Conversation Analysis and Psychotherapy

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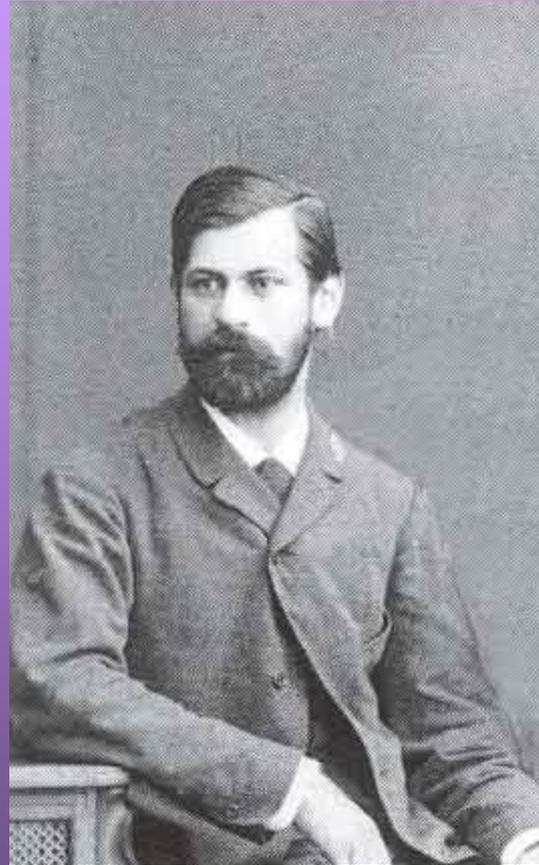
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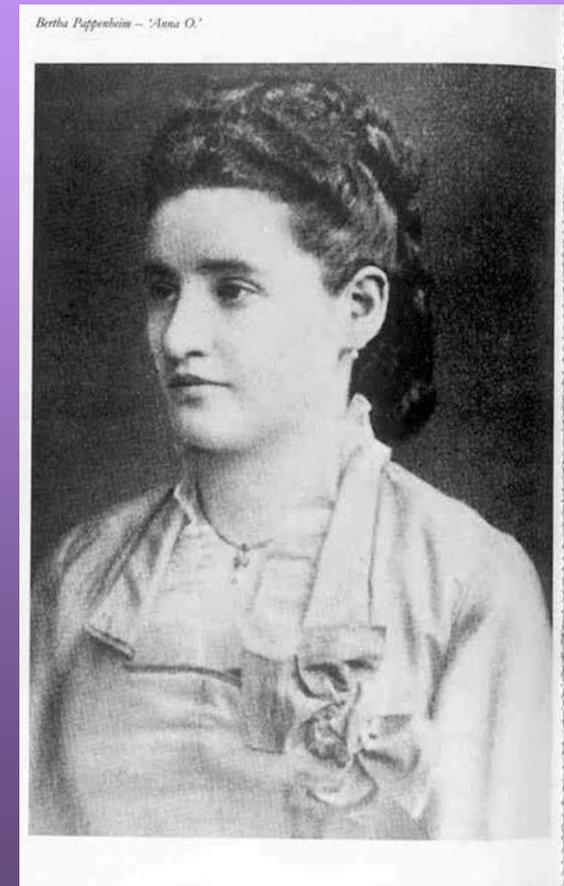
The University of Manchester

Talking Cure

Josef Breuer

Sigmund Freud

Bertha Pappenheim (Anna O)

Initial Questions

- **How is conversation organised as practice?**

- **How is psychotherapy organised as practice**

- **Is there more to psychotherapy than 'just talking'?**

Psychoanalysis & Psychoanalytic psychotherapy

- **Psychoanalysis** is a form of psychotherapy used by qualified psychotherapists to treat patients who have a range of mild to moderate chronic life problems. It is related to a specific body of theories about the relationships between conscious and unconscious mental processes, and should not be used as a synonym for psychotherapy in general. Psychoanalysis is done one-on-one with the patient and the analyst; it is not appropriate for group work.

- **Psychoanalytic psychotherapy** is a modified form of psychoanalysis that is much more widely practiced. It is based on the same theoretical principles as psychoanalysis, but is less intense and less concerned with major changes in the patient's character structure. The focus in treatment is usually the patient's current life situation and the way problems relate to early conflicts and feelings, rather than an exploration of the unconscious aspects of the relationship that has been formed with the therapist.

- **Technical concepts**: e.g. transference, interpretation, resistance

Cognitive Behavior Therapy

- Cognitive therapy or cognitive behavior therapy is a kind of psychotherapy used to treat depression, anxiety disorders, phobias, and other forms of psychological disorder.

- A system of psychotherapy based on the premise that distorted or dysfunctional thinking, which influences a person's mood or behavior, is common to all psycho social problems. The focus of therapy is to identify the distorted thinking and to replace it with more rational, adaptive thoughts and beliefs.

- It involves recognizing distorted thinking and learning to replace it with more realistic substitute ideas. Its practitioners hold that the cause of many (though not all) depressions are irrational thoughts.

Person centered psychotherapy

- **<u>Carl Rogers</u> referred to PCP as counseling rather than psychotherapy. He also believed that the relationship between the client and the therapist is not a patient-doctor relationship in which the patient passively submits to something that is done *to* him/her by the healer. On the contrary, it should be a person-to-person relationship in which the therapists talks *with* the client. By using the word "client" instead of "patient," Rogers wanted to indicate that the client is not sick in any organic sense.**

- **<u>technical concepts</u> – congruence (i.e. genuiness), unconditional positive regard, empathic understanding, self-actualization**

Does psychotherapy work?
Randomised control trial evidence

- **<u>Hans Eysenck</u> – no scientific evidence that psychoanalysis works**
- **<u>Mary Smith</u> - Meta-analysis of 375 psychotherapy outcome studies**
    - **the typical therapy client better off than 75% of untreated individuals**
    - **virtually no difference in effectiveness of behavioral therapies (e.g., systematic desensitization and behavior modification) and the non-behavioral therapies (e.g., Rogerian, psychodynamic, rational-emotive, and transactional analysis).**
- **<u>Daniel Moerman</u>**

    Psychotherapies work by allowing, under a guidance of the therapist, the client to integrate their life in a narrative, so giving it meaning

    <u>Problem</u>: Psychotherapy is treated as a black box

Brief Therapy – an example

1. **T: so so eh:m okay tell me a little bit about (0.6) the work like eh 0.6 your <u>feelings</u> in the company or- you know how how you <u>feel</u> bout the place how you feel about the people that you work with, you mentioned that manager that – 0.6 you didn't think they were managing the place very well 0.6**

2. **C: no they don't, eh everything is haphazard, nothing's planned 0.9 when they do plan stuff its because they are already in a panic sta- situation rather than 1.0 they'r 1.0 you know like they don' plan from the ou::tset so, by the time they do implement a plan, it has to be implemented, 0.9 in a- its kind of – kind of pressurized panicked sort of way**

3. **T: yeh:**

4. **C: so where you gona e:m 1.1 and there's never any kind of – like people do kind really have to give ( ) in order to get the jobs done (0.7) there is never any kind of real- kind of thanks for it**

5. **T: mhm**

Brief Therapy – the example continued

6. **C: ehm 0.3 hh. if nothing goes wrong with your stuff 0.5 ehm 0.3 then they'll say nothing to you**
7. **T: right**
8. **C: and if they find something wrong 0.4 then they'll go ma:d 0.7**
9. **T: ok so there's no- 0.3 you- you're not getting much praise or recognition for what you do. You're only getting (0.3) eh:m tsk eh [tension for what (??) you don't do right**
10. **C: [yeh its always negative. Yes its always negative feedback there is never any positive feedback 0.4**
11. **T: okay and and how - does that affect your job, your work do you think?**

Brief Therapy – the example continued

11. **C:** em I think 0.5 at this point 1.9 it gets to the point where you don't care anymore
12. **T: mm:**
13. **C:** you don't have any interest in 0.9 you don't have any pride in your work
14. **T: 0.6 right 0.3**
15. **C:** you don't feel any great urge to kind of 2.4 to be <u>bothered</u> 0.5
16. **T: y:[eh**
17. **C:**   [you just don't feel- 0.4 like 0.3 whats the point in- 0.3 you just feel totally demotivated tht- whats the point in 0.9 in sort of giving something more energy
18. **T: yeah**
19. **C:** and when you arrive in there you automatically 0.8 feel tired
20. **T: right**
21. **C:** an 1.0 like y you don't have any sense of kind of 0.3 achieving something or wanting to even achieve something

Conversational Organisation

Sequential organisation

Turn-taking is locally managed

– **turn constructional units**

– **projectable transition relevance places**

– **turn allocation rules**

(see Levinson, ch. 6; original in Sacks, Schegloff and Jefferson, 1978)

Turn allocation rules

1. If the speaker S selects another participant P, then at the next transition point S must stop speaking and P must speak next.

2. If S does not select the next speaker, then any other participant may self-select, and the first one gains the right to the next turn.

3. If S has not selected the next speaker, and nobody self-selected, S may continue to speak.

4. These rules apply recursively

Conversational structure

- **<u>Adjacency pairs</u>**

  A: What time is it? B: Six o'clock.

  A: Make me a cup of tea. B: Okay.

- **<u>Pre-sequences</u>**

  A: *Are you hungry yet? B: Starving* **A: Okay, I'll start cooking.**

- **<u>Insertion sequences</u>**

  A: Can I use your mobile? *B: Have you lost it again? A: Yes?* **B: Here you are.**

Psychotherapeutic Gambits - what to do and what to avoid doing

- Active listening

- Re-formulation

- Interpretation

- Client and therapist self-disclosure

- Second stories

Brief Therapy – active listening

11. C: em I think 0.5 at this point 1.9 it gets to the point where you don't care anymore

12. T: mm:

13. C: you don't have any interest in 0.9 you don't have any pride in your work

14. T: 0.6 right 0.3

15. C: you don't feel any great urge to kind of 2.4 to be <u>bothered</u> 0.5

16. T: y:[eh

17. C: [you just don't feel- 0.4 like 0.3 whats the point in- 0.3 you just feel totally demotivated tht- whats the point in 0.9 in sort of giving something more energy

18. T: yeah

19. C: and when you arrive in there you automatically 0.8 feel tired

20. T: right

21. C: an 1.0 like y you don't have any sense of kind of 0.3 achieving something or wanting to even achieve something

Psychotherapeutic Gambits - reformulations

Cl: and >taking the head off people for nothing<. So he changed completely but (1.0) in a w:ay it doesn't matter because your kind of waiting on whether - you see 'cos 'cos you kind of think 'cos you know he could be: like (0.7) 'cos he's gone through this huge phra-phase of being like really ba:d once

Th: mm:

Cl. for such a long t:ime that it's left such a deep mark on people (0.7) that- I think that in a way even though he's grand <u>no:w</u> your still: (0.9) in a way he's ruined it >you know what I mean<

Th: [mm:]

Cl: [>you know it's] <u>ha:rd</u> to come back from that 'cos he's he's ruined the mood.< 1.0

Th: *okay <u>so:</u> y- >you obviously are a bit a little bit< <u>damaged</u>↑ by it are you?* *0.2 ((damaged here is pronounced in a tentative way))*

Cl: Yea (0.3) its like we don't (1.0) personally anyway I think yeh: it's nicer okay >I feel a little bit more like ∘doing stuff with him∘< (0.6) I feel a bit better about my stuff (0.4) ts (0.3) you know a:hm >but on the other hand< (2.8) >I still don't really feel like going out and killing myself over it either [you know] I feel like <u>well</u> (0.8)

Formulations in Conversation

'A member may treat some part of the conversation as an occasion to describe that conversation, to explain it, or characterize it, or explicate, or translate, or summarize, or furnish the gist of it, or take note of its accordance with rules, or remark on its departure from rules. That is to say, a member may use some part of conversation as an occasion to formulate the conversation' (Garfinkel and Sacks, 1970)

Formulations in conversation – an example of an upshot

1. E: Hullo:
2. C: Hello is ehm (0.3) Ilene there?
3. E: Ye:h this is Ile:ne
4. C: Oh hi, this is Charlie about the trip to Syracuse
5. D: Yeah, hi
6. …
7. C: Hhheh I was um: (0.3) I when u- I spoke to Caryn (0.2) 'hh and um it was really bad because she decided of all weekends for this one to go away (0.6)
8. E: What?
9. C: She decided to go away this weekend.
10. …
11. *E: So you are not gonna go up this weekend?*
12. C: No, I don't think so

The focal uses of formulations in conversation and psychotherapy

Conversation

    - Demonstrating understanding

Psychotherapy

    - Demonstrating understanding

    - Channelling the direction of the listener's talk

Psychotherapeutic gambits - interpretation

'statements made by the analyst to the patient in which he attributes to a dream, a symptom, or a chain of free associations some meaning over and above (under and below) that given to it by the patient'

(Rycroft, 1995, p. 85)

Psychoanalytic interpretation – an example
(adjusted from Vehvilainen, 2003)

1. Th: So that you may be anxious because (1.6) the unity of your team, (0.4) >you are afraid< that it has disappeared (2.0)
2. Th: >and because< you would have to take <u>si:</u>des as you had to take sides also back [then at home.
3. Cl: [mm:
4. Cl: 15.0
5. Nfffffhhhh

(Psychotherapist here uses common conversational resource but in a psychanalytical way)

What psychotherapists do not do: 1. Self-disclosure

1 M: I mean I like he:r and I think she's wonderful'n
   (0.6) but I don't feel ''ohhh look at m[y ba:by''

2 HV: [No,

3 M: .h It doesn't really worry me cause I know it'll
   come with ti:me.=

4 HV: =It does [yes.

5 M: [But ehm-

*6 HV: Yeah. .h Well when I first had mi:ne I couldn't
   stand the sight of him?*

7 M: °Heh heh heh,

Therapist self disclosure

'the doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him'. (Freud, 1912 / 1958)

Why? Therapist disclosures interferes with *transference*

Leudar, Antaki and Barnes (2006): therapist self-disclosures rather rare

Therapist self-disclosure – CBT example

1 C from there=(on) I go' (shop) work, (.3) (??'s) cut –
   price sto:re (.4) 'ts when I left school (this)

2 T uhhuh (2.5)

3 C a:h (.) 't worked two weeks as a (sold'rer) (1.6)?
   °hh°=

4 T =that's about two weeks more than ↑I would
   stand(h).

5 C yeh

What psychotherapists do not do:
2. second stories

Conversations:

One person tells a story to another, e.g.

A. Say did you see anything in the paper last night or hear anything on the local radio, Ruth Henderson and I drove down to Ventura yesterday,

B. Mm hm

A. And on the way home we saw the:: most gosh awful wreck

                          (Sacks, 1995, Vol 2, lecture 1, p. 9)

Function of 2nd stories in Conversation

- **Coordination of personal experiences**
- **Critiquing of reported actions**

What psychotherapists do not do (cont.)

• Why do they rarely use self-disclosure?

•Why do psychotherapists almost never use 2nd stories?

Some conclusions so far

- **Psychotherapists make use of the resources conversation provide**

- **There are no special psychotherapy turn-taking systems or therapy specific adjacency pairs**

- **Psychotherapists do not use some conversational resources to maintain membership category structure (i.e. therapist/client or counsellor/client)**

- **The use of resources is modulated by the therapists according to their professional background**

Psychotherapy in context

'The practice of therapy is seen as occurring exclusively inside an isolated situation: the session. Although sessions actually are particular parts of clients' lives elsewhere and of therapists' institutional work practices, the conduct of sessions is assumed independent thereof … the actual contextuality of the social practice of therapy then goes unnoticed' (Dreier, 2008, p. 5)

'It should be of great concern how clients include their therapy into their lives in other places in order to deal with their everyday troubles. That is what therapy is there for.' (Dreier, p. 12)

Managing Settings 1 – Psychoanalytic child psychotherapy

Extract 1: (0:00-0:23)
1 ST   <u>Come</u> and sit down and <u>choose</u> a place
2   ((the children are milling around and sitting down))
3 KB   >come=and sit down<
4 ST   the big chair's for me because I'm ><u>bi(h)g</u>=and <u>fat</u><
5   and I need a <u>big</u> chair
6   (0.8)
7   ((everyone is seated apart from ST, KB and Lucy))
8   °and=we nee:d° ><u>two</u> people to sit over that side.<
9   *((points to the other side of the table))* (0.4)
10   *((to Gemma))* Sorry, can I <u>just</u> <u>push</u> <u>thr:ough</u>? *((ST*
11   *squeezes past Gemma to her own chair))*
12   (4.0)
13   <u>Oh</u>:::::ah *((ST sits down))* (0.4) °<u>there</u> we are° (0.4)

Managing Settings 1 – Psychoanalytic child psychotherapy

Extract 2 (0.24-0.42)

14 ST <u>now</u> first of all, (0.6) can you see? There is a camera
  <u>there</u>, (0.3)
15   *((ST points to one camera, the children follow her gaze))*
16   °and a camera <u>there</u>°. *((ST points to the other camera,
    the children look))*
17   (0.4) and <u>those</u> are just going to <u>film</u> us, (0.5) so that we
18   can <u>th::ink</u> about what you've <u>sh:own</u>=us (0.5)
19   a:nd <u>how</u> we've talked to you, >and think
20   "<u>is</u> there a way we can do it <u>even</u> better next time."< (0.6)
21   okay?, so <u>don</u>'t <u>worry</u> about them.

Managing Settings 1 – Psychoanalytic child psychotherapy

Extract 3 (0:43-1:32)
22 ST Now (0.6) what I want to do (0.7) is say hello to
        everybody
23   and=I'm (0.3) <u>v:er:y</u> <u>slow</u> at learning names
24   so you're gonna have to help me (1.2)
25   yes? (0.6)
26   My name's=<u>Shirley</u>. (0.9) *((door bangs))*
27   <u>Kevin</u>. *((ST points to all the adults in turn.*
28   *The children look))* (1.7)
29   <u>Tess</u> (0.6) >who's just going to be watching and
30   writing things down for us.< (.)
31   <u>Tom,</u> who is in charge of the <u>cameras</u>.
32   (1.0)
33   and now we need to know <u>your</u> names. (0.3)
34   *((looks at Lucy))* Will you tell us <u>your</u> name please?
35   Lucy: <u>Lucy</u>
36 ST that's <u>Lucy</u>, (0.3) hello <u>Lucy</u>. (0.6)

Managing Settings 1 – Psychoanalytic child psychotherapy

Extract 3 (0:43-1:32) cont.

37	*((ST looks at Ronan))*
38 Ronan	my name's <u>Ronan</u>↑ (0.4)
39 ST	that's <u>Ronan</u>, hi::.
40	(1.5)
41	*((everyone looks at Talal))*
42 ST	°and what's your name?°
43 Talal	°Talal°
44 KB	<u>Talal</u>↓
45 ST	<u>Talal</u>↑, (0.7) hello <u>Talal</u> (0.9)
46	*((everybody looks at Dave))*
47 Dave	°er, my name is <u>Dave</u>°
48 ST	hello <u>Dave</u>
49 Gemma	<u>Gemma</u>
50 KB	<u>Gemma</u>
51 ST	hello <u>Gemma</u>

Managing Settings 1 – Psychoanalytic child psychotherapy

Extract 4

52. ST	Now we know all know each other, at least the names. (.)
53	It will take a while to feel at home here (0.7) and to feel safe.
54	Yes? that's a bit like starting big school isn't it?
55	(1.0)
56	Some of you are new. I know Ronan was here last year.
57	Who=else was here last year? in the nursery?
58	*((KB points to Lucy))*
59	(1.8)
60	no=one? Were you here in the nursery Lucy?
61 Lucy	°yes°
62 ST	Ye:s. and you↑ (0.5) Gemma you were, weren't you↑ (0.6)

Managing Settings 1 – Psychoanalytic child psychotherapy

Extract 4 cont.

63 ST   But you are new. *((to Dave))*

64   (1.0)

65   and that's hard and Talal is new and that's hard. And

66   all the other kids know each other and you are in a new place

67   (0.3) with new teachers.

68   (1.0)

69   and you don't know all the other kids.

70   (1.2)

71   it makes it reahlly hard

72   (1.0)

73   °yes° (0.4)

74 KB °and you don't know us°.

75   (1.0)

76   and you don't know what's happening here

77   (2.4)

78   it's very worrying.

Managing Settings 1 – Psychoanalytic child psychotherapy

Extract 5 (3:38 – 4:05)
115 KB the other thing we need to say
116   (1.0)
117   is that, what we talk about here
118   (1.0)
119   will be between <u>us</u>.
120   (2.4)
121   >we don't need to talk to your <u>par</u>ents about=it↑ (0.5)
122   and we don't need to talk to: your <u>teach</u>ers about it.<
          (0.9)
123   <u>except</u> if there's something where we <u>think</u>,
124   somebody needs to be kept <u>safe</u>.
125   (1.2)
126   okay?
127 Ronan: I'm al<u>ready</u> <u>safe</u>↑(0.7)
128 KB well <u>the:n</u> (0.3)
129 ST that's how we <u>like</u> it to be.

Managing settings 1 - Psychoanalytic child psychotherapy

Extract 6 (1.55 – 2.15)
79 KB   What we <u>want</u> you to do (0.7) is we want you
80   to te:- to tell us and teach=us (0.8) by <u>show</u>ing us,
81   using the <u>play:dough</u> *((points to playdough))* (0.3)
82   and the <u>draw:</u>ing (.) equipment – the <u>paper</u>,
83   <u>pen</u>s, and <u>pen</u>cils *((points to this))* (0.7) what it's
84   <u>like</u> to be (0.7) a <u>five</u> year old (0.4) and in the
85   re<u>cept</u>ion class.
((Talal, Dave, Gemma and Ronan are sitting still and looking from KB to the playdough and pens on the table. Lucy is looking at the playdough on the table in front of her.))

Psychoanalytic child psychotherapy

Extract 7 – 'Squish' (6.06 – 6.50)
184 ST   >and=other days you can feel so small you
185   don't <u>want</u> to do interesting things.<
186   (1.0)
187   And you can think *((ST puts on a grumpy voice))*
188   < "I <u>don't</u> <u>like</u> <u>them</u>">
189   (1.5)
190   "I <u>don't</u> <u>like</u> all these new things"
191   (2.0)
192   Mm::? "I want things I <u>know</u> about, an' feel <u>safe</u> with"
193   (6.0)
194   >and it's <u>hard</u> because all the time you've got to be <u>big</u><
195   (2.5)
196   *((whispering hoarsely))* its <u>ha:::r:d.</u>

Psychoanalytic child psychotherapy

Extract 8 'Squish' (6.06 – 6.50) cont.

197	(1.0)
198	*((ST's body tenses, and she gestures and speaks as if she's*
199	*been squeezed and squashed))* you feel ↑all s<u>qui:shed!</u>↑(0.2)
200	>every which way<
201	(1.0)
202 Gemma	heh!
203 ST	↑<u>squi:shed</u>↑ into being big. (0.2) ↑<u>squi:shed</u>↑ into sitting still on the mat.
204	(2.0)
205	↑<u>Squished</u>↑ into doing your work like a <u>good</u> girl
206	(0.2)
207	or a <u>good</u> boy.

Managing setting 2 – CBT

Extract 1
40 Cl   .h w'I was ↑on a hundred an'=now (.) now I'm on
41   ni:nety. (1.0) of depixol.
42   (4.6)
43 Cl   that was red↑u:ced four weeks ago. (0.8)
44 Cl   so=em jus' getting ↑used to it you see.(1.5)
45 ?   .hhh .hhh hh
46   (3.8)
47 Th   °ok°?=.pt=hh ↑well- (.) I'm sure like Gerry did today,
48 Cl   ↑oh ye:⌈h
49 Th   ⌊like Gerry d- (.) normally did, we'll set an
50   agenda. (.) >at the beginning of the session=
51   to< ↑make sure that all the things the information
52   ↑you want, (.) an' ↑I want .h get⌈↓covered.
53 Cl   ⌊°°mm°°

Managing setting 2 – CBT

Extract 2

```
82 Th ⌊okay, (.) .hh ⌋=so'f we ↑start by saying how
83      things are ↓going, (.) seeing how you are,
84 Cl  (righ::)
85 Th  .h ↑any questions you'd like=°↑anything° ↓you'd
86      like to put on the agenda for today: (.) to make
87      sure 't you get discussed.
89 Cl  erm=h (1.2) well ↑one thing I've ↑just ↑noticed
90      just in the last (1.0) w'l=last ↑ni:ght I was thinking
91      about >it'=I w'=thinking I< might be epilep:tic (.)
92      or something like that.
93 Th  °right°
```

Managing setting 2 - CBT

Extract 2 cont

94   Cl   becus' (.) ↑<u>um</u> (.) ↑sometimes: (.9) one thing I've

95   worked out is that thee: (.3) medication. (.7) um

96   helps you cut ↑off from °things° sometimes so

97   that .h eh- er so that it=doesn't all become

98   overstimulating, you know. .hhh=*((one sharp cough))*

99   (.3) .h .pt=and er and s-sometimes *((small 'cough'))*

100   *((wipes nose?))* °scuse me°

101   (3.0)

102 Cl   t<u>some</u>times um (2.9) it: um (.3) I <u>rea</u>lise when I've (.4) cut

103   myself off from something,= like watching °the telly°.

104   (.4)

105 Cl   .hh because erm (1.6) I see ↑<u>black</u>(.) ness,

106   I (reelice) >th'I've seen< blackness:. really. (.3)

107 Th   >.pt<=o⌈kay

Managing setting 2 - CBT

Extract 2 cont.
107 Th >.pt<=o⌈kay
108 Cl   ⌊and maybe it's cos I been thinking about
109   ↑something els::e.
110   (.6)   *3.41*
111 Cl an=ah'=I thought that ↑if I saw blackness it might be
112   ↑epilepsy or somethin' like that.
113   (.)
114 Cl   ⌈.hh c's it ↑happens a lot of the <u>ti:</u>me.
115 Th ⌊°↑oright.°
116   (.)
117 Cl ⌈(y' have.)
118 Th ⌊o↓kay=h. ↑<u>let's</u> ↑↑<u>put</u> ↑that on the agenda for
119   ↓now, and take a little =bit uv'time in the session (.) for
120   <u>you</u> to describe your symptoms too <u>me.</u>

Managing setting 2 - CBT

Extract 3
191 Cl   if I get into bed at eleven o'clock- (0.5) °I feel like my°
192   ↑voice is ↑echoing, °you know like when you're°
193   ↓talking an' (.3) y'feel like your voice is outside of your
194   head, (.7) it's strange.(.6) <u>ern</u> (.5) but ↑erm ((*6.20*))
195   (1.2) .pt <u>if</u>- (.3) °(<wha'ma sayin:'>)
196   (-   ⌈ - - -)
197 Th ⌊.<u>hh</u>-   (0.3)
198 Th ↑I ↑wonder if you'd ↓mind if I kindov- (.3) just:=stopped
199   you there for a moment, (.) cos we've
200   ⌈got <u>qui</u>te a lot of

Managing setting 2 - CBT

Extract 3 cont.
201 Cl   └(-   -   -)
202 Th   things=we were <u>set</u>ting an agenda, (.) .h just to help us
203   <u>struc</u>ture the session °a little bit° (.3)
204 Cl   °↑mm°=
205 Th   =<u>and I</u> ↑<u>wo</u>nder if a ↑number of those things, (.) that we
206   could kindov- (.) you've mentioned a number of things
207   that are quite problem<u>at</u>ic for you:
208   (.) .h⌈h b't inst↑ead of mentioning them as they come,
209 Cl   └↑<u>yea</u>::↓h
210 Th   .h=what about we make a problem list, and a <u>goal</u> list

Wittgenstein on telling one's intentions

'Why do I want to tell him about an intention too, as well as telling him what I did. … because I want to tell him something about myself, which goes beyond what happened at the time. I reveal to him something of myself when I tell him what I was going to do.- not, however, on grounds of self-observation, but by the way of a response (it might be also called an intuition).'

(*Philosophical Investigations*, §659)

Elizabeth Anscombe - 'Actions under descriptions'

1. 'Are we to say that the man who (intentionally) moves his arm, operates the pump, replenishes water supply, poisons the inhabitants, is performing *four* actions?' (Anscombe, 1957, §26)

2. '… in the acts of pumping poisoned water nothing in particular is necessarily going on that might not equally well have been going on if the acts had been pumping non-poisonous water. Even if you imagine that pictures of inhabitants lying dead occur in the man's head, and please him – such pictures could also occur in the head of a man who was *not* poisoning them, and *need* not occur in this man. <u>The difference appears to be one of circumstances, not of anything that is going on *then*</u>. (ibid, §24, the last emphasis ours)

3. 'For moving his arm up and down with his fingers round the pump handle *is,* in these circumstances, operating the pump; and, in these circumstances, it *is* replenishing the house water-supply; and in these circumstances, it *is* poisoning the household. (ibid, §26)

"Speaking generally, it is always necessary that the circumstances in which words are uttered should in some way, or ways, be appropriate, and it is very commonly necessary that either the speaker himself or other persons should *also* perform certain *other* actions." (Austin, 1962, p. 8; italics in the original).

Questions for CA/Ethomethodological studies of Psychotherapy

1. Is psychotherapy a generic practice despite its distinct and contrary theories and meta-languages?

2. Which aspects of psychotherapy are generic and which are specific to a particular school of psychotherapy?

3. What is the relationship between conversation analytic and therapy school specific descriptions of psychotherapeutic dialogues?

4. How fully can sequential conversation analysis describe how participants in psychotherapy manage settings?

5. How is contextualisation in distinct psychotherapies managed?

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