

Analysis meets Psychotherapy  
Conversations meets  
**ICCAP 2019**

Talking & Cure  
A Binocular View on  
Psychotherapeutic Interaction



20<sup>th</sup> to 23<sup>rd</sup> of June 2019

# Detailed Programme

Berlin, 20 – 23 June 2019

## O V E R V I E W

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- Panel speakers are asked to watch the time and to moderate their contributions mutually
- The asterisk (\*) indicates the speaker(s) of the authors

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Thursday, 20th June 2019

5 pm – 7 pm

***Michael B. Buchholz, Berlin***

“Talking & Cure: Binocular Views  
on Psychotherapeutic Interaction”

moderated by Horst Kächele, Berlin

7 pm

Reception with Wine & Pretzels

Friday, 21st June 2019

9 am – 10.30 am

Plenary Lecture

***Georgia Lepper, London***

"Clinicians engage with research into the microprocesses of clinical interaction"

**1st – Christopher Marx\* & Antje Gumz**

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**"Theories of the 'talking cure'"**

**1. Background:** Psychotherapy has traditionally been regarded as a “talking cure,” i.e., a treatment method that operates through an “exchange of words” (Freud) between patient and therapist. Specifying the mechanisms by which “talking” can “cure,” however, is difficult, as the operative specifics of curative verbal activity have been spelled out in manifold ways, i.e., with regard to various linguistic units (e.g., verbal interventions, metaphors, verbalization of emotions, narratives, etc.) and diverse change processes (e.g., cathartic relief, differentiation, clarification, or reorganization of experiential content, etc.). Accordingly, language-oriented psychotherapy research is characterized by a wide range of disparate findings that are difficult to summarize.

**2. Objectives:** In principle, we argue that a clarification of the theoretical status of “language” in psychotherapy can help to systematize the understanding of curative effects of verbal activity in therapeutic contexts. For this purpose, we present the results of a narrative review of the theoretical structure of “talking cure models” discussed in the empirical and theoretical literature (Study 1), and the results of a qualitative study of psychotherapist’s theories of the “talking cure,” i.e., theories regarding the question how verbal activity in therapeutic contexts can “help” or “cure” patients (Study 2).

**3. Data:** For Study 1 we reviewed a wide range of theoretical and empirical studies on verbal activity in psychotherapy. For Study 2 we conducted semi-structured interviews with  $n = 12$  psychodynamic and  $n = 11$  behavioral therapists.

**4. Method:** Data in Study 1 was summarized in a narrative review by extracting basic components typically addressed in “talking cure models,” i.e., psychotherapy models that describe psychotherapy and its effects in linguistic terms. Data in Study 2 was analyzed using Consensual Qualitative Research (CQR; Hill, 2012) to extract basic functional categories of participants’ theories of curative verbal activity in psychotherapy.

**5. Results/Findings:** Study 1 resulted in the development of an analytic framework which specifies basic components of models of curative verbal activity in psychotherapy that can be used to systematically describe the theoretical structure of “talking cure models.” In Study 2, participants reported a wide range of relational, cognitive, emotional, and behavioral functions of verbal activity in psychotherapy. Altogether, the category structure for psychodynamic and behavioral therapists showed more similarities than differences which suggests that therapists of both therapy orientations construct curative effects of verbal activity in psychotherapy along similar lines. However, psychodynamic therapists’ theories showed a significantly more differentiated notion of relational functions of verbal activity, while notions of behavioral functions of verbal activity were, by trend, more typical for behavioral therapists. Finally, the category system shows a substantial overlap with change-related factors in common factors research which suggests a basic linguistic materiality of common factors, i.e., that the effects common factors in psychotherapy are realized by means of verbal activity.

**6. Conclusions:** In essence, both studies reported in this presentation work towards a theoretical clarification of the basic structure of “talking cure models” and, more generally, the operative mechanisms

by which “talking” in psychotherapy can help to “cure” patients. As such, they can help to gain a more comprehensive understanding of how verbal activity in therapy contributes to therapeutic change.

## **2nd – Tilmann Habermas\* & Arnulf Deppermann**

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### **“Psychotherapeutic action conceived as complementing distorted narratives”**

We suggest five major aspects of narratives that may be lacking, exaggerated, or distorted in neurotic patients and lead to a lack of comprehensibility or appropriateness of the story:

- 1)** the actual narrating of sequences of events in narrative clauses;
- 2)** providing plausible motives (Schafer, 1983);
- 3)** the linguistic representation of subjective perspectives, such as perceptions, emotions, thoughts, and intentions, termed mentalizations by Fonagy (1998);
- 4)** narrative often requires explanations of events (complex evaluations);
- 5)** narratives may be low in listener orientation by lacking content (completeness) and containing contradictions.

Psychodynamic therapists are trained to intuitively detect inadequate changes on any of the five aspects and to understand them as possible signs of defensive activity, so that they ask for clarifications, confront the patient with implausibilities and contradictions and possibly interpret them, suggesting alternative causes and motives. We present two sequences from psychodynamic brief psychotherapies centering on how narratives are negotiated. We explore how the classical sequence of clarifying, confronting, and interpreting starts from a narrative and leads to a changed story, showing how these relatively coarse categories translate into a variety of specific conversational moves (cf. Peräkylä, 2004). We explore how the change in the story is achieved sequentially in a negotiation between patient and therapist. We aim at developing of a taxonomy of typical successful interactional sequences of co-narrating which are sensitive to deficits in patient’s (initial) narratives.

### **3rd – Lorena Baylan\* & Iriini Junker**

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## **“Mentalizing Interventions and parallels to confrontations in brief psychodynamic therapy”**

While traditional psychoanalytic literature differentiates three consecutive kinds of interventions in psychotherapy (clarification, confrontation, interpretation; Kernberg, 1984, Wöller & Kruse, 2010), current psychodynamic models add supportive interventions (naming, psychoeducation, advice, praise) to the picture (Gabbard, 2014). Although supportive interventions are used more often than expressive ones, there is far less scientific discussion about their role and application in the therapeutic process (Damman, 2014). Mentalizing interventions can be categorized as clarification or naming of mental states (Allen, Fonagy, & Bateman, 2011) which tend to have a rather supportive character on Gabbard's (2014) s-e-continuum. These techniques are assumed to play an important role in every psychotherapy regardless of modality (Allen et al., 2011).

We developed and applied a coding manual for therapeutic co-narrative moves to one brief psychodynamic therapy. In this process, we encountered problems in distinguishing neatly between different types of interventions which led us to investigate specifically the clarification of complex evaluations (explanations). They appear to assume a quasi-confrontative character which might complement or even replace traditional confrontations in the process of preparing an interpretation. On the background of CA describing different approaches to the “interpretative trajectory” (Peräkylä, 2004; Vehviläinen, 2003), we studied therapeutic possibilities to prepare an interpretation. In this context, we additionally explored mentalizing interventions in the therapeutic process regarding specific variations and effects on the patient's narratives' quality.

We show examples of mentalizing interventions in the psychotherapeutic process and the patient's reactions to them. Moreover, we take a detailed glance at the role of mentalizing interventions, especially clarifications of complex evaluations, in the process of preparing an interpretation.

## **4th – Daniel Fesel\*, Imke Grimm & Dorothea Huber**

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### **“Narrative processes in psychoanalytic and cognitive behavioral therapy”**

Numerous meta-analyses suggest that there are hardly any differences in therapy outcome between different therapeutic schools (Luborsky, 1975, Glass & Miller, 1980, Wampold et al., 1997). However, many clinicians and researchers consider this “dodo-effect” to be a methodological artifact. They maintain that processes of change are too individual and complex to investigate them using the usual, mostly questionnaire-based methods of assessment (Kaiser, 1993, Mertens, 1994, Leuzinger-Bohleber, 1994, Lambert & Hill, 1994). With a combination of symptom-oriented outcome research and language-based process research, it might be possible to show that there are substantial differences between therapies, even if symptom outcome is similar.

We choose a narrative perspective to investigate 12 treatments of female patients with a diagnosis of depression from the Munich Psychotherapy Study (Huber et al., 2012), six of which were behavioral therapies and six were psychoanalyses. Therapy can be considered as a narrative process (Schafer, 1981). We show how psychoanalysis and behavioral therapy can be differentiated in terms of how they deal with narratives, although symptom outcome seems to be similar. We coded narrative clauses and representations of subjective perspectives (emotion words, mental verbs, direct speech), and rated agency and listener orientation of narratives. We present some of these quantified aspects of therapeutic interaction and compare them to illustrative qualitative excerpts from one behavioral therapy and one psychoanalytic treatment. We discuss differences and commonalities between behavioral and psychoanalytic therapies in terms of the kinds of narratives produced by patients at the end of psychotherapy.

## 1st – Scott Biagi\*

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### **“Psychoanalysis as an Ethnomethodological Discipline: Freud’s Radically Contextualist Approach to Understanding ‘Cure’”**

In “Towards a Reading of Psychiatric Theory” (1963), Emmanuel Schegloff offers an account of “some features of psychodynamic explanations of human behaviour that seem to make them plausible to educated laymen” (p. 61). His examples are drawn from the psychoanalytic literature on therapeutic practice and technique. My aims in this paper are to distinguish his approach to reading this material from ethnomethodology, to indicate a problem with his approach, and in this way to defend the radical contextualism of Freud’s approach to understanding ‘cure’.

Schegloff’s statements may seem compatible with, even illustrative of, Harold Garfinkel’s radical initiatives in sociology. In *Studies in Ethnomethodology*, Garfinkel makes a critical distinction between (a) norms of conduct as subject matters of disinterested sociological inquiry and (b) formal properties of everyday activities as matters of practical concern to participants. He distinguishes ethnomethodology from conventional sociology as the study of methods used by parties to an activity to make their own practical actions analysable. Methods used by patient and therapist could serve as an example. By contrast, Schegloff proposes to “discover not how psychiatry [sic] is done, but rather how it is written about”. He describes methods used by therapists in one another’s company to produce accounts of clinical work. A reading of theory on these lines “is not offered as a description of the ways in which therapists proceed,” but only as “a description of their prescriptions and presentations of how a course of therapy is to be managed or has been managed”. Writing from the perspective of a (trainee) psychoanalytic psychotherapist, I argue in this paper that Schegloff’s alternative distinction only obstructs understanding of what practising psychoanalysts write about, since it programmatically ignores possible problems of clinical work. By way of illustration, I consider the work of Anssi Peräkylä, where it might be thought to offer a complementary description of how a course of therapy was in fact managed on an actual occasion of clinical work.

Rather than argue for a constructive relationship between “analysis” of two kinds, i.e. between psychoanalysis and conversation analysis, I argue for a conception of psychoanalysis itself as an ethnomethodological discipline. More specifically, I read Freud himself as respecifying topics of order in the psychoanalytic literature as phenomena of order locally produced and endogenously accountable in and as clinical work. In his first technique paper, Freud writes: “One of the claims of psychoanalysis to distinction is, no doubt, that in its execution research and treatment coincide; nevertheless, after a certain point, the technique required for the one opposes that required for the other.” Freud is making a version of Garfinkel’s distinction, and recommending psychoanalysis as a radically contextualist approach to understanding ‘cure’. Or so I argue in this paper.

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### “Collaborative completions in psychotherapeutic talk”

In conversation, it is possible for participants to construe the turns collaboratively, with one participant completing the utterance-in-progress of the other one. The pre-emptive completion of one speaker’s turn constructional unit (Sacks, Schegloff & Jefferson, 1974) by a subsequent speaker can be produced as an affiliating utterance, built as continuation of the turn-in-progress and as a completion to that turn (Lerner, 2004). As such, collaborative completions are used as vehicle for showing understanding. In psychotherapy, co-construction of talk through collaborative completions of patient’s turn provides the therapist with a particular opportunity to participate in the ongoing talk. On the other hand, it provides an opportunity for the patient as well to negotiate intersubjectivity and its limits as the patient can choose to accept or decline the completion. In this paper we examine how intersubjectivity in psychotherapeutic talk is regulated by means of this specific interactional resource, collaborative completions, and the subsequent interactional consequences. Systematic attention is paid to contextual features which enable the therapist to furnish the patient with resources for organising their talk. Data consists of approximately 120 instances of collaborative completions of patient’s turn by therapist occurring during a total of 47 sessions of psychodynamic, psychoanalytic and cognitive-behavioural therapies. Data is transcribed and analysed with conversation analysis. The results are discussed in the light of Carl Rogers’ view of empathy as a form of understanding that privileges the patient’s point of view.

**Keywords:** collaborative completions, intersubjectivity, psychotherapeutic talk, empathy

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### “Talking about what might be helpful in psychotherapy: a conversation analytically-based distributional analysis”

#### [1] Background

Therapeutic outcomes are robustly related to whether the client accepts the therapeutic strategy adopted as being appropriate for their needs (e.g. Horvath et al., 2011). Consequently, Cooper and McLeod (2011) recommend that clients and therapists should engage in meta-therapeutic communication to talk about what the client feels might be helpful.

#### [2] Objectives

We aim to establish what talking to clients about what might be helpful actually involves; how it is distributed over the course of therapy and how it is related to therapeutic outcomes.

#### [3] Data

The study analyses audio-recorded sessions of 39 client-therapist pairs from a U.K. study of therapeutic outcomes, retention rates, and user satisfaction, regarding a collaborative integrative approach for depression (Cooper et al., 2015). The therapeutic principles are that different methods, from a wide range of therapeutic perspectives, can be helpful for different clients at different times and that clients and therapists should discuss what is therapeutically helpful for the client on an ongoing basis.

#### [4] Method

We previously developed the thematic code, talk about what might be helpful was developed through an analysis of empirical and theoretical literature concerning meta-therapeutic communication. Applying this code to a sample of 42 therapy sessions (7 client-therapist pairs) we previously identified five kinds of talk about what might be helpful. These are 1 Formal opportunities for therapy personalization; 2 Suggestions by therapists 3 Questions about what has been/is helpful; 4 Questions about what might be helpful; 5 Client initiation of talk about what might be helpful. The present study aims to extend this interactional analysis by drawing on the 5 kinds of talk identified to develop a coding scheme (Stivers, 2015) which is demonstrably reliable and valid.

#### [5] Results

Through conducting a quantitative coding of a corpus of sessions completed course of Pluralistic Therapy for Depression, we aim to present a (1) distribution profile of when these different kinds of action occur across complete courses of therapy and (2) how they relate to therapeutic outcomes.

#### [6] Conclusion

Although clients' opportunities to shape the direction of therapy has been seen as highly important, little is known about what such opportunities actually involve. The present study contributes our understanding of by showing that five kinds of talk can be delineated and by showing how they are distributed within session and across courses of sessions. Whilst the initiation of some of these lie with the therapist (such as suggestions) and some the client, the existence of questions from the therapist are of particular interest since these create opportunities for the client to present their thoughts, as such, they appear to be inherently dialogical. In addition to discussion whether or not some of question formats are more facilitative than others, we also consider some of the methodological and epistemological issues of combining conversation analytic and quantitative methods.

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## 4th – Thomas Spranz-Fogasy\*, Inka Montan & Christoph Nikendei

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### “Sequential contexts of resistance – exemplified by therapists’ solution-oriented questions (SOQs)”

Resistance is a central phenomenon within all psychotherapeutic concepts. In psychodynamic psychotherapeutic approaches, resistance is understood as all subconscious force that aims to avoid harmful emotions such as anxiety, depression, aggression, guilt, or shame, and works against therapeutic change in general (Greenson 2007). Resistance therefore constitutes a central and potentially productive element within therapy.

The study reported here is part of a larger project on resistance in psychotherapy. In an interdisciplinary approach combining psychotherapy research and CA, we aim to develop a CA-based theory of resistance and seek to identify interactional features of psychological resistance and their processing within psychotherapeutic processes. CA has analyzed many phenomena of resistance relying on concepts such as preference, type conformity etc. (e.g. Vehviläinen 2008, Muntigl 2013, Ekberg/LeCouteur 2015). However, there has not been an attempt to a CA-founded theoretical conceptualization of resistance as proposed here. In our project, we will also consider central CA-concepts such as progressivity (Stivers/Robinson 2006, Heritage 2007), alignment/affiliation (Lindström/Sorjonen 2013), and accountability (Muntigl/Choi 2010) – i.e. concepts which help to uncover phenomena that impede interactional projections.

Our talk will focus on the sequential organization of one particular therapeutic intervention, namely solution-oriented questions (SOQ). Within our data, SOQs are continuously and consistently responded to with conversational indicators of resistance, i.e. with dispreferred reactions by patients. This might not be surprising as SOQs are constantly deployed after broaching the issue of patients’ low agency. In response to patients’ phenomena of resistance, therapists use different interventions to manage resistance and get an optimized answer (or otherwise change the current topic in a few cases).

The data comprise about 100 video-taped psychotherapeutic processes with 50 sessions on average that follow the psychotherapeutic concept of psychodynamic therapy. The corpus was collected by the Heidelberg Institute for Psychotherapy (HIP), a training institute for psychological psychotherapists at the Clinic for General Internal Medicine and Psychosomatics at the University Clinic of Heidelberg/Germany.

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## Room 03

**1st – Nataliya Thell\***

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**“Attributional change and common-sense knowledge”**

The paper reports a study of change in causal explanations in therapeutic conversations. It shows how attribution of thoughts, feelings and behaviours which are experienced as problematic, e.g. embarrassing, awkward, absurd or painful, is changed in from internal to more external. Namely, analysis focuses on how dispositional attribution – attributing problematic thoughts, feelings and behaviours to the self – is modified into biographical attribution – attributing problematic thoughts, feelings and behaviours to biographical factors independent of the self, such as age and childhood experiences.

The data comes from a Swedish radio programme broadcasting half-an-hour telephone conversations between a psychotherapist and people seeking help with various psychological problems. In the study attribution is understood discursively, that is, as verbalised causal explanations. The analysis is built around observations on how causal explanations of the same experiences are altered in the course of an encounter with a psychotherapist, and thus how attributional change is collaboratively accomplished by the conversation participants. The findings indicate that the attributional modification is anchored in invoking common-sense knowledge about ‘natural’ progression of the life course such as normative expectations attached to stages of life. The findings are discussed in view of how the attributional change may promote a more positive self-image.

## **2nd – Anja Stukenbrock\*, Carl Eduard Scheidt & Arnulf Deppermann**

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### **“Positioning shifts from told self to performative self in psychotherapy”**

The self is far from being a unified notion (e.g. Neisser 1988). This also holds true for different facets of the self which may be at issue in social interaction. As Bamberg (1997), Lucius-Hoene/Deppermann (2004), Bamberg/Georgakopoulou (2008), and Deppermann (2015) have argued, the analysis of narrative positioning of selves in interaction has to distinguish between at least two levels: a representational plane, mostly concerning the autobiographical, told self and a performative plane, concerning the interactive and emotional self of the tellers, who position themselves towards their interlocutors. The performative self is usually much harder to pin down, because it is a non-propositional, enacted self. The relevance of and ascriptions to the performative self are often hard to warrant, especially from a participant's point of view because participants' orientation to the performative self is mostly indirect and vague, if produced in accountable ways at all. In contrast, in psychotherapy, therapists can regularly be seen to topicalize the performative self explicitly. One environment in which this occurs is the therapist's response to an autobiographical narrative by the patient which serves to support a certain identity-claim made by the patient. We will be dealing with such cases in which the therapist shifts from the autobiographical identity of the told self, which is the focus of the patient's story, to the present performative self of the patient.

These shifts are sensitive moments during a therapy. They imply that the therapist claims epistemic authority concerning the patient's current feelings or motives, which is in contrast to the usual assumption in Western cultures that the subject has primary access to the self (cf. Wittgenstein 1950, Heritage 2011, Gertler 2015). We will focus on the following points:

- Therapists use a particularly careful design of multi-unit turns, which marks shifts from told self to performative self as being tentative and subjective, but accountably based on the patient's observable behavior.

- Therapists do not simply expect affiliation with their views on the patient's performative self. Rather, they use such shifts to promote the patient's self-exploration. Yet, if patients resist to explore their selves in more detail, therapists more explicitly ascribe motives and feelings to the patient which the patient does not seem to be aware of. The shift in positioning levels thus seems to have a preparatory function for engendering therapeutic insights.

- Whereas patients' narratives often serve to support identity-claims in terms of personal psychological and moral characteristics, therapists rather tend to focus on feelings, motives and ways of interacting. Both parties use dispositional predicates only with respect to the autobiographical self, but not with respect to the present, performative self.

### **3rd – Florian Dreyer\***

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## **“Cooking on several cooktops: How prefabrications change therapy – How therapy changes prefabrications”**

Many utterances we produce in our daily lives use parts of ready-made chunks of language. Normally these prefabrications are quite inflexible collocations, shared by members of a language family (e.g. idioms). This presentation shows how highly idiomatic, prefabricated utterances are brought up in therapy, how their form and content are negotiated between therapist and patient, how the interactional usage of the prefabrication changes over the course of three years and how the prefabrication itself is seen as an important part of the therapeutic process by both patient and therapist.

The interlocutors continuously mark the prefabrication as such by comments, prosodic cues and ratifications. In accordance with the literature, the interactants use it as a means to resolve difficulties in formulation and understanding, but with a twist. The prefabrication not only emerges as solution to a specific interactional problem but rather acts as an ‘on-fits-all’-prefab to resolve various, seemingly unconnected, difficulties during the sessions. Even though the scope of the prefabrication changes constantly, the interlocutors continuously display their understanding of the other, thereby creating common ground.

1st – Brin Grenyer\*

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### **“Communication in the shadows with borderline level personality disorders: A study of impairments in psychotherapists metacognition”**

**Background:** Psychotherapy for borderline level personality disorders (BPD) is challenging, in part, because of the impact on the therapeutic relationship of primitive mental states. The therapist’s meta-cognitive capacity within treatment may be perturbed due to the complexity of verbal, nonverbal and out of awareness affect and cognition in the therapeutic interchange; however, research on this issue is lacking.

**Methods:** 80 patients were sampled, half with Borderline personality functioning and half with Depressive disorder. Psychotherapists were asked to discuss the treatment process when working with their patients. Verbatim transcripts of the verbalizations were then scored using computerized linguistic content analysis. Results: When discussing their patients with BPD, therapists used significantly fewer words associated with cognitive processes (think, understand, realize) or words indicating causation (cause, because, effect), and more first-person singular pronouns, and adverbs. When describing their depressed patients, the therapists used more words associated with negative emotions, anxiety, anger, and sadness than positive words. The results did not seem to be influenced by the therapists’ age, sex, or years of experience.

**Conclusions:** Reflection on the psychotherapeutic process with patients with borderline functioning induced in therapists a self-focused, emotionally intense linguistic style dominated by references to themselves and their experience of intense emotional states. These results suggest that, when describing their work with borderline patients therapists experience metacognitive challenges and mentalization processes that may parallel the challenges they face when thinking and working during the psychotherapy sessions themselves. The results underscore the important role of supervision in assisting therapists to organize their reflective processes when working with patients at borderline levels of functioning.

### “Hidden conversation: The patient's evaluation in therapeutic interaction investigated in psychoanalytic and cognitive-behavioral sessions from the Munich-Psychotherapy-Study”

#### 1. Background

General interest is the relation between clinical practice and psychotherapy research. Castonguay pointed out, that the research methods must not only be clinical relevant, but also intrinsic clinical synthon. With this in mind I started 2010 to test an initially clinical developed validation concept, the core concept of communicative (adaptive) psychoanalysis, which deals with curing factors in therapeutic interaction. Key question is: Could the validation concept of CP prove to be a qualitative research method to investigate a variety of emotional charged therapeutic interactions?

Preliminary studies with Interactions-Evaluation-Analysis (IEA) focused on therapeutic and supervision sessions, were reported and discussed at RTP 2010 and at SPR conferences from 2010 to 2014. Results of an IPA rewarded pilot study about the effects of supervisors' interventions on supervisees' clinical communications, which were analyzed with IEA, were published in 2014 and 2015.

Relevance of the project:

1. To understand more about the patient's experiencing therapeutic conversation subliminally, its effects on his inner world, processing, learning and change
2. To understand the patient's communications as unconscious meaning analysis, as his unconscious evaluation of therapist's intervention.

#### 2. Objectives

The current project has two aims: to prove IEA within a working group of evaluators and to check, if IEA can be used for analyzing CBT-sessions, too.

#### 3. Data

Therefore transcriptions of audio-taped psychotherapy sessions from the Munich-Psychotherapy-Study (MPS) were accidentally chosen; for the present three consecutive sessions from the initial phase of a AP and a CBT therapy with chronically depressed patients. Intention of this paper is to report first results of the working group, in which we are analyzing these transcriptions IEA.

#### 4. Method

In the first stage every group member is analyzing individually. In the second stage the group is analyzing together and discussing resembling and different results. Only corresponding results were recognized as valid. The transcribed text is divided into sequences with four steps:

- A Therapist's intervention
- B Patient's "answer"
- C Therapist's interpretation of patient's "answer"
- D Patient's contribution as evaluating the therapists intervention;

Core of the methodological concept of IEA is a clinically based and theoretically defined category of validation: "cognitive validation". Members of the working group identifies patient's verbal contributions as cognitive validations. It is also possible, to identify falsifying communications, or rectifying contributions of the patient. In the current phase the working groups' focus lies on the patient's validating comments.

#### 5. Results

For now the state of investigation is "work in progress". Firstly we shall answer the question if the IEA-method works with two different psychotherapeutic procedures, especially the CBT. Furthermore we shall find answers to the question, which kind of intervention will be cognitively validated by the patient including the question if AP and CBT specific interventions will be validated or general and relation-focussed interventions. Additionally the therapists' self-assessment of the investigated sessions will be proved by our results of the patient's un-conscious evaluation.

#### 6. Conclusion

Subsequently methodological capacities and limitations of IEA will be considered and affinities and differences between IEA and CA will be discussed. It will be regarded, if IEA, a highly specific method could and should be integrated in the broader range of CA and which area could be covered by IEA.

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### 3rd – Marie Luise-Alder\*

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## “Allusive talking as a creative interactional resource in psychotherapy”

Ambiguity pervades language, since words can have different meanings depending on the context. The recipient must recognize the meaning and which part of the speech is intended (Piantadosi et al., 2012). In linguistics ambiguity is understood primarily as unintentional misunderstanding causing problems in conversation (Bauer, Knape, Koch und Winkler, 2010, p. 23). However, there are forms of ambiguity that are used as conversational resource, be it intended or not-intended ambiguity (Winter-Froemel & Zirker, 2010). In order to describe one special form of ambiguous talking I suggest to use the word Allusion which is borrowed from literary studies. Allusion is a form of indirect reference that does not indicate itself as such (Perri, 1987). For psychotherapy talk I use it in order to describe a narrative developed by the patient that serves to comment the current interaction between therapist and patient. This is done in order to address trouble within the current interaction, in the interactional history respectively.

*Data:* The Data consists of 45 transcribed psychotherapy session from psychodynamic psychotherapy, psychoanalysis and cognitive behavioral therapy. The transcription was done from the audio material of the Munich Psychotherapy Study (Huber und Klug 2006) within the CEMPP Project (Conversation Analysis on Empathy in Psychotherapy Process Research; 2014-2017, financially support by Lotte-Köhler-Stiftung).

*Results:* Allusions are auto-biographical narratives. They follow frustrating interaction sequences between therapist and patient. The patient covertly comments by using allusive markers that link the narrative with the ongoing interaction. This comment is ambiguous but not only on the lexical level but also on the pragmatic level. Allusion is disguised trouble-talk that addresses the therapist and the preceding interaction. The therapist hears the narrative as an Allusion which can be demonstrated through his/her reaction. For CA this illustrates that interactants not only include interpretations of preceding utterances but the interaction history as a whole, narrations reflect the conversational scene and that recipient orients towards intention not content. For the clinicians this shows that the therapist should feel addressed by narratives, that narratives interpret the interaction which means they don't need interpretation.

Allusive talking serves face-work and thereby the mutual agreement of joint cooperation.

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## 1st – Reinhard Krüger\*

### “Das Geheimnis der therapeutischen Wirkung des Psychodramas, eine mentalisations-orientierte Theorie”

Die Psychodramatechniken verwirklichen die natürlicherweise vorhandenen metakognitiven Werkzeuge der inneren Realitätskonstruktion und Konfliktverarbeitung im Als-ob-Modus des Spiels. Das ist ein Alleinstellungsmerkmal des Psychodramas gegenüber anderen Psychotherapiemethoden. Dabei verwirklichen die Psychodramatechniken die im Konflikt blockierten metakognitiven Werkzeuge der Konfliktverarbeitung frei. Sie befreien die Werkzeuge des Mentalisierens aus ihrer jeweiligen Abwehrform. Die freie Anwendung der Psychodramatechniken im Spiel verwirklicht das Spontaneitätsprinzip des Psychodramas. Moreno (1970, S. 77) beschrieb das Spontaneitätsprinzip mit dem Satz: "Jedes wahre zweite Mal ist eine Befreiung vom ersten."

Das Spontaneitätsprinzip wird beispielhaft in der psychodramatischen Selbstsupervision verwirklicht. Die erstaunliche Wirkung der psychodramatischen Selbstsupervision kommt ohne Hilfe einer Therapeutin allein durch häufigen Rollentausch zustande.

Die Psychodramatherapeutin berücksichtigt beim Einsatz der Psychodramatechniken intuitiv das Prinzip der Analogie zwischen den acht zentralen Psychodramatechniken, den acht zentralen Abwehrmechanismen und den Werkzeugen des Mentalisierens. Wenn ein Werkzeug des Mentalisierens durch Abwehr blockiert ist, setzt die Therapeutin intuitiv die analoge Psychodramatechnik frei ein.

Das Wissen um die Analogie zwischen den Werkzeugen des Mentalisierens und den Psychodramatechniken hilft, scheinbar einfache psychodramatische Methoden, die allgemein bekannt sind, zu präzisieren und weiterzuentwickeln, so zum Beispiel den fiktiven psychodramatischen Dialog mit Rollentausch zur Selbstsupervision oder die fünf Schritte des psychodramatischen Dialogs zur Behandlung von neurotischen Depressionen.

Die Kenntnis des Analogieprinzips zwischen den Psychodramatechniken und den Abwehrmechanismen hilft der Therapeutin, bei einzelnen Krankheiten störungsspezifisch jeweils auf den Konfliktebenen zu intervenieren, auf denen die Mentalisation gestört ist. Daraus ergeben sich für die verschiedenen Krankheiten störungsspezifische Therapiemodelle.

Die Therapeutin arbeitet bei Störungen auf der Ebene von Beziehungskonflikten implizit metakognitiv, aber bei Störungen auf der Ebene der Identität (Persönlichkeitsstörungen, Traumafolgestörungen und psychotischen Erkrankungen) explizit metakognitiv.

Die Psychodramatikerinnen und Psychodramatiker gewinnen durch die mentalisations-orientierte Theorie des Psychodramas die Definitionshoheit über ihre Methoden zurück. Psychodrama ist nicht mehr nur ein Handwerkskasten mit Werkzeugen, aus dem andere Psychotherapieverfahren, zum Beispiel die Schematherapie, sich bei Bedarf für ihre praktische Arbeit bedienen können.

Erfahrene Psychodramatherapeuten ordnen ihr theoretisches Wissen in ihrer praktischen Arbeit ihrer Intuition unter. Das hilft, die intersubjektive Beziehung zu diesem speziellen Patienten in dieser speziellen Situation hier und jetzt zu halten.

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## 2nd – Britta Reiche\*

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### “Mentalisierung und Träume”

Träume in psychodynamischen Psychotherapieprozessen, können Zeugnisse der Selbst- und Objektregulation und der unbewussten Auseinandersetzung mit Mentalisierung darstellen. Sie sind ein Fenster zum Verständnis der Selbstregulation der PatientInnen „Das „fremde Selbst“ das Introjekt des ungenau spiegelnden anderen, das als Teil des Selbst erlebt wird, erreicht oft Repräsentationen in den Träumen von diesen Patienten. Oft ist es das Bild vom Eindringen in den Körper oder des physischen Selbst durch ein Parasitwesen“ (vergl.: Fonagy 2006). Diese Aussagen beziehen sich auf Borderline-PatientInnen , inzwischen werden die Annahmen der Mentalisierungstheorie auch für andere PatientInnen angewandt. Wenn Träume schon symbolisches Handeln und wörtliche Rede enthalten, zeigt dies Mentalisierungs-fortschritte im Verlauf einer Therapie auf. Die Perspektivenübernahme für sich und andere kann dann oft auch geträumt (und gelebt) werden.

In meiner Studie werden PatientInnen mit verschiedenen Diagnosen hinsichtlich der Traumprozesse analysiert , Traumtranskripte wurden bereits gesammelt: zu Beginn , in der Mitte und am Ende von psychodynamischen Therapien mit MBT- Interventionen.

Folgende Forschungsfragen wurden gestellt:

1. Welche Affekt-, Selbst- und Beziehungsregulierungsmuster zeigt der Traum?
2. Wie ist im Traum die Art der Beteiligung (beobachtend oder eingreifend?)
3. Wie ist die Art des Kontakts? Gibt es bereits einen Austausch von Emotionen?
4. Umgang mit Grenzen (fehlen sie im Traum oder werden sie gesetzt?)
5. Wie autonom ist der/die Träumende?
6. Kommen Abhängigkeiten zum Ausdruck?
7. Wie organisiert sich Raum und Zeit?
8. Wird im Traum Sprache verwendet? (vergl.: Steiner-Fahrni 2011)
9. Werden Genderrollenzuschreibungen oder Stereotypen im Traum verwendet? (vergl.: Reiche 2018)
10. Wird bereits eine Perspektive für sich selbst und andere übernommen?

Zusammenfassende Fragen: Gibt es Fortschritte in der Selbstregulation und Selbstfürsorge, die sich in den Träumen abzeichnen? Haben PatientInnen mit unterschiedlichen Diagnosen typische Traumprozessverläufe?

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Steiner-Fahrni, M. (2011). Mentalisierungsprozesse in Träumen, *Journal für Psychoanalyse* 52, Seismo Verlag, Zürich.

## “Interpersonelle Dynamik und therapeutische Beziehung bei Patienten mit funktionellen somatischen Störungen: eine Metasynthese psychotherapeutischer Fallstudien”

### 1) Theoretischer Hintergrund

Forschung und klinische Praxis zeigen, dass Patienten mit funktionellen somatischen Störungen (FSS) zu maladaptiven interpersonellen Mustern neigen, deren Ursprung in der unsicheren Bindung (Waller, Scheidt, & Hartmann, 2004), der Alexithymie (Subic-Wrana, Beutel, Knebel, & Lane, 2010) und der traumatischen Vorgeschichte liegen (Salmon, Skaife, & Rhodes, 2003). In der Mentalisierungstheorie und der modernen Psychoanalyse geht man davon aus, dass Kinder, die sich an unsichere, abweisende oder überkontrollierende Primärobjekte anpassen mussten, hierfür spezifische Bindungsstrategien entwickelten: die *hyperaktivierte* und die *deaktivierte* Bindung (Luyten, Van Houdenhove, Lemma, Target, & Fonagy, 2012). Diese Bindungsstrategien unterstützen kurzfristig die Emotionsregulation, führen jedoch langfristig zu problematischen interpersonellen Interaktionen und zu sozialem Dauerstress. Letzterer könnte eine wesentliche Ursache für die Entstehung und die Aufrechterhaltung von FSS sein. Zugleich könnten die maladaptiven interpersonellen Muster für schwierige therapeutische Beziehung sorgen.

Bisher wurde der Verlauf maladaptiver interaktioneller Muster in der Psychotherapie mit Patienten mit FSS jedoch nicht systematisch untersucht. Anhand von publizierten psychotherapeutischen Fallstudien versucht die aktuelle Studie im Rahmen einer Tiefenexploration die interpersönliche Dynamik bei Patienten mit FSS zu beschreiben. Dabei liegt der Fokus auf den interaktionellen Mustern vor und nach dem Einsetzen der FSS, sowie auf den interaktionellen Mustern in der therapeutischen Beziehung.

### 2) Überblick zu Daten

Das Single Case Archive (SCA; [www.singlecasearchive.com](http://www.singlecasearchive.com)) wurde für die Datenversammlung benutzt. Das SCA ist eine neue Online-Datenbank mit derzeit über 3000 psychotherapeutischen Fallstudien. Diese wurden von einem internationalen Wissenschaftlerteam mittels systematischer Recherche in diversen unabhängigen Fachzeitschriften über den Zeitraum von 1985 bis heute erfasst (Desmet et al., 2013). Siebzehn materialreiche Fallstudien verschiedener theoretischer Orientierungen wurden aus dem SCA ausgewählt. Alle Studien stammen aus internationalen A-1/peer-reviewed Fachzeitschriften.

### 3) Überblick zu den angewendeten Methoden

Die Daten wurden mittels qualitativer *Metasynthese* analysiert. Die Metasynthese ist eine Methode, die auf der Integration und Interpretation qualitativer Befunde aus Primärstudien basiert, um deren Resultate zu generalisieren und die Theorienentwicklung (theory-building) zu fördern. Derzeit gilt die Metasynthese als eine der vielversprechendsten Richtungen in der qualitativen Psychotherapieforschung, da sie das Potential hat, die Akzeptanz und den Einfluss qualitativer Befunde zu erhöhen. Die PRISMA-Leitlinie wurde für die systematische Auswahl der Fallstudien und zur Qualitätskontrolle angewandt.

### 4) Vorläufige Ergebnisse

Die Themen “Die anderen zufriedenstellen” (pleasing the others) und „Die anderen beschwichtigen“ (appeasing the others) wurden bei Patienten mit FSS sowohl im sozialen Umfeld als auch in der therapeutischen Beziehung gemeldet. Das Thema „Die anderen übermäßig kontrollieren“ trat ausschließlich in der therapeutischen Beziehung auf, typischerweise als Gegenübertragung des Therapeuten (d.h. das Gefühl durch den Patienten ständig kontrolliert zu sein). Diese Ergebnisse lassen die Selbstdarstellung der Patienten als „selbstaufopfernde Altruisten“ im Umgang mit anderen zweifelhaft erscheinen, da sie möglicherweise eine starke kontrollierende Attitude gegenüber den „Versorgten“ aufweisen. Des Weiteren waren die Patienten durch eine emotionale Vermeidungshaltung im interpersonellen Kontext gekennzeichnet. Die Bezugspersonen wurden von den Patienten typischerweise als überkontrollierend, fordernd oder abweisend erfahren.

### 5) Schlussfolgerung

Publizierte Fallstudien beschreiben maladaptive interpersonelle Beziehungsmuster bei Patienten mit FSS, sowohl im sozialen Umfeld als auch in der therapeutischen Beziehung, wobei diese Muster nicht immer deckungsgleich sind. Qualitative Psychotherapieforschung könnte einen neuen Blick auf die Verbindung zwischen den maladaptiven interpersonellen Mustern und früher Traumatisierung bei Patienten mit FSS werfen. Die Metasynthese der Fallstudien ist ein wertvolles Instrument für die Forschung und die wissenschaftliche Kommunikation, die auch für konversationsanalytische Einzelfallstudien von Nutzen sein kann.

***Jörg Bergmann, Bielefeld\*, Bernadetta Janusz, Cracow\*, Anssi Peräkylä, Helsinki & Feliks Matusiak, Cracow***

"Control, sequentiality and vulnerability in couple therapy"

Saturday, 22nd June 2019

9 am – 10.30 am

Plenary Lecture

***Antje Gumz, Berlin***

"Approaches to understanding the role of language in psychotherapy"

**1st – Anssi Peräkylä\*, Bernadetta Janusz, Bartłomiej Taurogiński, Feliks Matusiak, Karolina Dejko-Wańczyk, Barbara Józefik & Mariusz Furgał**

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**“Practices of engagement and disengagement in couple therapy”**

Talk about marital problems in couple therapy inevitably involves threats to the participants' self-images: spouses discuss each other's weaknesses, mistakes and wrongdoings. In the paper, we will analyse the non-verbal practices that the participants resort to in the management of such moments in couple therapy sessions. The data are collected from video recorded first sessions of couple therapy at the Family Therapy and Psychosomatics Department in Jagiellonian University, Cracow. Eight couples participated in the study. The participants were diagnosed by Shedler-Westen Assessment Procedure (SWAP; see Shedler & Westen 2007).

We used multimodal conversation analysis in the examination of segments of problem description during first consultations in couples therapy. Typically, such problem descriptions are produced as answers to the therapists' questions and they are addressed to the therapist (rather than the other spouse). We focussed on the non-speaking spouses' postural and gestural activities during the problem descriptions, when the problem was attributed to this non-speaking spouse. Such postural and gestural activities involve regulation of participation: they are means of enacting engagement or – in most cases -- disengagement. Practices of engagement included looking at the speaker, while practices of disengagement involved looking away, turning posturally away, looking at own hands, self-touch and covering one's own face. The particular practices of disengagement were often prompted by threatening elements in the speaking spouse's verbal descriptions, such as direct blamings or references to sexual problems. Tentatively, we will suggest that personality pathology may shape the ways in which the practices of engagement and disengagement are employed.

We will discuss our observations in the light of two theoretical traditions. Goffman (1955, 1963, 1979) will help us to understand self and participation in social interaction, while attachment theory (Bowlby 1976; Mikulincer & de Shaver, 2003; Schachner, Shaver, & Mikulincer 2005) will help us to understand the ways in which non-verbal behaviours serve in self-regulation in occasions of insecurity.

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## 2nd – Anne-Britt Ueckermann\*

### **“I got what you mean, because your movement shows me, how you think. Principles of orientation and sensebuilding for socially successful communication”**

#### **Background:**

Etholinguistic studies in conversation analysis show up the principle, how interlocutors conduct socially successful conversations that brings them forward. This “communication culture” refers to understanding methods, by which an interlocutor finds out, how his partner thinks, in order to understand what the partner means with his contribution.

#### **Question:**

What is it that cures?

To react on/in the patients steering core!

#### **Research aim:**

This study shows up the phenomenon of socially successful conversation with regard to the principles of orientation and the building of sense, in order to make the gained knowledge available for application-related life practice. It explains and verifies the preference of relevance, which controls our selective recognition and perception and thus the selection of interactive signals, that are determined by guiding principles.

#### **Results/Findings:**

The meaning content of signal behaviour is not only determined on a semantic level, but also is related to a further, second (!) sense dimension: the steering core or guiding principles.

The exemplary conversation analysis shows that connection behaviour regular responds to the steering core of the partner. Those guiding principles have been acquired through experience since childhood and they establish as dispositions for thought and behavior in ad hoc conceptions.

The qualitative conversation analysis shows that successful conversation management grounds on typification. The guiding principles provide dimensions, with which we categorize entities and direct experiences. The analyses of hand gestics shown up that the interlocutors have twelve classification characteristics available, onto which they orientate themselves, to assign their partner to one of the two standard types of steering core.

Conversation participants first assign displays, such as hand gestures, to the standard steering core types Anthropos and Algorithmus, so that they recognize the typical way their partner thinks, in order to understand what the partner means by his contribution.

In other words: “I got what you mean, because your movement shows me, how you think.”

Now if the interpreter responds to the steering core of the expedient by, for example, integrating parts of the partner gesture in his own, the expedient recognizes coherence in this reply with regard to his own steering core experience background, because he understands his own typical steering core gesture best, - which grounds on the interdependence between body motoric and the building of sense.

#### **Data:**

Analysis material is a corpus of 6.5 hours in 13 video recordings, of which exemplary conversation parts of 13.74 minutes were taken and transcribed in minutes. These are dynamically recorded videos of everyday conversations among adults, in which the filmer and the filmed move freely.

#### **Method:**

My studies are the result of an ethologically phenomenological approach, in which theory and analysis were worked out in a separate two-step.

The qualitative empirical conversation analysis of success relevant conversation behavior is exemplary described and explained in its respective function to explain successful conversation, whereby verbal, prosodic and kinesian displays are interpreted, also reconstructs of meaning giving contexts.

#### **Conclusion:**

The key for successful communication lies in the interdependence between body motoric and the building of sense on the layer of guiding principles.

In other words: “I got what you mean, because your movement shows me, how you think.”

To react on or in the patients steering core offers three methods of understanding, that conversation partners regularly apply in one specific display type, thus on the verbal or gestural layer.

Through these experience based methods of understanding the partners achieve a strong sense-dimensional approach and thus establish their shared communication level, which constitution enables them to communicate successful within their specific communication culture.

That is what cures in the therapeutic endeavour, when "the chemistry is right" between interlocutors.

### 3rd – Michael M. Dittmann\*, Dennis Didinger, Carla Ellinghaus & Nadine Orban

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## “Massage as message – Trouble and self-touching in a diagnostic interview”

Studying video-recorded talk in interaction, our Conversation Analysis (CA) method might both, get challenged and benefit from Goffman’s (1967 [1955]) observation: there are visible aspects in interaction that are potentially effective, but regularly unthematized in conversation. CA perspective is challenged doing “video interaction analysis” (Knoblauch 2004) with focus on the interaction between participants, that is not visible in regular transcriptions being used for analysis. And as multimodal study designs show, CA benefits from new observational insights in interaction. Because one phenomenon of visibly doing something, regularly not being thematized, we study self-touching after trouble as conversational paths in a diagnostic interview. From classical sequential point of view, we look at first turns of trouble induction being answered by a self-touching turn. Or, borrowing from “medium as massage” (McLuhan 2001) we see self-touching metaphorically as ‘massaging’ the message – as a troubling.

**Data:** The data are part of a pilot study of Prof. Michael B. Buchholz (Berlin) and Prof. Christian Schubert (Innsbruck). A diagnostic interview was conducted in 2018 by a co-founder of operationalized psychodynamic diagnostics and a patient with autoimmune disease (lupus erythematoses)<sup>1</sup>. The research team coded 265 potential conversational troubles (Drew and Kendrick 2018) and 554 self-touchings of the patient.

**Results:** We found two types of troubles that have an interpretative potential of high cognitive load (s. Peräkylä, Henttonen, Voutilainen et al. 2015). We assume, conversational trouble with high cognitive and/or emotional load is indicated by self-touching.

#### Literature:

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<sup>1</sup> While conduction, physiological data were collected (that will be relevant in later step of the study)

## 1st – Claudio Scarvaglieri\*

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### “Understanding: perspectives from linguistics and psychotherapy”

Since Freud’s first works, understanding has been seen as a major factor contributing to change in psychoanalysis and psychotherapy (see e.g. Thomä & Kächele 2006, Sandler et al. 1992). By knowing about the origin of their problems, the patients are empowered to change parts of their pathogenic self, which supports the overall goal of healing in therapy. Despite its prominence in therapy theory though, linguistic research on psychotherapy has largely ignored the notion of understanding. Based on a corpus of 70 tape-recorded therapy sessions from psychodynamic therapy (Wöller & Kruse 2009, Delgado et al. 2015) and client-centered therapy (Rogers et al. 2013), this paper aims at reconstructing understanding and change from a linguistic, conversation-analytic and pragmatic perspective.

In a first step, the paper describes the communicative construction of understanding micro-analytically. Analyzing transcripts of therapy sessions, it is shown that understanding is not achieved unilaterally by the therapist telling the patient what ‘is really going on’, but through an iterative interactive process in which the therapist first formulates certain ideas, then adapts them to the patient’s reaction and reworks the intervention accordingly. Therapists work towards an elaborate reaction of the patient (cf. Peräkylä 2005) and use this reaction to tailor the intervention in a way that can be understood by the patient. In a second analytic step we discuss how such understanding contributes to change. We argue that helpful understanding in therapy consists of an interactive reconstruction of influential mental and behavioral processes. This reconstruction isolates specific aspects of those processes in such a way that they can be manipulated by the patient, which creates starting points for change (Scarvaglieri 2015).

#### References:

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## 2nd – Marco Pino\*

# “Individual-case invocations: a defence against generalisations in therapeutic group interactions”

In this presentation I investigate how generalising statements (‘generalisations’ hereon) that attribute characteristics to members of a social category, are challenged in therapeutic group interactions by invoking individual cases that do not conform to those generalisations. Through this analysis, I explore how group members’ interactions reflect a tension between subsuming individual experiences and circumstances within categories and recognising their uniqueness.

Generalisations are category-bound. Within group therapy interactions, generalisations are used to attribute certain characteristics to the social category to which the clients are taken to belong (e.g., people with a past of drug use). Both group facilitators and clients use generalisations as resources to interpret the clients’ problems and life circumstances (Pollner & Stein, 1996). In one example from a group meeting for ex drug users, a client proposes that people start using illegal drugs by ‘hanging out with the wrong people’. Generalisations allow their proponents to avoid making direct claims about the clients in the group. Nevertheless, since the generalisations are category-bound, they are heard as having implications for the clients in the group. Clients exploit this feature reflexively when they challenge a generalisation by invoking an individual case (either their own, or that of someone they know) that does not conform to it.

My aims are to examine ways in which clients challenge generalisations by invoking individual cases that do not conform to them; as well as they ways in which proponents of generalisations respond to those challenges.

Data for this paper comes from two data sets. The first comprises 24 audio-visually recorded facilitated group meetings for people recovering from drug addiction. These meetings were recorded in three residential and semi-residential therapeutic communities in Italy (participants speak Italian). The second set consists of 4 audio-recorded facilitated group meetings for people who have suffered a bereavement. These meetings were recorded in a community support group run by a UK charity (participants speak British English). My collection comprises 22 instances of the target action (individual-case invocations used to challenge a generalisation).

Clients invoke individual cases (either their own, or that of someone they know) to challenge generalisations. They use two types of challenges. The first is a challenge to the overall validity of a generalisation. For example, in the case mentioned where a client proposes a generalisation about how people start to use illegal drugs (by hanging out with the ‘wrong people’), another client challenges this generalisation by invoking the case of a friend of hers who used to hang out with people who used drugs, but never started to use drugs herself. With the second type of challenge, clients propose that the generalisation does not apply to their own individual case (as opposed to undermining the validity of the challenge altogether).

Proponents of generalisations respond to the challenges by defending the generalisation’s validity. They do so in three ways: (1) they separate the generalisation from the individual case (e.g., by treating the case an exception that does not disconfirm the generalisations’ validity); (2) they re-interpret the individual case (e.g., by proposing that it actually confirms the generalisation); or (3) they modify the generalisation in order to improve its capacity to accommodate the individual case invoked to challenge it. Through these actions group members orient to a norm whereby generalisations should not misrepresent the individual cases that putatively fall under their jurisdiction.

I will discuss implications for understanding a fundamental tension within therapeutic group interactions between categorising clients’ experiences and circumstances, versus acknowledging their unique character.

Pollner, M., & Stein, J. (1996). Narrative mapping of social worlds: The voice of experience in alcoholics anonymous. *Symbolic Interaction*, 19(3), 203-223.

### **3rd – Ely Marceau\***

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## **“Core Conflictual Relationship Themes told early in therapy predict improvement”**

Depressed patients showing an early rapid response (or sudden gain) in psychotherapy have better outcomes. Early responders are five times more likely to recover, despite equivalent ratings of working alliance. We explored core conflictual relationship themes (CCRTs) of early responders compared to others to further elucidate process-outcome links. Patients (N = 20) with diagnosed major depression and personality disorder received 4-6 months of psychodynamic therapy. Early response was defined as a 50% reduction in Beck Depression Inventory symptoms during the first six sessions. Transcripts of therapy session three for early responders (n = 10) and others (n = 10) were analysed using the CCRT Leipzig/Ulm method, identifying 728 components scored by two independent judges. Relationship narratives showed CCRT-wish satisfaction was lower for those not having an early response, for both CCRT ‘Response of Other’ and ‘Response of Self’ components. These patients told narratives of others as more unreliable, aggressive, and less supportive, with less feelings of being loved and a lower experience of being self-determined. Specific negative relationship patterns may inhibit the ability to benefit from both therapy and extra-therapy relationships, contributing to a slower treatment response. The implications for psychotherapy treatment and research are discussed.

## Room 03

**1st – Willian Maciel Krüger\* & Alexandre do Nascimento Almeida\***

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**"Social categories in psychotherapeutic contexts:  
Biomedical discourse and group membership"**

In the Brazilian context, Psychology represents the main scientific field that deals with the creation and implementation of human rights policies for LGBT+ people, especially for travestis and transsexuals. The so-called 'Psi' sciences (Psychology, Psychiatry and Psychoanalysis) have established a relevant number of protocols for clinical care and mental health assistance oriented towards health promotion for LGBT+ people (Brazilian Federal Council of Psychology, 2018). Concerning the impact of such agency in the Brazilian Public Health System services, as well as the complexity of having a unified technical maneuver of fluid, polysemic and non-essentialist gender categories (such as travesti and transsexual), some scholars have been questioning the effectiveness of such established protocols for trans people experiences (Arán, Murta & Lionço, 2009; Borba, 2016). Inspired by this discussion, our paper aims at investigating how participants self-identified as travestis and transsexuals negotiate their membership within their reference groups during support group meetings mediated by psychotherapists in a non-governmental organization in Porto Alegre, Brazil. We analyze (1) how participants' social categories, especially those concerning the so-called trans identities (Carvalho & Carrara, 2013), are constructed and negotiated in the course of a social interaction, and (2) how these categories are related to biomedical discourse and its everyday practice (Goffman, 1959; Erickson, 2004). We focus on the position of the psychotherapist as a sine-qua-non epistemic position for producing, or not, group membership and adhesion in the course of the therapy. Furthermore, we investigate how the Brazilian Public Health System enforces mental health practices to trans people, and how these practices (Voutilainen & Peräkylä, 2016; Peräkylä, 2012) are aligned (or not) with the diversity of the experiences of travestis and transsexuals. The data analyzed in this study were generated during 3 months of participant observation and video recording of interactions during support group meetings directed to trans people. The research corpus is composed of approximately 7 hours of video-recorded interaction, from which selected extracts were transcribed and analyzed following Conversation Analysis (CA) theoretical and methodological principles (Sidnell & Stivers, 2013). We expect data analysis to show how participants engage in interactions in which gender is constructed by language-in-practice, social roles and power relations (Butler, 1990; Hopper & LeBaron, 1998), and how these aspects are intertwined to produce membership within the group. Such understanding could improve psychotherapy by stressing that the inadequate interactional use of clinical categories (such as the use of nosological terminology inspired by the DSM-5 and ICD 11) could prevent the effectiveness of psychotherapeutic practices. Data are in Brazilian Portuguese.

## "Psychotherapists' orientation to gendered propositions in psychotherapy with women suffering from bulimia"

### Background

The role and the competence of a psychotherapist are necessarily linked to the practice of reflexivity, defined as self-awareness and agency within the self-awareness in relation to one's work as a therapist. Psychotherapist's reflexivity, among others, involves awareness of his/her social and cultural assumptions concerning, for example, femininity and masculinity as salient social categories. Regardless of the therapeutic model adopted, and despite the effort to assume a non-judgmental attitude, maintaining the declared neutrality by the psychotherapist with respect to value systems or ideologies, may not always be eliminated in their work with patients. Even though the recognition and awareness of one's (dominant) social and cultural assumptions is fundamental for experts, psychotherapists often remain unaware of the positions they take with regard to patients' invoked assumptions. This is mostly relevant for psychotherapists dealing with clinical problems strictly linked to the socio-cultural context (the so-called "culture-bound syndrome"), where the cultural premises are assumed to be a contributory factor to the development of the illness, as in the case of Eating Disorders (Gordon, 2001).

### Objectives

In clinical circumstances, it is essential that therapists are aware of their own (dominant) assumptions - rather than perceiving them as self-evident truths - about what it means to be a man or to be a woman in a certain cultural system, and about what they consider to be the "right attitude" toward the other sex. The focus of the paper falls on gendered propositions, i.e., the commonsensical and normative understandings of femininity and masculinity as invoked by the female patients and further oriented to by the psychotherapists. The content of gendered propositions and their interactional handling will be examined with the aim to identify the ways in which psychotherapists' personal positions related to the social construction of gender may affect the clinical conversation.

### Data and Method

To this end, relevant extracts of therapy sessions with women suffering from eating disorders will be examined with the methods of conversation analysis (CA) and membership categorization analysis (MCA). CA allows us to identify the interactional patterning(s) of how the invoked gendered propositions are sequentially dealt with, while MCA reveals the categorial work that is done around femininity and masculinity by the patient and the psychotherapist.

### Findings

The analysis reveals some gendered propositions that are of particular relevance to women suffering from eating disorders. It also identifies the ways in which the therapist can interactively introduce and further reinforce gender biases during a clinical conversation.

### Conclusion

Greater awareness and further reflexivity of psychotherapists are needed in terms of their work around gender in psychotherapy sessions with women suffering from eating disorders. Psychotherapists are recommended "to maintain curiosity toward our prejudices" (Hedges, 2010 p.3,) in order not to impose their points of view and positions on the patient (Willing 2019)

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### **3rd – Alexis Ibarra Martínez\***

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## **"Conversation analysis and constructionist therapies: convergences and tensions"**

Social constructionism can be understood in three dimensions, as a non-foundational, anti-representationist and anti-essentialist metatheory that questions what can count as objective knowledge in psychology. As a theory of meaning generation that states that versions of an external or internal world arise as the outcome of social process and particular forms of talk, that is, through supplementation and joint action (Gergen, 1999; Potter & Hepburn, 2008; Shotter, 1993). And, as a form of practice inspired by constructionist thought seeking to intervene in different settings including therapy. Therapies inspired by the principles of social constructionism think about what is labeled as a psychological problem in terms of a consensus shaped and crystallized in language. Therapy is conceived as a space for the creation of new perspectives or possibilities emerging from alternative forms of linguistic exchange (Anderson, 2007; Lock & Strong, 2012; White, 2007).

My goal in this paper is to compare and contrast a constructionist framework for therapy and a conversation analytic framework. First, points of convergence are described: both have an interest in language use, both view understanding as an intersubjective process and posit the indexical properties of meaning. Second, it is considered how conversation analysis can pose a challenge to the values of constructionist therapists, specifically, the notion of a horizontal relationship, the notion of therapy as everyday conversation and the belief that new perspectives are the result of a shared authorship between therapist and patient. Third, it is argued that as a theory on the social generation of meaning, constructionism offers a valuable platform for the description of any therapeutic interaction, regardless of model and without having to support or discredit any explanation on the nature of psychological issues, any theory of therapeutic change, or the validity of any intervention technique.

It is suggested that social constructionism and conversation analysis can enrich each other. Therapy can be understood as an interaction process where descriptions of the patient's life are presented negotiated and modified. Therefore, therapy's business is a process of transforming and creating versions, what the patient tells about herself and her life will change as a result of the therapist's actions. This definition provides a common language for exploring therapy empirically regardless of clinical model.

Conversation analysis can provide a detailed picture of how new versions are created, it can identify initial and emerging descriptions and can trace step by step the specific actions fostering or preventing the transition to new versions, it can show whether new perspectives are jointly articulated or unilaterally imposed. This view of talk-in-interaction does consider that practitioners working from different schools will deal with patient's talk in different ways. A specific model can influence which contents coming from the patient's story are emphasized or ignored, and how professional readings or interpretations are influenced by the explanations or prescriptions of certain psychological theories.

The empirical exploration of therapeutic activity understood in terms of local and situated actions can eventually evolve towards a global description of therapeutic change. The theoretical framework of social construction can add a new dimension of understanding by accounting for this process in terms of the negotiation and production of versions.

### 1st – Ivana Stepanovic Ilic\*

## "Conversation analysis as a tool for understanding adolescents' interaction during joint task solving"

This work deals with the influence of peer interaction on cognitive development of adolescents with higher competences. Researchers were most attentive to cognitive asymmetry and interaction features associated with the cognitive growth of less competent students. When some less competent students failed after the interaction with more competent peers authors realized that cognitive asymmetry is not enough and became more interested in a role of social asymmetry and peer dialogue (De Abreu, 2000; Pere-Klermon., 2004; Psaltis & Duveen, 2006). Respectfully studies (Psaltis, 2005; Stepanović & Baucal, 2011) discovered that more competent students often express a dominant attitude towards less competent peers who respond submissively withdrawing from a dialogue or agreeing passively with their opinion. Domination-submissiveness communication pattern prevented less competent students to advance despite their interaction experience with a peer who is more competent. Hence in this study, we are interested in the consequences of domination-submissiveness communication during joint task solving on students with higher competences. The main goal was to identify how domination-submissiveness communication pattern is manifested in adolescents' dialogues and what is its relation with more competent student's achievement. For that purpose, we used conversation analysis in order to thoroughly investigate dialogues of 10 extreme dyads selected from the previous research (Stepanović Ilić, 2015 ) where adolescents (12 and 14 years old) with higher competences advanced or revert most after the interaction with less competent peers. Since each dyad solved 5 tasks together from the Bond's logical operation test BLOT (Bond, 1995) we applied conversation analysis on 50 dialogues which were treated as the unit of the analysis. The dialogues transcription was done accordingly to Jefferson (2004). The identification of the domination-submissiveness communication pattern through transcribed dialogues started from the list of dominant and submissive attitude indicators based on peer interaction studies and definition of this communication pattern in the works of social psychologists (Buss & Craik, 1980; Tiedens & Fragale, 2003; Whiting & Edwards, 1973). The list was completed after the first analysis of the transcribed materials. The dominant attitude indicators were following: imposing the own perspective, limiting partner's communication space, an argument with partner, insult, yelling on a partner, disregard of partner's opinion, lack of justification of provided answer regarding task solution, avoiding communication with a partner, choosing the task solution without consulting partner. Submissive behavior was targeted by the next indicators: withdrawing from communication, having scruples regarding stating own point of view, accepting a partner's opinion without questioning it, giving up own judgment easily. The results show that the domination-submissiveness communication pattern is found only in dialogues of dyads where students with higher competences advanced after the interaction with a less competent peer. Domination was expressed exclusively by students with higher competences as in the studies regarding less competent students, but it is obvious that domination-submissiveness communication has positive effects on more competent students. Conversation analysis revealed that this communication pattern appeared in various extent and forms in dialogues of students with higher competences who progressed after the interaction. Arguments, insults and yelling, as the most intensive indicators of domination were not present in adolescents' dialogues. The most salient features of the dominant attitude were limiting a partner's communication space, lack of need to justify a proposed task solution and disregarding of a partner's opinion. Submissiveness of less competent students was almost always a result of a dominant partners' position. Since Tudge (1992) found that logic reasoning of more competent students was often distracted by inadequate judgments of less competent partners it is possible that the findings of conversational analysis imply that their dominant attitude serves to prevent possible cognitive disturbance by less competent peers.

## **2nd – Andrew Lewis\*, Irene Serfaty & Renita Almeida**

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### **"Attachment and discourse: the development of a discourse based assessment and intervention approach for children and parents"**

This paper reports on the development of clinical interventions for children presenting to a community based clinical service in Perth, Australia, for a mixture of externalizing and internalizing problems. The clinical approach is derived from the theories of attachment- in the discourse based model- and psychoanalytic theories derived from object-relations and the French structuralist approaches which drew on linguistics and semiotics. Theoretically, the 'linguistic turn' in the human sciences and in both analytic and continental philosophy parallels the psychoanalytic 'relational turn' which occurred in the wake of object relations theory and a renewed focus on hermeneutics. Today these theoretical developments can be subsumed into a broader concept of discourse and the interpersonal interplay of defense and conflict which characterizes the attachment relationship. This paper reports on our overall clinical approach and this consists of the use of a semi-structured interview format which we have used as a standardized interview for all mothers presenting in this clinic, and our attempts to code such interview material operationalizing constructs derived from attachment (segregation, hyper-activation, coherence and reflective function) and the way these manifest in particular patterns of parent-child interaction. Our formulation of the parent-child dynamic – both in terms of observed behaviors and in terms of their respective attachment discourses- then provides a targeted treatment approach used over a short term intervention to address the child's presenting problem. The child's presenting problems is formulated in terms of the subjective impasses and inter-subjective conflicts identified through the assessment process. We are able to report data from pilot studies of the intervention showing promising improvements in child presenting problems accompanied by modifications in attachment related parenting practices. This is a report of work in progress and the aim of the presentation is both to present work to date but also to generate dialogue and discussion in relation to the conference theme about our model's further development and relationship to similar conversation based approaches to psychotherapy.

### **3rd – Liselotte Grünbaum\***

## **"Sibling figures and breaks - a case study of transgenerational trauma"**

This presentation outlines preliminary results of a qualitative analysis of a strategic selection of a therapist's written notes from a two-years long, 2-weekly psychoanalytic psychotherapy with a five-year-old boy.

The case: Behruz was no. two of three children, born in Denmark by parents, who were severely traumatised by war and governmental torture. He was referred by a community child case worker in unison with his parents, who described him as angrily crying, clinging desperately, picking fights with his siblings and suffering from excruciating separation anxiety to which a longstanding phobic anxiety of dogs and peers contributed.

He had for a short while been enrolled in kindergarten, but could not let go of his parents, and when left, broke down in unbearably painful and lengthy sobbing.

The data material consists of process descriptions of the dialogue and events of therapy sessions, as recorded by the therapist after each session. The notes include the therapist's memory and experience of how the relationship and the session unfurled, i.e. 1) the child's appearance, verbal statements, communicative play, and movements in space and time; 2) the therapist's verbal and nonverbal interventions and subjective states of mind (countertransference).

The questions asked of the case material concern the possible connections between the child's experience of sibling and parental figures and of parental trauma; if and how breaks in the therapy may be related to the experiential quality of parental and sibling figures; if it is possible by a systematic mapping chart of sessions to show how these phenomena changed or remained static over time. Breaks are understood as any time-limited interruption of the scheduled structuring of therapy sessions, planned or unexpected; no matter who decided the break, for what reason or duration, provided therapy was resumed at some later point.

Related methodological questions: This relates to the fundamental opacity emanating from the researcher's double role as psychotherapist-in-the-therapy and researcher-after-the-therapy. In order to enhance the transparency of the research process, the presentation outlines the applied principles; e.g. of data selection, construction of analytic units, construction of a transparent, systematic map of the process of change; and last but not least, the contribution offered to the understanding of the child and his development from the vantage point of countertransference recordings. However, maybe more can be done?

Context of this project: This case study is part of a multiple case project aiming at investigating: 1) The psychotherapeutic relationship and process with children suffering from and/or growing up in a context of complex traumatisation. 2) How breaks in the therapy may influence the therapeutic relationship. 3) Exploring how far it is possible inside the restricted frame of an ordinary child psychotherapy practice for the therapist herself to apply principles from qualitative research methodology for a running documentation, assessment, and improvement of own work. Previous publications in this project are:

Grünbaum, L. (forthcoming 2019). Breaks and sibling figures in child psychotherapy. Accepted for publication in: M. Rustin & M. Rustin (eds.): *New Discoveries in Child Psychotherapy: Findings from Qualitative Research*. Routledge.

Grünbaum, L. (2018). Transmission of complex trauma: family orientated intervention before child psychotherapy. *Journal of Child Psychotherapy*, DOI: 10.1080/0075417X.2018.1539865.

Grünbaum, L. (September 2014): Anxieties and dilemmas relating to breaks in the therapeutic relationship with children whose relationships in early infancy were reported to have been emotionally unstable and traumatised - A systematic study of child psychotherapy with a young child who had suffered early abuse and neglect. PhD dissertation, University of East London/ Tavistock and Portman NHS Foundation Trust.

**Christopher Koppermann\***

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**"From negotiation to co-narration. A data-session on  
interactional achievement of deontic stance in a german  
psychotherapy-session "  
(DATA SESSION – Data will be in German)**

The therapy session unfolds after two weeks of the patient's absence about which the therapist hadn't been notified. The question of how this absence is to be evaluated is considered during the first third of the session. There is talk about therapy but not much talk in therapy. The patient elaborates his difficulties with talking about himself and his ambivalence towards the therapy. After this statement the tension lowers in the conversation. I would like to discuss if the negotiation of deontic authority at the beginning of the session shows how both don't manage to meet in the conversation, like they didn't meet for the session before. I propose that a missing topic can foster misalignment as long as it's not made explicit. Can we show how this avoidance of a topic is interacted on different levels of communication? Is this face-threatening conversation in the therapy session beneficial or hindering for the alignment? Naturally only a small extract can be shown and discussed but implications for psychoanalytic concepts like enactment, free association and resistance might be interesting.

4.30 pm – 6 pm

Plenary Lecture

***Anssi Peräkylä, Helsinki***

"Personality disorder as a moral issue:  
face work in psychiatric diagnostic  
interviews"

7 pm – 10 pm

Dinner & Live Music

Sunday, 23rd June 2019

11.15 am – 11.45 am

***Peter Fonagy, London***

"MBT and its Offshoots – Psychotherapy is (should be) at the Core of Human Endeavor"

11:45 am – 12.15 pm

***Ivan Leudar, Manchester***

"On how to include schools of psychotherapy and their practitioners in research on their practices"

12.45 pm – 2.15 pm

## **Controversial Discussion**

*between Peter Fonagy*

*and Ivan Leudar*

*moderated by Jörg Bergmann,  
Bielefeld*

2.15 pm – 2.30 pm

**Michael B. Buchholz, Berlin**

Closing remarks



# Scientific Committee

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**Deppermann, Arnulf** – Mannheim (Germany)

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**Mondada, Lorenza** – Basel (Switzerland)

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