Supra-session courses of action in psychotherapy

Fabrizio Bercelli a,*, Federico Rossano b,1, Maurizio Viaro c,2

a Bologna University, Department of Philosophy and Communication Studies, Via Azzo Gardino 23, 40122 Bologna, Italy
b Department of Developmental and Comparative Psychology, Max Planck Institute for Evolutionary Anthropology, Deutscher Platz 6, 04103 Leipzig, Germany
c Psychiatrist and Psychotherapist, Private Practice, Via Cavalletto 25, 35122 Padova, Italy

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Abstract

Analyses of talk-in-interaction in institutional settings have generally been bounded to the interactional organization of single conversations. In this paper we claim that in psychotherapies participants build up courses of action spanning over different sessions while pursuing the institutional aims of psychotherapy. In cognitive and systemic therapies such courses of action are based on two kinds of activities, enquiry and elaboration. In enquiry therapists elicit and co-construct patients’ tellings about their events. In elaboration therapists offer their versions of what has previously been told by patients, and patients regularly respond to them. Series of enquiry sequences prepare elaboration; subsequent elaboration sequences, possibly intertwined with further enquiry, can induce patients to modify their previous stances towards their problems and display such change within elaboration. We discuss two cases, one from a systemic and the other from a cognitive therapy, where this interactional process unfolds across several sessions. We describe tying practices by which participants resume past talk and link distant sequences into unitary courses of action accomplishing the institutional tasks of elaborating the patients’ problems and making the patients achieve a change of stance on them. Finally, based on our findings, we sketch an overall organization of activities in psychotherapy and provide suggestions for future research.

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1. Introduction

This paper is a conversation analytic study of how therapists and patients build complex courses of action across multiple individual sessions to achieve the institutional goal of psychotherapy: helping patients to cope with their psychological problems.

Courses of action are “sequences of actions that have some shape or trajectory to them” (Schegloff, 2007:1). Participants can enact them through single sequences, mostly adjacent pairs, or through series of connected sequences, i.e. sequences of sequences, or even sequences of sequences of sequences.

In psychotherapy many sequences of sequences are constructed in two ways:

(a) Participants construct same activity-type series (Schegloff, 2007), such as series of connected question-answer sequences started by therapists;

* Corresponding author at: Via Clavature 7, 40124 Bologna, Italy. Tel.: +39 051 231608.

E-mail addresses: fabrizio.bercelli@unibo.it (F. Bercelli), federico.rossano@eva.mpg.de (F. Rossano), m.viaro@tin.it (M. Viaro).

1 Tel.: +49 341 3550 430.

2 Tel.: +39 049 661450.
(b) Participants connect sequences of different kinds – even sequences of sequences, such as the series in (a) – as successive steps of courses of action (Schegloff, 2007) pursuing the aims of a therapeutic agenda.

Our analysis focuses on courses of action of the type mentioned in (b). In the therapies we examine, many courses of action lead from enquiry, consisting of series of sequences where patients answer therapists’ questions about their own events and experiences, to elaboration, where therapists provide their views (we call them reinterpretations) on what patients have reported, and patients respond to such views possibly displaying a change of stance towards their troubles.

Even a course of action implemented through a single sequence can occupy a rather long stretch of talk as it can be repeatedly expanded in various ways and different places within the sequence (Schegloff, 1990, 2007). More complex courses of action can be much longer. In this paper we show that courses of action can span over different sessions of the same psychotherapy and we show some of the tying techniques (Sacks, 1992) that therapists use to keep the different threads connected.

Until recently, descriptions of interactional phenomena covering series of conversations were rather rare in conversation analytic literature (see Button, 1991). One reason for this may be that both ordinary and institutional tasks are often accomplished through single encounters. Nevertheless, there are institutional settings where institutional tasks are regularly pursued through planned series of connected encounters, such as trials, routine primary care visits for chronic problems, various kinds of learning settings, and psychotherapy. Even in these settings, longitudinal analyses involving series of conversations were rarely attempted (but see Drew, 1985 for work on courtroom interaction). However, in the last few years, several CA researchers have widened the temporal scope of their analyses in learning settings (Young and Miller, 2004; Melander et al., 2009; Martin and Sahlström, 2010; Vehviläinen, 2009). As for psychotherapy, beyond a clear statement of the importance of longitudinal aspects (Peräkylä et al., 2008:15), recent relevant work have been produced by Voutilainen et al. (2011) and Peräkylä (2011). Both of these conversation analytic studies, although focusing on a tum-by-turn analysis of specific sequences, also describe phenomena of thematic continuity over subsequent sessions. Our paper moves in the same direction, but focuses on the continuity of courses of action across different sessions.

1.1. Data and method

The initial observations that constituted the basis for this paper were based on an Italian corpus of 162 individual psychotherapy sessions with 25 different patients, conducted by 7 cognitive and 2 systemic therapists. However, the main claims are based on a smaller corpus consisting of 45 sessions from 4 brief psychotherapies, 2 cognitive and 2 systemic ones. These therapies were selected from the larger corpus as a rather long series of subsequent recorded sessions was available for each of them. As such, courses of action spanning over different sessions could be more easily detected.

Within this smaller corpus, we identified 109 elaboration sequences. Previous work (Peräkylä, 2004, 2005, 2011, 2012; Bercelli et al., 2008) suggests that elaboration sequences are crucial steps in the therapeutic process, possibly facilitating a positive change for the patient. Indeed in 32 of those 109 sequences the patient displayed a change of attitude towards the matter in hand. Moreover, in 16 of these 32 sequences, topical and pragmatical links to past talk were apparent. By tracking such links backwards in time, we reconstructed the courses of action that led to these elaboration sequences. We present two of such courses of action as evidence of our findings. They are drawn, respectively, from a therapy (Pia’s therapy) performed by a systemic therapist and another (Leo’s therapy) performed by a cognitive therapist. Names and other identifiers have been anonymised in all of the extracts presented here, with the consent of therapists and patients involved.

It is important to note here that different clinical approaches – such as cognitive and systemic ones – may differently inform the contents of therapists’ utterances and may thus be detectable in their talk. However, while we are not claiming that our claims apply to all kinds of psychotherapy, our findings indicate that courses of action with the same interactional organization occur and do the same work both in cognitive and systemic therapies.

In what follows we first describe enquiry and elaboration sequences (section 2) in which the mentioned courses of action are built, and then outline the pattern of their alternation throughout a whole psychotherapy treatment (section 3). This pattern is illustrated by two examples of supra-session courses of action: in section 4 we focus on the process leading from enquiry to reinterpretation, and in section 5 on the process leading from reinterpretation to a display of change by the patient. In section 6 we describe two tying practices that allow the participants to integrate distant segments of the talk into a unitary course of action. In the final section we discuss similarities and differences between our work and previous longitudinal analyses of interactions in institutional settings.

2. Enquiry and elaboration sequences

In the psychotherapies of our corpus, courses of action are mainly built on enquiry sequences and elaboration sequences. In this section we provide a brief account of these two types of sequences.
2.1. Enquiry sequences

In service encounters experts gather information from clients in order to subsequently provide their expert opinion. Information can be gathered in different ways. For instance, in primary care visits doctors gather information mainly by means of “closed” questions and thus choose which information is worth pursuing according to their agenda (Boyd and Heritage, 2006). In psychoanalytical sessions, on the contrary, analysts let patients report their thoughts as freely as possible during a large part of every session (Vehviläinen, 2003a; Peräkylä, 2012).

In our corpus, therapists gather information through enquiry sequences, in ways that are somehow in between these two extremes: therapists start such sequences with open-ended questions or other actions eliciting patients’ extended (multi-unit) tellings about their own events and experiences.

Here is an example of the beginning of an enquiry sequence.

Extract 1a  Pia’s therapy, 4th session

1  T: oh- mettiamo (1.0) che (. ) seduto qui invece di lei
   oh- let’s say (1.0) that (. ) sitting here instead of you
   ci sia sua mamma (. ) o suo papà >qui facciamo sua mamma<
   that it’s your mum (. ) or your dad >here let’s say your mum<
3  Pia:       [si
   [yes
4  T: (0.8) e io gli domandassi, dei tre figli, come sono questi tre
   (0.8) and I ask about the three children, what are these three
5  figli ’che lei ha’
   children like ‘which you have’
6  (0.7)
7  Pia: beh allora: direbbe: (. ) che mio fratello è: : : hm è
   well then she’d say: ( . ) that my brother is: : : hm is
8  un bonaccione ((continua))
   a good-natured person ((continues))

At lines 1–5 the therapist asks a wh-question (“...what are these three children like...”) which allows Pia a possibly long multi-unit turn. And indeed Pia’s telling, starting from lines 7–8, occupies more than 200 transcript lines (mostly omitted here)\(^3\) where she provides information relevant to the therapist’s question.

Therapists regularly intervene into patients’ tellings with many contingent questions (Heritage and Sorjonen, 1994) and formulations (Antaki, 2008). Through contingent questions therapists elicit specification of what patients have just said in their telling. Through formulations, they re-say what patients have just said in different terms. Formulations, by design, maintain the sense and gist of patients’ talk, though possibly transforming it: therefore, they project either confirmation or disconfirmation by patients (Heritage and Watson, 1980).

Both contingent questions and formulations are first parts of adjacency pairs that expand the patient’s telling and the sequence to which it belongs (Schegloff, 2007). By initiating such expansions, therapists can direct to a large extent the unfolding of patients’ talk and possibly elicit information which was not spontaneously provided by patients. Moreover, through such expansions therapists and patients negotiate and possibly agree upon some points of the matters discussed: enquiry outcomes are thus made available as shared grounds for subsequent elaboration.

Here is an example (which is the continuation of extract 1a) of how therapists expand the patients’ tellings.

Extract 1b  Pia’s therapy, 4th session (continuing extract 1a)

18  Pia: [...] lui si pone gli obiettivi ma: se ( )
    [...] he sets himself aims in life but: if ( )
19    uno non c’è st a dietro:: non li riesce a [( ]
    you don’t actually go for it:: you won’t make it [( ]
20  — T: [quindi che
    [so he

\(^3\) Enquiry sequences are generally quite lengthy; due to limitations in space we cannot reproduce any enquiry sequence in its entirety.
The formulation at lines 20–21, typically marked by an initial “so” (Antaki, 2008), selects, highlights and partly transforms one aspect of the character of Pia’s brother among those she described. The therapist’s “so” frames his version as faithful to Pia’s description; at line 22 Pia accepts the formulation by producing a confirming repeat (Stivers, 2005) and injects it in an extension of her telling (“he hasn’t got it in him but he’s an angel.”). At line 23 the therapist closes the formulation (sub)sequence with an agreeing sequence closing third (Schegloff, 2007). Thus patient and therapist ‘ratify’ a specific enquiry outcome: Pia’s brother has no fighting spirit.

At line 24 the therapist asks a question starting another (sub)sequence. The question is contingent on what Pia has just said and is designed as such by the therapist (“...is it...”, at line 24). Pia’s answer at line 26 provides information that was absent in her report so far: her brother’s lack of fighting spirit is somehow caused by her sister-in-law.

Both outcomes of this enquiry sequences are thus achieved through the explicit directing by the therapist of the unfolding of the patient’s telling.4

2.2. Elaboration sequences

An enquiry sequence can be followed by an elaboration sequence. Elaboration sequences are started by therapists via reinterpretations, i.e. their own expert versions of what has been previously told by patients.5

Contrary to formulations, reinterpretations do not claim to maintain the sense and gist of what patients said. Therapists put forward their own perspective by offering versions of patients’ events possibly divergent from those previously provided by patients. Correspondingly, reinterpretations are usually framed as therapists’ views through epistemic markers such as “I think”, “it seems” and many others (Bercelli et al., 2008). These markers regularly occur in a therapist’s reinterpretative turn starting elaboration. Thus, they also mark the transition between enquiry and elaboration.6

Extract 2 is from the same therapy as extracts 1a and 1b but occurs three sessions later. It provides an example of reinterpretation. Here the therapist offers the view that Pia is “so dominant” in her relationship with her husband that she risks becoming like her mother-in-law (lines 3–5).

Extract 2 Pia’s therapy, 7th session

1 T: avevo pensato che fosse anche una- (0.3) hh cosi (.) una cosa
   I was thinking it was also a- (0.3) hh like (.) something
2 che mi era venuta in mente (0.5) hh proprio (0.4) rivedendo un
   that occurred to me (0.5) hh precisely (0.4) as I was reconsidering
3 po’ insomma questo rapporto dove a volte l’essere (0.8) hh (.)
   somewhat this relationship in which at times being (0.8) hh (.)
4 cosi dominante rischiava di- (0.3) di diventare uguale alla
   so dominant you were in danger of- (0.3) turning out like your

4 In psychotherapies where therapists do not explicitly direct the unfolding of patients’ talk, other activities, different from enquiry and elaboration, may have special importance. See, for instance, Fitzgerald and Leudar (2010), on active listening in Rogersian person-centred therapies.

5 Patients provide reinterpretations of their own events: hence we prefer to call therapists’ versions reinterpretations rather than interpretations, as opposed to other authors (Peräkylä, 2004; Peräkylä, 2005; Vehviläinen, 2003a) who have used this latter term for similar therapists’ actions.

6 Other markers, both intonational and visual, can be used to signal such transitions. Although this point would require further research, transitions between enquiry and elaboration in psychotherapy do not seem to be marked as clearly as in other institutional encounters (Tannen and Wallat, 1987; Robinson and Stivers, 2001).
suocera (.) si rischia in qual[che modo (.) no?

mother-in-law (.) it's so[mething of a danger (.) right?

Pia: [hm:]

[hm:]

Pia: si anche perché hm: hm: io sto rivedendo molto me stessa

yes also because hm: hm: I am reconsidering myself a lot

nelle mie relazioni (.) prima di tutto con mio marito ((continua))

in my relationships (.) foremost with my husband ((continues))

At the beginning of his turn the therapist marks what he is saying as his own view (lines 1–2: “I was thinking... occurred to me... I was reconsidering”). The patient’s response is an extended one: she agrees with the therapist’s view and provides an account for her agreement.

Differently from this particular case, patients’ responses to reinterpretations can be minimal, such as acknowledgment tokens (“hm”) or uncertainty tokens (“maybe”) or agreement tokens (“yes”) and nothing more. As the therapist’s reinterpretation is a B-event statement (Labov and Fanshel, 1977), i.e. a statement including events the patient has primary authority over, a response by the latter is due; but, as therapists’ reinterpretations generally convey a different perspective from patients’, the latter can abstain from or possibly defer any extended comment (Bercelli et al., 2008). Examples of minimal responses are provided in section 5 (extracts 6 and 8).

3. The alternation of enquiry and elaboration

In the psychotherapies we are describing, enquiry and elaboration sequences alternate in every session and throughout the therapy conforming to a simple pattern: enquiry comes before elaboration as the latter is grounded on the former; an enquiry sequence is commonly followed either by another enquiry sequence or an elaboration sequence; an elaboration sequence is commonly followed either by another elaboration sequence or a new enquiry sequence. Sequences are generally started by therapists, who thus direct the unfolding of the talk. This interactional feature characterizes directive psychotherapies (Vilaro and Leonardi, 1983; Mondada, 1998; Bercelli et al., 2008). Here is a schematic depiction of this pattern (Fig. 1).

![Fig. 1. Recurring alternation of enquiry and elaboration.](image)

In less abstract terms, in the early sessions of a psychotherapy, therapists gather information about the problems that have led patients to psychotherapy and about various aspects of patients’ lives related to the problem. Therapists can start different lines of enquiry and courses of action one after the other without providing any reinterpretation (which would start an elaboration sequence). The same can also happen in later sessions, in case therapists have not yet gathered information sufficient to forward their expert views, or have other reasons for deferring their delivery. However, sooner or later they will provide such views, as due by any expert in any consultation (ten Have, 1989). Therefore, sooner or later an elaboration sequence will follow an enquiry sequence. As for elaboration sequences, patients’ responses to reinterpretations can induce therapists to start either further elaboration or further enquiry.

According to this pattern, a line of enquiry can be discontinued before having led to a reinterpretation, though enquiry tends to elaboration. Similarly, a line of elaboration can be discontinued before having led to a display of positive change for the patient, though elaboration tends to achieve such a change. All this entails that courses of action concerning different themes can unfold somehow “in parallel” throughout the therapy: one can be started while a previously started one is still far from achieving its ultimate aim.

In the next two sections we present two examples of a course of action illustrating these sequential features. Through their analyses we show how therapists can resume at a distance both previous enquiry and previous elaboration and continue them. Different segments of previous courses of actions can thus flow into a unitary course of action in pursuit of achieving an institutional goal.

4. Example 1: how enquiry prepares elaboration

In the preceding section we provided an example of a reinterpretation (extract 2). In this section we trace in detail the interactional trajectory leading from previous enquiry to that reinterpretation, precisely to one element of it, i.e. the labelling of the patient by the therapist as being “so dominant” towards her husband (extract 2 above, lines 3–4).
We identify two threads of talk (Schegloff, 2007) – two lines of enquiry in this case – linking various and distantly placed enquiry sequences to the reinterpretative element “so dominant”, which thus appears grounded in them.

4.1. First thread

One thread leading to this reinterpretative element has its source back in the 4th session, within the enquiry sequence from which extracts 1a and 1b were drawn. In a further series of expansions of this sequence (extract 1c below) the participants agree on a point that will result in being relevant for the reinterpretation put forward three sessions later.

Extract 1c   Pia's therapy, 4th session (continuing extract 1b)

48 Pia: quindi ecco lei ((cognata di Pia)) fa queste cose molto: (1.2)
50 so well she ((Pia's sister-in-law)) does these very: (1.2)
51 plateali e: alla fine mio fratello sembra (.)
52 blatant things an: d at the end my brother seems (.)

[ ] [( )
51 → [quindi- (0.5) nella coppia quella- (.)] vista
[ ] [so- (0.5) in the couple who- (.)] is perceived
52 come dominante alme[no da casa su]a
as dominant according at [least to your fami[ly's view
53 Pia: [si ] [si]

[yes [yes
54 T: è lei!:
it's her!:
55 Pia: =certo=
definitely=
56 → T: =e lui è visto un po' come quello che (.) hh=

and he comes across slightly like the one who (.) hh=
57 Pia: =accordo[scende in tutto;:=
=always lets her have her own way;=
58 → T: =come se dice sempre di sì
=as though he always says yes
59 → T: quindi buono anche tre volte ( )
so he's good even three times over ( )
60 Pia: [si]

[yes

In extract 1c above the therapist comes to characterize Pia's sister-in-law as acting “dominant” over her husband (lines 51–54), whom at line 59 he depicts as “good even three times over” (the Italian figure of speech “buono anche tre volte” has a meaning close to “dimwitted”). The therapist does so through a series of formulations (started at the arrowed lines). Pia's confirmation (lines 55 and 60) of these therapist's formulations 'ratisfies' this further outcome of the enquiry sequence.

This outcome, achieved in the 4th session, is resumed in the 7th one, as shown in extract 3 below. At lines 1–3 Pia is talking about her husband. At lines 4–10 the therapist resumes the outcome that had been achieved three sessions earlier. Through this resumption he starts a new enquiry sequence ‘preparatory’ to the reinterpretation including “so dominant”, which will ensue about 90 s later.

Extract 3   Pia's therapy, 7th session

1 Pia: perché Giulio ((marito di Pia)) è quello che non-
because Giulio ((Pia's husband)) is the one who never-
non dice mai di no, (0.5) è buono (0.3) però poi magari
ever says no, (0.5) he's a good person (0.3) but then perhaps
non: (. ) non ottempera ai=
he doesn't (. ) doesn't come up with the=
At line 2 Pia says that her husband is “a good person”, using the same term (“good”) she used for her brother three sessions earlier. The therapist interrupts Pia by asking “how much?” (literally from the Italian: “how many times?”) which can be heard as referring both to the term “good” Pia has just attributed to her husband and to the therapist’s formulation “good even three times over” about Pia’s brother three sessions earlier. Pia apparently doesn’t understand what the therapist means as at line 6 she initiates a repair sequence, following which she answers, at line 12, that her husband is “much more” like that than her brother. By resuming past talk the therapist here opens a further line of enquiry: he asks the patient to provide her views on her own marital relationship as compared to that of her brother’s. At line 12 Pia starts answering (her extended answer is partly omitted). At lines 19–21 the therapist then formulates Pia’s answer in terms of marital relationships and dominance, as he had done three sessions earlier about Pia’s brother: he proposes that Pia is even more dominant over her own husband than her sister-in-law is over her brother. Pia confirms at line 23, though with some qualification.

The term “dominant”, occurring in this formulation, is used again one minute later in the ensuing reinterpretation. At such a short distance, “so dominant” (line 4 in extract 2) is hearable as both resuming that formulation and being grounded in it. It does so by mirroring the previous “even... more dominant” (line 20 in extract 3). (Remember that extract 2 occurs after extract 3 in the therapy, and it also occurs after extracts 4 and 5 below.)

We have thus reconstructed one thread leading from a series of enquiry sequences, across two different sessions, to the element of the reinterpretation on which we focused (“so dominant”).

4.2. Second thread

Let us now turn to the second thread of enquiry leading to the reinterpretation. We trace its starting point once again in the 4th session, more precisely in a passage where Pia answers the therapist’s question about her father’s views concerning his children. This enquiry sequence follows another one regarding her mother’s views on the same subject, and the two sequences are manifestly connected one to the other as related items of the therapist’s enquiring agenda. While telling a story relevant to the therapist’s question, Pia produces a slip of the tongue, shown in extract 4 below.

Extract 4  Pia’s therapy, 4th session

1  Pia: [...] qualche giorno fa che ero a Cuneo, è venuto fuori- mio [...] a few days ago I was in Cuneo, it came out- my
Padre (.) é la moglie delle battute, (.) ed eravamo tutti e tre father (.) the was wisecracking, (.) and the three of us i fratelli: a cena, (.) hhh senza la moglie di mio were there: the children: for dinner, (.) hhh without my husband’s marito, perché era: in vacanza, quindi lui era a casa:= wife, who was: on holiday, so he was at home:e=

→ T: =la moglie di suo marito =your husband’s wife

(0.2)
Pia: eh sì oh mio dio di mi(ò) frat(h)ello

uh yeah oh heavens I mean m(y) br(h)other(ò) [er’s

T:

[hm

T: ‘di suo fratello’ ‘your brother’s wife’

P: .hh (0.5) sto laps(h)us- vabb(h)e’

. hh (0.5) this sl(ipping of the tongue we’ll anyway

. hh e:: di mio fratello, era in vacanza, (0.8)

. hh an:: d my brother’s wife, she was on holiday, (0.8)

e: mio padre ((continua))

a:nd my father ((continues))

The slip of the tongue occurs at lines 3–4 (“my husband’s wife”), at line 5 the therapist notices it through an other-initiated repair and at line 7 Pia repairs it. No comment or enquiry by the therapist about this slip of the tongue ensues after Pia’s repair.

Three sessions later, in the 7th session, the therapist recalls this slip of the tongue and asks a question about it, as shown in extract 5 below (which is the continuation of extract 3). At lines 28–29 he asks the patient to provide her view on the meaning of the past slip of the tongue. At line 34 Pia starts answering the question. This enquiry sequence leads directly to the reinterpretation targeted by our analysis.

Extract 5  Pia’s therapy, 7th session (continuing extract 3)

24 T: una volta li ha anche confusi, se lo ricorda no?

you once got them mixed up too, you remember don’t you?

25 Pia: hh sì=

hh yes=

26 T: =ecco. =right.

(1.8)

28 T: e io mi sono domandato che cosa voleva dire, lei se- and I was wondering what you meant, and did you anche se l’è domandato che- che cosa- secondo lei also wonder what- [what- according to you

30 Pia: [si

[yes

31 T: che cosa voleva dire? (.) perché li ha confusi?

what did you really mean? (.) why did you mix them up?

32 Pia: mio fratello e mio marito?

my brother and my husband?

(2.5)

34 Pia: probabilmente (0.4) di fronte a questa cosa:: (2.5) proprio probably (0.4) he::re (2.5) precisely perché:: (1.8) lo considero talmente buono che forse: sono io because:: (1.8) I think he’s so good that perhaps: it’s been me che ho gestito: (0.5) il rapporto, ho guidato:= who’s been managing (0.5) the relationship, I led:=
At line 24 the therapist recalls Pia’s slip of the tongue, then at lines 28–31 asks her to explain it. Pia answers and offers her explanation (lines 34–36). Immediately next to it, at line 37, the therapist starts a reinterpretative comment by explicitly grounding it (“that’s why I thought”) in what Pia has just said. This is the beginning of the reinterpretation containing “so dominant” (extract 2 above). The link between the patient’s explanation and the therapist’s reinterpretation is rather transparent: if Pia has directed her marital affairs (lines 35–36), then it can be inferred that she is “so dominant” towards her husband, as subsequently said in the reinterpretation. This is then another line of enquiry leading to “so dominant”, again across the 4th and 7th sessions.

The two threads are linked, not only at their end point (the reinterpretation) but also throughout their course.7 The therapist explicitly links the two threads by his use of “too” in “you once got them mixed up too” (line 24 of extract 5), at the beginning of an enquiry sequence belonging to one thread and immediately after another enquiry sequence (extract 3) belonging to the other thread. By saying “too” he displays his expectation that what will come out from the incipient sequence will strengthen the outcome of the previous one – and indeed this is the case. The whole sequential trajectory, which includes both threads, appears then to be dealt with by the therapist as parts of a unitary course of action extended across different sessions.

A graphical depiction of this trajectory (Fig. 2) may help the reader. (Sequences follow one another from top to bottom in temporal order.)

All these sequences are connected both topically and pragmatically. For instance, enquiry sequence 2 (see Fig. 2 above), concerning Pia’s father’s views on his children, is topically linked to enquiry sequence 1, concerning Pia’s mother’s views on the same subject. Pragmatically, all of them appear to belong to the therapist’s agenda aiming at achieving a reinterpretation through systematic enquiry on possibly relevant elements.

The main features of the course of action leading from enquiry to reinterpretation can be summarized as follows:

- A reinterpretation is grounded not only in the enquiry sequence immediately preceding it, but also in other previous enquiry sequences, even ones that occurred in earlier sessions.
- Enquiry outcomes, which end up grounding a reinterpretation, often originate from therapists’ initiatives through which they expand patients’ tellings.
- The progression from enquiry to reinterpretation shows that participants are oriented to what (retrospectively) appears to be (a part of) a unitary course of action. Many outcomes of the enquiry can be reconstructed retrospectively as preparatory to the reinterpretation.

Our findings here are close to the “interpretative trajectory” described in previous work on psychoanalytical sessions (Vehviläinen, 2003a; Peräkylä, 2005), although, unlike them, we provide evidence that the trajectory can stretch across sessions.

Our analysis in this section has left out an important part of the elaboration sequence, i.e. the patient’s response. The patient’s response is an important step in the overall course of action we are describing. Pia’s response to the reinterpretation in extract 2 is an extended one, specifically an agreement followed by an account (lines 8–9, “yes also because I am reconsidering myself a lot in my relationships foremost with my husband”, which is the beginning of the account). Moreover, Pia’s response displays a substantial change of perspective and stance. While in the 4th session Pia had distanced herself from her brother’s marriage (extract 1c, lines 48–57), three sessions later, in her response to the therapist’s reinterpretation, she eventually acknowledges (“yes”) that her own marriage is actually similar to her brother’s. The therapist is the one who originally suggests this but in acknowledging it she affirms her agency on this new perspective (“I am reconsidering myself a lot . . .”).

In the next section we provide another example from a different therapy and show a more complex trajectory leading from a reinterpretation to a display of positive change by the patient.

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7 A third thread, concerning Pia’s mother-in-law, explicitly referred to in the reinterpretation – extract 2, lines 4–5: “you were in danger of turning out like your mother-in-law”, – is omitted here, but could be easily reconstructed in a similar way. We focus only on the reinterpretative element “so dominant”, originating in the enquiry about Pia’s sister-in-law, because of limitations of space.
enquiry sequence 1, 4th session (extract 1c)

T: so in the couple who is perceived as dominant [...] it's her and she comes across slightly like the one who
Pia: always lets her have her own way
T: [...] good even three times over
Pia: yes

Outcome: Pia's sister-in-law dominates her brother

enquiry sequence 2, 4th session (extract 4)

Pia: [...] my husband's wife [...] T: your husband's wife
Pia: [...] my brother's

Outcome: Pia mixes herself up with her sister-in-law

enquiry sequence 3, 7th session (extract 3)

T: your brother you said he's good three times over right? with his wife
Pia: my husband much more I think
[...]
T: in your relationship with your husband you reckon you're in an even let's say stronger more dominant position than your sister-in-law is with your big brother?
Pia: hm but differently yes [...]

Outcome: Pia dominates her husband

enquiry sequence 4, 7th session (extract 5)

T: you once got them mixed up too, you remember don't you?
[...]
Pia: perhaps it's been me who's been managing the relationship

Outcome: Pia is the leading party in her marital relationship

elaboration sequence, 7th session (extract 2)

T: [...] something that occurred to me precisely as I was reconsidering somewhat this relationship in which at times being so dominant you were in danger of turning out like your mother-in-law [...] right?
Pia: yes also because [...]

Fig. 2. Lines of enquiry leading to reinterpretation: an example.
5. Example 2: from reinterpretation to a display of change by the patient

Reinterpretations are far from being the final stage of the therapeutic project we are describing. The ultimate goal of any psychotherapy is to enable patients to modify behaviours, feelings or ideas related to problems they brought to therapy (Greenberg, 1991; Guidano, 1991; Viaro, 1990) – reinterpreting, however important, is just a step towards this goal. Progress in the achievement of this therapeutic goal can be displayed in various places within psychotherapeutic interaction. One important sequential place is the one that follows a (re)interpretation (Peräkylä, 2005; Bercelli et al., 2008; Peräkylä, 2011, 2012). There, patients can respond to and show what they make of the therapist’s reinterpretation, thus possibly displaying a change on their part with respect to matters dealt with in the reinterpretation. As previously mentioned, therapists’ reinterpretations are followed either by minimal or extended responses by patients. Minimal responses, such as acknowledgement or agreement tokens, cannot lodge any display of such an active change, while extended responses can display it, though they do not always do so.

In this section we show how a display of an active change by the patient can be the outcome of a series of elaboration sequences, intertwined with enquiry sequences, that span over different sessions. Extracts drawn from Leo’s therapy illustrate this kind of course of action, whose basic sequential structure is the same as in the previous example from Pia’s therapy: a recurring alternation of enquiry and elaboration, both started by the therapist.

First, we will provide some contextual information on the case. Leo has undertaken a cognitive psychotherapy for a somatization disorder apparently related to difficulties in the workplace. After a few sessions, this problem seems close to solution, until the patient reports a new symptom in the 7th session: aggressive thoughts towards his wife and child. The patient repeatedly refers to this experience as utterly incomprehensible to him: “I don’t know what it is... I know that I’m suffering” (7th session); “it makes no sense I mean... or it makes sense but I don’t understand it” (8th session).

During the 7th and the 8th session the therapist enquires about episodes in which these disturbing thoughts occurred and provides three very similar reinterpretations of these episodes: we will call them R1, R2 and R3. Both R1 (in the 7th session) and R2 (in the 8th session) receive only minimal responses from Leo. After further enquiry, towards the end of the 8th session, the therapist provides R3. The patient provides an extended response to R3, displaying a very substantial change. Let us consider the segments of this trajectory.

5.1. After the first reinterpretation (R1)

In the 7th session a series of enquiry sequences (data not shown) leads to a reinterpretation (R1) where the therapist provides a possible motive for the patient’s aggressive thoughts towards his wife and son: he might feel domestic duties as “a burden”. In extract 6 below we show the final part of R1 (where a reinterpreative marker can be noticed at line 6: “perhaps” qualifies what the therapist is saying as his own hypothetical view). The reinterpretation is responded to with a mere declaration of agreement from the patient.

Extract 6  Leo’s therapy, 7th session

1  T:  […] ma giovedì sera, (.) effettivamente, (0.5)
     […] but Thursday evening, (.) actually, (0.5)
2  Leo:  essere li, dover far da mangiare, dover star lí= being there, having to prepare the meal, having to be there=
3  T: =poteva essere= =it might be=
4  Leo: =mi- mi::= =it- it::=
5  Leo: =mi pesava =it was a burden
6  T:  non so (.) hh libero
     I don’t know (.). hh free
7  T:  (.)
8  ((cough))
9  (1.1)
10  T:  ((cough))
11  (2.5)
12  → Leo:  può essere. it may be so.
At line 13 Leo agrees ("it may be so") with the therapist’s reinterpretation, without any extension of his declared agreement. After a gap at line 14, allowing for a more extended response from the patient, the therapist continues his comment. In the ensuing talk, where further elaboration and enquiry activities occur, the patient does not provide any extended response to R1.

5.2. After the second reinterpretation (R2)

In the subsequent session, the line of enquiry that in the previous session had led to R1 is resumed and continued by the participants: they select a new episode to be explored as a further instance of the same problematic situation. At the beginning of the 8th session, the patient refers to the situation dealt with in the previous session in the following way: "The last thing we said last time was that I had this sensation, this recurrent thought of hitting... this sensation has gradually waned". Then the therapist asks the patient to select a single episode where this sensation occurred in order to explore it: "It’s better to focus... in order to do this thing, it’s better to focus on a single episode. If you remember the last time that you remember clearly, when you had these sensations". By saying "It’s better to focus on a single episode" the therapist implies that several episodes may be instances of what had been dealt with in the previous session. Then the patient accepts this perspective by choosing just one episode among those: "I choose the one... I choose... at the table, surely... today, today at lunchtime".

A series of enquiry sequences about the selected episode (data not shown) leads the therapist to a reinterpretation (R2) very similar to R1 – both can be heard as two versions of the same idea (here again marked, at line 1 of extract 7 below, as a therapist’s hypothesis: “could be”). At lines 17, 19 and 21, the patient displays his agreement and nothing more, as in the previous case (extract 6). By abstaining from talking at line 22, the therapist allows for a more extended response from the patient, who does not provide it.

Extract 7  Leo’s therapy, session 8

1   T: e un’altra cosa potrebbe essere che lei è lì seduto e-
   and another thing could be that you’re sitting there and-
   (0.7) è un po’ (1.2) come in gabbia
   it’s a bit (1.2) like being in a cage there
   [...] (9 lines omitted))
12  come anche adesso lei è un po’ li
   like also now you’re a bit there
13  (0.2)
14  T: no?=  
   aren’t you?=
15  Leo: =hm
   =hm
16  (0.5)
17 → Leo: sì e infatti è un po’ la sensazione di:  (.)
   yes and actually it’s vaguely similar to:  (.)
18  T: =hm=
   =hm=
19 → Leo: =è vero, potrebbe anche essere: associata a: (  )
   =it is true, it could also be associated with: (  )
20  T: un senso come di costrizione=
   a feeling like constriction=
21 → Leo: =costrizione (.) sì.
   =constriction (.) yes.
22  (1.9)
23  T: e son due cose diverse ((continua))
   and they’re two different things ((continues))
perhaps he “wanted to be... free”. The same experience is now reinterpreted (in extract 7) in terms of constriction (“in a cage” at line 2, “a feeling like constriction”, line 20): the new reinterpreative version just adds a layer of meaning to the previous one. Moreover, R1 and R2, though placed in two different sessions, are pragmatically linked as subsequent attempts to understand episodes that participants manifestly deal with as instances of the same puzzling situation. In both cases the patient responds to the therapist’s views with a declaration of agreement and nothing more.

At line 23 of extract 7 the therapist extends R2. After a few turns (omitted), the therapist begins a new line of enquiry (extract 8 below) on the topic of Leo’s sense of constriction touched on in R2. At lines 1–5 the therapist asks Leo whether he has had other experiences of the same kind (“being in situations that somehow hem you in”), that is, experiences that in clinical terms would be labelled as ‘phobic’. Such a question, if positively answered, would make relevant an extended telling by the patient about these experiences.

Extract 8 Leo’s therapy, 8th session

1  T:  eh > allora< al di là di questo momento, a lei stare a tavola,  
2          (0.8) () o comunque stare in generale in situazioni  
3          (0.8) () or anyway generally being in situations that  
4  un po’ (0.6) bloccanti no? (0.5) le dà fastidio  
5           somehow hem you in (0.6) right? (0.5) does it bother you  
6  di solito? cioè ha questa sensazione di  
7 most of the time? I mean do you feel you’re  
8  costizione alcun ci l’hanno, altri no . (si?) =  
9     constricted, some do, others don’t, (.) (do you?) =  
10    no mai avuta (. ) no, non l’ho mai avuta.  
11       = no never (. ) no, I’ve never felt that way.  
12    [... ] ((a few turns with which the enquiry proceeds are omitted))
13  T:  per esempio lei, non so, tutte le situazioni in cui è un  
14 for instance you, I don’t know, all the situations when you feel  
15    po’- in cui è un po’ ingabbianto, tipo ascensore, auto,  
16    a bit- when you’re a bit caged in, like lifts, your car,  
17    autostrada=  
18     the motorway=  
19  Leo:  = sì=  
20     = yes=  
21  T:  = ci sono alcuni che proprio non la sopportano.  
22     = some people just can’t bear it.  
23  Leo:   [sì si=sì io: ho questa::  
24    [yes yes=yes I: have thi::s  
25  T:  questa cosa ce l’ho  
26     I have this thing  
27    [...] (part of the turn omitted)  
28    auto, posti chiusi, ho avuto questa fobia qui, assolutamente  
29    car, enclosed places, I have felt this phobia here, definitely

At line 6 the patient provides a clear negative answer to the therapist’s question concerning whether the patient had previously had other phobic experiences. But at lines 27–28, after the therapist has reformulated the same question in a modified way (lines 22–26), the patient reverses his response with a positive answer and adds to it an extended telling about these other phobic experiences. The therapist then expands Leo’s telling through a series of questions (data not shown).

To summarize: following R2 and a minimal response to it by the patient, a series of enquiry sequences ensue where the therapist first “discovers” and then explores the patient’s phobic experiences. This new round of enquiry is followed by R3, as shown below (extract 9).

5.3. After the third reinterpretation (R3)

In extract 9, at line 1 the therapist qualifies as “interesting” the outcome of the previous enquiry on Leo’s phobias. He then links it (“so then”, line 2) to a third version (R3, started at line 2) of the same reinterpretation, which is thus grounded also on the phobic experiences just reported by Leo. The therapist designs R3 as a “sequel” of R2 by hinging both of them upon the same metaphoric terms: “cage” in extract 7, line 2; “caged” in extract 9, line 3.
Contrary to R1 and R2, R3 is followed by an extended response from the patient.

Extract 9 Leo’s therapy, 8th session

1 T: è venuto fuori anche (0.5) questa cosa qui (.) interessante. 
      what's come up as well (0.5) is this- (.) interesting thing.
2 quindi allora (0.3) il fatto di essere a tavola,
      so then (0.3) the fact you're at table,
3 (1.0) e di essere un po' (.) ingabbiato (.) a tavola::
      (1.0) and being a bit (.) caged (.) at table::
4 Leo: a questo punto, ripensandoci potrebbe essere.
      at this point, thinking back it might be.
5 T: potrebbe essere che lei si senta- poi lei lo risolve
      it might be that you feel- then you resolve it
6 Leo: alzandomi=
      by getting up=
7 T: =alzandosi e togliendosi (.)
      =by getting up and getting out (.)
8 Leo: da[1] o[ff the
      [of the little cage.
9 T: [dalla gabbietta.
   (3.0)
10 Leo: "si."
   (5.0)
11 Leo: "yes."
12 (5.0)
13 → Leo: .h "a questo punto no? (0.5) penso che la nascita del
   .h "at this point right? (0.5) I think the birth of my
14 → secondo figlio no? perché poi (.) comun[que ( )
   secondo figlio no? because then (. ) any[way ( )
15 T: [heh heh
   [heh heh
16 → Leo: mi: mi faccia:: provare questa aggressività perché::
   it: it: makes me:: feel this aggressiveness because::
17 → mi ingabbià "secondo me, ancora di più."
   it cages me "in my opinion, even more."
18 (1.5)
19 → Leo: "non so."
   "I don't know."
20 (1.0)
21 T: la mettiamo come un punto di domanda, <il secondo
   let's put a question mark on it, <does my second
22 figlio, (0.8) mi ingabbià?> ((scandisce le parole come scrivendole))
   child (0.8) cage me in?> ((articulating the words as he were writing them down))
23 (1.0)
24 T: è venuta a fleif eh?
   it came to *youf* eh?

The therapist's statement at lines 2–3, though syntactically incomplete, clearly recycles the previous reinterpretation R2. Leo agrees at line 4, thus showing he understood what the therapist was referring to (more on this in the next section). The therapist continues the reinterpretation at line 5. He describes (lines 5–9) an aspect of Leo's conduct – his overcoming the trouble “by getting up and getting out of the cage” – in terms which recall the overcoming of a (claustrophobic) experience by escaping the constriction. At lines 6 and 8 the patient again displays his understanding of the therapist's ongoing reinterpretation through two interpolations that at lines 7 and 9 the therapist again accepts and extends. Then, after a silence (at line 10) following a point of possible completion of the reinterpretation, Leo again agrees with the therapist (line 11). So far this third reinterpretation, R3, as the previous R1 and R2, has met nothing more than a simple agreement. At line 12 the therapist abstains from talking during a silence unusually
long in this session (5 s) and thus allows for a further and possibly more extended response from the patient, which at lines 13–19 he finally provides.

Leo accounts for his agreement by referring to a life event – the imminent birth of a second child – as further evidence supporting R3 (lines 16–17: “because it cages me... even more”). Through this extended response the patient displays his agreement, rather than simply declaring it (Schegloff, 1984). Moreover, he displays a substantial change of stance towards the talked-about matters: while at the beginning of both the 7th and the 8th sessions he had declared his incomprehension of his own aggressive thoughts, then, approximately one hour into the 8th session, he discovers a possible reason for them. Furthermore, Leo presents his contribution as triggered by R3 (line 13: “at this point right? I think...”).

Leo’s response receives an extended uptake by the therapist, who emphatically takes notice of it and seems to write it down (lines 21–22). He then acknowledges the patient’s ownership of the new ‘idea’ (at line 24). The therapist thus highlights an important aspect of the change displayed by the patient as pertaining to his agency: while supporting the therapist’s reinterpretation, the patient has added something to it that the therapist did not previously know or consider. In the remaining part of this session and in subsequent ones, the therapist will take up the patient’s elaborative contribution again, further enquiring and elaborating on other aspects and instances of the same theme.

To summarize the content of this section: we have shown that the therapist proposed three different versions of the same reinterpretation after different phases of enquiry in two subsequent sessions. While on the first two occasions the patient responds with mere agreement, on the third occasion he adds an extended account to his agreement and provides an important new contribution to the ongoing elaboration, which the therapist acknowledges as such (extract 9, lines 21–24). Such a series of elaboration and enquiry sequences across two sessions retrospectively appears to be part of the same course of action, as all these sequences are linked one to the other by the participants and work on the whole as recurrent attempts to achieve the final result: an extended response by the patient displaying a substantial change of perspective and stance towards his own problem. Voutilainen et al. (2011), document similar changes in cognitive-constructivist therapy, though their longitudinal analysis does not demonstrate continuous activity across sessions (see a comparative discussion in section 7).

6. Tying practices: resuming past talk

While building up the courses of action exemplified in the previous two sections, participants sometimes face the task of resuming past talk. According to Sacks, 1992, a speaker can tie an utterance to previous talk through various tying techniques. In our corpus, participants resume past talk in (at least) two ways: through a dedicated pre-sequence and/or in an embedded way. Instances of both practices occur in the extracts presented so far. Let us illustrate the first practice by returning to extract 5, partly reproduced below.

**Extract 5**

(Pia’s therapy, 7th session)

((T and Pia have just compared Pia’s husband and Pia’s brother))

24 → T: una volta li ha anche confusi, se lo ricorda no? you once got them mixed up too, you remember don’t you?

25 → Pia: hh si= hh yes=

26 → T: =ecco. =right.

27 (1.8)

28 T: e io mi sono domandato che cosa voleva dire, lei se- and I was wondering what you meant, and did- did you

anche se l’è domandato che- [che cosa- secondo lei

also wonder what- what- according to you

29 Pia: sì

29 [yes

---

8 Making notes is a common practice in the therapies we have examined. Though clearly indexing the therapists’ orientation to the cohesiveness of talk across sessions, an analysis of its import in psychotherapy goes beyond the scope of this paper.

9 Though Sacks generally refers to techniques tying “juxtaposed utterances”, in one occasion he provides an example of a tying technique across two different conversations, occurring between a mother and her child, which were not distant in time but were separated by other intervening conversations with other participants. He adds that “one could in fact find the same sort of thing where the two conversations take place on different days, for example.” (Sacks, 1992, vol. 1:374–375).

10 Practices of resuming past talk are “retrospective” like those by which retro-sequences are constructed (Schegloff, 2007).
At line 24 “you once got them mixed up too” explicitly refers to something that was said in a past occasion (Pia’s slip of the tongue which occurred three sessions earlier). Moreover, the therapist asks the patient whether she remembers it. After Pia’s positive answer at line 25, at line 26 the therapist closes the pre-sequence with a sequence closing third. Then at lines 28–31 the therapist starts an enquiry sequence that continues the resumed talk.

Not only past topics but also past actions can thus be resumed. In this case, it is the past action of Pia’s repair completion of her slip of the tongue (extract 4, line 7) that allows the therapist to refer to it as something that both of them can recall three sessions later. Moreover, by inquiring on a possible meaning of Pia’s past slip of the tongue, the therapist now extends a course of action, started three sessions earlier, which he did not extend then, as he abstained from any enquiry or comment about such meaning, even though its meaningfulness had then been signalled by Pia’s laughter (extract 4, lines 7 and 10).

Let us notice a difference between the earlier and the later mention of Pia’s slip of the tongue. The later one comes immediately after Pia’s acknowledgement that she is even more dominant over her husband than her sister-in-law is over her brother (extract 3, line 23), while in the earlier occasion, when the slip of the tongue occurred and was noticed by the therapist, Pia had not yet acknowledged this. So the resumed noticing, being resumed in such a placement, is a different action from the original one. Indeed, while responding to the therapist’s question introduced by the resumed noticing, Pia explains her slip of the tongue in a way (see extract 5, lines 34–36) that would have been rather unlikely in the earlier occasion. Resuming a past action modifies it according to the place in which it is resumed.11

Past talk can also be resumed in an embedded manner, by repeating parts of the talk to be resumed, rather than through a dedicated sequence, as in the previous case. Repeating is not merely telling previously told words and phrases, which could occur “by coincidence”, but bringing off such a telling is “doing a ‘repetition’” (Sacks, 1992, vol. I, p. 723). The embedded manner is illustrated by another already examined extract (9), partly reproduced below.

Extract 9*  
Leo’s therapy, 8th session

1  T:  è venuto fuori anche (0.5) questa cosa qui (. ) interessante.  
2    what’s come up as well (0.5) is this-. (. ) interesting thing.
3  → quindi allora (0.3) il fatto di essere a tavola,  
4    so then (0.3) the fact you’re at the table,
5    (1.0) e di essere un po’ ( . ) ingaggiato ( . ) a tavola::  
6    (1.0) and being a bit (. ) caged (. ) at the table::
7  Leo: a questo punto, ripensandoci potrebbe essere.  
8    at this point, thinking back it might be.
9  T:  potrebbe essere che lei si senta- poi lei lo risolve  
10   it might be that you feel- then you resolve it
11  Leo: alzandomi=  
12    by getting up=
13  T:  =alzandosi e togliendosi (. )  
14    = by getting up and getting out (. )
15  Leo: dal off the
16  T:  [dalla gabbietta.  
17    of the little cage.

As shown in the previous section, while forwarding a new version of a reinterpretation, the therapist resumes the previous version by using again the same metaphor (“caged” at line 3) that he used in that version (“being in a cage”, at line 2 of extract 7). He conveys that he is doing a resumption rather than merely saying again what he happened to say earlier. He achieves this, not only by partially repeating a key term of the previous version (“cage”), but also framing as a “fact” the description in which the term occurs (“being a bit caged at table”), thus implicitly presenting it as an already agreed upon outcome of the previous elaboration sequence initiated by the reinterpretation (R2) where “cage” occurred. This embedded resumption at line 4 allows Leo to understand and display his understanding of the new version of the

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11 This is similar to what Leudar et al. (2008) analyzed in psychoanalytical therapy with children and called structured immediacy.
reinterpretation just after its first part (“the fact you’re at the table and being a bit caged at the table” at lines 2–3), at a point where such understanding would be impossible without a reference to the previous version. The immediately ensuing talk (lines 5–9) confirms that Leo has really understood the sense of the therapist’s resumption.

The two ways of resuming past talk – through a dedicated sequence and in an embedded manner – occur in combination in the following extract, which is drawn from extract 3.

Extract 3* Pia’s therapy, 7th session

2 Pia: [...] è buono (0.3) però poi magari
[...] he’s a good person (0.3) but then perhaps
3 non: (.) non ottempera ai=
he doesn’t (.) doesn’t come up with the=
4 → T: =per quante volte?
=how much? ((literally from the Italian: how many times?))
5 (0.4)
6 Pia: che cosa? what?
7 → T: ’quante volte è buono’
’how good is he’ ((literally: how many times is he good))
8 (2.0)
9 → T: suo fratello ha detto che è tre volte buono no? (.)
your brother you said he’s good three times over right? (.)
10 → con sua moglie
with his wife
11 (1.0)
12 Pia: m: (.) mio marito molto di più secondo me.
m: (.) my husband much more I think.

At line 4 the therapist interrupts Pia’s telling with a question that embeds a reference, through partial repetition, to an exchange from an earlier session, where Pia’s brother had been labelled as “good even three times over” (at line 59 of extract 1c). The words “volte” (“times”) and “buono” (“good”) in the question “quante volte è buono?” (literally “how many times is he good?”) index the past description where the same two words occurred. By repeating, in a hearably abrupt way (lines 3–4), a phrase which (in the original Italian language) is highly idiomatic and hearable as an extreme case formulation (Pomerantz, 1986), the therapist displays that he is doing repetition rather than merely saying again what he said in an earlier occasion. Pia does not answer, but at line 6 she asks for a repair which at lines 7 and 9–10 the therapist repeatedly provides, the second time at lines 9–10 through a first pair part of a dedicated resuming sequence, and finally Pia’s answer ensues. Here again what is resumed is not only the past topic but also the outcome of the past exchange, i.e. their achieved agreement on a description of Pia’s brother. Also in this case, then, what is resumed is both a past topic and a past course of action.

This third example illustrates a further feature of resuming past talk: a speaker can succeed in resuming a distant piece of talk, by repeating parts of it, if the listener can locate the past occurrence which the speaker refers to. Indeed, metaphors (like “caged”), uncommon figures of speech and extreme case formulations (like “good three times over”) are likely to be more easily recalled, and traced back to their intended occurrence, than plain talk is. Therefore, therapists may resort to such ‘memorable’ expressions in order to facilitate their subsequent possible resumption.12

To summarize: different practices of resuming past talk can connect various and distant parts of a therapy as parts of unitary courses of action implementing a therapeutic project.

7. Discussion and conclusions

Previous conversation analytic research on learning settings (Young and Miller, 2004; Hellermann, 2009; Martin and Sahlinström, 2010) has identified specific practices recurring in series of encounters between an expert and a learner. The authors show how learners’ participation in these practices changes over time, and thus demonstrate the interactional

12 In the context of psychoanalytic sessions, Peräkylä (2004) has shown another function of therapists’ formulations in which figures of speech occur; they link what has been said by patients to subsequent interpretations by therapists. On the ‘pivotal’ function of figures of speech in ordinary conversation, see Holt and Drew (2005).
side of learning processes involved in the practices. They neither claim nor demonstrate that participants link successive instances of these practices as parts of an unitary course of action.

In a similar way, Voutilainen and colleagues (2011) identify a sequence where the patient responds to a conclusion by the therapist – a sequence similar to the elaboration sequence described in our paper. They show that the patient’s response to the therapist’s conclusions change over time and across sessions: from resistance in an early phase of the therapy, to ambivalence in a later one, to agreement in a final one. This is taken as interactional evidence of a therapeutic change, yet, the successive instances of the sequence are not shown to be parts of a course of action which is discontinued and resumed across different sessions. Peräkylä (2011) applies a slightly different longitudinal approach to psychoanalytical therapies. He studies a type of (what we call) elaboration sequence, namely the postinterpretative sequence: the analyst, in first position, offers an interpretation of an experience of the patient; the patient, in second position, responds with his/her own version of the interpreted experience; and, in third position, the therapist modifies the tenor of the patient’s version by modifying the emotional valence of the patient’s version or revealing layers of the experience absent in the patient’s version. Peräkylä finds that patients usually do not fully endorse this modification of the tenor of their own version, yet, in subsequent sessions patients often return to and work with themes that the therapists’ third position utterances brought forth. This change in the patients’ stances, however, is not sought after in subsequent instances of the same kind of sequence (i.e. the postinterpretative sequence), but everywhere in the therapy.

All these CA longitudinal studies concern series of encounters between a professional and a client; identify segments of talk recurring across subsequent encounters and sharing the same sequential organization and/or topical contents; and find that through these segments a change occurs in the client’s talk and actions which accords with the institutional aims of the encounters.

We show something similar, but we take it a step further. We show that participants link distant segments of talk as parts of courses of action leading to a therapeutically meaningful change of the patients, as displayed in their talk and actions. According to Peräkylä (2011:313), his findings suggest that some therapists’ interpretative actions “are part of interactional projects spanning over several sessions”. We show that in some psychotherapies this is indeed the case. Our main result consists in demonstrating that supra-session courses of action which implement such projects exist and are oriented to by the participants. We showed how participants connect different sequences, even distant ones, as subsequent steps of a same course of action, a same interactional project. They link distant sequences by resuming, through tying techniques, not only past topics, but also agreed upon outcomes of past activities, and thus ‘transplant’ them into the current talk.

Discussing the import of these findings for the therapists’ professional practice goes beyond the scope of this paper. Let us only note that, according to our findings, resuming past talk is an important interactional resource for therapists: explicating in conversation analytical detail how they exploit it in pursuit of long-lasting therapeutic projects, as we have done in this paper, may considerably enhance the therapists’ professional stock of interactional knowledge (Peräkylä and Vehviläinen, 2003).

What we have described is an iterative, back and forth process, rather than a linear one. After completion of enquiry sequences, new lines of enquiry can follow, rather than elaboration of the previously inquired matters. After completion of elaboration sequences, especially ones ending with minimal responses by patients, further rounds of elaboration and enquiry may follow, until patients provide extended responses displaying their change of stance towards the matter in hand. At any point of the process, participants can resume courses of action previously discontinued and link them to the ongoing one. All this results in an array of interactionally similar courses of action, possibly concerning different themes, which unfold ‘in parallel’ throughout the entire therapy and can variously intertwine one to another during its course.

Our findings provide an initial sketch of a large-scale organization of activities in psychotherapy, which encompasses the courses of action we have identified, as suggested in section 3. A more complete description would also have to deal with activities different from enquiry and elaboration, but generally auxiliary to them (e.g. agenda statements, informative statements and noticings). Some of these activities may stretch across sessions as well. Moreover, the opening and closing phases both of single conversations (Schegloff and Sacks, 1973) and of the entire therapy would need analytic treatment.13

13 Some of these other activities and actions. In our corpus, most of them are initiated by therapists: agenda statements (Peräkylä, 1995) concerning the activity flow of the session and of the whole therapy; informative statements (Peräkylä, 1995) on general psychological matters; noticings about patients’ current conduct or appearances (such as those discussed in Vehviläinen, 2003b); extensions of patients’ tellings (such as those described in Vehviläinen, 2003a); various kinds of recommendations, especially homework assignments, such as tasks of self-observation, and advice giving (Peräkylä, 1995). While enquiry and elaboration regularly occur in all the sessions of our corpus, this is not the case with the different activities and actions listed above.

14 Some aspects of the overall structural organization of family therapy sessions are outlined in Viaro and Leonardi (1983) and Leonardi and Viaro (1990).
Future developments of this line of work might consist of comparing different courses of action and overall organizations of activities in different kinds of psychotherapy – especially psychoanalysis, on which significant conversation analytic work and even longitudinal analyses are already available (Peräkylä, 2004, 2005, 2011; Vehviläinen, 2003a, 2003b, 2008). If a number of large-scale interactional patterns exist, outlining them systematically, as we have started doing here, is an important step forward in developing our understanding of how the ‘talking cure’ works.

References


Fabrizio Bercelli, associate professor at the University of Bologna (Italy), has taught Sociology, Interpersonal Communication and Conversation Analysis. At present he teaches trainees in cognitive psychotherapy at the Scuola di Specializzazione in Terapia Cognitivo-Costruttivistica, Bologna (Italy). His research interests are in the field of conversation analysis and mainly concern psychotherapy interaction. He has published two co-authored books, one co-authored chapter (in A. Peräkylä, C. Antaki, S. Vehviläinen, I. Leudar, Conversation Analysis and Psychotherapy, 2008, Cambridge University Press) and articles (Text & Talk, Rivista italiana di Psicologia Applicata) on this topic.

Federico Rossano holds a postdoctoral position in the Department of Developmental and Comparative Psychology at the Max Planck Institute for Evolutionary Anthropology, Leipzig (Germany). He received his PhD from Radboud University, Nijmegen (Netherlands) and the Max Planck Institute for Psycholinguistics, Nijmegen. His research interests include: social cognition and communication in human infants and non-human primates, conversation analysis, talk in institutional settings (psychotherapy) and the role of visible behaviour in face-to-face interaction. He has published articles in Animal Cognition, Cognition, Journal of Pragmatics, PNAS, Psychological Science, Research on Language and Social Interaction, and Text & Talk.

Maurizio Viaro, psychiatrist and psychotherapist, has worked for some thirty years as a clinician, trainer and supervisor. In the ‘70s, he underwent psychoanalysis and was trained in systemic therapies at the Milan school. Past President, former Coordinator of the Research Committee in two different Italian Psychotherapy Associations, he is member of the board in Italian Journals. He is co-author of two books, author of several chapters in books and articles, mainly on systemic therapies, in the principal languages (Family Process, Journal of Systemic and Strategic Therapies, Familiendinamik, Terapia Familiar, Cahiers critiques de thérapie familiale et de pratique de reseaux).