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Construction of anger in one successful case of psychodynamic-interpersonal psychotherapy: Problem (re)formulation and the negotiation of moral context

Abstract

This paper provides a worked exemplar of psychotherapy research using conversation analysis inspired discourse analysis with the aim of exploring the usefulness of discursive analysis for qualitative psychotherapy research within a relational centred ethos. The analysis examines how a client came to describe herself as feeling anger towards her mother having previously rejected this understanding earlier in therapy. Specifically, the analysis explicates the process of successful problem (re)formulation, identifying the rhetorical strategies utilised by the therapist and demonstrating how client change may be approached as a discursive achievement. The central tension between discursive and relational centred qualitative psychotherapy research rests on the different understandings of subjectivity at the core of the two perspectives. The paper concludes, however, that the findings of discursive psychotherapy research may still be utilised in the service of relational centred practice. A detailed analysis of psychotherapy dialogue may be revealing in terms of how therapeutic meaning is co-constructed, how change is enabled through talk, and how cultural resources are mobilised within the practices of therapy. Such knowledge has a function, not least, in enhancing the ability of relational centred psychotherapists to be reflexive practitioners.

This paper provides a worked exemplar of psychotherapy research using the approach of conversation analysis inspired discourse analysis (CA/DA), sometimes known as discursive psychology (Edwards & Potter, 1992; Potter, 2003; Potter & Wetherell, 1987). Discursive psychology is a well-established perspective within British qualitative methodology which I have utilised elsewhere to examine the processes of psychotherapy interaction (Madill, 2006; Madill & Barkham, 1997; Madill & Doherty, 1994; Madill, Widdicombe & Barkham, 2001). My aim in the present paper is to explore the potential usefulness of discursive analysis for qualitative psychotherapy research within a relational centred ethos. Relational centred qualitative research, as developed by Linda Finlay and Ken Evans (2009, forthcoming) and articulated within the remit of The European Journal for Qualitative Research in Psychotherapy, is an evolving approach which incorporates the following core values: doing research with, as apposed to on, participants; attending the co-construction of shared understandings; and honouring the subjective experience of participants.

I present an analysis of extracts from a case of psychodynamic-interpersonal psychotherapy based on Hobson's (1985) conversational model. This model has a particular relational focus in assuming clients' problems arise from relationship disturbances and that the therapeutic encounter is a vehicle for the manifestation, exploration, and modification of such problems. The model is conversational in that intervention consists of therapists' use of strategies such as negotiation, metaphor, and development of a 'common feeling language'. Similarly, discursive analysis is relational centred in that it focuses on the co-construction of meaning as it is represented in conversational exchange. The researcher produces an account of the way in which the participants develop an on-going understanding of each other within their conversational encounter and, in doing so, reflects on and articulates his or her own shared sense-making practices.

On the other hand, discursive analysis sits less comfortably with other key aspects of relational centred qualitative research. In discursive analysis, subjectivity is understood as textual (produced in and through language) and situated (produced in relation to on-going and historical contingencies) and this can jar with more usual understandings of the person as a reasonably stable centre of experience and source of agency. So, valuing the subjective experience of the research participant - as their truth and the starting point of exploration - is compatible with discursive analysis only to the extent that 'subjective experience' is interpreted as the way in which this is communicated to others and the participant's 'truth' considered a context-sensitive account. Doing research with, as opposed to on, participants may also be difficult as the method utilises a counter-intuitive, and possibly impenetrable, understanding of subjectivity which participants may reject, not least because it appears to undermine the felt immediacy of their lived experience.

Although there are tensions with some of the core values of relational centred qualitative research,

discursive analysis can be a useful approach to understanding the processes of psychotherapy. It has been argued that it is the micro-level questions - the 'when-then' questions - that clinicians make continuously in-session that inform their choice of intervention (Harper, 1995). By implication, it is the micro-, moment-to-moment processes that must be examined if psychotherapy research is to be informative to practitioners. This 'change process paradigm' has utilised qualitative methods to examine episodes of clinically meaningful therapy exchanges, considered potential significant change events, studied as sequences and patterns occurring over time (Soldz & McCullough, 2000). The research from which the exemplar is drawn is situated within this change process paradigm and examines how a client came to describe herself as feeling anger towards her mother having previously rejected this understanding earlier in therapy.

Clients characteristically present with emotional difficulties and exploration of, or at least orientation to, the client's emotional experience is an essential feature of many therapeutic rationales. Moreover, emotional processes are often considered central in understanding client change in psychotherapy (Greenberg & Watson, 2006). A specific analytical aim here is to understand the process of problem (re)formulation. This is an important topic as identifying problems is a central requirement for therapeutic intervention and has been shown to be "the result of considerable interactional 'work' on the part of the therapist" (Davis, 1986, p.44).

Psychotherapy can be regarded primarily a conversational exchange as, at most basic, it is organised on a turn-by-turn basis. It is likely, therefore, to share features in common with ordinary conversations. In fact, formulations are used in ordinary conversation and function to exhibit understanding through providing an explanation, characterisation, explication, or summary of what has gone before (Garfinkel & Sacks, 1970). Hence, discourse analysis, informed by methods designed specifically for the analysis of conversational exchange, would appear a relevant method through which to examine the processes of therapy.

Methodology

Discursive psychology is a social constructionist approach meaning that human understanding is viewed as an artefact of cultural and historical discourses rather than as a product of direct experience of oneself and the world (Burr, 2003). This offers a unique approach to change in psychotherapy, particularly in relation to clients' emotional state. Social constructionism does not deny that feelings are 'real' or that there may be a physiological component to many emotion states. The argument, rather, is that "the reality of emotions is social, cultural, political, and historical, just as is its current location in the psyche or the natural body" (Abu-Lughod & Lutz, 1990, p.18- 19). Accordingly, the idea that particular emotions are 'primary' or innate is considered based on the erroneous assumption that, because we have a complex vocabulary of emotions, some of these have a unique object status.

Social constructionism, on the other hand, offers an approach concerned with how the use of the vocabulary of the emotions is "governed by expectations implicit in the moral order of the society and period in which they are to be found" (Warner, 1986, p.135). Moreover, there is focus on how accounts of emotional state function within context. For example, in anger (the focus of this study) there is a sense that one's rights or interests have been violated and the angry person can therefore be understood as communicating an offended status. Hence, accounts of experiencing a particular emotion can be viewed in terms of the implications this has for the evaluation of oneself (and others) within the context in which that claim is made: in other words, as a social action.

Discursive psychology builds on understandings and methods drawn from conversation analysis (Wooffitt, 2005). Conversation analytic research has identified formulations as having three central properties; preservation, deletion and transformation. That is, in producing a formulation, certain features of the preceding talk may be retained whilst other features are either glossed or recast. This is not to suggest that formulations are in some way defective as adequacy is understood to be "exclusively decided by members on each occasion upon which formulations are produced and monitored" (Heritage & Watson, 1979, p.160). This follows from the perspective that conversational meaning is not unambiguous, even for participants, and that formulations enable the selection of one of many possible interpretations of preceding talk. However, in appearing to demonstrate understanding, rather than merely a candidate reading, formulations may actually provide a sense that meaning has been self-evident rather than a conversational achievement.

Formulations require the recipient make a decision. Confirmations are overwhelmingly preferred, possibly as they usually entail the least interactional work (Pomerantz, 1975). In contrast, disconfirmations, as occur in the present study, can be a particularly complex response to manage. This is so as they may appear to challenge the sense that participants have a mutual understanding which, in turn, may be taken as a criticism or challenge and tend to precipitate the need to establish new collaborative

meaning. The participant offering the disconfirmation often, therefore, orients to retaining interactional ease by presenting the disconfirmation in a mitigated or 'round-about' manner and combined with confirmatory elements.

In summary, in the analysis presented here, the issue under investigation is not the veracity of the client's feelings. Rather, the concern is to explore the way in which the client came to describe herself as feeling angry towards her mother having specifically rejected this understanding earlier in therapy and, through this, to explicate the process of successful problem (re)formulation.

Methods of data collection and analysis

The case was a successful therapy of a female client who completed 8 one-hour, weekly session of psychodynamic-interpersonal therapy drawn from a pool comprising the Second Sheffield Psychotherapy Project (Shapiro *et al*., 1990). The client's scores on the Beck Depression Inventory (Beck *et al*., 1961) indicated a moderate-severe depressive episode prior to commencing therapy, this falling to a minimum score indicating no depressive symptoms after therapy completion. The client was female, in her forties, in full-time, white-collar employment and shared her home with her elderly parents and her two teenage children. At the time of therapy she was in the process of divorce from her husband, the children's father. The therapist was male, of similar age to the client, and had 18 years experience with psychodynamic-interpersonal therapy.

Ten personalised problems derived from the client's assessment interview were rated by her immediately prior to each therapy session according to how much each had bothered her during the week. The problem selected for analysis was 'feeling that I have let my family down'. Ratings suggested that the issues surrounding this theme were resolved at therapy completion. To narrow the focus of analysis, a sub-theme was then selected for detailed study. This concerned discussion of the client's anger as, on a pragmatic level, it was relatively easy to distinguish from surrounding text - marked by keywords such as 'angry' or 'cross' - and narrowed the material to 11 extracts of at most two pages of transcript .

The first stage of analysis involved listening to audio-tapes of the complete therapy in order to contextualise the analysis. In the second stage, all extracts selected for detailed study were subjected to a preliminary analysis. This involved close and repeated reading of the text, attending the meaning conveyed but also the way in which this meaning was constructed or 'put together', asking questions of the material such as 'What rhetorical strategies and devices are used?' (Edwards & Potter, 1992) and 'To what problems might these responses be solutions?' (Gill, 1995) (see Harper, 2003). Detailed notes examining how the extracts appeared to 'make sense' were written from this close reading of the text. In focusing on change processes, particular attention was directed to points during which the client's account appeared to change. During this preliminary analysis, then, key sections of text were identified for presentation. The final stage entailed the production of a detailed written analysis of these key sequences, linking analytic claims to specific extracts. In order to provide an exemplar, discursive analysis of four extracts is presented here which illustrate key processes identified in the more extended study.

Findings

The sub-theme 'anger' is first raised during the second session of therapy. The following sequence is drawn from a discussion in which the client suggests a tendency to avoid situations that might make her feel angry. We enter the conversation as she offers an example of this in relation to an incident involving her husband:

Extract(1)Session(2) [1, 2]

C: ...we'd promised we'd take the children to
this (.) fun fair and fair and he went and got
himself absolutely blotto at lunchtime was
incapable of going anywhere (.) um I I just
sort of again walked out collected the kids and
took them myself had to go on the bus (3) um I
suppose though you know I should have made a
big fuss about it but I couldn't
T: (mm)
C: partly for the children's sake you know I I
thought alright (.) promised them an outing so
you know the outing was the thing that
mattered (4) and there's odd you know silly

[1] Written consent to use audio-tapes of this therapy for research purposes was obtained from

[2] The transcription conventions adopted in this study are a modified version of those developed by Jefferson (Atkinson & Heritage, 1984):

(0)	Pauses timed in seconds
(.)	An untimed short pause
word	Stress on word by speaker
(inaudible)	Transcriber's doubt
C:	Client turn
T:	Therapist turn
T: (mm)	Overlapping utterance
.	End of turn
...	Extract started or finished mid-turn
(son's name)	Names excluded
child (wife's)	Clarification where required
(whispered)	Tonal information
[...]	Excluded text

14 little incidents like that (3) when I think
15 about them (4).
16 T: So when you get upset one of the things that
can be happening is that you're feeling angry
but you can't show it
19 C: (mm) (5).

Client's description of an incident An important feature of this first extract is the way in which moral context saturates the client's account. As a promise carries an obligation, it is suggested that the outing was something to which the children had an entitlement. Therefore, describing her husband as 'incapable of going anywhere' indicates he had reneged on a moral responsibility. The illegitimacy of his behaviour is built using a contrast structure: 'we'd promised...he went', and his selfishness implied in that having 'got himself absolutely blotto at lunchtime' he had put his own pleasure first. The client draws a further contrast between how she reacted: 'walking out', and how she ought to have reacted: 'making a big fuss', and her restraint accounted for within the greater context of fulfilling obligations and avoiding upsetting the children.

Therapist's problem formulation The therapist focuses on one aspect of the client's account: that she did not make a 'big fuss', which was the one feature to which he had oriented verbally during her turn (lines 7-9). However, in focusing on the client's inability to show anger, he deletes the moral context in which she had placed her reaction. Moreover, he offers a summary which raises the possibility that her inability to show anger generalises across situation. Thus, a tentative problem formulation is constructed. Formulations require an evaluation from recipients. However, the client's 'mm' (line 19) seems a token acknowledgement, rather than positive assent as she provides only a minimal response in the turn position in which an evaluation of the formulation is projected. Moreover, the five second pause (line 19) provides further indication that she is unable to provide the preferred confirmatory response as these tend to be given without hesitation (Pomerantz, 1975).

The topic of anger is continued for a while after this first extract but was not selected as pertaining to the wider theme 'feeling that I have let my family down'. The sub-theme anger was however next raised in relation to this wider theme later in a second session discussion of the client's relationship with her mother.

Extract(2)Session(2)

1 T: So maybe there's quite a bit for you (.) to be
2 angry and upset about in relation to your mum(.)
3 (C sighs) over the years (4).
4 C: Not angry I don't think really bit sad about it
5 (.)
6 T: (mm hm)
7 C: it seems a shame that we never have been
8 T: (mm)
9 C: able to be really close
10 T: (mm hm)
11 C: (.) but I I wouldn't say angry about it (.)
12 just seems a shame
13 T: 13 T: (yeah).
14 T: Of course it's hard to know isn't it from what
15 we've said about how if you're angry it comes
16 out as upset perhaps hard to know whether you
17 have been angry with your mum or not (.) do you
18 see what I mean?
19 C: (mm)
20 T: that it wouldn't come out directly and perhaps
21 you wouldn't even know (8).

Therapist's problem formulation The therapist raises the possibility that the client may be both 'angry' and 'upset' with her mother that such feelings would have multiple and prolonged justification. He therefore offers a problem formulation with respect to the client's feelings towards her mother insofar as having many longstanding reasons for feeling upset and angry suggests that the relationship is disturbed.

Client's disconfirmation In this instance, the client offers a disconfirmation in which she does not repeat the therapist's idea of being 'upset' but uses the milder description of being 'bit sad about it'. Thus, although confirming the suggestion that she experiences some distress in relation to her mother, she de-emphasises this issue by expressing it in dilute form. Moreover, she specifically rejects the therapist's suggestion that she is angry and works up a justification. Their relationship has only one problematic aspect: not being 'close', and this is presented neutrally with regard to responsibility: 'we never have been able to be really close'. She therefore implies that there is little reason for her to be angry with her mother. Finally, the suggestion that it 'seems a shame' construes the distance between them as a matter of regret rather than of anger.

Therapist's problem (re)formulation The therapist does not accept the client's disconfirmation but pursues a problem formation around anger. He makes reference to 'what we've said about how if you're angry it comes out as upset' and, hence, suggests it has already been established that the client's anger is expressed obliquely. Moreover, prefacing this statement 'of course' presents this understanding as, not only established, but self-evident. The idea that the client gets upset when she is angry was raised slightly earlier in same session (extract 1). However, the therapist's formation had been that when the client is upset 'one of the things that can be happening' is that she is angry. The tentative nature of the original is therefore deleted. Contextualising features of the client's account of the incident with her husband are also omitted as an understanding of her reaction in that situation is transferred to understanding her reaction to her mother. His formulation is justified through raising the

possibility that any anger toward her mother may be difficult to identify: that it 'wouldn't come out directly' and that perhaps she 'wouldn't even know'. Hence, the client's account of not being angry with her mother becomes compatible with her, in fact, being angry but with the emotion distorted and outside her awareness.

The therapist's challenge to the client's account of her feelings toward her mother is therefore managed in three ways. First, his account is premised on a reformulated understanding of what had been accomplished earlier in therapy which allows the inference of a consistent pattern. Second, the therapist is then able to transfer an understanding of the client's emotional expression in one context to another, suggestive that the root cause is within the client herself. Third, the therapist's account is premised on invoking an understanding of the emotions in which the client's own feelings may not be completely evident to her. His problem formation is, as in extract 1, followed by a pause (8 seconds, line 21) that is extremely long in conversational terms indicating, as before, the client's trouble providing a preferred confirmatory response.

A further mention of anger with regard to the client's parents appears in the third session. The following extract is presented as it demonstrates the way in which the therapist continues to develop a problem formulation around the client's feelings towards her parents and, although there is more going on in this extract, analysis will focus on the reasons he provides for the client's anger. We enter the discussion as the therapist offers a description of the client's feelings:

Extract (3) Session (3)

1	T:	That that you've got what you've got is (.)
2		feelings in yourself that you don't like (.)
3		cold calculating sort of thing which are kept
4		there by the feeling that you by the belief
5		that you can't (.) ever change anything while
6		they're alive.
7	C:	Yes probably you're right there mm.
8	T:	So you allowing them to control you you're
9		feeling a kind of anger towards them which you
10		you feel is like it's murderous it's like not
11		wanting them to be around anymore
12	C:	(mm)
13	T:	and I suppose I'm wondering what that means in
14		terms of your (.) your future for when they
15		have gone (5).

Therapist's problem formulation The therapist offers a formulation by way of a summary understanding of how the client feels and indicates a problem insofar as 'having feelings you don't like' can be understood as disturbing or, at least, uncomfortable. Moreover, stating that this is something 'you've got' has the effect of presenting this problem as unambiguous. He then goes on to offer an account of how such problematic feelings are maintained suggesting it is 'kept there by the feeling that you by the belief that you can't (.) ever change anything while they're alive'. Within the context of a client presenting with depression, raising the idea of 'changing things' implies changing things for the better, that she 'can't ever change anything', that her improvement is being obstructed. This is presented as her 'feeling' and her 'belief'. Hence, the problem is rooted in her own subjective understanding that her recovery is being impeded, if passively, by her parents. With the client's confirmation of this formulation (line 7) he continues: 'So you allowing them to control you'. She is therefore further implicated in maintaining the conditions causing her distress but, importantly for this analysis, the beliefs imputed to her are presented as adequate cause for her to feel angry with her parents (lines 8-9).

There are two important implications of this sequence. First, the therapist construes the client as feeling extremely angry with her parents without the client offering a direct disconfirmation. Second, he suggests that her anger is caused by feeling impeded and controlled by them. More will be made of this final point in the discussion.

The next mention of anger in relation to the client's parents appears in the fifth session. And it is in this sequence that the client comes to describe herself as feeling anger toward her mother. The sequence begins as the client describes her more general reaction to her mother.

Extract (4) Session (5)

1	C:	... (6) I just cannot be very sympathetic with
2		her.
3	T:	You don't feel sympathetic.
4	C:	No.
5	T:	You don't feel sorry for her you just feel
6		angry.
7	C:	I feel sorry for her um because OK she's not
8		well
9	T:	(mm)
10	C:	she's far from well but she doesn't try and
11		make the best of (.) of what she has (.) um my
12		father leads a very very difficult life with
13		her she's so demanding of him and he is so
14		patient and silly with her at times (.) um and
15		I can see you know what's happening there and I
16		I lose all sympathy and patience with her
17		really I know I shouldn't because I know she's
18		not well (.) but I I find it very difficult to
19		be very tolerant with her (.) which seems
20		really quite cruel really when you're talking
21		about your own mother.
22	T:	Yeah there there's a lot of overlay here of all
23		the duty stuff of what you should feel
24	C:	(mm)
25	T:	think we need to try and get a bit beneath that
26		to what you do feel (C laughs) and you don't
27		feel sympathetic.
28	C:	No I don't.
29	T:	Maybe if we can look and see what you do feel.
30	C:	(10)
31		Anger I think towards her (.).
32	T:	(mm)

33 C: and being as (.) the type of person that she is
34 I think.

Therapist's problem formulation The therapist offers a subtle transformation of meaning from the client's description of not 'being sympathetic – which suggests a way of behaving - to not 'feeling sympathetic' - indicating an internal state. This enables him to builds a problem formulation around the client's emotions: 'You don't feel sorry for her you just feel angry'.

Client's disconfirmation Although the client had accepted that she does not feel sympathetic toward her mother, she responds to the therapist's formulation that she 'doesn't feel sorry' for her with a disconfirmation: 'I feel sorry for her um because OK she's not well'. However, she qualifies her reasons for this. Her mother does not 'make the best of what she has' and so is blameworthy insofar as she is overly negative in the face of her illness. Furthermore, she is implied to be selfish in having a destructive effect on the client's father who 'leads a very very difficult life with her'. Thus, 'feeling sorry' is linked to her mother being ill whereas the client's lack of sympathy is explained by her mother's negativity and selfishness. However, the client also raises the possibility that she, herself, may be at fault through regarding her mother in an inappropriately severe way.

Although the client specifically disconfirms the idea that she does not feel sorry for her mother, she does not directly address the therapist's suggestion that she feels angry. What the client does indicate is that she 'lose(s) all sympathy and patience' and 'find(s) it very difficult to be very tolerant with her' and this description allows inferences to be made about how she does feel. That is, in losing sympathy and patience, the client can be understood to feel at odds and vexed with her mother. Moreover, that she finds it difficult to be tolerant suggests that she feels a certain antipathy toward her.

So, given that the feeling 'anger', which might reasonably include a feeling of antipathy and vexation, has been made pertinent by the therapist why might the client not have used this particular description? The following suggestion can be made. Between persons, part of the logic of the term 'anger' is that it is accusatory (Warner, 1986). That is, anger implies that one has been wronged or offended and may carry the connotation that one has a right to retaliate. Being angry with someone is therefore potentially disruptive of the relationship. On the other hand, describing oneself as losing sympathy and patience orients to these affiliative feelings having been present, finding it difficult to be tolerant implying the possibility that tolerance is at least attempted. Moreover, there is no implication that one has been particularly wronged or that one might seek redress. In fact, the client specifically orients to the possibility that she may be being 'quite cruel' and so herself blameworthy in some way. Thus, the client's description of her reaction to her mother, although invoking criticism of her, can be understood as generally oriented toward at least potential affiliation. This contrasts with the possibility of implying a disruption of their relationship as might have been suggested had she described herself as angry.

Continuing discussion of the client's feelings How does the therapist reply? He states; 'there's a lot of overlay here of all the duty stuff of what you should feel'. An 'overlay' suggests a surface covering of some kind. Furthermore, that this is described as 'duty stuff' that it is an artefact of convention and obligation. Thus, the therapist makes the implications available that the client has not yet expressed her true feelings and that these may be less than deferential. He goes on to indicate that an important task is to discover what she does feel and, with the client only confirming that she does not feel sympathetic (line 28), he repeats this request. This has implications for the client's former description of her reaction to her mother in that her account of losing patience and sympathy (line 19) and of finding it difficult to be tolerant (lines 18-19) is implied to be of minor importance. Moreover, that she does feel sorry for her mother (line 7) is apparently discounted.

The client responds after a ten second pause; 'Anger I think towards her (.) (T: mm) and being as (.) the type (.) the type of person that she is'. So, how did the client come to describe herself as feeling angry toward her mother in this fifth session? First, the therapist directly imputes the emotion of anger to the client in relation to her mother (lines 5-6). Second, the client's own more affiliative account of her feelings are characterised as not her true feelings. Third, her true feelings are implied to be much less deferential. Fourth, it is indicated to be an important therapeutic task that such true feelings be articulated. Moreover, fifth, the client herself had described her mother as behaving in an unduly negative and selfish way so, from the client's own account, feeling angry toward her mother might be considered reasonable. Thus, although conceivably she could have replied in many different ways, an account of feeling angry toward her mother appears, in this context, the most reasonable answer for the client to provide. Arguably, it would have required much skilled interactional work for the client to have supplied an alternative and the ten second pause before providing this account is, again, indicative of her conversational trouble.

Discussion

The primary goal of this analysis was to explicate the process of successful problem (re)formulation and in doing so descriptions were approached as social actions: that is, analysis oriented to how descriptions functioned within their immediate interactional context. Accordingly, this analysis demonstrates how client change may be approached as a discursive achievement and it was suggested that the therapist persuaded the client of the reasonableness of considering herself angry towards her mother. The benefit of a detailed examination of extracts is that many of the rhetorical strategies used by the therapist can be identified. In general, such strategies can be understood as contributing to the three stages of problem (re)formulation as identified by Davis (1984, 1986): (1) definition of the problem; (2) documentation or gathering evidence for the existence of the problem; and (3) organisation of the client's consent to work on this problem.

Problem definition was initiated in the first extract and continued in the second. The main strategy noted here was decontextualisation. The therapist glossed the specific circumstances in which the client had placed her actions making the implication available that not expressing anger is a feature of the client herself. He then transferred an understanding of the client's emotional expression in one situation to another, implying a consistent pattern in her behaviour. Production of internal cause and of client consistency is therefore accomplished within the therapy dialogue. A further strategy was production of an account in which client's own feelings may not have been completely evident to her. From the contemporary Western viewpoint, the subject is generally understood to be the adjudicator of her or his own emotional state (Lutz, 1988). Thus, unless considered deliberately deceitful, report of one's own feelings are normally immune from challenge. A pertinent exception, however, are situations in which an individual is considered 'troubled' and in which disturbed psychological processes may be invoked. Accordingly, the therapist produced an account of the obstructed or distorted nature of the client's anger to sustain a challenge to the client's own description of her feelings.

In attempting to transfer the problem definition around the client's difficulty expressing anger to her relationship with her mother, the therapist also moves into the second stage of problem (re)formulation: documentation of the problem. During this stage the therapist had to provide evidence for his characterisation of the client as feeling angry toward her mother contra the client's disconfirmation. He does so in the extracts presented here through suggesting that the client had reason to be angry with her mother and to continue to impute this emotion to her (extracts 2 & 3).

The final stage of problem (re)formulation, as identified by Davis (1986), is obtaining the client's consent to work on the problem. Here, the therapist's strategies were to discount the client's description of her feelings, to indicate it an important task to reveal her true feelings, and to imply these to be of a non-deferential nature. As such, the therapist's account draws on the idea of the 'confession' which has been identified as a central feature of contemporary medical discourse and models of subjectivity. That is, Parker (1989) suggests that the notion of confession is so organised in modern discourse that the development of a healthy identity is intimately connected to the acknowledgement of "troubling hidden secrets about the self" (p.61) and, according to Foucault, the modern subject is based on the idea that "one can, with the help of experts, tell the truth about oneself" (Dreyfus & Rabinow, 1982, p.175).

Identifying the rhetorical strategies utilised by the therapist to promote client change is not to imply that the client was the passive recipient of therapist intervention. In fact, the analysis demonstrates clearly how she participated actively in the negotiation of meaning, for example, in rejecting or modifying some of his suggestions. Moreover, this analysis shows that the therapist had to build up a very persuasive account before she accepted the alternative description of her feelings he offers. Tracing such negotiations contributes to understanding how certain versions, in this instance the therapist's, become established as 'correct'. However, conversational meaning is not always clear, even for participants, and although the client provides a seeming confirmation of the problem as formulated by the therapist, a careful examination of the contexts within which each presents an 'anger' account suggests subtle, but important, differences in meaning.

The client had originally described her feelings about her relationship with her mother in terms of being '(n)ot angry I don't think really bit sad about it' (extract 2, line 4). White (1990) suggests that "(b)oth 'anger' and 'sadness' pertain to the sorts of problematic events in which the transgressions of others impinge on the self" (p.52). Both may therefore be plausible descriptions of the client's feelings regarding her, possibly difficult, relationship with her mother. However, accounts of anger or sadness in the characterisation of a relationship carry quite different connotations. Anger, with its accusatory connotations, implies a focus on the violation of rights and the legitimacy of redress (Harré & Gillett, 1994). In contrast, sadness orients to mutuality and repair. White's

(1990) anthropological research on the 'disentangling sessions' of a Solomon Island society offers an insight into this issue. The function of disentangling sessions is to resolve conflicts within the community and the protocol of these sessions calls for the presentation of complaints in the format of 'sadness' rather than 'anger' accounts. In explanation, White suggests that "(i)n doing so, conflict events are narrated so as to highlight valued interpersonal relations and community solidarity" (1990, p.52). Accordingly, negotiating an understanding of sadness into one of anger has the effect of transforming the moral context of the client's relationship with her mother through offering different standards of evaluation which affect the meaning awarded this relationship.

Research suggests that, from the American-English viewpoint, injured rights represent a central cause of anger (Averil, 1979). More specifically, in the United States anger has been shown to relate to transgressions of the values of fair play, competitiveness, and individualism (Tarvis, 1982). Both participants studied here were British. However, in providing evidence that the client had reason to be angry the therapist can be understood to evoke the value of individualism in terms of frustration of the client's personal freedom in being impeded and controlled (extract 3). The client, on the other hand, appeared to draw more on the transgression of social obligation and, hence, of fair play in her own accounts implicating the possible appropriateness of anger: her husband's broken promise to the children (extract 1) and her mother's selfishness towards the client's father (extract 4).

The difference between the therapist and client's account is captured in another anthropological example. In the Micronesian Ifaluk community Lutz (1988) found that "anger which is a response to personal restraint and anger which is a response to a moral violation by another [song], is lexically coded" (p.178). These two possible forms of anger do not have different words in English but appear particularly relevant to the present study. The social cohesiveness implied in the client's original 'sadness' account appears maintained in her description of feeling angry towards her mother in response to moral violation and contrasts the therapist's grounding of anger in relation to personal constraints. Hence, although she finally responds to the therapist's problem formation with what appears to be a confirmation it is open to a more transgressive reading as the subtleties of discursive context in which this is offered suggests that she also retains an important moral aspect of her original account. The meaning of her statement remains open, forever deferred.

Reflexive evaluation

In my concluding paragraphs I explore how reflexivity is understood within discursive psychology and use this discussion to consider the usefulness of discursive analysis for qualitative psychotherapy research within a relational centred ethos.

Potter (1988) makes a case that discursive analysis is a reflexive practice in that it "involves a critical interrogation of our own presuppositions and unexamined techniques for sense-making" (p.48). Moreover, he argues that discursive analysis is presented in an inherently reflexive manner in that the process of interpretation is displayed and made as explicit as possible through linking analytic claims to specific aspects of the text and, in so doing, draws attention to its own constructed nature. This form of social constructionist reflexivity opposes introspective or 'confessional' uses of reflexivity, more compatible with humanistic, phenomenological, or psychodynamic methodologies in which the researcher is situated in relation to the research in a self-consciously revelatory description (Finlay, 2003). Social constructionist approaches deconstruct confessional reflexivity as unavoidably selective and, as any description, rhetorically constructed so as to provide a certain kind of (persuasive) account.

In prioritising and honouring the subjective experience of the research participant as his or her truth, relational centred qualitative research is compatible with confessional uses of reflexivity. However, this is not a naïve or simplistic acceptance of self-revelation as a key concept in relational centred research is the way in which meaning evolves in dialogue between self and other. However, a crucial facet of relational centred research is maintaining a sense of the lived experience of participants. In contrast, the refusal of discursive analysis to posit a psychological subject may seem to undermine the humanity of participants through implying that therapeutic change is no more than speaking differently and intervention no more than persuasion. Discursive psychologists would side- step this objection by deconstructing 'humanity' as a historico-cultural construct and examining the rhetorical functions of 'no more'. On another level, however, discursive analysis is eminently compatible with relational centred research in accepting what is given and honouring the others' perception as it is for them – at that moment of speaking in that particular context. Discursive analysis certainly challenges our sense of self as human beings but allows detailed exposition of how this sense of self is brought into being in conversation with others.

Reflecting on his own discursive research, Harper (2003) highlights how reflexivity might be usefully conceived as a way of making the researcher accountable for their work. Harper interprets accountability as owning his reading and avoiding implied criticism of participants. In this he stays clearly within the remit of discursive analysis through avoiding speculation on participants' psychology or motivations and focusing on the effects of their talk: talk that may have unintended effects through being open to interpretation by interlocutors, researchers, readers of the research, and the speaker him- or her-self on different occasions. Hence, when successful, discursive analysis works with reflexivity to facilitate "recognition of multiple, shifting researcher-participant positions" (Finlay, 2003, p.14).

In practice it is extremely difficult to write in a way that avoids inculcating a strong authorial voice and to presents findings in a way that truly allows the reader to consider alternative interpretations. One problem is lack of space. This is particularly true of the present study as there was room for only four short extracts and the reader has to trust that I have not done an injustice to the material that was left out. Moreover, although the analysis itself does indeed offer an exposition of the analytic process, it is an extremely sanitised, worked-up account which, arguably, hides rather than exposes the construction of the reading, and my sense of the analysis is one of paradox. My voice as author is there as I unpick the participant's accounts and consider them discursively constructed versions of the matter at hand. Yet I as author am hidden in that the analysis implies an objectivity and neutrality, perhaps originating in the felt need to provide a seamless account of what was happening in the therapy talk. However, I am struck by the potential, at least, of discursive analysis to open- up rather than closing-down readings.

In summary, a central tension between discursive and relational centred qualitative psychotherapy research rests on the different understandings of subjectivity at the core of the two perspectives. What I would like to suggest, however, is that the findings of discursive psychotherapy research may still be utilised in the service of relational centred practice. A detailed analysis of psychotherapy dialogue may be revealing in terms of how therapeutic meaning is co-constructed, how change is enabled through talk, and how cultural resources are mobilised within the practices of therapy. I would argue that such knowledge has a function, not least, in enhancing the ability of relational centred psychotherapists to be reflexive practitioners.

References

Abu-Lughod, L. & Lutz, C. A. (1990) Introduction; emotion, discourse, and the politics of everyday life (pp 1-24). In C. A. Lutz & L. Abu-Lughod (Eds.), *Language and the politics of emotion*. Cambridge, UK: Cambridge University Press

Atkinson, J. M. & Heritage, J. (Eds.) (1984) *Structures of social action*. Cambridge, UK: Cambridge University Press

Averill, J. R. (1979) Anger. In H. E. Howe & R. A. Diestsbien (Eds.), *Nebraska Symposium on Motivation 1978*, vol. 26. Lincoln, USA: University of Nebraska Press

Beck, A. T., Ward, C. H., Mendelson, M. Mock, J. & Erbaugh, J. (1961) An inventory for measuring depression. *Archives of General Psychiatry*, 4, 561-571

Burr, V. (2003) *Social constructionism* (2nd ed.). London: Routledge

Davis, K. (1984) *Problem (re)formulation in psychotherapy*. Rotterdam: Kontesksten

Davis, K. (1986) The process of problem (re)formulation in psychotherapy. *Sociology of Health and Illness*, 8, 44-74

Dreyfus, H. & Rabinow, P. (1982) Michel Foucault: *Beyond structuralism and Hermeneutics*. New York: Harvester Wheatsheaf

Edwards, D. & Potter, J. (1992) *Discursive psychology*. London: Sage

Finlay, L. (2003) The reflexive journey: Mapping multiple routes (pp. 3-20). In L. Finlay & B. Gough (Eds.), *Reflexivity: A practical guide for researchers in health and social sciences*. London: Blackwell Science

Finlay, L. & Evans, K. (2009, forthcoming) *Relational centred research for psychotherapists: Exploring meanings and experience*. Chichester, Sussex: Wiley Blackwell Publishers

Garfinkel, H. & Sacks, H. (1970) On formal structures of practical actions. In J. C. McKinney & E. A. Tiryakian (Eds.), *Theoretical sociology*. Appleton-Century-Crofts

Gill, R. (1995) Relativism, reflexivity and politics: Interrogating discourse analysis from a feminist perspective. In S. Wilkinson & C. Kitzinger (Eds.), *Feminism & Discourse*. London: Sage

Greenberg, L. S. & Watson, J. C. (2006) *Emotion-focused therapy for depression*. Washington, DC, US: American Psychological Association

Harper, D. (2003) Developing a critically reflexive position using discourse analysis (pp. 78-92). In L. Finlay & B. Gough (Eds.), *Reflexivity: A practical guide for researchers in health and social sciences*. London: Blackwell Science

Harper, H. (1995) *Developing the new paradigm in psychotherapy research: Client confrontation challenges in a psychodynamic-interpersonal therapy*. University of Sheffield: Unpublished Ph.D. thesis

Harré, R. & Gillett, G. (1994) *The discursive mind*. London: Sage

Heritage, J. C. & Watson, D. R. (1979). Formulations as conversational objects. In G. Psathas (Ed.), *Everyday language: Studies in ethnomethodology*. New York: Irvington

Hobson, R. F. (1985) *Forms of feeling; The heart of psychotherapy*. London: Tavistock Publications

Lutz, C. A. (1988) *Unnatural emotions: Everyday sentiments on a Micronesian atoll and their challenge to Western theory*. London: University of Chicago Press

Madill, A. (2006) Exploring psychotherapy with discourse analysis: Chipping away at the mortar (pp.23-58). In C. T. Fischer (Ed.), *Qualitative research methods for psychologists: Introduction through empirical case studies*. NY: Academic Press.

Madill, A. & Barkham. M. (1997) Discourse analysis of a theme in one successful case of brief psychodynamic-interpersonal psychotherapy. *Journal of Counselling Psychology*, 44, 232-244

Madill, A. & Doherty, K. (1994) “So you did what you wanted then": Discourse analysis, personal agency, and psychotherapy. *Journal of Community and Applied Social Psychology*, 4, 261-273

Madill, A., Widdicombe, S. & Barkham, M. (2001) The potential of conversation analysis for psychotherapy research. *The Counselling Psychologist*, 29, 413-434.

Parker, I. (1989) Discourse and power. In J. Shotter & K. Gergen (Eds.), *Texts of identity*. London: Sage

Pomerantz, A. (1975) *Second assessments: A study of some features of agreements/disagreements*. Unpublished doctoral dissertation. University of California at Irvine

Potter, J. (1988) What is reflexive about discourse analysis? The case of reading readings (pp. 37-52). In S. Woolgar (Ed.), *Knowledge and reflexivity: New frontiers in the sociology of knowledge*. London: Sage

Potter, J. (2003) Discourse analysis and discursive psychology (pp. 73-94). In P. M. Camic,
J. E. Rhodes, & L. Yardley (Eds), *Qualitative research in psychology: Expanding perspectives in methodology and design*. Washington, DC, US: American Psychological Association

Potter, J. & Wetherell, M. (1987) *Discourse and social psychology: Beyond attitudes and behaviour*. London: Sage

Shapiro. D. A., Barkham, M., Hardy, G. E. & Morrison, L. A. (1990) The second Sheffield psychotherapy project: Rationale, design and preliminary outcome data. *British Journal of Medical Psychology*, 63, 97-108

Soldz, S. & McCullough, L. (Eds). (2000) *Reconciling empirical knowledge and clinical experience: The art and science of psychotherapy*. Washington, DC, US: American Psychological Association.

Tarvis, C. (1982) *Anger: The misunderstood emotion*. New York: Simon & Schuster

Warner, C. T. (1986) Anger and similar delusions. In R. Harré (Ed.), *The social construction of emotions*. Oxford: Blackwell

White, G. M. (1990) Moral discourse and the rhetoric of the emotions (pp 46-69). In C. A. Lutz & L. Abu-Lughod (Eds.), *Language and the politics of emotions*. Cambridge: Cambridge University Press

Wooffitt, R. (2005) *Conversation analysis and discourse analysis: A comparative and critical introduction*. London: Sage