

Describing therapeutic projects across sequences: Balancing between supportive and disagreeing interventions



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Abstract

Based on the conversation analysis of 70 audio-recorded psychotherapy sessions, this article analyzes sequences of talk in which therapists disagree with clients' descriptions of their personal experiences. These disagreements are an essential part of therapists' overall project, continued across sequences of their talk, to increase clients' awareness of their distorted perceptions and challenge their dysfunctional patterns. The therapists in this study challenged their clients with strong oppositional statements which prompted them to defend their views. In *supportive disagreement*, the therapists worked at finding congruence between their perspectives and that of the clients, validated the clients' emotional experience and respected their epistemic primacy, prompting the clients to confirm and elaborate their experience. Conversely, in *unsupportive disagreement* the therapists maintained their divergent perspectives, discounted the client's claim as unrealistic and claimed privileged access to the client's domain of knowledge. These interactional moves promoted irritation and anger in the client, and the therapeutic relationship eventually became the focus of the conversation. The therapeutic use of different types of disagreements is discussed in relation to resolving relational stress.

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1. Introduction

In human interaction, there is a strong tendency toward solidarity and cooperation between the participants (e.g., Clayman, 2002; Tomasello, 2008). People tend to suppress discordant actions by minimizing the likelihood of their occurrence and promote solidary actions by delivering them in ways that maximize the likelihood of their occurrence (Clayman, 2002). In psychotherapy, the pro-social tendency of the interaction is of great interest in promoting a positive and helpful relationship between the therapist and client. The therapists, however, face a challenge: they should guide the client to perceive alternative and potentially more helpful perspectives while, at the same time, respect the client's perspective (e.g., Greenberg and Safran, 1987; Lomas, 1987; Ribeiro et al., 2013). To bring about desired changes in the client's perspective, the therapist need to take issue with that perspective and make compelling case for an alternative perspective. While engaged in that project, the therapist should show that he/she understands the client's perspective and respects the client's domain of knowledge in order to avoid the client's feeling misunderstood, irritated and discontented.

The focus of the present article is on interventions in which therapists persistently and directly challenge their clients' maladaptive self-narratives. Because these types of interventions insist on taking a different direction to that proposed by the client, and because clients are often reluctant to explore the new alternative understandings the therapist proposes,

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some type of disagreement between the participants often emerges. In this sense, disagreement is an inevitable part of therapeutic interaction that is often looked for and even encouraged (see also [Clayman and Heritage, 2002](#); [Goodwin, 1983](#)). However, therapists cannot risk having their disagreements degenerate into acrimonious conflict (e.g., [Pomerantz, 1978](#)) that would threaten the positive therapeutic relationship with the client. This article will build upon previous research tradition that examines the management of relationships in naturally occurring social interaction (e.g., [Pomerantz and Mandelbaum, 2005](#)) and describe some interactional practices through which relational processes are carried in psychotherapy interaction. According to this view, relations between therapist and client are embodied in sequentially organized practices, including therapists' disagreements with clients' descriptions of their personal experiences (e.g. [Peräkylä, 2013](#)).

There is a growing literature on disagreement in the pragmatics. For instance, [Angouri and Locher \(2012\)](#) have concluded that expressing disagreements is an everyday phenomenon and the ways in which disagreement is expressed have an impact how it is perceived and enacted. Recently, [Pomerantz and Sanders \(2013\)](#) studied the interactional circumstances that engender or avert acrimonious disagreements in courtroom jury deliberations. By exploring cases where disagreements involved the suggestion of personal flaws in the parties involved, they showed that acrimonious conflict was averted if the complainant actively mitigated its *ad hominem* aspect, and the target agreed with the proposed shortcoming or ignored the personal aspects of the complaint. The present study adopts a similar approach to that of [Pomerantz and Sanders \(2013\)](#) by exploring different ways of performing disagreements in psychotherapy interaction. The research questions are as follows: What kinds of interactional moves do therapists use to indicate disagreement? What are the interactional consequences of different disagreeing moves? Are there moves that engender or avert peaceful or conflictual disagreement?

Understanding moments of disagreement is of great import in psychotherapy. In their research of clients' perception of significant moments in the psychotherapy process, [Viklund et al. \(2010\)](#) found that most of the moments clients identified as significant involved some type of disagreement with the therapist. It is argued that psychotherapeutic interaction which deals with the clients' personal experiences in a way that enables a change in the clients' self-perception inevitably involves some mismatch between the participants (e.g., [Madill et al., 2001](#)). Moreover, [Voutilainen et al. \(2010\)](#) have pointed out that misalignment between the participants can be turned into a resource for therapeutic work. Most often, these important moments of misalignment involve client resistance. The client may resist the interactional projects pursued by the therapist, for example optimistic assumptions in the therapist's questions ([MacMartin, 2008](#)), or the new and possibly painful content of the suggestions ([Vehviläinen, 2008](#)). A study conducted by [Hill et al. \(1992\)](#) shows that clients ultimately rated as most helpful the interventions they initially resisted the most. Some studies have also considered therapists' role in facilitating resistance. For instance, [Vehviläinen \(2008\)](#) studied therapist turns that topicalized clients' current actions in psychoanalysis and noted that clients oriented to them as actions which challenged or even apportioned blame, and they often responded with defensive talk. [Muntigl et al. \(2013\)](#) have noted that in their data from emotion focused therapy, therapists actively retreated from disagreements, re-affiliating themselves with the client's contrasting position.

Contrary to common practice in much CA work on psychotherapy, knowledge of clinical theories is used in this research as a resource in understanding the therapeutic projects observed in the data. [Linell \(2001\)](#) discusses *communicative projects* which aim to accomplish specific goal-directed tasks in the interaction. As [Peräkylä \(2014\)](#) has noted, in psychotherapy these types of projects involve the effort of the therapist to nurture particular kinds of experience and understanding in the client. These projects may persist over sequences and even over sessions (see e.g., [Bercelli et al., 2013](#); [Peräkylä, 2011](#); [Voutilainen et al., 2011](#)). In our psychoanalytic data, the disagreement sequences are seen as part of the therapist's overall project of making the client more aware of potentially unconscious emotional experiences (e.g., [Rycroft, 1995:77](#)). In the cognitive psychotherapy data, the therapist aimed to identify, reality-test, and correct the client's dysfunctional beliefs (e.g., [Beck et al., 1979:4](#)). In this study, I seek to show *how* the therapists' projects are accomplished across sequences of talk during the therapeutic hour.

2. Materials and methods

The data for this study consist of 40 audio-recorded sessions of psychoanalysis and 30 sessions of cognitive psychotherapy. As one psychoanalytic session lasts 45 min while a cognitive psychotherapy session lasts 60 min, the data involve 30 h of interaction from both approaches. The sessions are from the middle of the therapy process; after the therapeutic relationship had been established. There are four different dyads: one therapist and two clients from both approaches. The therapists are well-trained, experienced private practitioners. Both clients in cognitive therapy were women in their twenties suffering from depression. In psychoanalysis, one of the clients was a man in his forties, while the other was a woman in her sixties. As is typical for psychoanalysis, the discussions did not focus so much on particular symptoms as on the life histories of the clients. The repercussions of difficult life-events in the clients' current experiences were repeatedly discussed in the sessions. The data on the outcome of the therapy process are not available for any of

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