nd's a:::n:d I don't" (.3) eh- °eh-° e- this is not necessarily what she said or h(o)- what she meant but kinduv the: (.3) the way I felt.

(.2)

.hhh was the (.7) "I'm goin'a my best frie:nd's a:::nd >I'M Not Gonna Ask you< be- (.3) cuz >this is my life and I'm gonna do what ↑I wannado<"

Hmmm

(.6)
When he doesn’t immediately respond (line 41), I take another turn-at-talk and produce an utterance (“Let’s just stick with this one instance...”) that has some of the design features (e.g., imperative mood) of a demand action-type (Muntigl & Zabala, 2008). It is, after all, redundant to instruct Keith to “stick with this one instance,” there having been no implication in the just-prior question of exploring another “instance,” and so we are inclined to discount an analysis of the turn as primarily modifying or qualifying the question. Instead, it seems to me that the turn is primarily working to pursue uptake by Keith. Just as increments (e.g., extensions of a speaker’s immediately prior turn) often appear in situations where there are problems with recipient uptake (Ford, Fox, & Thompson, 2002), my injunction occurs in an environment where Keith has not immediately responded to my question.

Keith’s response at line 46 begins with features that suggest it will be a dispreferred response—specifically, an inter-turn gap (line 45) (Sidnell, 2010) and a turn-initial “well” (Schegloff & Lerner, 2009). After two significantly long intra-utterance pauses, he responds to my invitation/question by describing his love for his girlfriend and his fear of losing her. Recall that my question had targeted the link between Keith’s sensitivity to people going away and his recent interaction with his girlfriend. The question contains a specific agenda or presupposition—that his fight with his girlfriend is linked to his sensitivity to people going away—and it also contains key terms, such as “going away” (on question agenda and terms, I refer the reader to Stivers & Hayashi, 2010). Keith’s response mostly elides the terms of my question (though his use of “lose” is conceptually linked to “going away”), and it ostensibly ignores the agenda of the question. This first part of his response, then, has features of disalignment and disaffiliation.
After I decline uptake, producing a low-volume continuer at line 51, he continues his turn-at-talk and initially seems to adopt—after showing signs of struggle and hesitation (lines 53-54)—a significant facet of my question’s agenda. He states that “there have been some other kind of points to at least what’s going on right now” that “might be kind of adding to all of this.” That is, his utterance appears to reflect a (qualified) taking up of the question’s assumption of a “link,” leaving unsaid for the moment what that link might be. The continuation of his talk, however—after a full second of silence, what Jefferson (1988) calls the “standard maximum tolerance” of silence—reveals that the link he perceives is not with the one contained in the interpretation. If he sees a link to what transpired with his girlfriend, it is with the way she behaved, which he vividly reports (lines 67-74) in a kind of reenactment of how he “felt” or perceived her actions: “It was one of those, ‘I’m going to my best friend’s...I’m going to my best friend’s and I’m not gonna ask you, because this is my life and I’m gonna do what I wanna do!’”

By this point, Keith appears to have moved into a different interactional project altogether and is no longer responding to the interpretation. He has initiated a “troubles-telling” (Jefferson, 2015). It proceeds over the course of the next 111 lines and is perhaps most remarkable for the absence of recipient (i.e., therapist) affiliation at innumerable transition-relevance places. I repeatedly decline speaker transition during inter-turn gaps of more than a second, and otherwise I produce only a few scattered continuers. What I want to focus on here, however, is how Keith’s telling eventually circles back, in an unexpected way, to descriptions that mirror the interpretation I produced earlier in the interaction (beginning in line 30, extract 5) and how the talk-in-interaction unfolds from there. To do justice to this, it is necessary to pull out several lines from Keith’s troubles-telling, which will help situate my eventual response
when his telling reproduces the gist of the original interpretation. Extract 7 shows these lines, as well as Keith’s chance return to the content of the earlier interpretation.

**Extract 7 [Keith, S02]**

139  (.2)
140 Pa: cause letting her mother take her=: just=kin'a **cast**
141 aside the fact that I (.7) offered to take her:
142  (1.3)
143 Pa: and (.5) I swear that >she and I hadda conversation about<
144 me picking her ↑↓up
...

163 Pa: and it's like (2.4) kinduv feel like (.3) she's kinduv
164 j's **shovin' me aside** because: (.6) >you know<
165  (1.2)
166 Pa: with (.1) you know this whole trip j's like (1.9)
167 you know (.1) I'm not gonna get to see her:
168 I'd like to maybe >↑take ↑her to the airport?<
169 >maybe pick her ↑up from the ↑airport<
170 yet (.4) she j's kinduv **shoves me aside**: and:
...

189  (1.1)
190 Pa: and so I mean (.6) on top of the=n- the normal (1.7)
191 maybe: a better word actually th't (.2) j's crossed my mind
192 is anxiety about someone leaving
193  (.4)
194 Th: °Hm°
195  (.3)
196 Pa: you know
197  (1.1)
198 Pa: on top of that I get (.3) you know these two s- in-
199 .hh- i::=you know
200  (.3)
201 Pa: things that just kind of make ge- ma:ke (m')=feel she's
Something we notice in Keith’s troubles-telling is a repeat, or a variation of a repeat, of a certain lexical phrase: “shoving me aside” (see the bolded portions of the above extract). We have no less than four instances of Keith describing his sense of being *shoved* or *cast* aside by his girlfriend. In the midst of these descriptions, we also notice his return to the gist of the interpretation I made over 160 lines earlier in the interaction. That interpretation had concerned Keith’s experience that, *when people go away, this is a sensitive moment...Things don’t always turn out well*. Echoing this, at lines 192-193, Keith makes an assessment of his anxiety about *someone leaving*, but he displays this assessment as arising from himself, from his own “mind.” This is a potentially fruitful moment, as Keith has unwittingly given expression to a core part of the abandoned interpretation, and it simply remains to get him to connect his anxiety about *someone* leaving to anxiety about his *girlfriend* leaving. In the extract below, we see a renewed interpretation, this time leveraging the phenomenon of Keith’s lexical phrase, “shoved aside,” that had recurred during his troubles-telling.

**Extract 8** [Keith, S02]

190 Pa: and so I mean (.6) on top of the=n- the normal (1.7)
191 maybe: a better word actually th’t (.2) j's crossed my mind
192 is anxiety about someone leaving
193 (.4)
194 Th: "Hm"
195 (.3)
196 Pa: you know
197 (1.1)
198 Pa: on top of that I get (.3) you know these two s- in-
199 .hh- i::=you know
200 (.3)
201 Pa: things that just kind of make ge- ma:ke (m')=feel she's
kind of (j's) (.8) shoving me aside an: (1.2) an all that.

Th: ("hmm")

Th: and an(d) (.8) shoving you aside

Th: you're worried

Th: permanently.

Pa: ["Hm"

Th: [Your worried she might not come back

Pa: or: come back an: not wanna have anything to do with me

Pa: .h (.4) caussse I:-she- (.4) I don't think she=would (.6)

leave and not come back unless something (.4) were to happen

thet (.8) th't (.3) beyond her contro:1

The beginning of the interpretation (line 206) is designed as an extension of Keith’s turn (note the turn-initial conjunction “and”), a not unusual turn design for interpretations (Antaki, 2008); and, as previously remarked, it recycles Keith’s use of the lexical phrase “shoved aside.” Together, these practices work to claim a close adherence to Keith’s talk and understanding (Vehviläinen, 2003; Weiste, Voutilainen, & Peräkylä, 2016). But ultimately a new, therapist-driven understanding is expressed, and it is this that marks the turn as doing an interpretation: the TCU of “shoving you aside”—which, alone, might have been received as a mirroring repeat (Muntigl, Knight, Watkins, Horvath, & Angus, 2013)—is twice extended, yielding an interpretation—shoving you aside, you’re worried, permanently (lines 206-210)—that goes beyond what appears in Keith’s talk. A question me might pause to consider is the timing of this interpretation. After all, the “shoving me aside” phrasal unit had already appeared multiple times
in earlier segments of the interaction. What appears to explain the delivery of the interpretation at this specific juncture is Keith’s recent description of “anxiety about someone leaving” (line 192), which provides convincing “evidential grounding” to justify the perspective that Keith is anxious about his girlfriend leaving (Weiste, Voutilainen, & Peräkylä, 2016). When Keith again uses his hallmark phrase (“shoved aside”), offering a resource by which to anchor the interpretation, it is then that we see its delivery.

Returning to the interpretation sequence, we note that the interpretation doesn’t immediately receive uptake, and after a pause of nearly one second, I repeat a modified version of the interpretation in overlap with Keith (lines 212-213): *You’re worried she might not come back*. The lexical item “worried” is retained, but it is reformulated in a way that approximates the basis of the interpretation in extract 5, which had asserted that, *In your experience, when people go away...things don’t always turn out well* (lines 30-32). What the original interpretation had been angling at, with its follow-up question of, *What do you think the link is with Name*, is now fully articulated.

Two seconds elapse before speaker transition. Keith’s response amounts to a disagreement, a disagreement with the literal reading of the interpretation that he is worried his girlfriend will not come back from her trip. This is made clear, for instance, by the enhancement of his TCU-in-progress beginning in line 217, where he provides an account for his disagreement. What is most interesting to me about his response, however, is his initial turn-at-talk: *Or come back and not wanna have anything to do with me* (line 215). The utterance is designed as an extension of my interpretation, elliptically tied to the component “you’re worried she might.” In effect, Keith displays some level of modified agreement with the interpretation—even if the overall action-type of the utterance is a disagreement—by elliptically retaining the
understanding that he is worried about something his girlfriend might do. His disagreement is therefore a weak one (Pomerantz, 1984a). What’s more, the alternate understanding he displays of being worried that, *she might come back and not wanna have anything to do with me*, seems to match very closely my earlier interpretation: *shoving you aside, you’re worried, permanently* (lines 206-210). We might say, non-analytically, that Keith and I are on the same page, even while, in interactional terms, Keith disagrees with me.

Analyzing the overall trajectory of this representative talk-in-interaction from an early session with Keith, we observe in Keith’s talk a movement from very low alignment, very low affiliation, and strong resistance—indeed, a tendency to provide responses that are not conditionally relevant—to low alignment and weak resistance. Throughout this conversation, Keith evidences resistance against advancing the activities embodied in my FPPs (first pair parts), but this resistance noticeably slackens as the interaction unfolds. As we saw, Keith responded to my first interpretation with a mere acknowledgment token, which indicated very high disalignment and resistance; and subsequent attempts to elicit expansion were similarly met with responses (viz., an acknowledgment token, as well as a response that eschewed the terms and agenda of a question) that indicated high disalignment, high disaffiliation, and strong resistance. By the end of the analyzed segment, however, Keith responded to an interpretation with a conditionally relevant response that, while doing disagreement (and therefore manifesting disalignment), was designed as a weak disagreement—and indeed, from another level of (content) analysis, Keith could be understood to agree with the substance of my interpretation. Looked at in its entire unfolding then, in broad brushstrokes, Keith demonstrated a subtle
tendency to move, over time, in the direction of reduced disalignment/resistance in response to my interpretations.

Beginning psychotherapy: Extracts from “unsuccessful” treatments

The extracts I analyze, here, from the early sessions of two “unsuccessful” treatments—that is, treatments that ultimately terminated without patient notification and/or mutual agreement—are noticeable different. In one, a man tells stories from his youth, while I ask various questions, check my understandings, and otherwise align with his telling. In another, the patient in question describes the pattern of his depressed mood over the previous week, while I remain silent. There are undoubtedly many ways that a treatment can go wrong and lead to early termination, and short of analyzing every session of these two unsuccessful therapies, we cannot be sure what interactional factor ultimately “broke the camel’s back.” I propose that we can nonetheless assume that, whatever variable it was that ultimately tipped the scales, there are interactional trends (or, as I will suggest in this section, an absence of trends) that preceded the dissolution of the therapies. Towards this aim, we turn to two extracts from the early sessions with “Jon” and “Monty.”

The following interaction with “Jon” takes place during our first meeting. He had just been transferred to me from another therapist who was leaving the area, and prior to the extract that appears below, I had been inquiring into his treatment with this other therapist and what brought him to therapy. Jon had explained that he found it useful to use therapy to reflect on his childhood and upbringing, and before long, he had begun to do just that with me, recalling major episodes from his childhood in a country abroad. Where the extract picks up, I respond to his telling-in-progress with an understanding check, a form of other-initiation of repair that proposes
an understanding of what the other speaker has said and that makes relevant (dis)confirmation
(Heritage, 1984); Sidnell, 2010).

**Extract 9 [Jon, S01]**

Jon, S01, 05:57-06:51

1 Th: £so- hyu- he's travelin'=arou:n yu- d-f yu=went to
2 COUNTRY-NAME and all these places
3 Pa: [>#right#<]
4 Th: [ a n ] you'r:e still in NAME county
5 Pa: >#right#<
6 Th: lookin over (.2) your siblings
7 Pa: >right<
8 (.3)
9 Th: ""hm"","r;
10 Pa: m: mother was there (.). but uuh
11 (1.7)
12 Pa: .hhh she was the:re and someti(m)e she wasn't there.
13 she was: sh:e she liked ta (.3) she liked ta drink(hh)
14 (2.2)
15 Th: and she- (.2) not at ho:me she was- (.2) goin ;out
16 and drinking?
17 (1.0)
18 Pa: >°#yeah°<
19 Th: but she wasn't there? (.)
20 Pa: >°yeah°<
21 (2.5)
22 Pa: I made sure they got up an: (.2) had lunches an:
23 things like that
24 (1.2)
25 Pa: summertime made sure they (1.0) (°.hhh°)
26 Th: >°hm°<
27 (1.5)
28 Pa: gettin'n (.). didn' get in people's wa:y
29 (1.5)
30 Th: >hm<
In the beginning of this extract, I produce three candidate understandings (lines 1-6), back to back, designed as extensions of the first candidate understanding; and without any delay, Jon produces in each case a quickly spoken “right,” confirming the understanding. Jon continues his telling and, as he begins to describe his mother’s problematic drinking behavior (line 13), he abandons his initial TCU (“she was:”), produces a hitch (“sh:e she”), and repeats the phrasal unit “she liked ta,” which he completes as “she liked ta drink.” When Jon falls into silence for 2.2 seconds, it appears that he is oriented to the relevancy of a response, which, in line 15, comes in the form of another candidate understanding. After he responds with a confirmation, I produce yet another (lines 15-16), which again he confirms; and after an inter-turn silence of 2.5 seconds, Jon proceeds to continue his telling, which I align with through the remainder of the extract, producing continuers at various transition-relevance places (lines 26, 30, 32, 38).

The extract—which is representative of the session as a whole—is in many ways unremarkable. I am aligned with Jon throughout his telling, and though my multiple understanding checks might appear, on the surface, excessive, they are associated with affiliation (Kupetz, 2014) and don’t appear to disrupt Jon’s telling. If there is anything remarkable in the
extract, as compared to those of the patients who experienced “success” in psychotherapy, it is the absence of changes in affiliation, alignment, or displays of emotion. There is clear alignment throughout the extract, but it does not change: every understanding check receives the same confirmation. Now we might ask, is this absence of changes due to some fault of the patient’s? We can undoubtedly reject this hypothesis, because we notice that a certain type of interactional work is missing in the conversation. If this were an ordinary conversation, nothing would be amiss with the fact that I am merely aligned with the speaker’s telling. Psychotherapy conversations, on the other hand, are associated with actions that challenge (Voutilainen & Peräkylä, 2016), interpret (Voutilainen, Peräkylä, & Ruusuvuori, 2010), draw conclusions (Weiste, Voutilainen, & Peräkylä, 2016), and transform the patient’s talk (Antaki, 2008), amongst other things. It is precisely in the absence of this kind of interactional work that I understand the absence, in the extract, of changes in affiliation, alignment, and emotional display. It has been suggested that the “modification of [experience] is arguably the central task of psychotherapy” (Voutilainen, Peräkylä, & Ruusuvuori, 2010, p. 102), and what could better explain the sorts of epistemic battles, tugs-of-war of understanding, shifting landscape of alignment, and ebbs and flow of emotion than attempts to transform experience, which is to say the patient’s talk? This is how, I suggest, we can understand the lack of tension and movement around issues of understanding, alignment, and affiliation in my interaction with Jon.

The next extract comes from session two with “Monty,” who, as his descriptions of his experience evidence, is struggling with depression. If the analysis of my interaction with Jon revealed a dearth of actions that shape the patient’s talk, this is even more pronounced in the following segment, since I do not speak until line 48. Something else we notice in this interaction is a lack of empathic responses (Heritage, 2011) and “recognizing” responses
(Voutilainen, Peräkylä, & Ruusuvuori, 2010), which work to display an understanding of the speaker’s experience and validate his affective stance. While empathic moments do not appear to be ubiquitous in the “successful” psychotherapy cases in my dataset, their absence is noticeable in this particular extract, where, over the course of 46 lines, Monty uses rich emotional lexis (see the bolded words) to describe the highs and lows of his week but does not receive uptake at least 13 transition-relevance places (see, in particular, lines 2, 7, 18, 29, and 36).

**Extract 10 [Monty, S02]**
1 Pa: we:ll last week **stunk**.
2 (.6)
3 Pa: uuhh:
4 (3.4)
5 Pa: I=mean °it=was° ( ) >I was< (. ) >ma(t)=< (.6)
6 **ma:ed** about that stereo fer like days an days an days.
7 (1.8)
8 Pa: an then I guess I jus kinda (.4) said whatever an got over it.
9 (1.2)
10 Pa: then I kinda: (.9) quit dreamin fer a couple da:ys (.)
11 I forgo:t (. ) I'm s- ( ) need a long(er) journal
12 (.3)
13 Pa: but I forgot it (. ) °was gonna rush today forgot my book bag°<
14 (1.0)
15 Pa: uum
16 (2.6)
17 Pa: (j's) pretty much jus wakin up (1.6) **miserable**.
18 (1.4)
19 Pa: an then:: maybe (.6) Tuesday or Wednesday (2.2)
20 I had that dream, (. ) an I woke up- (.5)
21 jus **happy** that I had a dream that I could (.5) do:
22 somethin' about (be)cause I'd bee:n like (1.0)
23 trying ta- be- very detailed about
24 (1.3)
so I pretty much wake up (1.1) an then (0.9) drink coffee
>an I'm inna decent mood for a while<
(1.5)

an then try ta (0.8) stew.
(2.0)

whatever
(0.5)

random things occur during the day
(0.8)

an then (2.6) (corre-) (I) pretty much start gettin (1.6) s~ depressed
(1.3)

around midday.
(0.4)

which is(n't ) (like) when my mom's coming home?
(3.0)

um:
(3.4)

an then (.3) I jus pretty much stay miserable until I- (1.6) finally (.5) >figure out something ta do for the rest of the night that< (1.1) makes me kinda (.9) forget
(3.9)

c'n ya tell me bout the dream?
(3.0)

"that you had?"
(1.9)

If we analyze this segment as an example of a troubles-telling (Jefferson, 2015), beginning with an announcement of the trouble at line 1, I am completely disaligned as a troubles recipient. In everyday talk, a troubles announcement will usually receive at least a receipt (such as a news receipt (Maynard, 1997)) that elicits continuation of the troubles talk, but such a response is studiously missing, as are any expressions of affiliation when he nonetheless exposits his trouble. Still more evidence of missed empathic moments comes in the form of my
eventual response at line 48, *Can you tell me about the dream*, which, as an ancillary question, works to decline affiliation and shift the topical heart of the conversation (Heritage, 2011). If we recall the “two phases” of talk-in-interaction that typify psychotherapeutic talk (see section titled “Two interactional projects...”), there is an absence here of “affective talk” (Voutilainen & Peräkylä, 2016) and “emotion-centered” actions (Voutilainen, Peräkylä, & Ruusuvuori, 2010). These actions prepare for—by acquiring information, reshaping the patient’s talk, and establishing this material as accountable (i.e., a “puzzle”)—an interpretation (Vehviläinen, 2003), challenge, or other action that presents a new understanding of the patient’s experience. Had I responded in a way in keeping with this trajectory, I might have, for example, formulated or highlighted that portion of his talk (lines 34-39) that suggests a link between his depression and the locale of his mother (*I pretty much start getting depressed around midday. Which isn’t when my mom’s coming home*).

Looking at both extracts, from Jon and Marty, the talk-in-interaction reveals a commonality despite their many differences at the level of lexical choice, speaker transition, recipient alignment, and action sequence. In both cases, I do not perform actions associated with what Vehviläinen (2003) calls the “interpretative trajectory.” That is, I do not engage in the kind of work that reshapess patient talk, prompts patients to consider connections between different spheres of their experience, and presents new perspectives on their displayed understandings. What results is an absence of the sort of push and pull, at the level of social cooperativeness and its main levels of alignment and affiliation (Stivers, Mondada, & Steensig, 2011), that typifies the sessions with Adam and Keith. This absence occurs because there is, so to speak, nothing to disagree with, nothing to take issue with: the therapist has not attempted to reorder the patient’s account, request information that might challenge the patient’s narrative, or refashion his talk. It
is this that seems to explain the unexceptional and steady quality of the transcripts from these sessions.

Psychotherapy over time: Middle and later sessions with Adam

This extract comes from session 56, about the halfway point in the overall treatment. Adam has arrived 13 minutes late to his session, and, though I am at a loss to connect it with anything that occurs in our interaction, he appears wearing sunglasses, which he keeps on for the whole session and which neither of us comments on. After greeting one another, Adam produces a series of five sighs (omitted in the transcript), interspersed with long silences (ranging from 1.4 to 4.2 seconds), and then proceeds with an announcement: he still doesn’t know whether his PhD dissertation will be accepted for approval.

**Extract 11 [Adam, S56]**

1 Pa: I'm still waiting to hear back from them
2 (1.2)
3 Pa: .hhh
4 (.6)
5 Pa: um
6 (2.0)
7 Th: your project. (.)
8 Pa: yeah.=
9 Th: =your- degree.
10 (.5)
11 Pa: "hm mm"
12 (.7)
13 Pa: "hhh"
14 (.7)
15 Pa: <that's been a-> (.8) <that's been very> difficult.
16 (2.4)
17 Pa: that continues to be (.2) very difficult.
18 (.6)
19 Pa: <and not something I'm handling terribly well.>
20 (1.8)
21 Th: °hm°
22 (.7)
23 Pa: I don't think (1.4) um (.2) hhhh
24 (1.9)
25 Th: °you're handling it uh::° (2.6) °not well: meaning:°
26 (1.2)
27 Th: °stuff is getting stirred up (I) guess°
28 (2.0)
29 Pa: um (.9) most acutely (.2) it's that I:: (.7) am not sleeping.
30 (.8)
31 Pa: like (. ) at all.
32 (1.2)
33 Pa: like I c'n (.2) I c'n pass out, (.3)
34 I can('t) (1.1) (ste-)
35 but like (. ) every night (. ) is: (.6) like an anxiety night.
36 (1.0)
37 Pa: I'm s- so revved up.
38 (.2)
39 Pa: and I: (2.0) Hhhhh I feel tired but I don't feel like( )
40 sleeping('s) (thet) goo: d.

After initially declining uptake, I produce two candidate understandings, both of which
he confirms (lines 7-11), and he then produces an assessment of his current situation as “very
difficult” (line 15). After 2.4 seconds of lack of uptake, Adam produces an amended repeat of
the prior assessment—the situation is something “that continues to be very difficult”—and he
then extends his assessment. The design of his turn suggests he is pursuing uptake by me, which
I eventually do, though in the form of a continuer (“hm”, line 21) that signals my stance that he
should continue talking (Schegloff, 1981). He begins a new TCU (“I don’t think...um...”), but
after he lapses into a long silence (line 24), I self-select for speaker transition and produce a
“TCU-initial prompt” (Muntigl & Zabala, 2008) that is designed as a reformulation of Adam’s
TCU followed by an increment initiator (Lerner, 2004): *You’re handling it not well, meaning...?*

When he doesn’t immediately respond to my pursuit of expansion, I complete the projected response myself, appending it with an epistemic marker (“I guess”) that downgrades my claim to knowledge: *Stuff is getting stirred up I guess* (line 27). With this extension, the turn retrospectively assumes the action-type of a kind of assessment. Adam proceeds to respond both to the assessment, which he agrees with (“um...most acutely”), and the expansion elicitor. It is in response to the expansion elicitor that he explains that he is having trouble sleeping, and as he continues his turn, he describes every night being an “anxiety night...I’m so revved up” (lines 35-37). In doing so, he upgrades his earlier lexical expression of his emotions from “very difficult” to “anxiety” and “revved up.”

The transcript continues, and after a significant inter-turn gap of 4.1 seconds, the production of the sequential conjunctional *um*, and another inter-turn gap, all suggesting that Adam is inclined to drop out from his turn-at-talk, I produce a formulation (line 46): *at least part of you doesn’t even want to sleep.*

**Extract 12** [Adam, S56]

41 (1.2)
42 Pa: thing to do::?
43 (4.1)
44 Pa: auh.
45 (1.7)
46 Th: >at least part of you doesn't even wanna t'sleep<
47 (.5)
48 Pa: °yeah° (.)
49 Th: hm (.)
50 Pa: .hh uh wel- (4.2)
51 Hhhh (.2) because I'll take nervous energy a:s energy,
52 then I'll be like ";No::: you have all this energy ta
53 do other things with;"
Adam initially responds with minimal agreement to the formulation (“yeah”, line 48). After I produce a continuer, Adam begins a well-prefaced response (line 50), suggesting that his upcoming utterance may be dispreferred or in some other way “nonstraightforward” (Schegloff & Lerner, 2009). That Adam may take some issue with the formulation is not surprising, as it introduces a transformation of Adam’s talk: whereas he had indicated that he is too anxious and too revved up to feel like sleeping, I formulate his position as not wanting to sleep. When, after a long pause of 4.2 seconds, he continues his turn, it is to produce an extended agreement, designed as an enhancement of his original response. While agreeing, he reintroduces his position that his troubles with sleeping are related to anxiety—what he describes as “nervous energy” in his extended response. He experiences this anxiety as “energy,” and in a vivid reenactment of his inner speech, he utilizes direct reported speech, an exaggerated intonational contour, and a steep drop in volume to depict how this energy disinclines him to sleep: Then I’ll be like, ‘No, you have all this energy to do other things with. It’s not sleep time’ (lines 52-55).

The last extract I examine from this session shows Adam responding to an interpretation. Context is required for appreciating its construction, however, as it draws on Adam’s talk from a variety of places in the conversation to reach its conclusion. Beginning with lines 81-94, we take note that Adam displays an understanding of his “under-slept” condition—which he compares to being like a “zombie—as a form of “defense,” a way of “pushing out the feelings.” Later, at line 109, I produce a declarative question with rising intonation (Thompson & McCabe, 2016) that
requests confirmation of its inference that, “feeling zombie-like is a defense against anxiety.” He initially confirms this understanding, but after a pause of 3.1 seconds, he qualifies his confirmation so that it applies to “generalized nervousness,” instead of “anxiety” (lines 111-114). Taken as a whole, what we have is a series of agreed upon understandings, scattered across the conversation thus far, that permit certain inferences. Working backwards, Adam and I have collaboratively determined that feeling zombie-like is a defense against anxiety / generalized nervousness; Adam has connected being under-slept with being like a zombie; and in the beginning of the session, Adam has reported that he is handling his project/degree in a not terribly well way, that is, by not sleeping. Through substitution, we can infer that not sleeping is a defense against anxiety; and bearing in mind that not sleeping is a way that Adam is handling his degree, we reach the conclusion that Adam’s sleep problem is the common denominator between his degree and his feelings of anxiety. The interpretation that appears across lines 304-309 takes this inference one step further, interpreting a relationship between his degree and his anxious feelings.

Extract 13 [Adam, S56]

81 Pa: I'Ad spoken before ho:w I spe:nd (.2) "uh-" uh: (1.1)
82 "a while ago." "how I'd spent a lot of time" (.9)
83 really underslept. an sort of (.2) as a zombie?
84 (.5)
85 Pa: where like I'm (.6) not fully rested, not fu:llly myself.
86 (.8)
87 Pa: it's (2.2) uuh especially clear that that is (.4) a: (4.2)
88 <*that" that is a defense.
89 (.4)
90 Pa: for me.
91 (1.0)
92 Th: "hm"  
93 (2.9)
94 Pa: that i:s (.) a wa:y of: (8) pushing out the feelings.
... 
107 Pa: um
108 (2.4)
109 Th: feeling zombie=like is a defense against uh:: (.4) anxiety::¿
110 (.3)
111 Pa: yeah
112 (3.1)
113 Pa: or- I guess generalized nervousness? like I'm (.4)
114 I'm no doctor in that regard. ¿
115 (.2)
116 Pa: um
117 (.9)
...
300 Th: so we should probably look'et (.3) that anxiety then.
301 (1.6)
302 Th: that's the thing you're=uh- (.2) avoid:ing,
303 (.6)
304 Th: there's something (1.2) frightening related to your project,
305 (1.1)
306 Th: related to getting (.1) a degree:,
307 (.6)
308 Pa: >yeah<=
309 Th: rather not think about,
310 (8.6)
311 Pa: Befo:re (.2) going directly inta- (.7)
312 °I can° sa:y=thet this is made (.6) wors:e (.)
313 with the discov:ery (.7) that (1.1)
314 the EVENT-NAME (.3) is Monday.
315 (1.0)

Leading up to the interpretation, I return the conversation to the topic of anxiety, and after an inter-turn gap where Adam declines uptake, I produce a pro-tered formulation (line 302) that proposes that Adam is avoiding anxiety (that’s [anxiety’s] the thing you’re avoiding). I will not linger on this formulation, as it becomes quickly embedded in the interpretation that
follows it, but we should note that it introduces a deletion of part of the collaboratively achieved understanding that feeling zombie-like is a defense against anxiety. By eliding talk about zombie-like and the related topic of not sleeping, the formulation prepares the way for the interpretation, which, across lines 304-306, connects anxiety to getting a degree: “there's something (1.2) frightening related to your project, (1.1) related to getting (. ) a degree;”. Adam responds with an agreement token, onto which I latch an extension of the interpretation—“=rather not think about,”—that adds the understanding that Adam is avoiding thinking about something related to earning his PhD. At this point, Adam falls into a long, 8-second silence. As if to confirm the interpretation itself and its proposition that Adam would “rather not think about” the matter, he responds by producing an account for why he will not be answering the question (before going directly into [that]...). From there, he launches into a telling on a new topic.

When considering the quality of talk-in-interaction in the session as a whole, Adam shows a tendency to respond to “enquiry sequence” (Bercelli, Rossano, & Viaro, 2013), or “first phase,” actions—these include, in the extracts analyzed, a TCU-initial prompt, an assessment, and a formulation—with extended agreement and/or expansion. Across these action sequences, Adam also exhibits a tendency to move in the direction of heightened display and/or description of his affective stance. This was the case, for example, in his response to a formulation: in addition to doing an extended agreement, this response dramatically displayed his emotional stance through a reenactment of his inner monologue. It was also evidenced early on in the session when, over the course of several sequences, he upgraded his lexical descriptions of his emotions.
In the analysis of a single case of an interpretation sequence, however, Adam responds with an [agreement token + non-answer]. Voutilainen, Peräkylä, and Ruusuvuori (2011) describe this same pattern (viz., agreement followed by withdrawal) in a longitudinal, conversation analytic case study, and they also find that this pattern is most associated with the middle to later phases of a long therapy. It appears that, while Adam is strongly aligned with activities that only partially modify his talk, he resists elaborating on interpretations that more fundamentally challenge his understanding of his experience—at least at this point in the therapy.

We move onto one last session with Adam, session 82, representing roughly the ¾ mark of the overall treatment length. Where we pick up, Adam is engaging in a stepwise shift to a new topic and a new activity sequence: a troubles-telling (Jefferson, 2015; Jefferson & Lee, 1992). The announcement of the troubles comes at line 7, where he reveals that he has been the victim of identity theft.

**Extract 14 [Adam, S82]**

1 Pa: °one task in particular that I'm not doing."°
2 (.8)
3 Pa: <an that's following up on my> Police report.
4 (1.0)
5 Pa: cuz um:
6 (.6)
7 Pa: my identity has been ↓stolen.
8 (.3)
9 Th: hMm
10 (.3)
11 Pa: Or: (.) or: someone has (.7)
12 or there's been a- a- a mix=up (.)
13 but it still looks like a- a (stilemma hit).
14  (1.1)
15 Pa:  um
16  (.5)
17 Pa:  there's someone in STATE-NAME:, (1.1)
18 with:  (. ) uh who's used my name an my social.
19  (1.1)
20 Pa:  an- uh- to have a driver's license
21 an has gotten that license suspended.
22  (1.2)
23 Pa:  an currently that suspension's on my record.
24  (.6)
25 And that suspension keeps me from getting a STATE-NAME license.
26  (.9)
27 Th:  {((shallow head shake)/(1.1))
28  (.4)
29 Pa:  uh even though I've never been in STATE-NAME.

My response—a continuer (line 9)—is a disaffiliative one in this sequential environment; and while aligned to the action of a telling, it fails to align me as a troubles recipient (Jefferson, 2015, cites as examples of aligning responses, “Oh really,” “Nah: no::,” and “Oh:: sh:i:t”). It appears that Adam is oriented to the misfittedness of my response, because after redoing the announcement (lines 11-12) and characterizing the situation as a “dilemma,” he halts his turn and an inter-turn gap of 1.1 seconds elapses. It would seem that Adam awaits a more aligned response; but when this fails to materialize, he moves into the “exposition” phase of the troubles-telling sequence (Jefferson, 2015), describing some of the details of what has happened and how it has impacted him. At line 27, in the midst of his telling, this receives a partial response as I produce a head shake that displays access to the event and works to affiliate with Adam’s stance (Stivers, 2008).

His troubles-telling continues from here (much of which is omitted for the purposes of this analysis), as he describes government forms he filed and others that he still needs to submit.
At various points in the telling, he displays his affective stance towards the event. In extract 15, for example, he uses the practice of constructing a list, together with employing lexical phrases that evoke the vastness of what remains to be done (see the bolded words in extract 15, below), to display an affective stance of being hassled or burdened by the event. These practices appear to be synergistic, as the list construction gives syntactic embodiment to what he describes lexically as something extensive, that he must “deal with.”

Extract 15 [Adam, S82]
34 Pa: make sure I- I deliver a whole package of things
35 to the STATE-NAME fraud department, (.5)
36 an then: deal with (. ) a whole bunch of other
37 companies on my: end,
38 () with credit reports an: (.8)
39 things like that, (2.4)

As his troubles-telling progresses, Adam describes a “barrier” that he has run into in the process of resolving the fraud case. He needs to contact a certain government person by email, but for a reason he leaves unspecified, he is unable to, requiring him to make a phone call. Extract 16 picks up at this point, where he elaborates on the issue of this phone call.

Extract 16 [Adam, S82]
78 so I need to call em again to see::
79 °you know° they'll let down whatever the barrier is
80 like they said they would (.3)
81 ah but that requires me to call during business hours. (. )
82 °an I haven't been doing that°.
83 (.8)
84 Pa: °um°
85 (.8)
86 Th: You Haven't been=you've Chosen not to.
86 (.3)
87 Pa: aHHh (. ) Hhh
88  (2.3)
89 Pa:  kind of?
90  (.6)
91 Pa:  u:m
92  (3.2)
93 Pa:  u#h# hhh
94  (.8)
95 Pa:  a=an That's Why like the- the sleep (.6)
96  <fuzz brain thing> (.3) kicks in. (.)
97  like it ma- makes the hours of (.4) eight (.2) to eight (.2)
98  jus sort of=a (.6) not really doing a whole lot?
99  (.7)
100 Th:  ~y=know=I ca-=uner-- s- y=don't wanna do it. (.)
101  °yur-° (.2) you're in a sleepy:
102  (1.4)
103 Pa:  yeah (.)
104     but >i- it feels like the kinda thing I really need
105     to be< all of me to do: (.6)
106  a:nd (.5) I- I have I:'ve (1.4) been having some trouble
107     making (.6) #uh# (.3) like (1.0) °uh° (.9) a fully competent
108     PATIENT-NAME (.6) be awake (.2) during those hours.
109     (.8)
110 Pa:  um

Two things are of note in Adam’s talk leading up to my declarative at line 86. First, he says about the phone call that, “I haven’t been doing that” (line 82), which he delivers in a quiet voice. Back at line 1, as Adam was transitioning into the troubles-telling sequence, he had also referenced a matter that he wasn’t doing, and that utterance was also spoken softly: “One task in particular that I’m not doing...” As I hear it, these repeated formulations of “not doing” something, delivered in a quiet voice, suggest a stance of self-reproach or regret. Second, Adam specifies that he needs to call “during business hours,” a qualification that, were we not familiar
with Adam’s complaints of staying up through the night and sleeping during the day, would seem redundant. This reference to “business hours” will later serve as a resource for Adam.

When I respond, it is with a turn that is designed grammatically as a declarative. What it is doing, however, is not abundantly clear. Were we to assume that I am speaking from a K+ position—as someone who knows something about Adam—the utterance would function as an informing (Heritage, 2012). If, on the other hand, I am speaking from a K- position, it is a declarative question in search of confirmation (Heritage, 2012), or perhaps even a formulation (Thompson & McCabe, 2016). In the absence of epistemic markers, much depends on how we hear the utterance. Sequential analysis is, of course, the method we turn to for any determination of the action-type of an utterance, and in this case, Adam’s response (“kind of?”)—which suggests his epistemic authority in determining the rightness or wrongness of my display of understanding—leads us to view the action at line 86 as a request for confirmation. And what understanding is it that I am requesting Adam to confirm? It is the understanding that, when Adam says he hasn’t been calling, this is equivalent to saying that he has chosen not to call: “You Haven't been=you've Chosen not to.” Just as I did back in session 56, where I reformulated Adam’s troubles with sleeping as not wanting to sleep (extract 12, line 46), here I propose for Adam’s confirmation the understanding that he has agency and made a decision not to call.

His response (line 89), which appears amid sighs, long pauses, and other signs of hesitation, is equivocal, but I am inclined to characterize it as doing weak disconfirmation. What supports, in part, this ascription is what Adam says when he continues his telling. Though not designed as an account for his disconfirmation, its reference to sleep kicking in during the hours 8 to 8 (an allusion to “business hours”) renders a perspective of some outside force—namely,
sleep—prohibiting him from making the necessary call. The understanding of Adam choosing to not call is effectively disconfirmed.

At line 100, after Adam displays this understanding, I produce an “empathy display” constructed with the mental verbal phrase, “I can understand” (Kupetz, 2014):

100 Th: ~y=know=I ca-=uner=-- s- y=don't wanna do it. (.)
101 °yur-° (.2) you're in a sleepy:

Though it merely claims understanding and is designed to be highly affiliative, it implicitly challenges Adam’s portrayal of why he hasn’t called, reintroducing, through the lexical phrase “you don’t want to do it,” the perspective that he is set against calling, not a victim of circumstances. While seeming to mirror Adam’s understanding that his failure to make the call is related to sleep (“you’re in a sleepy”), it implicitly privileges desire, choice, or want.

In line 103, Adam responds with an acknowledgement token, followed by a continuation of his troubles-telling. He does not take up the understanding of “not wanting” to call that I had covertly woven into my empathy display, and he instead describes his struggle to be alert and awake during the day. While he passes over the perspective I had offered, we do notice a change in the quality of Adam’s troubles-telling. For the first time in this transcript, he gives expression to his troubles using first-person pronouns—he, we might say, begins to “occupy” his troubles and describe them in terms of their effect on him:

106 a:nd (.5) I- I have I:'ve (1.4) been having some trouble
107 making (.6) #uh# (.3) like (1.0) °uh° (.9) a fully competent
108 PATIENT-NAME (.6) be awake (.2) during those hours.

In keeping with Jefferson’s (2015) depiction of the troubles-telling sequence moving through an “affiliation” and “affiliation response” segment, my affiliative empathy display at line 100 seems to trigger a shift in Adam’s troubles-telling—a shift towards “emotionally heightened talk,
‘letting go’ and/or turning to or confiding in the troubles recipient” (Jefferson, 2015, p. 42). This remains a subtle effect in lines 106-108 but becomes more apparent as the conversation continues, Adam’s talk becoming progressively more expressive. In line 113 (see below), he upgrades his emotional lexis, describing his stance as “nervous,” and in line 117, he employs both increased volume and an extreme case formulation design (Pomerantz, 1986) to heighten his emotional stance.

**Extract 17 [Adam, S82]**

109 (.8)  
110 Pa: um  
111 (3.7)  
112 Pa: >because I don't< >I- I don't (. ) yea:h.<  
113 you know I'm- I'm nervous to call them (.5)  
114 'f=I'm not at full capacity.  
115 (.8)  
116 Pa: um: (.6)  
117 I'm Nervous to Call Them: at All:.  
118 (.7)  

At the same time that Adam is giving vent to his emotional experience, he alsoformulates a new understanding of why he hasn’t made the call to resolve his fraud case: “I’m nervous to call them...I’m nervous to call them at all” (lines 113, 117). If we engage in a brief retrospective, the conversation has progressed up to this point from Adam remarking—without explanation—that he hasn’t been making the necessary phone call (line 82); me suggesting the understanding that he has chosen not to call (line 86); Adam disconfirming this understanding and offering in its place the view that he doesn’t call because he is asleep (lines 89-98); me displaying the understanding that Adam does not want to call, albeit because he is sleepy (lines 100-101); and Adam merely receipting my talk, without giving any indication of having taken up the understanding (line 103). By line 113, however, in the environment of a troubles-telling
“affiliation response,” Adam suddenly formulates the viewpoint that he is nervous to call. While it is not delivered as a conditionally relevant response to one of my actions, and therefore comes across as arising as a spontaneous insight, there are indications that his utterance, and the understanding it displays, is responsive to what has come before it. Specifically, we note his abandoned TCU at line 112, which comes just prior to his first articulation of the phrase, “you know, I’m nervous to call them.” Comparing this partial-TCU with my empathy display at line 100, his repetition of the phrase, “I don’t,” mirrors the “you don’t” design of my earlier utterance. There is also the fascinating phenomenon of the lexical item, “yeah,” that comes after the abandonment of his TCU. Though I can only speculate, it would appear that Adam had in mind the utterance I produced at line 100 when he began his TCU at line 112. It is as if he went to reproduce this utterance, abandoned it, and then, reflecting on the understanding it contained, produced a “yeah” token as a form of confirmation or agreement with it. Why he didn’t then go on to complete the TCU is, however, unclear to me.

100 Th: ~y=know=I ca=un= s- y=don't wanna do it. (.)
...  
112 Pa: >because I don't< >I- I don't (.). yea:h.<
113          you know I'm- I'm nervous to call them (.5)

Reviewing these segments from a troubles-telling sequence in one of Adam’s later sessions, we note a pattern of changes over the course of the talk-in-interaction. In this session, there are two orders that are witness to shifts or changes over time: the emotional order and what I am calling the “cognitive order.” In the case of the former, we observe that Adam reserves explicit expressions of his affective stance until much later in the interaction, while during the announcement and exposition phases of the troubles-telling his affective stance is relatively muted. Conversation analysis assumes that outcomes like these are interactional in nature, and in
keeping with this assumption, we notice a related change, over time, at the level of my affiliative involvement with Adam’s telling: I fail to align as a troubles recipient during the announcement phase; I produce a more affiliative head shake during the exposition phase; and I make a highly affiliative empathy display just before he launches into an emotionally heightened segment of talk.

The cognitive order refers to how events and experiences are understood, and in this session, a particular understanding regarding the meaning of Adam’s failure to make a phone call underwent significant changes. My involvement in advancing the understanding that Adam would eventually adopt appears to have been crucial, both because of the work I do to frame his failure to call in psychological terms—as a choice and, later, as something he does not want to do—and because of my persistence in returning to this understanding when Adam resists it, presenting in its place the alternative understanding that he doesn’t call because he is asleep. The understanding that Adam eventually adopts—that he doesn’t call because he is nervous—represents a significant change from his original position of—if I may call it this—“non-understanding,” and as I demonstrate in the analysis, the vehicle for this change process is our talk-in-interaction.

Psychotherapy over time: Middle and later sessions with Keith

We return to Keith and a session that takes places at about the midpoint of his overall therapy. At the beginning of the session, he launched into an assessment (omitted from the transcript) of the weather and the annoyance he felt at how it will one day “snow” and then “melt,” back and forth—one of those apparent buffer topics that sometimes mark the first minute or so of a psychotherapy session. A clinical, especially psychoanalytic, sensibility, however, often treats these first remarks by a patient as significant; and in my experience, it is
not unusual for opening comments, however quotidian they might appear to be, to serve as the starting point for the construction of a hypothesis about ‘what the patient is really saying.’ Later interpretations that make use of a patient’s opening utterances are not unusual, and an example of this occurs in this session.

Where we pick up, 32 minutes into the session, no such interpretation is yet in sight. Keith is transitioning into a new topic, which concerns the question of his “purpose” in life (line 6), what he is “supposed to be doing” (line 7):

**Extract 18** [Keith, S67]

1 Pa:  cuz that was something on Sunday that I was like (1.2)
2     I was actually questioning:.  
3 (.6)
4 Pa:  ss- >^ee(he-he) not in some ways.< (.)
5     I was (.3) questioning (.6)
6     what my purpose is an:: where we'r- (2.3)
7     I'm supposed to be an what I'm supposed to be doing.  
8     (1.6)
9 Pa:  °you know°  
10     (1.4)
11 Pa:  an I mean it's Happened in church. so it's like (2.9)
12     you know so even if=i's=just like
13     okay w:he:re am I su(pp)osed to be going with my life.  
14     (.8)
15 Pa:  cuz: (.8) It doesn't seem like it's going anywhere. (.)
16     >.hh<  
17     (.9)
18 Pa:  or at least not in the right direction.  
19     (1.6)
20 Pa:  an (1.1) I- I jus don't know that answer.  
21     (1.6)
22 Th:  when you were younger::, (.) a teenager::, (.)
23     it wass (. ) very clear:: (.)
24     maybe even planned for you?
Keith appears to seek topicalization of this new topic at various transition-relevance places, pausing for longer or slightly less than the “standard maximum” of 1 second (Jefferson, 1988) at lines 8, 10, 14, 17, 19, and 21. As a strategy to encourage uptake or recipiency, Keith produces a number of extensions to his turn, each one rearticulating his questioning of the direction of his life and providing another transition-relevance place where I may respond. Speaker transition finally occurs at line 22, and I produce an ancillary question that declines empathic affiliation (Heritage, 2011) and requests confirmation of my understanding that Keith had a very clear sense of his direction in life when he was a teenager. Employing laughter particles—a practice that, here, may display a stance of the amusingness, and therefore inaccuracy, of my suggestion—he responds that his sense of direction seemed more clear but was not truly more clear (lines 26, 29), which effectively disconfirms my proposed understanding.

I follow his turn with an extension designed with a turn-initial epistemic modal (“maybe”) (line 31, see below), the extension working to claim understanding of Keith’s talk, display intersubjectivity, and speak from within his same vantage point (Vehviläinen, 2003; Antaki, 2008): “maybe even the illusion of clarity.” The turn design as an extension is also affiliative (Antaki, 2008), and the inclusion of the epistemic modal downgrades my claim to knowledge (Ekberg & LeCouteur, 2014). Given its sequential positioning after Keith’s negative reply to my previous display of understanding, this utterance works to re-affiliate with the patient and seems to constitute an instance of “active retreating” (Muntigl et al., 2013).
Keith confirms (line 33), without elaboration, the understanding displayed in the extension, and I then produce another extension (lines 35-36)—this time an extension of my own turn—which seems to work to create a transition-relevance place for Keith to produce an elaboration to his response (Peräkylä, 2011 describes this same phenomenon at work in interpretations). This elaboration does indeed come. In lines 40-47, he produces an extended confirmation of the understandings contained in my previous turns, repeating the use of the lexical item “clarity” (as well as a variation of this word—“clearly”) to show how his turn is connected to mine (Drew, 2013).
As the conversation continues, we see a return to talk about the rapid cycling of weather, which first occurred at the beginning of the session. This time, though, it occurs as part of a practice of tying it, in an embedded way (Bercelli, Rossano, & Viaro, 2013), into the larger action of a reinterpretation (Bercelli, Rossano, & Viaro, 2008). The reinterpretation begins at line 49:

**Extract 20** [Keith, S67]

47 Pa: takes away all that clarity.
48 (2.4)
49 Th: you getss: you get the thing you want, you get the good times, an then it's disrupted.
50 (.2)
52 Th: sort of like (4.4) the way the snowstorms (2.2) have been with climate change (2.2)
53 You GET THE GOOD THING, You get Montreal,
54 you get a--some snow but then it's melted.
55 then you get the snow an (then) it's melted.
56 (.4)
58 Pa: [>H m m m<]
59 Th: [(An) You W]ant Jus (.)
60 You Wanna One Good Dump of Snow, a good life (.4)
61 that doesn't Change:.
62 (.4)
63 Pa: ↑>Hm Mm:<
64 (.9)
65 Pa: >Hm mm<
66 (.4)
67 Pa: ↓ mm: wiTh wITH reGARd to the Other I mEan I UNDerstA:nd:. you know: (.4) there's gotta be summer an spring you know: (.9)
68 so it can't be snow all the time:.
69 (.4)
71 Pa: I'm happy wi(dn) (.5) you know with the changes this season.
72 (.7)
73 Pa: "you know"
The reinterpretation introduces a new significance to Keith’s perspective. It begins by transforming Keith’s earlier description—viz., seeing things clearing and then something happens and messes it all up (lines 40-43)—in terms of getting the thing you want, the good times, and then it’s disrupted (lines 49-50). It then utilizes a metaphor to compare this cycling of fortune to the recent weather (lines 52-56): one day it’s snowing and Keith gets the “good thing,” and before long the snow has melted. The metaphor is tightly packed, such that a “good thing” is compared to snow, as well as Montreal—a place about which Keith had earlier reported a positive experience and that is also associated with snow—in a relatively compact utterance: “YOU GEt THE GOOd THIng, You get Montrea:l, you get a—some snow but then it's melted” (lines 54-55). In overlap with Keith’s receipt at line 58, I extend the reinterpretation and conclude that, just as Keith wants it to snow and stay that way, he wants “one good dump of snow, a good life, that doesn’t change” (lines 60-61).

At the beginning of this transcript, Keith had articulated his sense of directionlessness in life. What followed was a sequence of interaction that led to Keith reshaping this understanding:
sometimes he starts to see (his direction in life), but then something happens to disrupt it. With the arrival of the reinterpretation, a significant transformation of this understanding has been introduced. Keith’s concern with *direction* and *purpose* have been dropped, and in their place, the reinterpretation offers the understanding that Keith experiences *getting the things he wants* and then watching them *melt* away, leaving him yearning for a *good life* that remains fixed.

Before looking at Keith’s response, note that everything that has proceeded up to this point has been an interactional achievement of the first order. The reinterpretation, which rests on a perspective of *changing* life circumstances, is only possible because Keith had, in the prior turn, introduced a temporal understanding of things seen *clearly* followed by something *messing it all up*. This understanding in turn relied on a dimension of time that was only implicit in my earlier extensions of his talk: “maybe even the illusion of clarity...*and now*, it’s, the veil’s dropped” (lines 31, 35). Similarly, Keith’s description, in lines 40-47, of seeing things *clearly* and then having that *clarity* taken away employs the lexical item “clarity” from my earlier extension, which in turn was based on Keith’s use of the word “clear” in the preceding turn (line 29). What is evidenced here is a reciprocal and collaborative process of building on possibilities from the preceding speaker’s turn, shaping and transforming understandings along the way.

Let us now look at how Keith responds to the reinterpretation. At first, he produces continuers (lines 63, 65), signaling his anticipation that I am not yet done interpreting. When I decline to continue my turn-at-talk, he responds to only one facet of the reinterpretation—and what is more, to that part of the reinterpretation that serves only as a vehicle or metaphor for the heart of its claim. He signals his intention to address only part of my talk with the proterm “other,” which refers to the topic of his complaints about the weather: “with regard to the other, I mean I understand...” (line 67). In doing so, he evades the agenda of the reinterpretation, which,
as Stivers and Hayashi (2010) have shown in their work on “transformative answers” to Y/N interrogatives, is highly resistant. He proceeds to disagree with the possible implication—a rather dubious one, it seems to me—that he wishes it would snow all the time. In his extended disagreement, he explains that he knows that “it can’t be snow all the time.” His wish is that the weather would be consistent with the season (lines 82-86).

Having had my reinterpretation of Keith’s desire for “a good life that doesn’t change” avoided entirely, I try a different approach and proceed to interpret Keith’s desire for “reliable consistency,” this time providing strong “evidential grounding” (Weiste, Voutilainen, & Peräkylä, 2016) for its justification. The interpretation begins at line 88.

**Extract 21** [Keith, S67]

87 (1.3)
88 Th: I wonder:: (.6)
89 tryin'a find some language to describe this thing you wa:nt.
90 I wonder if the wo:rd like- reliable consistency gets at it.
91 cuz (.I- I know with wo:rk like with NAME (.8)
92 there hasn't been consistency.
93 you were describing this: the weather not being consistent. (.)
94 an (.3) with (.6) these women (.5)
95 it wasn't (.5) as lo:ng (.6)
96 may'e as consistent an clear as you'd like.
97 <an right now you're feeling like you don't have (.)
98 a lot of purpose.
99 (.2)
100 Th: feeling like there's not a lot of clarity.
101 (.9)
102 Pa: hm mm
103 (1.0)
104 Pa: "hm:^" (.5)
105 (1.0)
106 Pa: mmm:
107 (.9)
108 Pa: one of the things that I: (1.9)
109 I'm thinking about tr- uh: going after,
110 I just don't know how successful I’ll be::, (.8)
111 specially knowing my track record with (.5) success in g(h)eneral
112 (1.1)
113 Pa: you know,
114 (.9)
115 Pa: i:s:: (.8) seeing if I can (1.0)
116 get myself back to duty with the Coast Guard an: (.7)
117 try getting stationed somewhere like in NAME
118 or somewhere where I can (.9)
119 you know help ou:t, (1.4)
120 the community outside of: (1.6)
121 you know the base an all that stuff an: (.8)
122 you know
123 (1.1)

This interpretation, unlike the previous reinterpretation, signals with its turn-initial phrase, “I wonder,” both that it stems from my own (and therefore limited) point of view and that it is speculative in nature (Bercelli, Rossano, & Viaro, 2008), avoiding the risk of being seen to usurp Keith’s epistemic primacy. Constituting part of the agenda of the question is the assumption that Keith “wants” something, and in line 89, I appear to be either accounting for the “language” I will use to describe this “want” or engaging in a kind of “doing thinking” action as the naming of Keith’s “want” is withheld. When I articulate that Keith wants “reliable consistency,” I proceed to enhance my turn with four instances that support the interpretation, appealing to my epistemic access to support the strength of the relevancy of the examples (lines 91-100): For the first example, “I- I know” that there hasn’t been consistency in one of Keith’s friendships (line 91); in the case of inconsistent weather, it is knowable because Keith himself “was describing this” (line 93); and regarding Keith’s lack of purpose and clarity (it is unclear
how this item supports the understanding displayed in the interpretation), it is publically available, happening “right now” (line 97).

Keith produces a number of continuers, interspersed with the standard maximum of 1 second of silence, projecting a dispreferred response (Sidnell, 2010). His response (lines 108-122), which amounts to a non-answer (Jager et al., 2016), is even more resistant than his reply to the earlier reinterpretation. In neither agreeing or disagreeing with the interpretation, his response is not conditionally relevant; and by leaving unaddressed both the agenda of the interpretation and its terms, he displays high disalignment (Stivers & Hayashi, 2010). In reading the transcript, one has the impression that Keith is responding to a question from an invisible interlocutor—so off topic does Keith’s response, which describes his intention to rejoin the Coast Guard and “help out the community,” seem to be. On closer inspection, it appears that Keith latches on to the end of the interpretation—viz., “and right now you’re feeling like you don’t have a lot of purpose...not a lot of clarity” (97-100)—and produces his turn as an on-topic response to the issue of purpose. However, were the interpretation to have consisted of nothing but this quoted utterance, Keith’s response would still have failed to align with the relevance of an (dis)agreement. Keith’s resistance to the interpretation is unmistakable, therefore.

Moving to an overview of this segment of conversation from session 67 with Keith, we notice that the affiliative “shape” or trajectory of Keith’s talk moves in the direction of affiliation during the enquiry phase and becomes strongly resistant and disaffiliative during the interpretative phase—a pattern that was also evidenced in the analysis of a session from the halfway point in Adam’s therapy (see, above, “Psychotherapy over time: middle and later sessions with Adam”). Starting from the beginning of the transcript, Keith initially disconfirmed an ancillary question (which was itself disaffiliative in an environment of topic pursuit), but
thereafter he responded to an extension with minimal confirmation and, when I later continued my turn, with extended confirmation. When I went on to produce a reinterpretation, however, Adam evaded its agenda and responded with an extended disagreement to a minor facet of its displayed understanding, demonstrating, thereby, high resistance overall to the reinterpretation. Following this, I produced an interpretation that drew on Keith’s talk from multiple earlier sequences, and Keith responded with a non-answer, the most resistant response he produced in this transcript.

Something to note is that designing interpretations with strong evidential grounding (i.e., “evidence” to support the interpretation) and downgraded epistemic access did not appear to impact their reception. The interpretation that utilized both of these practices received the most resistant and disaffiliative response of all the actions I produced in this interaction, suggesting, perhaps, a generalized tendency by Keith to resist attempts to modify, by transforming, his experience/talk—at least during this session. I don’t believe that we can rule out the possibility that truth is a veritable dimension in human psychology and that my interpretations—however well grounded in Keith’s talk—simply missed the point, thereby eliciting resistance. Or, to shift perspectives slightly, the Freudian/Lacanian theory may be correct that “resistance is inversely proportional to one's distance from the repressed centre” (Lacan & Miller, 1975/1991, p. 22), implying that resistance is stoked precisely when our interpretations bring the patient close to his or her repressed truth. For now, I must leave these questions in abeyance as we move on to see how a conversation with Keith proceeded in a later session, paying particular attention to how he takes up interpretations at this more advanced point of his therapy.
The following brief extracts come from session 105 with Keith, approximately ¾ of the way into his treatment. They cover a single exchange with Keith and give an example of a typical interpretation-response sequence from this session. Leading up to the first extract, Keith has been discussing the remodeling of his workplace. In earlier sessions, he had expressed furiousness at the untidiness of the building—extension cords lying around, clutter that impeded movement, fire hazards, and so on—and where extract 22 begins, Keith is describing the new and improved workplace.

**Extract 22 [Keith, S105]**

1 Pa: so um=I mean i#(tl)#- eventually it'll be nice.
2 an they're (.3) they're coming along with the basement=
3 |=I: didn't go down there yesterday (.6)
4 u:m: (.2) to see if they made any progress but (.8)
5 it's gonna be r(hh)ealy n(hh)ice when they get it done.
6 (.2)
7 Pa: .h sounds like there's gonna be a storage roo:m
8 or at least an area for sto:rage, (.5)
9 Th: °>wow<°
  ((nod))
10 (.3)
11 Pa: u:m: (. ) >an I mean<
12 it's- it's gonna be r::eally nice when it's done.
13 (.2)
14 Th: °°very good°°
  (( nod ))
15 (.2)
16 Pa: um: so=it's (.3)
17 It's a WElcome change.
18 (.2)
19 Pa: um
20 (1.0)
21 Pa: so: (.3)
His affective stance towards the changes being made to the building where he works is patent excitement. Both his lexical ascriptions (“nice,” line 1; “really nice,” line 5; “really nice,” line 12; “welcome change,” line 17), prosody (see the ‘breathiness’, similar to laughter particles, in line 5), elongated words (line 12), and raised volume (line 17) display an irrepressible happiness about the remodeling. For my part, I respond with minimal assessments (“wow”, line 9; “very good,” line 14) (Goodwin, 1986), delivered with nods (lines 9, 14) (Stivers, 2008), that affiliate with his stance and promote the activity of his talk. Notably, these assessments are uttered very quietly, suggesting a display of affective stance that is in some way asymmetrical with Keith’s and his flagrant excitement. I am, unfortunately, at a loss to explain this phenomenon and can only flag it as an area for possible research.

Jefferson (1978) has shown that storytelling often end with an assessment; and while Keith’s talk does not constitute such an activity, a series of assessments in his turn-at-talk begin to appear, and with increasing frequency (lines 5, 12, 17), at places that mark the possible completion of his turn, suggesting that his activity has reached its terminus and he is looking for uptake. This becomes more apparent in lines 19-21, where Keith appears to be struggling to continue his turn: “um (1.0) so: (.3)”.

It is at this juncture that I produce an interpretation (beginning at line 22). This is a somewhat unusual interpretation compared to those I have analyzed so far, since it appears in the absence of “enquiry phase” activity, such as formulations, extensions, and requests for information (Bercelli, Rossano, & Viaro, 2013). It comes out of the blue, as it were.

Extract 23 [Keith, S105]

21 Pa: so: (.3)
22 Th: I'm thinking=Ahh: #uh:# (.7)
23 th- °th-° (.4) things that we talk about a lot (.2)
24 are things like (.3) you: (.2) um: (.2)
feeling that your safe hasn't been (.5) really respected,
I'm thinking like by your mother:
in your room and you are acknowledged and recognized
problems around feeling like your fff- your-
like when your (.3) mom starts talkin about herself
or dad and mom are ignoring you while you're
playing a game of (.>) eh- eh-< a card game;
(.5)
Th: an today you're talking about (.6)
a- a ti- a- ninstance where you're feeling actually like
you've been heard; you and your crew've been heard (.4)
you're not the red=headed stepchild this time?
(.2)
Pa: >Hm mm< (.)
Th: you actually have space:, (.2)
there isn't clutter everywhere:, the extension cords are retractable:, (.4)
Pa: >Hm mm< (.)
Th: °I:° (.7)
I jus think given (.2) >things that we talk about
this feels
Today feels sortuv like< (.)
like a little mini success.
like (.2) this this feels good. (.)
Pa: oh yeah.
(.2)
Pa: yeah. (.) oh it's (.3) it's nice.
I mean (1.2) you know the fact that (.5)
>Uh=Mean TheeUh< the (other) thing=tht's really nice is we
actually now have a tv- have TV:. (.6)
((Keith proceeds to talk at length on the topic of having a TV. ))

The first thing we notice is the interpretation’s turn-initial phrase, “I’m thinking,” which marks the forthcoming talk as arising from my own perspective and understanding (Bercelli,
Rossano, & Viaro, 2008)—it does not claim to summarize an understanding held by the patient (Bercelli, Rossano, & Viaro, 2013). The interpretation initially appears to be topically disjointed from Keith’s talk about workplace remodeling, as it links—in the format of a kind of list, under the heading of “things that we talk about a lot” (line 23)—disparate sequences of talk from distant sessions. The topics and previously established understandings that it ties together include Keith’s feeling that his mother does not respect his personal property (lines 25-27); feeling unacknowledged and unrecognized when his mother talks about herself (lines 28-30); and feeling ignored by his parents when the family plays card games (lines 31-32). A pause occurs at this point (line 33), which marks the boundary of the interpretation’s “evidential grounding” (Weiste, Voutilainen, & Peräkylä, 2016)—in the case of this interpretation, we might better describe this grounding as a “context” for establishing a contrast (more on this below)—and creates a slot for Keith to display recipiency. When Keith doesn’t respond, I move into the core understanding that the interpretation will advance.

The turn continues by establishing a contrast between what Keith has talked about in past sessions and what he is talking about today (line 34). I interpret Keith’s experience of the change at work in terms of “feeling heard” (line 36), and repeating a phrase Keith had used in past sessions to describe how others made him feel, I propose that he is not feeling, for once, like “the red-headed stepchild” (line 37). He receipts what I have said so far, and, accounting for my view that he has felt “heard,” I continue the interpretation by specifying the concrete changes that have taken place at work (lines 40-42)—changes that remedied problems that had been the focus of his complaints in past sessions. After another receipt, I deliver the upshot of the interpretation, which again is prefaced with an epistemic marker and again makes a comparison between past and present topics: “I...I just think, given [the] things that we talk about, this feels
today, feels sort of like a little mini success. Like this feels good” (lines 44-49). What I foreground as a possible understanding is the view that his current experience of feeling heard and not ignored (like a red-headed stepchild) is an achievement when viewed through the lens of his historical experience of feeling disrespected, unacknowledged, unrecognized, and ignored.

At line 50, Keith responds with, “Oh yeah”—an oh-prefaced agreement token. While doing agreement, the turn’s oh-preface conveys that Keith already holds the view that I expressed (Heritage, 2002; Heritage & Raymond, 2005)—he already has epistemic access to the understanding contained in my interpretation. He goes on to repeat his agreement with an oh-prefaced assessment, doubling down on his independent access: “Oh, it’s nice” (line 52). Keith’s working to assert the “decided” and already-held status of his knowledge is notable in itself; but what truly stands out in his response is what comes next, in the subsequent elaboration of his turn, which constitutes an action of extended agreement. He displays his understanding—and, in turn, his understanding of the interpretation—that, indeed, the changes to his workplace are nice, giving as an example of these nice changes the recent addition of a TV. The complex perspective built up in the interpretation, with its reliance on temporality (i.e., how he has felt in the past compared to how he feels today), its juxtaposition of contrasting experiences at home and work, the centrality of its notion that Keith has had a “success,” and its terms of “feeling heard,” “red-headed stepchild,” “respected,” “acknowledged,” “recognized,” and “ignored”—the basic vision and terms of the interpretation—is passed over by Keith. In replying, “Oh, it’s nice”, Keith repeats more or less the assessment he had made prior to the interpretation (“it’s gonna be really nice”, lines 5 and 12), updating only its tense. Like “transformative answers” (Stivers & Hayashi, 2010), Keith’s response—which eschews the understanding that constitutes
the interpretation’s agenda and fails to take up any of the lexical items that constitute its terms—is highly resistant.

In the example of a response to an interpretation that I have analyzed from this later session in Keith’s psychotherapy, we have an interesting case of an utterance that is affiliative at the level of action, combative in its display of epistemic stance, and disaffiliative and disaligning with the understanding and lexical terms promoted by the interpretation. I am inclined to describe this pattern as “complex resistance.” While basically resistant, Keith’s response nonetheless shows alignment with the basic activity sequence of the interpretation and its preference for agreement (over disagreement).

Psychotherapy over time: Middle and later sessions of “unsuccessful” treatments

The segment of conversation I will begin with comes from session 2 with Jon. I unfortunately do not have access to recorded material from sessions at the midpoint of his psychotherapy; but in view of the fact that he terminated treatment within 7 sessions, this session comes close to representing a typical interaction from the middle of our handful of meetings.

Leading up to extract 24, which begins about 14 minutes into the session, Jon has been enumerating the things that make him sad, and at line 1, he does a display of searching for another example of things that evoke his depression. After a pause, I self-select for speaker transition and produce a “highlighting formulation” (Peräkylä & Weiste, 2013) (lines 3-8), an empathic action that selects out some portion of his prior talk for emphasis and works to demonstrate my understanding of his descriptions. He twice confirms the formulation (once in overlap with me, at the possible completion of my turn at line 3), and he also produces an extension of it (line 9), apparently in order to contrast his understanding that “neutrality” keeps
him from entering a depression, whereas I had formulated the view that neutrality is how he gets past his depression.

Extract 24 [Jon, S02]

1 Pa: what else makes me sad
2 (.6)
3 Th: you said this is how you get ↑past your sad ([doin’ this)
4 Pa: [yes
5 Th: (. ) thinking ↓about
6 (.2)
7 Pa: yes:
8 Th: °(neutrality)°
9 Pa: to keep me from going into depression.
10 (1.3)
11 Pa: but this week ws- was hard.
12 (1.2)
13 Pa: aho: (. ) bad week.
14 (1.7)
15 Th: what made it bad?
16 (.7)
17 Pa: I dunno. I jus (.2) jus couldn't get over (1.4)
18 the pain: an everything an (.5)
19 an I don't see an end yet.
20 I don't see (.2) any (.9) thing: (2.2)
21 set up yet fer summer (.2)
22 >°you know what I'm saying°¿<
23 (2.2)
24 Pa: um:
25 (1.9)
26 Th: it's not set up yet
27 (.3)
28 Pa: camping¿
29 (1.0)
30 Pa: we got cre:ws that,
31 that's not til october an (that's=a) tss (.9)
At line 11, he transitions into a new activity sequence (note the turn-initial syntactic conjunctional “but”), announcing—as part of a troubles-telling sequence (Jefferson, 2015)—that his week has been “hard.” After a 1.2 second silence during which I fail to align with his activity, he appends the description “bad week” (line 13), which is followed by another disaligning gap. Rather than empathize with his telling, I produce a Wh-question that requests information about his bad week (line 15). He provides, in part, a description of not having any plans “set up yet” for the summer, and after he requests confirmation (“you know what I’m saying?”, line 22) and I fail to respond, he shows signs that he is available for speaker transition (Jefferson, 1983) (lines 24-25). This occurs at line 26, where I produce a declarative (“not set up yet”) that carries the action import of another request for information (Heritage, 2012), and Jon proceeds to provide extensive descriptions of what still needs to be done as part of his vacation plans.

At a later point, perhaps sensing that Jon and I had segued away from the important discussion of his depression, I retopicalize his feelings of sadness by producing a “demand” expansion elicitor (Muntigl & Zabala, 2008) (line 56): “when you say you’re sad, can you say a little more about that?”

**Extract 25 [Jon, S02]**

56 Th: when you say you're your- you- y' sa:d¿ (.)
57 >c'n- c'n you say a little (b) more<
58 (.7)
59 Th: a[bout t]hat¿
60 Pa: [sad]
61 (.8)
Jon repeats the lexical item “sad” (line 60) in overlap with my expansion elicitor, and when speaker transition doesn’t occur within .8 seconds, I produce a request for information, designed as a Wh-question: “How do you experience...how do you know that you’re sad?” I had obviously intended the turn to be designed as a question of how Jon experiences his sadness, but that TCU is self-repaired in favor of a question of how Jon knows that he is sad. When a long inter-turn gap of 7.9 seconds follows, it is unclear whether the delay reflects resistance or, perhaps, problems with understanding the question, which, in an unusual violation of everyday assumptions about the transparency of one’s own emotions, asks Jon to account for the existence of something—his sadness—that speakers normally treat as epistemically incontrovertible.

After the period of silence, Jon accounts for his sadness in terms of something breaking down on him and feeling trapped (lines 65, 70). He marks his last description—“I dunno, I just feel trapped maybe”—with markers of epistemic uncertainty, which displays that he has adopted an epistemic stance of indirect access to his emotions. From a clinical perspective, we might say that, in the course of the brief question-answer sequence spanning lines 63-70, the meaning of
Jon’s sadness has become a problem for him, potentially setting the stage for a process of investigation and meaning-making around his negative feelings.

When he doesn’t continue his talk after my continuer at line 72, I produce what might be best described as a “relocating formulation” (Peräkylä & Weiste, 2013), proposing that his feeling of being trapped is like his occasional experience of cabin fever, which he had earlier described in the session.

Extract 26  [Jon, S02]
70 Pa:  <I dunno I jus feel trapped maybe.
71  (.6)
72 Th:  °hm:°
73  (4.1)
74 Th:  (’ts) like when you're in the house an: (.2) ([you] get)
75 Pa:       [°ye°]
76 Th:  cabin fever (.)
77 Pa:  °°y(h)eah°° (.2)
78      but I normally get cabin fever.
79  (.6)
80 Pa:  I don't really get bo:red.
81  (.7)
82 Pa:  that I know of.
83      I don't wanna (.) be bored.
84  (1.5)
85 Pa:  got television, got t' computer, got all these things,
86      I got books, I got a bookcase, (.5)
87      about th- size of that wall there about this hi:gh hh
88  (.4)
89 Pa:  all kind of books an: (1.0)
90      an (.4) there's half of them I haven't read yet but (1.4)
91      daughter's gotta new tablet for christmas thet
92      I haven't opened one them books yet
93  (.2)
94 Pa:  #h-he (.2)
He initially responds to my formulation with a softly spoken agreement token (line 77), but in the extension of his turn, he appears to invalidate (and thereby disagree with) the understanding I had proposed: “but I normally get cabin fever” (line 78). I have returned to this utterance and its surrounding talk innumerable times, and I must admit that it remains as impenetrable to me as when I first read it. The contrastive, turn-initial “but” of the utterance would seem to project a dispreferred, disagreeing response; but if this is the case, how does his description of *normally getting cabin fever* disqualify the formulation that Jon’s *feeling of being trapped is like his experience of cabin fever*? Does he, perhaps, see an asymmetry between the everyday experience of cabin fever and the periodicity of his experience of depression / feeling trapped? This remains unclear. In any case, ascribing disagreement to the action type of his response is the most compelling inference, even if the grounds for his disagreement are opaque; and given the fact that he disagrees with the formulation, we can characterize his response as a form of resistance (Muntigl, 2013). If Jon had elaborated further, or if I had initiated repair on his talk, perhaps light would have been shed on the reasons for his disagreement, but in line 80, he begins a stepwise transition to a new topic and the issue of his depression recedes.

At a much later point in the conversation, a brief opportunity to retopicalize Jon’s depression appears as he describes the book *Catcher in the Rye* and characterizes the main character as “a young man that was more or less depressed—that went through depression” (lines 187-189). I make no moves to highlight, formulate, inquire into, or topicalize this clinically
important topic of our earlier talk-in-interaction—this despite the affordances provided by multiple transition-relevance places of more than 4 seconds in length (lines 202, 204). By line 205, Jon begins to describe other books that interest him, and the relevancy of on-topic talk about depression starts to once again fade into the background.

**Extract 27 [Jon, S02]**

((Jon is describing the book *Catcher in the Rye*))

187 Pa: bout a young man that was: (3.6)
188 more or less depressed.
189 went through depression.
190 (1.5)
191 Pa: an how he dealt with it.
192 "(you know)"
193 (.2)
194 Pa: "(so)( )"
195 (3.0)
196 Pa: "I can't remember the book now".
197 (.7)
198 Pa: but (this) (. ) mainly about (.2) his depression
199 an how he dealt with it.
200 (.2)
201 Pa: his life.
202 (4.4)
203 Pa: an it jus didn't.
204 (4.2)
205 Pa: trippy things like (.5) Clancy's.
206 (.6)

Reviewing all of the extracts analyzed from this session, there seems to be an overall trend of the conversation moving towards the topic of depression and then withdrawing from it. It is as if, when our talk-in-interaction reaches a certain point of proximity to the topic, a repulsion effect—like two repelling magnets—launches the conversation towards some other point of discussion. The degree of proximity to this sensitive topic varies at different points, but
in all instances, our talk-in-interaction does not seem able to tolerate a prolonged discussion of Jon’s depression; and in the absence of this, opportunities to trade understandings of it is precluded. In the one case in which Jon constructs an understanding of his depression (viz., “feeling trapped”), my attempt to engage with him in modifying or widening that understanding (by comparing it to his earlier description of “cabin fever”) is met with disagreement and a fairly prompt transition to a new topic. In an earlier part of the conversation, requests for more more information relating to Jon’s affective stance (e.g., “What made it [your week] bad?”) elicit descriptions that slide towards “business-as-usual” talk, rather than engendering understandings of his emotion. Lest we wonder whether Jon is a particularly recalcitrant patient, the transcript demonstrates that I am just as liable to evade the topic when opportunities to topicalize it occur, as evidenced in the last extract where Jon provides descriptions of a depressed character in a book. Moreover, my analysis showed that my multiple requests for information in the extract concerning Jon’s bad week were disaligned in a sequential environment of a troubles-telling. The picture that emerges is of two interlocutors who are, to varying degrees, evasive in sustaining discussion around Jon’s depression.

We turn now to Monty and examine his and my talk-in-interaction from session 20, what was the exact midpoint of his 40 session-long treatment. Monty begins the session by announcing the news that he has registered for college. After briefly discussing his wish to enroll in more classes, he transitions into a troubles-telling. As he relates it, he had gone to print out transcripts for his school at his local library when he discovered that there was a hold on his library card. Either his mother or his brother, he says, used his library card and took a book out and never returned it. As a consequence, he had been unable to print his transcripts. The first
I examine from this session comes about a minute after this troubles-telling, following a segment in which I had advised Monty to use the library at the university where we conducted our sessions. In line 1, he produces an assessment of the trouble he had described earlier—“so yeah, that’s just a general disconvenience this morning”—which works to signal the end of his telling (Jefferson, 1978).

**Extract 28** [Monty, S20]

1 Pa: so yeah, that's jus a general disconvenience this morning.
2 (.8)
3 Th: findin out thet (.4) your mother a' your brother (.). had (1.5)
4 used your pass
5 (.4)
6 Pa: (hm)= ( ) (.2) di- didn't return the book,
7 (2.0)
8 Pa: >(I)=don even know when that would've been<
9 bec’ss been expired (.2) like (.3)
10 thing's been expired for like eight months in the card.
11 Th: hm:
12 (.5)
13 Pa: .Stff
14 (1.2)
15 Pa: hhh (.)
16 ? so: is
17 Th: eih- (.). irritation thou:gh¿ that was (.4) what you felt.
18 (1.0)
19 Pa: it's ↑gone
20 (.5)
21 Pa: >I mean=that was only an hour or two ago it seems to be go:ne now<
22 (.3)
23 Th: °Hm°
24 (.2)
25 Pa: it jus (.9) frustrating for a minute
26 (1.5)
27 Pa: .sshhh
Following the possible completion of his telling, I produce an extension of his turn that functions as an understanding check (lines 3-4). He replies with a confirmation token and elaborates that his mother or his brother failed to return the book. He continues his turn for a few more lines, expressing his uncertainty about when the book was borrowed, and after he signals his availability for speaker transition, I produce a formulation (line 17): “irritation though? that was what you felt.” The formulation, with its dual rising and declarative intonation, seems to negotiate a balance between asserting something that I have epistemic access to, on the basis of Monty’s talk, and expressing tentativeness about the formulation of his affective stance. A measure of epistemic downgrading is perhaps warranted, as the formulation introduces a significant transformation of his earlier description of “general disconvenience” (line 1), substituting for it “irritation.”

The “standard maximum tolerance” of 1 second of silence ensues before Monty responds, indicating the possibility of a forthcoming disagreement (Pomerantz, 1984a). His response implicitly agrees with the formulation, but at the same time, he evades its constraints, addressing instead the absence of his irritation as of one or two hours ago (lines 19, 21). Like “transformative answers” (Stivers & Hayashi, 2010), his response exhibits resistance—specifically, resistance to the formulation’s focus on what he felt when he discovered that his library card had been deactivated. After I produce a continuer (line 23), Monty continues his talk
by specifying that “it [was] just frustrating for a minute,” qualifying the duration of the emotion instead of enlarging on, say, the quality of the emotion or what made him feel that way.

Over the next 7 lines, a series of long inter-turn gaps appear as Monty breathes in and out and, at line 31, displays his uncertainty of how to continue on-topic talk: “I don’t know”. Each of these transition-relevance places is of significance for what does not occur in them, representing an opening in which I might have, for instance, inquired into Monty’s irritation further, formulated his talk again, or produced an extension; but given the lack of such an initiated sequence, Monty unsurprisingly reverts to talking about an earlier topic (viz., getting more credits at school). Like in our analysis of a midpoint session with Jon, focus on Monty’s emotions—which is advocated in psychodynamic approaches to psychotherapy (Shedler, 2012; McWilliams, 2018)—is lost, resulting from the interactional contributions of both Monty and me.

About two minutes after this segment of conversation, Monty produces a description of his anger while initiating closure of the topic-in-progress. It comes as part of an assessment and summary of his week, which has been “decent” with the exception of his mother doing one or two little things that makes him angry (lines 133-134) and the cold weather; and with his utterance at line 144, “that’s about it,” he proposes closing the sequence (Schegloff, 2007). At this moment, a number of therapist actions could occur, the most salient for the purposes of this analysis being an action that draws out further talk on Monty’s anger, which had been largely passed over previously. Beginning at line 149, I produce a highlighting formulation that receives the account he has given of his week (Weiste, Voutilainen, & Peräkylä, 2016).

**Extract 29** [Monty, S20]

131 Pa: decent week I guess
132 (1.6)
133 Pa: still my mother does one 'r two=little things that (.)
134 makes me angry fer
135 (1.1)
136 Pa: (mo) out an I have to (.7)
137 eventually I (.4) (cen) caught up in something else
138 an I get over it
139 (.5)
140 Th: °hm°;
141 (.5)
142 Pa: °#hm#°
143 (.9)
144 Pa: cold is (.2) killing me but- (.9) theyt 'bout it. (.)
145 tch
146 (.2)
147 Pa: .snff
148 (.3)
149 Th: on the who:le though a good week
150 (.6)
151 Th: just a fe:w (.7) kind(a) punctuated (.6) experiences of anger
152 (.8)
153 Th: with your mother
154 ? Tch (.)
155 Pa: yeah,
156 (1.2)
157 Pa: Tch
158 (2.0)
159 Pa: Hhhh
160 (.4)
161 Pa: so it been (.). decent
162 (2.7)

In merely receiving Monty’s account, the highlighting formulation joins in reproducing the understanding that his anger is an exception to an otherwise good week and one that needn’t receive much attention. Specifically, I mirror his understanding by qualifying his episodes of anger as being numerically insignificant: Where he describes “one or two little things” that made
him angry (line 133), I describe “just a few” instances of getting angry. The lexical item “just” in my formulation also stands out, as it diminishes the significance of the description of experiences of anger that follow it, just as Monty’s account—“and I get over it” (line 138)—glosses over the impact of his anger.

My formulation receives confirmation at line 155, and after a series of intern-turn gaps during which neither Monty or I self-select to speak, Monty produces another summarizing assessment of his week, which proposes topic closure. Thus, the opportunity to initiate and sustain discussion about Monty’s anger is once again missed and, along with it, the work of deepening and ultimately changing his understanding of it.

In summary, in this session both client and therapist display resistance to the work of making Monty’s anger accountable. In the first instance we looked at, Monty agreed in effect to my formulation of his irritation but resisted the formulation’s constraints by characterizing his anger as “gone now” and therefore a non-issue. A series of transition-relevance places followed that would have permitted me to pursue talk about his anger, but I declined these opportunities, displaying, we might say, my own form of resistance. At a later point in the conversation, Monty referenced his anger, characterizing it as a response to “little things” and, thereby, not accountable. When I produced a highlighting formulation that also referenced his anger, I am seen to collude in his understanding that his anger is an anomaly, not something worth sustained on-topic talk. What we see in this session, then, is a tendency for both therapist and patient to avoid sustained and meaningful enquiry around a problematic affect, and because this fails to occur, the possibility of moving into a stage that would entail the modification of the patient’s understanding of his affect is foreclosed.
The next session I will examine comes again from Monty, but this time at a much later point in the overall treatment—session 29. The transcript from which I will cite excerpts of our talk-in-interaction is overlong, and I am forced to winnow the conversation down to a few telling extracts that capture the overall quality of our interaction. At the point where I will begin, Monty and I have been engaged in a series of question-answer and formulation-(dis)agreement sequences in which I have sought to bring out “enquiry outcomes” (Bercelli, Rossano, & Viaro, 2013) and other understandings that will prepare for later interpretations. The focus of our talk has been a certain troubling affect, which Monty originally describes as a “hyperactive” feeling, but which, in the course of our treatment of it, is lexicalized as a “panic-like feeling,” “sort of confused,” “less orderly,” and once again “panicking.” Initially, Monty had situated this feeling in the context of doing “prolonged reading”; but at the point where we will pick up, he describes “panicking” in class while taking notes of the lecture.

**Extract 30** [Monty, S29]

1 Th: it's two seconds
2 but for that two seconds you're panicking about: _
3 (2.3)
4 Pa: Uh:: (.5) I dunno. (.)
5 I'm not- I'd like ta (.9) be able to keep up like
6 note taking an stuff in real time. (.)
7 Th: Hm
8 (1.5)
9 Pa: my lab (.2) i dunno.
10 (.9)
11 Pa: my lab partner's kinda passive too. (.)
12 so we (.). kinduv (1.0) js don't (.5) particularly (.)
13 we don't (.). not get along but (.7)
14 an am >tryi'=I don' wan' him to think that I'm the idiot that
15 can't< (.4) even keep his papers in order.
16 (.4)
At lines 1-2, I design my turn as a TCU-initial prompt (Muntigl & Zabala, 2008), a “specific expansion elicitor,” which projects further talk about the cause of Monty’s panic. He suggests that it is due to his trouble keeping up with notes in class, but he progressively fleshes out a much more nuanced account of not wanting his lab partner to think he is an idiot that he can’t keep his papers in order (lines 14-15). I summarize this talk with a formulation, depicting his worry that his lab partner will think he is dumb (lines 21-22). Monty responds with an agreement token, and then, after a pause of 2.7 seconds, he repairs part of the formulation’s lexical design: “dumb in kind of a, I don’t know, ditsy sense” (line 28). This [agreement + repair] response pattern repeats again, when, after I propose the lexical item “scattered” as an
equivalent meaning to “ditsy,” he responds, “yeah, razzled I guess...Scatterbrained” (lines 32-35).

The conversation proceeds and after a few lines in which neither of us self-selects for the next turn (lines omitted from extract), I produce another formulation, this time summarizing his fear of judgment and depicting it as something he has felt before (lines 43-45). Over the course of several lines, I pursue uptake when he doesn’t respond. My tag question in line 47 seeks to elicit a response (Heritage, 2012), and I follow it with a request for confirmation (lines 47-48), an extension of the request for confirmation (line 50), and another request for confirmation (line 52), all of which work to create new slots in which Monty might respond. His response comes at line 54 and bears the same hallmarks as his response to a formulation in session 20: He produces an agreement token and then departs from the constraints of the formulation and qualifies his fear of judgment as “not horrible” (line 54). By eschewing the focus of the formulation, Monty thereby displays resistance (see, on a related phenomenon, Stivers & Hayashi, 2010).

**Extract 31** [Monty, S29]

43 Th: so (.2) noticing (.) fear of judgement,
44 which is something (.9) u:m you were experiencing
45 last time you were at SCHOOL-NAME.
46 (.4)
47 Th: right? you're noticing it (1.0)
48 come back again?
49 (.2)
50 Th: a little bit?
51 (.7)
52 Th: you don't wanna appear (.2) ditsy¿
53 (2.2)
54 Pa: Yeah (.) it's not (1.0) horrible.
55 (.6)
56 Th: >hm mm<
Following his resistant response to my formulation of his fear of judgment, I try a new
tack and reinterpret (Bercelli, Rossano, & Viaro, 2013) his anxiety through the lens of the
information he had supplied in a previous part of our conversation, a portion of which I
reproduce here:

((Monty talking about answering homework questions))

Pa: an I'm still like paranoid that- it's- not- just- a-
clear=cut answer¿ (.) that it's some sortuv trick question:

The reinterpretation begins at line 59. Reusing lexical items from Monty’s prior talk, it presents
the understanding that, just as Monty gets anxious about “getting it right” when he answers
homework questions, he gets anxious in class—these two things having in common his desire to
“[do] well in school” and “in the class.”

Extract 32 [Monty, S29]

57 Pa: °but you know°
58 (3.6)
59 Th: You have a Lot invested in: (.2) doing well in school this time.
60 so you're noticing yourself (.2) getting
61 anxious about getting it right, (.2)
62 you wanna make sure that (.7) they're no:t (.2)
63 you've really understood the question,
64 it's not a trick question,=that you're getting it ri:ght_
65 (.5)
66 Th: if you miss even a few seconds of the lecture you're (.2)
67 concerned an anxious because it's important to you
68 an you wanna (.2) do well in the class?
69 (1.3)
70 ? °hm mm°
71 (6.3)
72 Pa: °eh=mhhh°
His response to the reinterpretation begins with a series of “hm mm’s” and “mmm’s”, displaying hesitancy and projecting disagreement (Pomerantz, 1984a). He follows them with an agreement token (line 74); the conjunctural “but” (line 76); a long 6.6 second pause (line 77); an agreement token followed by a “I don’t know response,” a type of non-answer (Jager et al., 2016) (line 78); another long pause (line 81); and another non-answer “I don’t know” response (line 82). When he produces talk at line 84 (“it’s aggravating not being...as orderly as I’d like”), it is no longer clearly connected to the reinterpretation; and were we assume it represents a continuation of his response, it would constitute a non-answer. In sum, Monty’s reply to the reinterpretation is a highly resistant and disaligning one.

We will look at one more interpretation, which comes about 10 lines after the previous extract. Leading up to it, Monty remarks that it’s like he has has lost whatever gene he had that made him quick and able to do things in his mind (omitted from the extract). After I produce a
continuer and Monty declines speaker transition (lines 99-100), I propose an interpretation that attempts (again) to introduce—in contrast to Monty’s quasi-biological rendering of his problems with “[doing] things in [his] mind...quickly”—a psychological explanation for his problems. The interpretation, which begins at line 101, is marked as coming from my own perspective (“what I’m hearing...”, line 110) and revolves around the key terms “high stakes environment,” “anxiety,” “doing well,” “new,” and “scattered.” Though difficult to summarize, the interpretation more or less advances the following understanding: Monty is feeling “scattered,” and having problems with “concentration,” because he is “anxious,” which has a “disorganizing effect”; and he is anxious, in turn, because he is in a “new,” “high stakes” environment and wants “to do well.”

**Extract 33 [Monty, S29]**

99 Th: hmm
100 (1.1)
101 Th: this is=a new environment for you.
102 this is (.6) can we call it=a high stakes environment for you?
103 (.4)
104 Th: it's important¿
105 (2.4)
106 Th: °°hm¿°°
107 (2.5)
108 Th: °u:m:°
109 (1.2)
110 Th: what I'M HEaring (.2) is that (.7) up until now:: (.2)
111 you've been in fairly ss- (.4) uh what feel like very ssafe
112 environments, and so your (.5) <normal orderly self> (.4)
113 is able to: (.4) be as (.2) you know.
114 as orderly as it is:, (.2)
115 this is=a high stakes environment, (.3)
116 an you're more anxious (.5) than normal because (.3)
117 it's important to you to do well, (.5)
an anxiety has a (.3) disorganizing effect on us.

it's harder to concentrate when you're nervous.

Th: an °↑your° (.3) getting back into it, (.4) it's ne:w, (.3)

there's an adjustment period, (.3) but you're noticing (.3)

insightfully that it's having an effect on: (.6)

au:m: (.7) getting to school on time=you're rushing::,

you're noticing that you're (.3) pr- (.8)

you'll get scattered (.2) a few seconds, (1.8)

Pa: it started even: (1.0) like (.2) within a day=or- (.2)

I think I got this prescription (1.7) last (.4)

d- well on monday:¿

Hmm (.)

Pa: wh'n- when I saw him.

Pa: °um° so it started even before school started. (.)

Monty's response to the interpretation, which begins at line 127, works as an extended disagreement. He contradicts my understanding that his being “scattered” (his proterm “it”, in line 127, refers to “scattered” in the previous line) is connected to being in a new environment, claiming that this feeling only began after he started a new medication and that he began the medication before starting school. Depicted schematically, his response displays the following understanding:

\[ \text{new medication} \rightarrow \text{scattered (mind)} \]

His disagreement appears to be with this view:

\[ \text{starting school} \rightarrow \text{scattered (mind)} \]

My interpretation offered this understanding:

\[ \text{desire to do well in a “high stakes” environment} \rightarrow \text{anxious} \rightarrow \text{scattered (mind)} \]
These schemas allow us to see more clearly what Monty’s response does not respond to, what he leaves unaddressed. Granting that his understanding of why he is scattered is valid—and, indeed, a few lines later in the conversation, I endorse his perspective—he nonetheless displays unmistakable resistance to, and disalignment with, the larger agenda and terms of the interpretation.

Reviewing our talk-in-interaction from this session, Monty responds with various degrees of resistance to all of my actions: from the extreme, where Monty responded with a “I don’t know” non-answer to a reinterpretation, to the relatively mild, when he repeatedly repaired the terms of my formulations. In this session, we did not see the pattern that has been true for the patients whose therapies were “successful,” for the patients who, at this same point in their treatments, tend to align and affiliate with enquiry sequence actions, such as formulations and extensions, and disalign with interpretations. Even in those cases where Monty’s response to a formulation included an agreement token, the elaboration of his turn entailed diversions from the focus of the formulation. Keeping in mind that we should not conflate Monty’s resistance to my actions with being a resistant person—couldn’t it be the case, after all, that my understandings were, in every instance, somehow off target?—it is descriptively true that, at this late point in his psychotherapy, he takes issue with the bulk of my displayed understandings.

Ending Psychotherapy: Adam and Keith

Early in my last session with Adam—session 112—he initiated talk on what he had gained by coming to therapy, and he pointed to the value of an interaction in which he could let down his “persona” and explore his “inner squishees” (i.e., his feelings). As the conversation continued, he moved into a discussion of his “melancholy,” something that I had heard very little of in previous sessions and that was not part of his presenting complaint when he began
psychotherapy. It was normal for Adam to give lexical expression to feelings in his sessions, but he had a characteristic way of withholding prosodic and nonverbal signs of emotion, he tended to laugh during troubles-tellings, and I had never once seen him cry. But during our discussion about melancholy—an example of one of his “inner squishees” that he kept obscured behind a “persona”—he began to display signs of rising, embodied emotion, and it culminated in an expression of emotion and intimate expression of his inner life that was peerless to anything else I had observed during his therapy. The first extract I examine begins at about the point Adam was reaching this emotional high-water mark.

Extract 34 [Adam, S112]

1 Pa: right like I I: (.2) it's (.3) .snhh (.9)
2 when I say I've been scarred (.2) um (.2) it's that (.)
3 i- it's made it really hard to let go.
   ((visibly on verge of tears during production of utterance))
4 (.7)
5 Pa: of: {(2.9)/((appears to swallow back tears))} ~f~eeling bad(hhh).
   ((laughs at end of utterance))
6 (.3)
7 Pa: .Hhh (..) um
8 (1.4)
9 Th: °melancholy (..) feeling bad°.
   ("melancholy" recycles word used by patient a few minutes prior))
10 (.3)
11 Pa: yeah.
12 (.3)
13 Pa: yeah. (..) which (.2) um
14 (2.4)
15 Pa: yeah. >in- in part because< the the th'=very intimate (.3)
16 kid me (.5) is sad an alOne.
17 (.4)
18 Pa: an:d (.4) the (..) the process of: (.3) of avoiding homelessness
19 an (..) finding work an tryin'a (.3) find my groo:ve. (..) per se.
Where the extract begins, Adam is in the midst of a description in which he confides to me that his past hurts have *made it really hard to let go...of feeling bad*. His sadness is palpable, and he is forced to delay an extension of his turn ("of..."), at line 5, as he swallows back his tears. He laughs slightly as he completes the articulation of the turn, manifesting some troubles-resistance that does the job of communicating that, “although there is this trouble, it is not getting the better of him; he is managing; he is in good spirits and in a position to take the trouble lightly” (Jefferson, 1984, p. 351). I remain aligned as a troubles recipient and affiliate with his sadness—rather than the affective stance associated with his laughter—producing a mirroring repeat (Muntigl et al., 2013) (line 9), spoken in a soft voice to affiliate with his emotional stance (Fitzgerald & Leudar, 2010). Adam confirms the understanding contained in my turn and enhances it, explaining that he feels melancholy *because the very intimate kid in him is sad and alone* (lines 15-16). He then adds a series of extensions to his turn (lines 18-26), which describe how his historical brush with *homelessness* and his recent struggles to find *work* (which he had overcome by this point in his treatment) cause him to *feel isolated and sad sometimes*, in turn *calling back to his profound sense of feeling sad as a child*. He moves on to provide a summary and upshot of his display of understanding: using the proterm “those” to index his two sadnesses, he states that his present sadness—over his struggles, during the past few years, to avoid
homelessness and find work—and his past sadness—when he was a child—form a very sad rainbow (line 28). In providing this complex understanding of his sadness, which points to childhood sadness as the factor that makes it “hard to let go” of the most immediate and contemporary sources of his sadness, Adam articulates a psychological view of his melancholy that only the very best interpretations can offer. Though I do not rule out the probability that our earlier discussions—about his onetime experience of de facto homelessness, the emotional toll of struggling to find work, and countless memories of his childhood—as well as the reshaping of understandings that occurred during these discussions, laid the foundations for Adam’s new perspective on his sadness, he nonetheless gets to it on his own. In this session, my role in the construction of Adam’s newfound understanding is as an affiliative troubles recipient—nothing more.

For the sake of condensing this very long segment of conversation, I have deleted many lines of his subsequent talk, seeking to preserve only what is essential for understanding the interaction and maintaining the integrity of the sequence structure. I skip over most of the next 30 lines of the conversation, therefore, with the exception of an utterance by Adam (lines 45-46) that will be later cited, in part, as direct reported speech. Leading up to my turn-at-talk at line 64, Adam gives descriptions of how things are better now and how it shows, both his wife and his son liking him a whole lot more for being less grumpy. When I begin speaking, after a 1.9 second gap at a transition-relevance place, it is to initiate a “retro sequence” that portrays its occasioning as responsive to Adam’s earlier talk (Schegloff, 2007). Specifically, I launch a “noticing” that, while the beginning of a new sequence, is launched from second position and treats something that had transpired in Adam’s talk about sadness—namely, the affective, felt
dimension of his talk—as the first position “source” of its action (Schegloff, 2007; Muntigl & Horvath, 2014).

**Extract 35** [Adam, S112]

45 Pa: but I'm working on it. I'm getting better. (.)
46 an- an it shows. an it shows.
...
61 Pa: [again.]
62 Th: ["yeah"]
63 (1.9)
64 Th: I':m=eh- you know I'm I'm struck by ah: th- the level of
65 your sadness that I can fee:l_
66 (1.0)
67 Th: >to be honest I feel like I'm feeling it almost
68 for the first time.<
69 like I- I- (.2) I've known conceptually how sad you are?
70 (.3)
71 Th: but today is the first day I'm rea::lly kinda feelin it.
72 I can hear it in your voice, (.2) I- I'm kinda resonating_
73 I- I'm- I'm- (.4) .hhh
74 it's HEavy Anyways. I'm rea::lly ges- getting a sense for it.
75 (.5)
76 Th: an:dum:
77 (1.7)
78 Th: w:hen I hear you saying like ":well I'm working on it.
79 I'm gonna try to be more optimistic. an='m not gonna
80 °l:°et myself (..) get do:wn" I think (..) um my reaction
81 is one of almost protection. (.)
82 for (.7) you::r (..) MElancholy.
83 I almost want t'protectively say >"no no no< (.3)
84 like- (.2) this- (..) part of PATIENT-NAME needs to
85 be: (.2) given a space to breathe.
86 becuZ I rea::lly I (.4)
87 my intuition tells me >he doesn't get many opportunities
88 to speak."
My noticing, which begins at line 64, topicalizes Adam’s earlier affective stance of sadness (Muntigl & Horvath, 2014) and accounts for the noticing by appealing to how “I can feel” it and how “I can hear it in your voice” (lines 65, 71-72). The positioning of the noticing after Adam’s apparent retreat from on-topic talk about sadness to talk about things getting better seems designed to shift the topic back to his feelings (Muntigl & Horvath, 2014). It also affiliates with Adam’s sadness as something alive and felt in the present conversation, and it formulates his sadness as his (cf., “your sadness”, line 65), in contrast, perhaps, to his earlier description of the “intimate kid me [who] is sad and alone” (lines 15-16). We also notice that it upgrades the description of sadness to something that is “heavy” (line 74).

Rather than wait for confirmation of my noticing, I launch a new action across lines 76-90. I begin by portraying as direct reported speech (Holt, 2000) the description, by Adam, “Well, I’m working on it—I’m gonna try to be more optimistic and not gonna let myself get down” (lines 78-80), though only the utterance “I’m working on it” had been used by him (line 45). I then use this report as the basis for a challenge (Voutilainen & Peräkylä, 2016), designed as direct reported speech of my inner “reaction” to how he intends to approach his “melancholy”: “No no no, like this part of Adam needs to be given a space to breathe, because I really...my intuition tells me he doesn’t get many opportunities to speak...if ever” (lines 83-90).

Adam’s response to my challenge begins with a receipt (“I hear that”, line 89) and an assessment (“It’s so rough”, line 93), which, while disaligned with the terms and the overall focus of my display of understanding (I did not characterize as “rough” the notion that Adam’s melancholy doesn’t get many opportunities to speak—I suggested it “needs” to be given these
opportunities), initially seems to function as an agreeing action. Starting in line 95, though, Adam’s response clearly assumes the force of a disagreement.

**Extract 36** [Adam, S112]

87 my intuition tells me >he doesn't get many opportunities
to speak.<”
89 (.2)
90 Th: “if ever.” (.)
91 Pa: (has been smiling slightly during therapist's long utterance)
92 (.3)
93 Pa: i- i- (. ) hhh
94 (.4)
95 Pa: because inn:- in a wa:y (1.4) he does?
96 (1.0)
97 Pa: u:m (.6) by like all the grumping: (an) grap-
98 like that's an expression of tha(t). (. )
99 .hh e- i- not in- in direct terms. but in
100 [the (.3) like it's always leaking out s:omewh(h)ere.
101 Th: ["yeah"
102 (.5)
103 Pa: [.Hhh] (. ) Uh::
104 Th: [(£ £)]
105 (.4)
106 Th: derivative (.4) s:tuff.
107 (.8)
108 Pa: .Hhh (.2) yeah (.2) But it- it's hhh
109 (6.6)
110 Pa: .hh (. ) it's a function of safety.
111 (1.5)

In the extension of his assessment, Adam disagrees with my understanding that his melancholy doesn’t get many opportunities to speak: “he [the part of Adam that feels
melancholy] does” (line 95). He continues his turn and accounts for his disagreement by pointing to his grumpiness, which he characterizes as an indirect expression, or leaking out, of his sadness. I then formulate his grumpiness in line 106 as “derivative stuff”, and Adam responds with another disagreement, constructed as an [agreement token + disagreement] turn (Pomerantz, 1984a): his grumpiness is “a function of safety” (line 110).

Turning to an overview of this segment of interaction from Adam’s last session of psychotherapy, we come across a phenomenon that has not appeared in any of the other sessions I have analyzed. Over the course of our talk-in-interaction, Adam is seen using my displays of understanding as scaffolding to construct his own psychologically nuanced perspectives on his sadness, regardless of whether his turns carry the social actions of agreement or disagreement. It does not matter whether I am merely mirroring a few lexical items, challenging his understanding, or formulating his talk—in each case, whether agreeing or disagreeing with me, Adam arrives at an even more complex understanding of his sadness. In the most exemplary case, Adam uses my mirroring repeat—“melancholy, feeling bad” (line 9)—as the jumping off point for a sophisticated explanation of how his present struggles to “let go” of things that sadden him is rooted in the sadness of his childhood. Other patients, at other points in the trajectory of their psychotherapies, might have responded to my punctuation of their emotional lexis with mere agreement tokens or further description of their feelings; but Adam uses this merest of affiliative actions to produce an understanding of his sadness that rivals complex, therapist-initiated interpretations. Even when disagreeing with me, as when he rejects my understanding of his grumpiness as derivative of his sadness, he does so to enrich his display of understanding—in this case, moving beyond his previous account of grumpiness as an indirect expression of sadness and characterizing it as “a function of safety” (relative to his sadness). To
conclude, we may describe Adam’s contribution to our talk-in-interaction in this session as frequently disaligning but always in the service of advancing a therapeutically meaningful understanding of his troubles, using my perspectives and views as scaffolding for his elaborations.

The next segment of talk-in-interaction I will analyze comes from Keith’s final session—session 130—and focuses on an interpretation sequence that occurs about 30 minutes into our conversation. Leading up to the interpretation, Keith has been talking about, amongst other things, his cats, who who have gotten into a full on brawl almost every single night (lines 29-33). He names as the main culprit his oldest cat, “Mama” (line 55). The extract below highlights the salient utterances from his telling:

**Extract 37** [Keith, S130]

12 Pa: to say iss (.5) not been a good week is prump-
13 is probably an understatement. I mean it (.2)
14 prollly is closer to it's been hell.
...

22 my (.2) family an:: #ah:# it's jus bee:n
23 (1.3)
24 And The CATS.
25 (2.1)
26 Th: °getting into places?°
27 (1.4)
28 Pa <a:mo:ng other things.>
29 I s- think that every (. ) single (. ) night
30 for the last week or two weeks (.5) they have gotten into
31 >not jus a little< (. ) tsss >rAh=rAh< ((imitating cat fight))
32 (.9)
33 Pa: I mean::=like (.5) full on braw:l almost.
Keith informs me, during this telling (omitted from the extract above), that he doesn’t want to give Mama away to another family and also doesn’t want to “put her into a cage.” Later in the conversation, preparing for the interpretation that is still about two and a half minutes away, I produce a request for confirmation of this understanding. Keith replies with a confirmation, and before continuing with further talk about his cats, he announces that he has recalled “one of the big things that dad and I didn’t see eye to eye on” (line 123). He indicates that he will “come back to that if I have time”, though in point of fact he never does return to the topic. Nonetheless, it appears that some memory or story about his father has come to mind precisely while discussing his cats, the significance of which will appear later when I deliver my interpretation.

Extract 38 [Keith, S130]
110 Pa: I dunno. I=jist- it- (.3) <starting to> (2.1) add to (.). the stress.
111 Th: huh
112 (.5)
114 Th: >(an)the options you're thinking about is< I mean
you can do the cage or you could give her away:.<

(.

Th: those er: (.2)

Pa: i- (.3) that's unfortunately seeming like the: two-
only two options.=

Th: =hmm

(.9)

Pa: an now I know what it was-

one of the big things that dad an I didn't see eye=t eye on.

"but I'll come back to that if I< (.2) #have time#.° (.)

... His continues on-topic talk up until the point where extract 39 begins, where he produces a summary of his stance towards the problem of his cats—“I just don’t know how to deal with it” (line 161)—and proposes, thereby, the possible closing of the sequence (Schegloff, 2007).

Underscoring this analysis, his turn is followed by a series of inter-turn gaps (lines 162, 164, 166), reaching or exceeding the standard maximum tolerance for silence (Jefferson, 1988). At this point, where Keith’s telling appears to be winding down, I produce an interpretation (lines 167-197).

**Extract 39 [Keith, S130]**

160 Pa: °an so it's like=hh° (.9) °
161 I- I jus- I don't know how ta deal with it.°
162 (.9)
163 Pa: you kno:w
164 (1.1)
165 Pa: an I mean
166 (2.1)
167 Th: I don't think this is gonna: (1.0)
168 magically solve anything but can I make kinduva w::ild interpretation; (. ) [migh]t be relevant;  
169 Pa: []
170 (.7)
172 Th: uum: (.3) I=m'n (. ) you've got the fact that she's called ¡ma:ma.
an you've already sortuv (.2) made a link to your parents.
(.5)
Th: u:m (.4) an (.2) the fact that you considered these two options;
reminded me of something; you considered either putting her in a
cage (.4) or maybe giving her away; , (.4)
an I remember the time that you: tried to put yourSelf in a cage.
(.6)
Th: i.e. Jail_ (.1) when you were fighting with (.5) your Own mama. (.4)
right?
(.4)
Th: uum: (.1) I wonder if (.1) one of the things that's triggering about
the cats fighting is it reminds you: of your ↑parents fighting.
(.5)
Th: an how you ↑felt.
especially when you were younger that you only had
two ways to get away from your parents.
you could either (.5) "put yourself in a" cage:, (.5)
but that would be ↑terrible.
you know go to jail or something, (.5)
or run ↑away. which was terrible.
(.2)
Th: you felt (.3) like you feel now with your ↑cats (.3)
the=you had only two solutions an neither were real solutions. (.4)
you felt (.5) stuck in this horrible situation with people
fighting.
(.7)

My interpretation—what is, rather, better described as a pre-interpretation, at lines 167-
169 (Schegloff, 2007)—is an interesting case of one of those social actions that labels itself
before its production. After projecting what will come after it with the label a “wild
interpretation,” my pre-interpretation segues into building up the “evidential grounding” (Weiste,
Voutilainen, & Peräkylä, 2016) or “puzzle” (Vehviläinen, 2003) of the interpretation. Utilizing a
list construction, I point out the following “facts”: (1) Keith’s cat is called “Mama” (172); (2)
Keith has made a “link” between Mama and his parents (line 173); (3) Keith has considered the two options of putting Mama “in a cage” or “maybe giving her away” (lines 175-177); and (4) Keith once tried to put himself in a “cage, i.e., jail” when he was fighting with his own “mama” (lines 178-180). (For the sake of anonymity, I won’t enlarge on the backstory of how Keith once tried to put himself in jail.) I seek confirmation of the facts as I have laid them out with a tag question—“right?” (line 181); but when a response isn’t immediately forthcoming, I move into the delivery of the interpretation proper, designed with a turn-initial epistemic marker that downgrades my epistemic access (“I wonder...”, line 183). I present the understanding that when his cats fight, it reminds him of how he felt the time when his parents were fighting (lines 183-187): he felt that he could either put himself in a cage, i.e., jail, or run away (lines 189-192)—two solutions, which, just as with his cats, were not real solutions (lines 194-195). Hence, he felt stuck (line 196).

Keith’s extended response is not clearly an agreement or a disagreement, and it responds to a different understanding than the one displayed in the interpretation (extract 40, below). Some authors (Weiste & Peräkylä, 2014) consider responses like Keith’s, with its epistemic markers of uncertainty (“probably accurate”, line 201; “I guess I can kinda see that”, line 214), as disagreements, but were I compelled to say one way or another, I would be more inclined to see in Keith’s response a kind of conditional agreement—conditional, that is, on his epistemic access, which he does not claim to have. On the other hand, if we read Keith’s talk in lines 215-227 as an elaboration of his response to the interpretation (and it is not clear that this is the case), I would characterize his action as disagreement, since those lines would then amount to a contradiction of his received understanding that I have interpreted his emotions as “explosive.” These considerations are perhaps besides the point, though, for just as a disagreement is usually
disaligning (Sidnell, 2010), Keith’s response is disaligning by resisting the agenda and terms of the interpretation (Stivers & Hayashi, 2010). He takes up and responds to the interpretation as though it were forwarding the understanding that he sees his own emotions in his pets (lines 205-214).

**Extract 40 [Keith, S130]**

199 Pa: >hm mm<

200 (1.4)

201 Pa: ;m:==ssounds probably accurate.

202 (.2)

203 Th: ***hm:***

204 (.8)

205 Pa: I mean (.6) I know that before you said th' sometimes pets (.3)

206 will: (.5)

207 Th: ***oh yeah.=h***

208 (.2)

209 Pa: you know:: (1.3) hh I forget the w- (.3)

210 or I'm: drawing a blank on the right word.

211 (.3)

212 Pa: Exhibit the emotions of their owner:,=an: (.7)

213 Th: °<yeah>°=

214 Pa: =.hhhhhh I guess I can kinda see that.

215 I mean:: things have been extremely stressful prolly the las

216 two weeks en: (.8) I mean you had mention: (1.1)

217 u(h)m wh'n THERAPIST-NAME was here that (.).hh (.). you know (.4)

218 about (.8) #u#h:m (2.1)

219 mm- My- mm- me not being as explosive an: (.6)

220 I think the meds h've (.2) definitely helped that:.=

221 Th: =&gt;hm<

222 (.4)

223 Pa: uu:m:

224 (1.0)

225 Pa: I- I would say that they've prolly helped me sleep,

226 they've helped me: (.7) keep my (.) emotions in: check an
Reviewing this segment of talk-in-interaction, we arrive at the unexpected finding that Keith—a patient that I have considered *a priori*, in this analysis, as having a “successful” psychotherapy—does not respond to a major interpretation, at the terminus of his treatment, with an aligning response. His response pattern to an interpretation is largely the same as his response pattern in session 105, constituting what I termed “complex resistance.” He appears superficially to promote the activity sequence of the interpretation, but a closer examination of his response reveals resistance to the vision and related lexical choices of the interpretation.

**Ending Psychotherapy: Extracts from “unsuccessful” treatments**

I turn now to Jon and his penultimate session (session 6), which came not long before he canceled what would have been his eighth session, failed to reschedule with the clinic office, and did not return my phone calls. Jon, as I have pointed out before, seemed to prefer to use his sessions to reminisce on his past, and while my clinical orientation—broadly psychodynamic at the time—was favorably disposed to joining in this kind of talk, I also felt an obligation to attend to his sadness, which he had evoked in other sessions and regarding which I gave special weight in my clinical formulations of his presenting complaint. In the following excerpts, I track how our talk collided around my pursuit of the topic of his sadness, building up in the process a picture of Jon’s disaffiliation with my activity sequences and permitting some (qualitative) generalizations about our talk-in-interaction.

Where I begin is about 9 minutes into the session. At line 1, I initiate an “itemized news inquiry” (Button & Casey, 1985), designed as a Wh-question, that seeks to nominate “sadness” as a topic for talk. It performs its news inquiry function, in part, by requesting to be brought up
to date on the latest developments in his experience of sadness: “how’ve you been doing in terms of feeling sad...you know, since we discussed” (lines 1-3). He delays responding for 4 seconds, which strongly suggests an upcoming dispreferred response (Pomerantz, 1984a), and follows it with a topic curtailing utterance that appears to have no relationship to the inquiry: “I’ve been working” (line 5). A full 7.8 seconds elapses during which Jon does not elaborate his response and I do not pursue a response that is better aligned with my question (Pomerantz, 1984b). We might be tempted to read Jon’s response as displaying an understanding of the question that might be rephrased as, “What have you been doing about your feeling sad”; but when Jon continues his turn at lines 7-14, describing how the other “older people” he spends time with feel the same way he does—i.e., they don’t want to be old, but they have to live with it—it appears that Jon had accurately understood the question. In light of the long inter-turn gaps accompanying his response and its significant departure from the terms and agenda of the question, it seems justified to characterize it as highly resistant.

**Extract 41 [Jon, S06]**

1 Th: how've you been doing in terms of feeling sad.
2 (.3)
3 Th: (y'know) since we discussed.
4 (4.0)
5 Pa: I've been workin.
6 (7.8)
7 Pa: tch been aroun a lotta ol- (.2) older people_ (.6)
8 (n'their) seventies (.5) eighties (.6) nineties (1.1)
9 °an uh:° (1.7) they feel the same way I do.
10 (.8)
11 Pa: they don' wanna be o:ld, (.5)
12 but they hav'da live with it.
13 (1.2)
14 Pa: they hurt, (. (an) pains an everything.
but I been this way since I was (AGE).

but I been this way since I was (AGE).

too soon.

an that's been (1.6) thirty Years: somethin like this.

normally (y')don't get like this til (. ) late fifties: sixties;

when you’re enda- end of your working: (.4) #°ah°#

for thirty years you've been feeling sad about your limitations.

I've been hurtin', I've been (1.2) .hh been tryin ta exercise.

play racketba:ll:,=those things when I was on active duty: (.)

Support for my analysis that Jon was resisting my inquiry at lines 1-3 comes in the form of his response to my formulation at line 26. The talk that my formulation targets for summary appears across lines 14-20, where Jon describes feeling physical pain for the past thirty years. I formulate his talk as carrying the meaning, “For thirty years you’ve been feeling sad about your limitations,” and Jon responds with a disagreement: He has been hurting for the past thirty years (line 28). Just as Jon had elaborated his response to my inquiry about “feeling sad” with talk about “hurt” and “pains,” here too he resists an understanding that focuses on being sad, replacing that term with “hurt.”

Jon proceeds to transition step-wise into a story from his earlier years (omitted from transcript). He describes how he used to ride his bicycle on a long paved track and how, one day, he found himself face up on the ground with a broken collarbone. In his subsequent talk, he elaborates on the progression, over the years, of his bodily troubles, and where extract 42 begins,
after a long pause in his telling, I seek to retopicalize his sadness with a request for information (lines 147-158). I ask him to describe his sadness to me, where he feels it, and what it’s like. Perhaps recalling Jon’s non-relevant response to my earlier itemized news inquiry, I design this request for information with a number of question words and frame as a relevant response one that describes something from the spectrum of the “varieties of sadness” (line 154). This time around, Jon produces a relevant reply rich in information: His sadness is like when you’re away from your family and you miss them and you dwell on it too much (lines 160-164). He culminates this description with an informing: “I miss my body” (line 169).

Extract 42 [Jon, S06]
144 Pa: some point where I get cramps in m' legs, (.).
145 cramps in m' bo:dy, (.3) mu- muscle spasms_
146 (6.4)
147 Th: >can I ask you a little more about< (.5) your (.3) feeling sad.
148 (.)
149 Th: c- could you ↑describe it to me.
150 (.4)
151 Th: ho- (.8) w- where you feel it.
152 (.7)
153 Th: an- an what it's like. (.)
154 y'kno'=there' different (.3) varieties of sadness.
155 I don' wanna take it fer (.2) [gra]nted.
156 Pa: 
157 [ya]
158 (.2)
159 Th: that I know what you mean,
160 (6.5)
161 Pa: it's like when you're (.2) away from your family;
162 (2.0)
163 an: (1.1) you miss them.
164 Pa: an: you dwell on it too much an you dus (.9)
165 Nothing nothing else matters. (.3) you jus (.2) thhh (1.0)
well I've felt that (.9) same type of (.9)
sadness: (.4) with my body.
(.2)
Pa: I miss my body.
(1.8)
Pa: I used to lift weights, I used to run, I (.5) ride bicycles
I did (1.2) climbed, (.7) I climbed o:n (.3)
the mountain da NAME was.
(.7)
Pa: on the lower? (1.4) reaches_
(.2)
Th: huh
(.2)
Pa: i'was (.3) it wass- (.5) steep planed.
an every once in a while you had=ta (.2)

Something to note is that Jon’s informing that he misses his body concords with my formulation that Jon had earlier disagreed with—that for thirty years he has been feeling sad about his (physical) limitations. Buttressing this assumption, we see that Jon continues his turn-at-talk with descriptions of the physical activities he used to do (lines 171-173), which connects missing his body with the physical exercise he is no longer able to engage in. Perhaps the earlier formulation had not been sufficiently grounded in Jon’s talk to compel agreement; but in any case, it becomes clear that Jon holds—or arrives at—a similar understanding to the one I displayed.

My particular involvement in this sequence of talk is notable, as well, for my failure to produce actions that would have sustained the topic of missing his body. The key point at which such an action could have occurred is line 170, where a nearly two-second transition-relevance place appears. In the absence of my recipiency to his informing, Jon seamlessly transitions into a telling that focuses on a mountain climbing experience, and in the process, an opportunity for doing therapeutic work around the understanding of his sadness slips away.
About a minute later in the conversation, however, I seek to move the topic back to his sadness and his prior formulation of it (i.e., “I miss my body”) with a request for confirmation of the understanding that Jon misses his body like a family member (line 211, below). He produces a minimal confirmation in overlap with my utterance and proceeds with his telling. After a long 3.4 second pause that makes speaker transition relevant, I go on to produce an “alternative question” (Hayano, 2013) (lines 220-221) that requests more information about missing his body: in conjunction with rubbing the part of my body associated with the heart (broadly connected with emotion in many cultures), followed by a gesture to my head (indexing thoughts), I inquire into where in his body he experiences the feeling of “missing,” my gestures indicating a preference for a response that takes up one of two areas of the body. Before he responds, I redo the question and inquire—leveraging the fact that Jon had earlier described his sadness in terms of missing his body—where in his body he feels his “sadness” (lines 223-225).

Extract 43 [Jon, S06]

209 Pa: tch I've climbed that before.
210 (.7)
211 Th: this is the body that you: (.2) you miss like a family member.
212 (.6)
213 Th: b[ody (that) climb mountains] (in) the MOUNTAIN-NAME.
214 Pa: [right (° °)]
215 (1.9)
216 Pa: ride bicycl=I used to ride bicycles for hours.
217 (1.9)
218 Pa: bicycle,
219 (3.4)
220 Th: an when you (.2) when you miss it? (.9) dy- (.6)
221 you're missing it? (.9) missing it?
   (places hand on own heart)) ((gestures to own head))
222 (.5)
223 Th: where're you feeling this.
((rubs heart region with palm))

224   (2.5)
225 Th: sadness.
226   (1.1)
227 Pa: °right here°
228   (.8)
229 Th: ((touches back of own head with palm))
230 Pa: °°yeah°°
231   (1.2)
232 Pa: now what's this called back here.
233   (3.0)
234 Th: the::¿ (.3)
235 Pa: medulla.
236   (.6)

Jon’s response, which involves touching the back of his head, broadly aligns with the constraints of the alternative question, but he introduces a shift in understanding that focuses on the biomedical/physiological location of his sadness—“the medulla” (line 235)—and he fails to take up the key term of “sadness.” Thus, my attempt to prompt expansion of Jon’s experience of sadness, through a focus on his embodied experience of it, is effectively resisted.

A few lines later in the transcript, after I confirm that Jon gets headaches in the same place where he has located his sadness, I try again to elicit expansion of his talk about sadness. This time, I employ a demand type, specific expansion elicitor (Muntigl & Zabala, 2008), designed as a Wh-question, that enjoins him to tell me the difference between a headache and feeling sad (lines 259-264). My strategy appears to be to force Jon to distinguish between that which is physical in nature and that which is emotional, thereby opening a path for on-topic talk about the feeling of sadness.

Extract 44  [Jon, S06]
259 Th: You can tell the difference between a headache an (. ) feeling sad?
260   is that right?
what's the difference then.

Pa: .hhh (.2) Hhhhhh

Pa: one (1.7) is the physical pain, (1.1)
well=there's the (.2) actual {(or)/(where)} nerves is
sending false signal_ (2.0) an the sadness is a: (.) emotion.

Th: what I mean is umm: (.6) if the headache was like (.9)
I dunno a Du:ll (.3) Pain: (.2)

Pa: #hm[m°#

Th: [sadness:¿ (.). #uh# ha- how'da- how does it fee:l (.3)
differently.
>wha- wha- wha-< (.2) the the experience like.
(1.7)

Th: less pressure, more pressure, (.6)
more intense, less intense,
(11.5)

Pa: .hhh (.3) it's ;less:. (.6)

Pa: °less intense I think {(than)/(the)} sadness.°
(3.2)

Pa: pain is (severest).
(1.6)

Pa: °hhh:" (.1.9)

Pa: it's like getting my body too. =an it (.7) pains.
(1.6)

Pa: but (..) there's no: (.8) can't see any cause of the pain.
(.9)

Pa: other than the fact (1.3) the nerve's telling my body (1.1)
nerves is telling the (.2) brain (.8) that there's pain there.
(.5)
In response to my demand expansion elicitor, Jon takes up a literal reading of my turn and defines sadness as “a emotion” (line 270). This prompts me to repair his understanding of my turn and reproduce it as a request for information about how sadness feels differently from headaches (lines 272-277). A gap of 1.7 seconds ensues, and I offer alternatives that would be relevant replies to the question: “less pressure, more pressure; more intense, less intense” (lines 279-280). What follows is the longest inter-turn silence in the transcript, lasting 11.5 seconds. When Jon assumes speakership, he does so with an aligning response that describes sadness as less intense than his pain (line 284), but his subsequent elaboration expands on his pain, not his sadness. In this way he resists further talk on his sadness, and as the extract shows, he quickly transitions back into a biomedical/physiological frame of understanding.

Taking stock of the extracts we have analyzed and the phenomena observed in them, Jon displays high resistance in almost every instance in which I attempt to topicalize, formulate, elicit, or expand his talk about sadness. Furthermore, his resistance to producing descriptions of, or otherwise expanding on, his sadness appears in “enquiry sequences” (Bercelli, Rossano, & Viaro, 2013)—which is to say that Jon almost universally resists the sort of ‘bread and butter’ actions—like requests for information and itemized news inquiries—that the patients with “successful” treatments more frequently do not. While his responses often align with the most basic premises of my questions—as when, for instance, he responds to an alternative question about the location of his sadness by naming his “medulla” (made relevant by my gesturing to my head)—in resisting what my questions aim to accomplish, he displays disaffiliation (Stivers & Hayashi, 2010). We also note that Jon competes with my attempts to topicalize sadness by overwhelming my emotion-based terms with talk about pain and bodily hurt, which he frames in
a biomedical/physiological discourse. In this sense, we may say that Jon more generally resists an emotional/psychological frame of talk.

In one instance in the transcript, we observed Jon produce a response to a request for information that did affiliate and align with its prompt for descriptions of his sadness. In what we might characterize as a compromise between, on the one hand, the preference—embodied in my question—for a psychological rendering of his experience and, on the other hand, his rootedness in a physiological frame of understanding, he describes his sadness as being like missing his body, like when you’re away from your family and you miss them (extract 42, lines 160-169). In this one instance in which Jon clearly aligned with my therapeutic project, I decline opportunities to produce actions that might further on-topic talk about sadness; and so it would seem that I, too, am implicated in an overall resistance to the topic.

I move now to Monty and his last session—session 40—and examine a storytelling in which he describes getting a new job at a sushi restaurant. It occurs about 8 minutes into the session and is introduced with a temporal locator (after we were here last Friday, line 1) (Jefferson, 1978). What is of especial importance in the telling is not the content of the story itself but its possible completion points or boundaries, where the recipient of the story—myself, in this case—is implicated in producing a response that segues the interlocutors back into turn-by-turn talk (Jefferson, 1978). The most fitted responses that collaborate in exiting from a storytelling are those that continue topically coherent talk, produce talk that is shown to be “triggered” by the story, or engage in talk that displays how it is related to the story (Jefferson, 1978). What is not implicated at possible story completions is continuers, nods, and other devices that display the recipient’s expectation that the story will continue, that it is somehow not
complete. At the possible completion points of storytellings, such actions are potentially disaligning and disaffiliative (Stivers, 2008).

In the extracts from a storytelling by Monty, it is precisely these sorts of disaligning responses that I produce at multiple transition relevance, story completion places. These are generally locations where Monty has produced an assessment or other formulation of the upshot of his telling, which display his stance towards the events or persons described in it (Jefferson, 1978; Schegloff, 2007). Because the storytelling is long, I have condensed it and focused on those sequential environments where Monty proposes closure of his story and talk by me is implicated.

Extract 45 [Monty, S40]

1 Pa: after:: (2.6) guess we were here las' friday.
2 (.9)
3 Pa: (sa) ( ) (1.3)
4 I was hanging out with NAME (. ) an we jus (1.9)
5 we happen jus t'go (. ) into this sushi shop. (. )
6 which is kinda near my house_
7 (.8)
8...
16 Pa: But (. ) they were gettin=hh (.2) swamped an he said I (. )
17 you know (1.2) I needa: (1.2) t'hire a ↑ coupled. (. )
18 an I was like well I can start tomorrow.
19 (.6)
20 Th: [hm]
21 Pa: [s ]o (. ) I started (. ) the next day.=
22 Th: =W(Hh)
23 (.3)
24...
41 Pa: ° so ( ) (  ) (yet) but ° (1.2) .sfhh (.3)
worked a couple days.

Pa: "so" two or (1.1)
"two" (.2) two days at the (.5) at sushi place_
Pa: it's fine. (.1) um
Pa: it's weird, (1.0) first (.2) >it's only- there's only like eight
or nine people that work there an it's all:< (.5)
...

Pa: so it's (.y) you know.
Pa: so i- (1.7) 's not hostile.
Pa: "a-" at all. you know?=
Th: ="hm:"*
Pa: .Snfh (.4) um:
Pa: so I guess that helps.
Pa: u:m:
Pa: s-=um:

The first point at which Monty produces an upshot or possible conclusion of his story comes at line 21, with a so-prefaced utterance that describes the result or endpoint of a series of events leading up to it: “so I started the next day.” I go to respond in the next turn—what appears to have been the beginning of a Wh-question—but abandon the TCU-in-progress; and after a pause, Monty continues his telling, providing descriptions of the employment process, his brother’s earlier attempt to get hired at the restaurant, and other details (omitted from the extract).
At a later point, Monty signals a renewed, possible completion of his story with a summary of his telling (so, worked a couple days...so two days at the sushi place, lines 41-45) and an assessment: “it’s fine” (line 47). The “standard maximum tolerance” for about 1 second of silence ensues (Jefferson, 1988), and in the absence of recipiency to his story exit device, he continues his telling. Shortly after, Monty produces another closure-implicative assessment of his story, describing the workplace as “not hostile” (line 60). Following an inter-turn gap in which I decline uptake, he extends his assessment (it’s not hostile...at all, line 62) and explicitly selects me for next speaker with the tag, “you know?” I respond with a continuer, which in this sequential position is highly disaligning and seems to leave Monty unsure how to proceed as he trails off, punctuating the long silences that ensue with a series of “um’s” (lines 63-71).

This pattern repeats as Monty continues with his telling, adding new descriptions about how his sense of “panic” when he began the job “quit” over time and how he is “enjoying the work.” At line 80 (below), he uses an assessment of the disappearance of his anxiety (“it’s good”) as a storytelling exit device, which fails to trigger topically coherent subsequent talk from me; and again at lines 97-98, he summarizes his stance towards his experience of working at the restaurant (so you know, it’s not stressful...), implicating a response from me that might transition the talk-in-interaction out of the storytelling. I, however, respond with a continuer (line 100), signaling my stance that he should continue talking (Schegloff, 1981). He does but only to produce another story-completion assessment (“it’s weird”, line 102) that recycles the lexical item “weird.” No response, however, is forthcoming from me (line 103).

**Extract 45** [Monty, S40]

... 76 Pa:  Tuesday or Wednesday °or (somethin).° (.)
77    panic jus kinda (.) quit.
Finally, at line 120, I make a move to do something other than encourage Monty’s telling, from which he has sought on so many occasions to exit. I formulate (Antaki, 2008) his preceding talk, proposing that there was a short span of time when he was waking up with panic, and then that stopped (lines 120-122, below). He responds with minimal agreement and we lapse into silence (lines 124-125), following which I produce a request for confirmation of a very similar understanding, that when he had just been hired, there were a few days when he was waking up feeling panicked (lines 126-128). In the elaboration of his response (lines 129-142), he accounts for his agreement, but then a long silence appears in the conversation, at line 145, and we seem to be at a standstill in terms of how to proceed. The formulations do not appear to be in the service of preparing for an interpretation, only minimally transforming Monty’s talk,
and no requests for information that might begin to build up a basis for an interpretation materialize.

Extract 46 [Monty, S40]

... 
118 Pa: u:m=hh
119   ( .4 )
120 Th: there=iz=a short span(a) time (.2) where you were (.4) just hired
121   with them when you were still waking up with panic. an then (.6)
122   an then for some reason a few days ago: ( . ) that stopped.
123   (3.2)
124 Pa: yeah, (.6) u:h
125   (5.0)
126 Th: on ↑Those days:? ( . ) when you (. ) you had jus been hired an
127   there=were'a few days there where you were waking up an (.3)
128   feeling panicke[d? ( )]
129 Pa:       [I mean] on: Ss− (.3) on ↑Sunday: (.7) before going
130   in there fer the first #day I=('uess) still did.# ( . )
131   on Monday: (.7) I guess (. ) Monday an maybe Tuesday (. ) I still
132   was.
133   (.4)
134 Th: "huh"
135   ( .7 )
136 Pa: umm
137   (.6)
138 Pa: Wednesday I worked. (. ) an I (. ) don't believe (1.0) I did, (.5)
139   yesterday er today I certainly didn't.
140   (.3)
141 Th: Hm=
142 Pa: =wake up that way.
143   (.2)
144 Pa: .snfff
145   (6.7)
After this brief formulation-agreement sequence, Monty returns to his storytelling with another signal of the possible completion of his telling, repeating the assessment he had made at line 102: “it’s weird actually” (line 146). I decline speaker transition, and Monty continues his telling through line 168, where he produces what will be his last summarization of his story, displaying his stance towards his new job as a place that’s “not overbearing.” After I respond with my umpteenth continuer and a long inter-turn silence, Monty explicitly formulates that his telling is completed (“and that’s about it”, line 176), and when I again fail to produce a response that might return us to turn-by-turn talk, he unilaterally ends the sequence by transitioning into talk about one of his academic courses.

Extract 47 [Monty, S40]
146 Pa: you know (.3) uh: (1.6) yeah like I said it's: weird actually
147 (2.0)
... 
168 Pa: it's=a:: (1.1) I dunno (.4) it's=a (1.4) conveniently (.5) 
169 "ta° I guess enough (.5) stress slash work (.4) slash 
170 responsibility that's it's not (.2) overbearing, 
171 (.5) 
172 Th: "°hmm°° 
173 (4.6) 
174 Pa: "°(I) 'unno°° 
175 (6.0) 
176 Pa: an that's about it. 
177 (.3) 
178 Pa: um 
179 (2.4) 
180 Pa: the one class (.4) one of (.) my poly=sci class is a=uh (1.3) 
181 "it's unrelated but° (.5)

During the course of his storytelling, I count no less than nine failures to align to the possible completion of his story! Had I produced a relevant action that would have transitioned
the conversation into subsequent, topically related talk, Adam’s story might have spread across a mere 21 lines of the transcript; but instead, it was made to struggle along for 176 lines. During his telling, there is a marked absence of actions that might have shaped his talk and advanced institutional—that is, psychotherapeutic—interests; and the dearth of affiliative responses to his telling, relegated largely to a single formulation-response sequence, displayed a noticeable lack of empathic involvement. Whereas, in our analysis of one of Jon’s last sessions, it was he who seemed to resist my therapeutic activities at every turn, here the tables are turned, and I resist aligning with Monty’s story and responding to it in a cooperative (and meaningful) way. We may speculate that part of the trouble stemmed from the fact that Monty’s story centered on something that had gone well in his life, rather than a trouble—what is so often the target of psychotherapeutic actions. Even so, the opportunity to affiliate with Monty’s achievements and reinforce them, such as through a compliment sequence (Jager et al., 2015), is remarkable in its absence. One conclusion we arrive at from this analysis is that resistance in psychotherapy can tilt strongly in the direction of the therapist’s activities, or lack thereof.
Discussion

Comparison of “successful” and “unsuccessful” psychotherapies

Taking stock first of the beginning sessions with the four patients considered in the analysis, already a difference becomes apparent in the overall style or interactional quality of the conversations. The sessions with patients whose therapies ultimately were “successful” evidenced friction and subtle movement—whether around how we understood some important matter being discussed (in the case of Keith) or around the display of emotion (in the case of Adam). Keith and I, for instance, engaged around an understanding of what it means for him when people go away that saw him initially resist my proposed understanding with vigor but, on a second pass, led to him displaying weaker resistance and implicitly taking up the view I had offered. Adam also resisted my questions and formulations when first produced (though he did so in different ways, such as by producing minimal responses); but within the space of a single sequence, he moved towards progressively heightened displays of emotion. With these patients, a kind of rough collision would mark the reception of my questions and displayed understandings, but then a slackening of resistance would follow that would be witness to shifts in their perspectives and expressions of emotion.

With those patients whose therapies were “unsuccessful,” in contrast, this friction I have referred to was absent. This appears to have been the product, in the case of Jon, of the omission of actions on my part that might have challenged or subtly transformed how he understood his life story, as he was relating it to me. In the case of Monty, the steady and unchanging quality of his talk reflected not only the lack of therapist actions that might have sought to modify his understanding of the cause of his depression—which would have most likely instigated a tug of war around our competing perspectives—but also the absence of affiliation with his troubles-
telling, which hampered the development of his displays of emotion. There was no struggle around cognitive, or verbalized, understanding in these early sessions, nor was there deep recognition and validation of emotional perspective. These twin omissions seem to have contributed to a type of conversation that moves along without noticeable shifts in the levels of our mutual affiliation and alignment—whether for the worse or better. Something else that is apparent in these early sessions with Jon and Monty is a general absence of requests for information and other ‘bread and butter’ actions (e.g., highlighting formulations, topic nominations, prompts) that generate information that can be later used as the basis for advancing new understandings of the patients’ dilemmas. In a manner of speaking, not much of anything happens in the extracts analyzed from these early sessions. This is most salient in the case of Monty, but even in my session with Jon, my routinized use of understanding checks does not function to produce new and therapeutically relevant information.

In the mid sessions with Adam and Keith, the overwhelming pattern was a tendency for the patients to respond to “enquiry sequence” actions—such as questions and summaries of their talk—with extended (highly aligning) agreements, while in response to interpretations that offer essentially competing views of their troubles they produced highly resistant non-answers, extended disagreements, or evasions of the interpretation’s focus. In comparison to their sessions from the beginning of their treatments, a major change noticed is their tendency to take up those types of actions that request information or only minimally modify their talk and understanding—the “enquiry sequence” actions—with unambiguous alignment and no trace of resistance. No significant change in their pattern of response to interpretations, however, is evidenced over these points in time.
By comparison, Jon and Monty were—in their mid sessions—relatively aligned with my questions (e.g., Wh-questions) but resisted my formulations, demonstrating thereby a more complex response style to enquiry sequence actions. Interpretations were absent in the extracts examined but actions (such as a relocating formulation) that do work similar to an interpretation received disagreement. What was more striking, however, was what we might call a pattern of topical resistance, where both patient and therapist displayed unwillingness to topically nominate and/or expand on talk about a troubling emotion. In the case of Jon, he tended to avoid talk about his sadness, just as I, in one instance, passed over an opportunity to topicalize sadness when he produced descriptions of a book character as being depressed. With Monty, he too resisted expansion of talk about his anger—describing it as “gone now”—and at a later point in the conversation, I colluded with him in formulating his anger as, essentially, a non-issue.

Moving to the later sessions, Adam tended to respond to my displays of understanding—as embodied in a request for confirmation and an empathy display—with weak resistance but, over time, displayed shifts in his understanding than more approximated mine. That is, beginning with his observation that he had not been making a necessary phone call, he progressed to understanding it as due to problems with sleep and, later, as reflecting his anxiety about making the call—a movement that I would characterize as a shift into a psychological frame of understanding, which was the frame I had adopted when offering my own perspectives on his dilemma. With Keith, we came across a phenomenon that I termed “complex resistance,” whereby he agreed with an interpretation but displayed competition around its epistemic ownership and resisted both its focus and the key terms used to construct it. Thus, compared to the sessions at the early and mid points of their treatments, Adam and Keith exhibited a
movement towards adopting and affiliating with the views contained in my interpretations, though they did so equivocally and with some signs of resistance.

In an analysis of one of Monty’s later sessions, we came across a more resistant pattern of response, overall. Responding to my interpretations, he produced a highly resistant and disaligned extended disagreement, as well as a non-answer “I don’t know” response. His way of taking up the partial modifications of his understanding contained in my formulations also embodied resistance. Typically, he would respond to these formulations with an agreement token followed by either an other-repair of its terms or an evasion of its focus. Thus, where Monty responded to formulations with complex resistance, Keith—at this point in his treatment—only replied in this way to interpretations, which carry more disparate and asymmetric displays of understanding. The only types of actions that Monty did align with in this session were actions—such as a TCU-initial prompt—that prompted him for more information.

Finally, in Adam’s and Keith’s last sessions, we came across what were some of the most complicated responses to my turns in all of the sessions analyzed. Adam not only aligned with a mirroring repeat but used it as a prompt or jumping off point for the construction of a highly complex account—indeed, I am tempted to use the word “interpretation”—of his sadness, something that I have never come across before in such a sequential environment. In response to my proposals for how to understand his sadness (whether embodied in a challenge or a formulation), he produced disagreements, but he accounted for his disagreements by, again, elaborating psychologically sophisticated descriptions of his sadness that exceeded my own. Something analogous was not observed with Keith. While his response to my interpretation in that session—a conditional agreement that was disaligning with the focus and terms of my
interpretation—could be analytically grouped with Adam’s responses under the heading of “complex resistance,” the design of his turn evidenced less alignment with the therapeutic project initiated by my action.

In Jon’s last session, the major interactional theme that emerged from the analysis was his resistance to on-topic talk about his sadness. He tended to align with the action preference of my questions (viz., requests for information and an alternative question) but disaffiliated with what the questions were trying to accomplish—namely, elicit descriptions of his sadness, especially through a psychological frame of understanding. One example of an affiliative, aligned response to a question about his sadness appears in the transcript, though in that case it was I who failed to sustain on-topic talk, exhibiting my own disalignment/resistance. No interpretations appeared in the extracts I analyzed, though I did formulate Jon’s talk in one instance, which he responded to with a disagreement. In the case of Monty, we saw a situation in which he was for all intents and purposes stuck in a storytelling that I repeatedly declined to align with at its possible completions. In this instance, my resistance to moving the conversation to subsequent, topically coherent talk was plain to see.

The three figures, below, summarize the different levels of alignment displayed in patients’ responses to my actions over the course of their treatments. The figures provide a snapshot of how cooperative the patients were, over time, when engaging in action sequences that made relevant (1) the production of descriptions of their experience (this usually occurred in the context of answering questions—see figure 1); (2) agreeing or disagreeing with a therapist rendering, or partial modification, of their talk/experience (the typical sequential context for these responses was formulation sequences—see figure 2); and (3) taking up or contradicting the therapist’s perspective on their troubles/experience (interpretation sequences were where this
usually occurred—see figure 3). There was not, in every instance, available data to ascertain the level of patient alignment in various sequential environments, and in those instances, the graphs begin at that point where data is available for a given patient group (i.e., the “successful” vs. “unsuccessful” therapies) or end precipitously at that point where there is an absence of data. The level of alignment is measured, on the x-axes, with ordinal numbers. A score of “0,” on the graphs, represents the fact that a patient group’s typical response, at this point in their treatment, was highly disaligning. A straightforward disagreement to a formulation or interpretation, as well as a non-answer to a question, are examples of responses that were scored a “0.” In the case of a score of “1,” we are dealing with a patient response pattern that evidences somewhat less resistance. A minimal, unelaborated agreement to a formulation, or a response to a question that deviates from what the question is trying to accomplish, are examples of responses that were scored a “1.” Scores of “2” were reserved for responses that evidenced what I have been calling “complex resistance” or complicated alignment—that is, extended responses that aligned with the action preference of a sequence but disaligned with the understanding and/or lexical terms of the FPP; or, alternatively, responses that disaligned at the level of action preference but that evidenced strong alignment with the therapeutic project or agenda at play, such as when a patient disagreed with an interpretation but then constructed his own, even more complex interpretation of his situation, trouble, or internal state. Finally, a score of “3,” in the graphs, stands for responses that are highly aligning—responses such as extended agreements and responses to questions that adopt the latter’s agenda and terms.
Figure 1

Patient alignment with questions

Figure 2

Patient alignment with formulations

"Successful" therapies
"Unsuccessful" therapies
With the patients who were deemed to have “successful” treatments, two general trends are noted. First, at the level of “enquiry sequence” (Bercelli, Rossano, & Viaro, 2013), or first phase, actions—which describe actions that solicit information and introduce only partial changes to patients’ displayed understandings, usually in the service of preparing for a later interpretation—their responses in the earliest phase of their psychotherapies are resistant and/or outright disaligning. By the midpoint of their treatments, however, their responses to these types of actions are mostly aligning or exhibit “complex resistance,” and this remains the case throughout the remainder of the duration of their psychotherapies. This change is depicted in figure 2, where we see a steep rise early on in their treatments that then remains at a relatively high level of alignment.
Second, we see a change in how the patients whose therapies were “successful” respond to “elaboration sequence” (Bercelli, Rossano, & Viaro, 2013), or second phase, actions—that is, actions that explicitly challenge a patient’s displayed understanding or advance an alternative perspective on his troubles. Adam and Keith are highly resistant to these actions up until their “late” sessions (3/4 through the trajectory of their overall treatments), after which they stabilize at a level of alignment characterized by ambivalence. Their responses from this point forward are typified by turns in which they variously (1) agree with an interpretation but display disalignment with its point, agenda, and/or terms, or (2) disagree with a challenge to their understanding but account for their disagreement by elaborating a complex, and psychological astute, portrayal of their troubles. Again, the shift in these patients’ relationship to interpretations and other discordant displays of understanding occurs rather late in the course of their treatments, which in both cases ran over 100 sessions long; and even then, at no point did they adopt a position of seizing on my perspectives without resistance.

With the patients whose therapies were “unsuccessful,” by contrast, there is little evidence to go on to suggest a rigorous trend or trajectory in their level of alignment over time. Bearing in mind the paucity of therapist-initiated interpretation and formulation sequences in these sessions, which naturally limits any firm conclusions we can make, the patients show an overall tendency of rejecting or resisting any action that alters—however minimally—their understanding of their situation and experience. Where we do find alignment is in the patients’ responses to requests for information and other actions that work to elicit further talk—at least during the middle to later phases of their treatments. Even in this category, however, we find, by the time of Jon’s penultimate session, marked resistance to producing descriptions of his sadness that affiliate with the psychological frame of my questions.
Comparison with previous research

To my knowledge, only one previous conversation analytic study has attempted to track therapeutic change over time. In their research, Voutilainen, Peräkylä, and Ruusuvuori (2011) investigated how a patient in long-term cognitive-constructivist psychotherapy responded to her therapist’s “conclusions” (something analogous to a challenge or an interpretation) at different points in time over the course of 19 months. Similar to the findings of the present study, the authors found that the patient responded to her therapist’s conclusions with less resistance as she moved through three phases of her therapy (the “early” phase began 6 months into her treatment, when recordings of the patient’s sessions started). They found that the patient’s responses in the early phase of her therapy were marked by “resistance,” often taking the form of silence following her therapist’s proposals of understanding; later, the patient produced “ambivalent responses” in reaction to her therapist’s conclusions, initially agreeing with her therapist but swiftly withdrawing or backtracking from the proposed conclusion; and in the last phase of her therapy, the patient typically responded to such conclusions with [confirmation + agreement].

The study I have conducted and reported on, here, contrasts with the case study by Voutilainen, Peräkylä, and Ruusuvuori (2011) by, among other things, finding that patients in “successful” psychotherapies display differential, positive movement in alignment over time. While the authors I have cited only investigated one sequence type, the design of the present study permitted the observation that patients display different rates of alignment, over time, in different sequential environments. Specifically, patients who remained in therapy moved from low to very high alignment with “enquiry sequence” activities (Bercelli, Rossano, & Viaro, 2013)—such activities including requests for information and formulations—by the midpoint of their treatments, while they did not display increased alignment with “elaboration” or
interpretative sequence activities until rather late in their treatments, and even then evidencing only modest alignment.

Though they did not utilize conversation analysis as part of their methodology, research by Tracey and Ray (1984) bears on the question of alignment in the longitudinal study of psychotherapy. The authors of this study operationalized the notion of “complementarity”—which, broadly speaking, conceptualizes a state of interactional harmony—in terms of the frequency that initiated topics were followed by his or her interlocutor. Topic-initiations that were taken up by the interlocutor were said to represent a complementary sequence, while topic-initiations that were responded to with a different topic-initiation were coded as “symmetrical” or non-complementary interactions. Three therapeutically “successful dyads” were compared to three unsuccessful dyads. The authors concluded that change in psychotherapy is associated with “a particular pattern of interaction over time and not with the overall level of interaction” (p. 24). Psychotherapeutic change involves an initial stage of mostly client-led topic-initiations that are closely followed by the therapist, a 'middle stage' in which therapist and patient compete “over who [is] to define what [gets] discussed and how,” and a final stage in which topic-initiation is less contested (p. 25).

The significance of Tracey and Ray’s (1984) study is that its operational definition of complementarity also describes alignment. That is, what the authors describe as high complementarity can be recast, without any loss of meaning, in terms of high alignment (though the inverse is not true—the notion of “alignment” is not exhausted by the authors’ operational definition of complementarity). What their study found—in keeping with their theoretical hypothesis that psychotherapeutic change involves a movement from a relatively conflict-free state of “homeostasis” into a “state of flux,” which, once resolved, leads to a “different point of
homeostasis” (p. 15)—is that successful psychotherapies move through a high→low→high pattern of complementarity. It would appear that the results of their study contradict the findings presented here, which found that patients in “successful” psychotherapies evidence an overall pattern of low→high alignment over time. In fact, whether the current study is at odds with the findings of Tracey and Ray (1984) cannot be determined, because their investigation of “complementarity”—a form of alignment—focused on environments of topic pursuit, not question-answer, formulation-(dis)agreement, and interpretation-(dis)agreement sequences, as did the present study. It would appear that topic pursuit in the context of psychotherapy would be a valuable area of study for conversation analysts interested in psychotherapeutic change. At present, there are no conversation analytic studies (that I am aware of) that can confirm or deny that alignment around topic pursuit follows a high→low→high pattern over time.

The study I have conducted, here, contrasts with previous longitudinal work on interactional change in psychotherapy by investigating multiple sequential environments—most notably question, formulation, and interpretation sequences. The surprising finding that patients who remain in psychotherapy align more quickly, over time, with certain action types—namely requests for information and various types of formulations and ‘non-challenging’ understanding displays—while taking much longer to align with courses of action associated with interpretations, will need to be confirmed by future studies.

Questions that are left unanswered by this study and that would be valuable sites of research concern rates of change in alignment. That is, were a study to be conducted with a large enough sample size to compute meaningful averages, what would we discover about the mean length of time associated with movements from low to high alignment in various action sequences? This information would be valuable, as it could be used as a benchmark to determine
if an individual patient is slow to align with a particular course of action relative to a given population, which in turn would serve as a warning of possible incipient termination or other undesirable outcomes.

Who, exactly, is resisting?

From the summary I have provided of Jon’s and Monty’s progression through psychotherapy, we might be inclined to imagine that these were particularly difficult patients—the sort of patients that are often dismissed as “not psychologically minded,” “not ready” for therapy, or simply “resistant” (in the psychoanalytic sense of the word). While there are undoubtedly individual, psychological factors at play that influence the receptivity of a person to talk therapy, a conversation analytic perspective helps us to situate phenomena like “resistance” in their properly interactional context. Applying such a perspective to Jon and Monty, we observe that an analysis of my own involvement in the sessions is crucial for understanding the shape and courses of action of long stretches of talk in which nothing of much therapeutic relevance occurs. It also provides a possible tool for explaining some of the more local occasionings of patient resistance.

The beginning and ending sessions of Jon’s and Monty’s psychotherapies provide examples of what can occur when a therapist doesn’t engage in eliciting specific expansion (Muntigl & Zabala, 2008) of patient talk or is disaligned with a patient’s readiness to exit a sequence. I emphasize specific expansion, because these extracts demonstrate that merely declining to speak or confirming some local understanding of what the patient has said does not reliably prompt the patient to deepen his account of his problems. It can lead patients to cycle repeatedly through descriptions of their problems without a noticeable shift in their
understanding, as was the case with Monty; or it can lead to an endless series of telling
sequences, as we saw with Jon, where the therapeutic work of unfurling some trouble or problem
for collaborative exploration is eclipsed. With specific expansion of patient talk, an avenue is
opened for the elicitation of information that the patient might not have thought to divulge,
which then prepares the ground for a reordering of their understanding of their problem.

We witness another kind of fruitless conversation in the case of Monty’s storytelling,
which, because I was not aligned to the many signals he provided that he was prepared to exit the
sequence, dragged on for over 100 lines of the transcript. Had I aligned appropriately, we might
have transitioned to a related topic that would have allowed more granular talk about a specific
aspect of his storytelling, such as the anxiety he experienced when he began working at his new
job. Again, it is my involvement that is pivotal in explaining the meandering quality of the
patient’s talk.

In other sessions, I could be seen engaging patients with questions, topic nominations,
and other actions that did target some psychologically relevant aspect of their talk. I have
previously pointed out their resistance to my topicalizations—usually of some troubling
emotion—but it is not clear to me that their resistance stemmed solely from some disinclination
to explore their feelings. In all of the extracts in which Jon and Monty avoided topicalization of
their emotions, we come across segments of talk, somewhere in the vicinity, where I variously
(1) allow an incidental description of strong emotion (in the case of Jon, this emotion was
attributed to someone else—a character in a book) to pass by, without underlining it for
discussion; (2) do not promote on-topic talk about an emotion following the patient’s acceptance
of the topic; and (3) align with curtailing talk about an emotion by validating the patient’s
understanding that it is a nonissue. Clearly, I am implicated too in any ascription of topical resistance.

I should note that there is nothing in the sequence organization of my conversations with Jon and Monty that corroborates the hypothesis that one interlocutor’s resistance effects the probability of the other interlocutor, in a later sequence, displaying resistance. Whether such a relationship exists is unclear. Indeed, while it was not the focus of my analysis, I did not observe anything in the turn-by-turn unfolding of our conversations that could have predicted, far in advance, whether the patients would respond to my actions with disagreements or other disaligning actions. The only exception to this was the presence of an already established pattern of resistance, but this still leaves unexplained what interactional factors gave rise to this resistance in the first place. Instead, I must restrict myself to describing the phenomenon of resistance as it appears in our talk-in-interaction. In response to the question of who resists in psychotherapy, the answer is both, though it is more often displayed by patients who are on track to terminate therapy early.

Takeaways: What does this mean for the practice of psychotherapy?

While there are limits to the generalizations I can make on the basis of this study, owing to its small sample size and the absence of inferential statistics, I offer a few conclusions that come out of the study, focusing on those that may be useful to practitioners of psychotherapy.

One finding is that even those patients who are destined to do well in therapy seem to display resistance to nearly all therapist actions at the beginning of their treatments. Questions that seek to hone in on some particular aspect of a patient’s experience, interventions that essentially mirror back or summarize a patient’s speech, and other ‘low risk’ actions are
routinely responded to with evasions and minimal responses in the early stages, and this is not an indication of something awry in the interaction. This finding should not be interpreted as suggesting that such actions should be then avoided until the patient is more amenable to receiving them, since such a course of action usually leads—as my analysis shows—to a deadening of the conversation and a lack of movement in how patients understand their problems. Practitioners should anticipate, I propose, that resistance will occur in the beginning of treatment, and this should not dissuade them from carrying out the interventions and practices associated with their clinical approaches.

Another finding coming out of this study is that even patients whose therapies are successful do not tend to adopt or assimilate their therapists’ unique perspectives on their problems until rather late in their treatments—in my study, about ¾ of the way through treatments that averaged 123 sessions in length. Even then, the evidence from this study suggests that patients display some version or another of “complex resistance” to the therapist’s proposal for how to understand their troubles. They may, for instance, provide pro forma agreement to an interpretation but show in other ways that they are not responding to all of its parts, or are avoiding using the same lexical descriptors as the therapist; or, alternatively, they may issue a disagreement but build on the therapist’s interpretation in a therapeutically beneficial way, in this way manifesting a change in how they understand their problems. In the latter case, the patient’s complex resistance is in the service of the treatment. While appearing on the surface to disagree, in many instances patients may be using their therapists’ suggested understandings as a form of scaffolding for erecting their own unique perspectives.

This study also demonstrated that “successful” therapies were distinguishable from “unsuccessful” ones on the basis of shifts in interactional alignment over time. The suggestion
coming out of this finding is that patients on track to benefit from psychotherapy will increasingly align with their therapists’ questions, prompts, mirrored understandings, and other actions as the treatment progresses. Patients who are at risk of terminating treatment early, however, tend to remain stuck at the low level of alignment that characterizes the beginning stages of psychotherapy. How to best intervene with such patients and increase alignment was not, however, a focus of this study, though I refer the reader to the literature on “rupture” and “repair” (Muran & Safran, 2002; Maroda, 2018; Benjamin, 2012).

Finally, I would propose, on the basis of an anecdotal finding from my analysis of one of Adam’s later sessions, that therapist persistence in advancing her understanding of her patient’s experience, even in the midst of patient disagreement, can reap rewards. Patients may modify their understandings over time to more closely approximate those of their therapist, even while failing to credit their change in outlook to the therapist. Therapists who abandon wholesale a unique perspective on their patients’ problems, surmising, after the first rejection of their proposal, that it is bound to lead nowhere, overlook the ubiquity of the phenomenon of disalignment/resistance in psychotherapy. Patients do appear to adapt their understandings, beneath the surface tension of their rejections and disagreements, when repeatedly exposed to a new understanding of their experience.

The role of CA in psychotherapy

I anticipate that some of my readers will wonder whether conversation analysis could be used as the foundation for a treatment approach, or whether it is strictly a methodology useful for describing the interactions that take place in psychotherapy. In beginning to reflect on this question, let us briefly recall the kinds of insights that, as I argued in the literature review, CA
lends itself to making into the structured activities that constitute psychotherapy; and taking these insights as characteristic of the contributions it can make towards understanding this unique form of institutional interaction, we may assess whether it is suited to erecting a unique approach to treatment on this foundation of knowledge. In particular, I would return to the following arguments I made in the literature review: First, CA research on psychotherapy reveals that many psychotherapies show themselves to be structured according to two “phases”—phases that may alternate multiple times within the span of a single session or that might mark distinct periods of interactional work over the span of multiple sessions. These phases are distinguishable according to the types of activity sequences that belong to each, with the first phase being populated by actions concerned with gathering information, empathically affiliating with the patient’s troubles, mirroring a close understanding of the patient’s experience, and covertly reframing the patient’s talk (in preparation for the second phase), while the second phase consists of activities that introduce understandings that are disjointed and asymmetrical with the patient’s own understandings of his or her troubles. The second argument I wish to remind the reader of concerns the finding that psychotherapeutic interventions appear to be exceptionally oriented to prompting expansion of patients’ utterances. In a multitude of ways—whether through the systematic use of silence, various types of questioning, or the use of continuers like “uh huh” and “hmm”—psychotherapists are frequently prompting patients to “say more about that.” If we integrate this finding into the duplex model that I just reviewed, it appears that psychotherapists have a large arsenal of practices at their disposal that lend themselves to gathering information pertinent to the first “phase” of doing psychotherapy, and many of these are shared across therapeutic orientations. It appears, however, that there are fewer practices associated with the second phase of psychotherapeutic activity that are shared...
across schools or therapeutic approaches. Interpretations, for instance, are found more or less exclusively in psychoanalytic psychotherapy (Vehviläinen, 2003), while making suggestions for behavioral change is found in CBT and related psychotherapeutic approaches (Ekberg & LeCouteur, 2014).

The question we are asking ourselves is whether this sort of information—an understanding of psychotherapy proceeding through phases of activity, as well as an understanding that many of the practices regularly used by therapists serve the purpose of eliciting and expanding patient talk in support of the first phase—could provide the foundation for a new, relatively atheoretical treatment approach. In short, the answer is no—at least not as a standalone theory or approach to psychotherapy. The reason becomes self-evident when we imagine ourselves applying a “phase” approach to treatment and arriving at the second phase, which requires us to variously challenge, reformulate, or interpret the patient’s experience and/or behavior. What a psychotherapeutic school or approach supplies, in part, is a hermeneutic that translates the psychological meaning contained in the patient’s descriptions of his experience. Cognitive behavioral therapy, for instance, applies a hermeneutical key that reads into depression a need for “behavioral activation” (this is just one example), and the psychotherapist operating in this tradition duly supplies such a proposal after probing the patient’s presenting problem (Ekberg & Lecouteur, 2012). The psychodynamic psychotherapist, in contrast, might apply a hermeneutic that understands a patient’s panic attacks as stemming from unexpressed anger (Busch & Milrod, 2009). Conversation analysis is not a psychotherapy, because it does not come equipped with a hermeneutic for psychologizing human experience and behavior; and thus, it does not supply directives for how to appropriately challenge, reformulate, or interpret a patient’s troubles.
It has been only for the purposes of demonstration that I have imagined a CA approach to psychotherapy based on a “phase” model—this phase model representing the kind of understanding of psychotherapeutic interaction that CA lends itself to—but what it illustrates is that doing psychotherapy requires more than a comprehensive description of what takes place in these types of institutional conversations. That is, were we to construct a manual that describes all of the various social actions that occur in psychotherapy, including when they occur and the practices associated with them, I believe that we would still be at loss in effectively delivering a “CA-based” psychotherapy. What would still be needed would be, at minimum, a certain philosophy or vision of the “good life”—it would need an ethic, in other words—that would guide the clinician’s actions in a certain direction. To employ an analogy to the field of building construction, it is not enough to have a thorough understanding of how foundations and joists are set, electrical wiring is strung, and plumbing is installed, the architect also needs to know in advance what kind of house he wants to build. There is, I believe, an important role for CA to play in providing descriptions of how psychotherapists accomplish their goals, which in turn could, for example, serve the training of new generations of therapists; but it cannot be a substitute for a psychotherapy. It lacks too many things—chief among these being a theory of psychopathology and a vision of optimal human functioning—to serve the needs of a psychotherapist. It is not enough for the psychotherapist to know, for example, that psychotherapy usually entails prompting a patient to say more and, at a certain point, challenging him or her to see things in a new way or to try out new behaviors; for without a method for identifying what, in the patient’s speech, indexes a ‘problematic’ point of view, and without a theory for what to replace this with, the therapist is left adrift.
What I would suggest regarding the role of CA in psychotherapy is that it (1) can demonstrate kinship among otherwise heterogeneous therapeutic approaches—that is, it can shed light on the basic interactional projects that most psychotherapeutic approaches share in common and how they accomplish these projects using many of the same interactional resources and practices; (2) can serve an important function in demystifying the design and purpose (or action type) of various therapeutic interventions; (3) may be an excellent framework for training new psychotherapists, helping to build their understanding of the types of interactions that constitute most forms of psychotherapy and in a way that permits the later adoption of a theoretical school or approach to psychotherapy; and (4) can educate practitioners in the function and interactional purposiveness of various micro features of talk—practices like *oh* -prefacing (Heritage, 1998) and responding with “hmm” and “uh huh” (Schegloff, 1981). This is not meant to be an exhaustive list but adumbrates some of the possible roles CA may play vis-à-vis the training, practice, and study of psychotherapy. In the most ideal of scenarios, I would imagine CA being taught as a precursor to any school-specific theory of psychopathology and treatment, establishing a common language for describing psychotherapeutic talk-in-interaction in its own terms. Before any outcome like this materializes, however, it will be necessary to build up the literature base that describes the practices that make up the unique procedures and interventions of the various psychotherapies, which at the moment is very sparse. This will demonstrate, I think, the feasibility of adopting CA as a kind of universal language for describing the disparate psychotherapies and the extent to which their interactional projects overlap.
Limitations of the study

Among the limitations of this study, perhaps the most obvious is its small sample size, which was necessitated by the constraints of time and space. An $n$ of 2, for each of two groups analyzed, limited to some extent the claims that might be made about larger populations. Had the groups included a greater number of participants, I would still have run into the problem of how to quantify their talk-in-interaction. Conversation analysis is a highly (sequentially) contextual approach to the study of conversation, and it does not easily lend itself to coding in light of the incredible richness of its object of analysis. A single, brief sequence permits analysis at the level of its turn designs, preference organization, action ascription, displayed understandings, epistemics, emotion displays, affiliation, and so on. A “binning” approach that labels an utterance as such-and-such an action and moves on, without consideration for the multiple orders negotiated in its production, fails to capture the granularity of what is being done through its design. Had my study focused on a single interactional phenomenon, it would then have been possible to construct a combined methodological approach that would have allowed for quantification. However, at this still early stage in the conversation analytic study of psychotherapy talk, we are still getting a lay of the land and a broader approach—one that cast a wide net in its analysis of changes in psychotherapeutic talk-in-interaction—seemed more advisable.

Related to the problem of small sample size, there is the issue of the diversity of the interlocutors. While the patients in this study constitute a broad range of ages and ethnicities, all the interlocutors were male, and it is unclear how this might have skewed the findings. While it seems unlikely to me that people who identify as male or female align to therapeutic activities in significantly different ways, this remains to be borne out by research.
Another limitation of the study was the unequal session counts of the “successful” and “unsuccessful” psychotherapies. The average length of treatment for the former group was 123 sessions, while Monty’s treatment lasted 40 sessions and Jon’s terminated within 7 sessions. It was a mere analytic construct that allowed me, for instance, to treat Jon’s and Monty’s last sessions as locatable at a temporally equivalent point to Adam’s and Keith’s last sessions. Could it not be the case that Monty and Jon were, at the time of their terminations, truly still in the beginning phase of their treatments, hence explaining their still high resistance to therapeutic activities? This is a confounding variable in the study, and an updated design would select patients whose psychotherapies are approximately the same length.

I count as another limitation the fact that the therapist in the study—myself—was, at the time that these sessions were recorded, still in training. How the trajectories of these therapies would have looked differently had they been conducted by a more seasoned clinician I can only guess; but in any case, the findings would have had greater applicability to psychotherapists at large, since most clinicians are not in training. Also, had the study analyzed conversational data deriving from multiple psychotherapists, the confounding variable of clinical orientation could have been ameliorated. As it stands, the results of this study are most applicable in the context of someone practicing psychodynamic psychotherapy (Shedler, 2012), and it is not clear that patients who benefit from other psychotherapies, such as cognitive behavioral therapy, exhibit a similar pattern of increased alignment with therapeutic activities over time.

Finally, there is an assumption undergirding this study that should be addressed, which concerns the unstated but implied suggestion that shifts in a patient’s understanding about her problem, trouble, or symptom is tantamount to “success.” It will not do to appeal to the fact that the patients who had “successful” therapies, who did not terminate their therapies unilaterally,
displayed this pattern of updating their understandings over the course of their treatments. Operationally defining a “successful” treatment as one involving mutually agreed upon termination is an artifact of the methodology’s design, and so the finding that these patients modified their understandings over time can only be correlated with “success” in a self-referential way. What the study more accurately demonstrates is that my patients who progressively aligned with my actions over time were the ones who did not precipitously terminate their therapies; it does not prove that this pattern is true for all forms and characterizations of “success.” In randomized controlled studies of psychotherapies, more rigorous definitions of success—usually involving measures of symptom reduction—are involved. My study cannot, unfortunately, make any claims that the patterns observed in its analysis are connected to “success” as it is more usually defined.

But to return to the issue of shifts in patients’ displays of understanding, we should ask the more fundamental question of why it seems so natural to suppose that changes in self-understanding are connected to symptomatic improvement. Should we not be more wary of this assumption when it so obviously bears the stamp of a Eurocentric value of self-understanding—that is, of the “Delphic injunction (often associated with Socrates) to ‘know thyself’” (Fink, 2014a, p. 9)? My study tacitly signs on to this insight-oriented model of therapeutic change, depicting patients’ adoption of psychological frames of understanding as favorable. In doing so, it overlooks another compelling model that suggests that understanding and knowledge of self often undermine what is truly efficacious in psychotherapy: saying something new—something “unsayable...unthinkable, unacceptable, and/or unimaginable” (Fink, 2014a, p. 7)—even if what it means eludes both patient and therapist. As Fink (2014a) writes, “There is no need for the analysand to know in order to get better, in order to stop sabotaging his life and his career” (p. 9,
While my methodology has some obvious advantages over lay descriptions of what occurs in psychotherapeutic conversations, I am struck by what is left out in its methodology. Perhaps in its focus on displays of understanding, alignment, action ascription, preference organization, and other phenomena, conversation analysis misses some important dimension of talk that does not lend itself to easy description but that is nonetheless the fulcrum around which symptomatic change occurs. Perhaps what is essential in the process of therapeutic change is a type of talk whose import is not captured through sequential analysis and/or reference to displays of understanding. How we might go about systematically exploring these uncharted domains of a patient’s talk, I am unsure. I hope, however, to have at least hinted at a possible limitation of the conversation analytic approach.

Reflections and future research

My role as researcher and researched

It has been an eye-opening experience to be in the position of analyzing my own psychotherapy sessions, entailing, as it has, realizations of regretful interventions, observing failures to respond, questions about whether I could have been more affiliative/empathic, and so on. But a more fundamental question I find myself pondering is how the results of my study are inflected by the fact of my being constitutive of the data being analyzed.

For instance, I know that at a certain stage in my work with my patients, I was already anticipating this study, and without a doubt, I was gripped by the question of change in psychotherapy and reading widely on the topic, including the conversation analytic literature. If we assume that these matters are not isolated facts that form part of the background of the study, but rather that they had some effect, some influence, then it would seem that we have a case of
(what shall we call it?) anticipated retroactive causation, in which this study—during the stage that I was conceiving of it and reading relevant literature—influenced the way in which I was doing psychotherapy and thereby influencing the results that constitute the findings of the completed study.

To give a concrete example, I still recall a certain moment in my work with patients when I was deliberately—consciously—“doing” formulations—and what is more, doing them in anticipation of interpretations, exactly in line with the interpretative trajectory described by Vehviläinen (2003). I am truly at a loss to follow the lines of influence from this fact through to the analysis of my findings and the discovery, at the conclusion of the study, that patients in “successful” psychotherapies evidence progressive alignment, over time, with various courses of activity. That such lines of influence might exist, though, I find very probable.

How might the results have differed, we may wonder, had the principal psychotherapist in the study been someone without knowledge of CA? At this early stage of the conversation analytic study of change in talk-in-interaction in psychotherapy, we cannot say that the results concerning increased alignment, over time, are robust enough to resist the influence of therapist-specific approaches to psychotherapy and theoretical commitments.

In designing this study as I did, using myself as part of the data, I have introduced a cofounding variable that I strikes me as introducing tremendous complexity into the interpretation of the findings. It is true that in doing a conversation analysis of any kind, one often has the comforting feeling of employing a tool that is almost completely shorn of subjective factors of interpretation: one need only look at the talk surrounding an utterance—so one tells oneself—to see how the interlocutor-actors are themselves interpreting the action significance of the utterance. I wish that I could appeal to the rigorousness of conversation
analysis to say that at least my analysis is not impacted by the fact that I am one of the interlocutors in the data—but I cannot be sure of this. Bias is a risk in any research, but I think that in this study, in particular, the potential for bias was elevated. In future studies of this kind, some of this risk could be reduced by separating the researcher from the researched, as it is not clear to me that there were any significant benefits to occupying both roles in this study (one possible exception being a greater knowledge and sensitivity to the supra-session context of allusions made by both me and my patients in the transcripts).

The issue of “displays of understanding”

I have already pointed to improvements that could be made on the design of my study, but what I believe is more needed in future investigations of change in psychotherapeutic talk-in-interaction is a new, more sophisticated approach to “understanding displays.” We indeed say something important when we ascribe to an utterance a “display of understanding,” and it is important that we locate it sequentially as an interactional phenomenon, along with its epistemic, preference, and other organizations. But if I may ask the naive question, What is an understanding? Does this notion simply reflect the phenomenon of displaying one’s cognitive-affective stance towards some matter, which in turn may accomplish other social actions? I wonder if theorizing understanding displays in this way—as stance and as action—misses something important about “understandings” that is not reducible to what they do, socially.

In my analysis of displays of understanding, I frequently found myself wanting to say something about them that exceeded the tools made available to me by conversation analysis. Beyond what they do, I wanted to say something about what they are...but towards what purpose, I couldn’t say, and so, I left these musings by the wayside. At the conclusion of this
study, I again find myself objecting to a purely interactional approach to displays of understanding, and this leaves me in the position of heeding the siren’s call of psychoanalysis once again—my longtime theoretical home—unable to resist the notion of an “unconscious” that speaks through us. In the strange vision offered by psychoanalysis, what we mean to display as our “understandings” are not always the whole picture. Surely we possess understandings, implicitly, but we are also inhabited by a speech that *sometimes speaks us*, communicating its message through the affordances of the polyvalence of language and delivered, without our awareness, in the package of our “displays of understanding.”

In the process of writing up this study, I have spent two years gaining further clinical training and experience and have found myself most compelled, in my work with patients, by what is unintentionally contained in so-called “understanding displays.” The psychoanalytic perspective would have it that our articulated “understandings” are vitalized and shaped by a force that Freud called simply “the It” (German, *das Es*)—something deeper than our conscious standpoint and its intentions to carry out some action or display some understanding. It is this that I believe must somehow be accounted for in our investigation of patient talk in psychotherapy. When something truly novel is spoken that transcends our intended message, this is a change—a happening, an event—that is part of the psychotherapeutic process, and regardless of whether it is attended to as such in the interlocutors’ talk-in-interaction, it is worthy of being described.

What am I calling for, then, exactly? Though I have no expectation that such a proposal will be taken up, in a systematic way, by conversation analysts, I am advising that we read the *text* of patient’s talk literally, analyzing “understanding displays” beyond what they seem to mean and how they are oriented to. The suggestion is not, actually, as wild as it may appear, as
the veritable titan of conversation analysis, Emanuel Schegloff, showed precisely how we might go about such an analysis through his examination of a phenomenon he called “the surfacing of the suppressed” (Schegloff, 2003). Rather than describe this phenomenon in depth, I quote an exceptional example of it, along with Schegloff’s analysis:

5 Just as if a woman comes in an’ says, ”.hh I’m
6 pregnant=I want ta have a baby, en I- try to give
7 her good prenatal ca:re, .hhh or .h I don’t want to
8 be pregnant en I g:et her on the pi.:ll, ‘f=sh=s’s I
9 am pregnant en I don’t want ta be:, .hh that’s- (.)
10 -helping her take care of that is just another
11 aspect. (0.8) of- of my jo:b. I don’t see it as any:
12 (0.2) more a less important. It’s j’s- it’s a part
13 of it.

At Lines 11–12, it seems apparent that Dr. Garrow is on the way toward summing up how abortion presents itself to her in her practice—as “just another aspect of my job” (Lines 10–11)—by saying “I don’t see it as any [moral issue].” In the context of the public controversy that prompted the story and interview in the first place, this would, of course, have been fuel on the fire. As she approaches the problematic element of her TCU, she slows and pauses, and suppresses “moral.” But note how it creeps out nonetheless. In a striking restructuring of her TCU, the “any” is converted into the start of the idiom “any more or [/] less [important].” But her articulation of this phrase, by reducing the “or” to “a”, incorporates the suppressed “moral” like this: “any: (0.2) [more+a+1]+ess…” In the very swerving
to avoid the publicly problematic “moral,” it occupies the turn in camouflaged form and in the very next bit of talk. (pp. 216-217)

As I hope this quotation demonstrates, there is precedence for the sort of analysis I am advocating. What is required now is for researchers and theoreticians to reinvigorate and refine the notion of “understanding displays.” Conversation analysts would be inclined to admit, I think, that interlocutors are often unaware of what they are doing, interactionally, when they construct their utterances in given ways—would a speaker readily consent, for example, that her *oh*-prefaced response to a question works to cast the question as problematic (Heritage, 1998)? If the technology of talk-in-interaction so easily evades lay description and speaker awareness, we would not be taking a great leap if we were to bracket speaker intention when approaching “displays of understanding,” showing how they ‘say more’ than what a generous paraphrasing would suggest. In the process, it is my hope that a largely neglected dimension of patients’ talk would be made amenable to analysis, adding to our understanding of what, precisely, undergoes change when a patient submits to psychotherapeutic treatment.

Reflections on change in psychotherapy

This study and its findings have been the cause for some reflection, on my part, about the nature of change in psychotherapy. I wonder if the reader, too, will have pondered some of the implications of this CA-based approach to psychotherapeutic change, with its depiction of patients in “successful” therapies becoming, over time, less resistant—more aligned, more cooperative—to therapist-initiated activities. That is, I wonder if the reader too will have felt a twinge of discomfort at the implicit suggestion that therapy works when patients subscribe and
submit—indeed, subjugate themselves—to the lines of inquiry and, most importantly, ways of understanding that come from the therapist.

Why should this be so discomfiting? How else, someone might counter, should the patient adopt hygienic, realistic, and psychically salubrious ways of thinking and perceiving if not through the cooperative assumption of the therapist’s healthier ways of thinking and perceiving? Or, if therapy is not in fact practiced as a form of transmission of healthy styles of cognition, but rather as a pointing out and elaboration of unregistered, previously neglected and unthematic aspects of the patient’s experience—whatever the impact might be on the patient—would the patient still not need to be cooperative with the therapist’s insights, so as to consider and make use of them?

The problem, as I see it, is we must assume either that the therapist’s training equips him with knowledge of correct and healthy ways of thinking, perceiving, or behaving, or that the therapist is not prone to error in his formulations of the implicit, unspoken dimensions of the patient’s experience. Either way, if we are to defend a model of psychotherapeutic change in which the patient ‘gives in’ to the therapist—in which the patient concludes that the therapist has, after all, the keener point of view and is in a better position to appraise mature and adaptive behavior—we must confer onto the therapist a privileged relationship to truth, otherwise we are hard pressed to defend why the patient should follow his lead. Though I do not have the space to elaborate on why such a position is deeply antithetical to my values, I am content to allude to the fact that this view of the therapist “expert” makes epistemological assumptions that are at odds with constructivist, postmodernist understandings of truth, and it reproduces power imbalances that are potentially detrimental to the patient.
Perhaps, however, there is a way of softening the implications of this study, such that we can imagine, instead, a collaborative process in which the therapist offers possible understandings of the patient’s experience, situation, or troubles, which the patient uses as scaffolding, or as a sounding board, to develop for himself new perspectives on his situation. This was clearly evidenced in one of Adam’s last sessions with me, where he disagreed with my conclusions, which in turn prompted him to construct his own sophisticated, psychological account of his troubles. This suggests that this study’s finding, that patients in “successful” therapies increased their alignment, over time, with therapist-initiated activities, needn’t be construed as denoting a situation of acquiescence. It may more accurately describe an increasing readiness to be influenced by the therapist, not to assume the therapist’s vision wholesale. Indeed, this is what the finding represented in figure 3 (reproduced below) would appear to suggest. At no point did the patients who were successful in their psychotherapies align completely with the terms and agenda of my interpretations. They always preserved a measure of independence from—a certain disalignment with—the interpretative action sequences that I initiated. I termed this quasi-resistance with my interpretations “complex resistance,” which took the typical form of a pro forma agreement that failed to take up the agenda or terms of my interpretation.
I believe more research is required to sort out this delicate question of whether so-called “successful” psychotherapies entail a process in which patients contort themselves to accommodate the views expressed by their therapists, or whether it is the case that such patients are more open, over time, to collaborating with their therapists’ activities and building on their therapists’ observations, formulations, and understandings. The question, which I choose to leave open, amounts to this: Does psychotherapy compel patients to think, feel, and perceive like their therapists? Or does success in psychotherapy only require that patients cooperate in progressing therapist-initiated activities, not necessarily the views espoused by their therapists?

It seems to me now, in retrospect, that certain fundamental changes I have made to the way I work clinically are partly the result of my engagement with the sorts of questions about therapist influence, persuasion, and—at the extreme—indoctrination that this study has brought up for me. I look back now at the transcripts of my dialogues with my patients and feel uncomfortable with many of the interpretations and other displays of understanding that I
presented to my patients. I am disquieted by these interpretations precisely because they are neatly presented understandings, whereas now, in my work with patients, I strive towards an interpretation that is basically polysemous, that forces the patient to interpret my interpretation, to actively work at deciphering my utterance, just as he must actively work to decipher his own situation. Rather than fixing and laying down understandings, I aim now to disrupt understandings—to point out to a patient that his wording is ambiguous, that an idiom he has used permits another meaning, that he has uttered, unintentionally, a double entendre. Rather than replace the patient’s understanding of his troubles with my own, I strive to turn the therapeutic encounter into an experience that destabilizes meaning, until, and in the process of which, something decidedly new—ultimately, at the level of understanding—does emerge, though it emerges from the patient, not from me.

I have a very different sense of what I am doing in my clinical work now as compared to that time when I was in treatment with Adam, Keith, Monty, and Jon. Getting a patient to align with my understanding of his experience or situation is decidedly not part of my therapeutic intent and, because I work not to deliver such packaged interpretations, this aspect of alignment would not be relevant, I think, to my current way of delivering psychotherapy. I wonder, though, whether I would not have still reached the same conclusions, in this study, if my corpus of data had reflected my current clinical approach. The fundamental finding of this study is that patient alignment with various therapist-initiated actions increases over time—at least for patients on track to continue psychotherapy. What we should bear in mind is that alignment does not simply refer to responses that embody agreement. A response that works to progress a first action—a response that is preferentially fitted to the expectations set out in a first pair part action—is an aligned one. It is conceivable, then, that a therapy constructed entirely around questions and
noticings (of, say, ambiguous patient utterances that permit more than one meaning) would yield the same positively sloped correlation between time and degree of patient alignment. These are matters that will require future research to settle.
Conclusion

The major findings to come out of this study centered on the phenomenon of “resistance.” This is a term that I have used as more or less synonymous with “disalignment” (though in some cases, I have also used it to index the closely related term of “disaffiliation”). (Note that the CA literature on psychotherapy also treats disaligning responses as equivalent to resistance—see, for instance, Muntigl, 2013.) Alignment refers to a level or type of social cooperation in which an interlocutor (1) designs her response to advance the activity sequence initiated by another speaker; (2) adopts the agenda—or basic focus, presuppositions, or framework—embodied in the speaker’s turn; (3) responds in a way that uses or shows acceptance of the lexical or morphological terms of the speaker’s talk; (4) produces a response that is fitted to the grammatical constraints of the speaker’s turn; and (5) facilitates what the speaker is trying to accomplish with her utterance (Stivers, Mondada, & Steensig, 2011; Raymond, 2003). In the most simple of cases, an agreeing response (such as to a candidate understanding, formulation, or interpretation) is one that displays alignment (Sidnell, 2010).

The results of the study showed that the patients in “successful” psychotherapies tended to display less resistance—to questions, prompts, expansion elicitors, formulations, interpretations, and so on—over time, while the patients in “unsuccessful” psychotherapies did not. In another way of stating this finding, the patients in the former group became more cooperative over time with the therapeutic activities I initiated, which often extended into cooperating with how I understood their lives and their problems, adopting these understandings—with modification—as their own. In the case of the latter group, what emerged was the unexpected finding that both the patients and I showed resistance to—that is, disaligned with—one another’s activities.
There are many conclusions that I cannot draw on the basis of these findings. If there is indeed a robust relationship between cooperation and “doing well in therapy” (the study design does not permit making such a correlation), we would still be unsure whether cooperativeness effects healing, success in therapy yields improvement in cooperativeness, or if cooperation is merely a moderating variable. What we have in the findings is, rather, a suggestion of some important role that cooperativeness may play in successful psychotherapies.

For myself, though, I find this conclusion quite thought-provoking. If it should turn out that cooperativeness is a moderating variable of successful psychotherapies, insofar as cooperation facilitates acceptance of the bitter “pill” of some therapeutic intervention, then—besides having good face validity—the finding would be unsurprising. Along these lines, there was an implicit suggestion, in the way I went about my analysis and reported the results, that patients who aligned with my actions and went on to form new understandings of their problems *in some way benefited from this change*—that new understandings were, so to speak, the mutative pill. *But,* if it should turn out that becoming more cooperative has a deeper relationship with improved mental health, this would have important implications for how we conceptualize psychopathology and treatment. It would suggest, for instance, that pathology somehow reflects an uncooperative stance towards one’s neighbors. These are of course very speculative musings, but they point to how much more is left to inquire into when studying change in psychotherapy.
Transcription Symbols

The following transcription symbols, including explanations, are adapted from Sidnell (2010, pp. ix-x) and Peräkylä, Antaki, Vehviläinen, and Leudar (2008, pp. 198-199).

(.) Just noticeable pause, or about .1 seconds

(.2), (3.4) Length of pause in tenths of a second

word [word
    [word] Square brackets that align across two lines indicate where two speakers begin speaking at the same time

.hh hh In-breath—marked with a full-stop—and out-breath

wo(h)rd Indicates location of “breathiness” or greater than normal aspiration, often associated with laughing or crying

wo:rd A colon indicates an elongation or stretch of a phoneme. Two colons signifies even greater elongation.

(word) Indeterminate word uttered—analyst’s ‘best guess’ at word spoken

( ) Inaudible or very unclear talk

A: word= B: =word
Equal signs are used to show that two words (by the same speaker or different speakers) are “latched” together—i.e., no discernable pause between the words

word WORD Underlined phonemes indicate higher volume. Capitals are used for even louder volume

°word° Words or utterances enclosed in “degree signs” are spoken quietly

>word word< Words or utterances enclosed in inward arrows are spoken quickly

<word word> Outwards arrows denote talk that is spoken slowly

↑word Indicates that word was spoken with upwards intonation

↓word Word was spoken with downwards intonation

#word# Uttered with a “croaky” voice
| £word£ | Spoken in a “smiley” voice |
| ~ word ~ | Produced in a “wobbly” voice. |
| , . ? | Commas are used for “continuing” intonation (not necessarily a clause boundary), while question marks are used for rising intonation. A period denotes a falling or terminal intonational contour. |
| (( touches hand to head )) | Used to describe an action or sound otherwise too difficult to transcribe |
References


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