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After Interpretation: Third-Position Utterances in Psychoanalysis

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Using 58 audio-recorded sessions of psychoanalysis (coming from two analysts and three patients) as data and conversation analysis as method, this article shows how psychoanalysts deal with patients' responses to interpretations. After the analyst offers an interpretation, the patient responds. At that point (in the *third position*), the analysts recurrently modify the tenor of the description from what it was in the patients' responses. They intensify the emotional valence of the description, or they reveal layers of the patients' experience other than those that the patient reported. Both are usually accomplished in an implicit, nonmarked way, and they discreetly index possible opportunities for the patients to modify their understandings of the initial interpretation. Although the patients usually do not fully endorse these modifications, the data available suggest that during the sessions that follow, the participants do work with the aspects of patients' experience that the analyst highlighted. In discussion, it is suggested that actions that the psychoanalysts produce in therapy, such as choices of turn design in third position, may be informed by working understanding of the minds and mental conflicts of individual patients, alongside the more general therapeutic model of the mind they hold to.

In this article, I will report a conversation analytic study that shows how psychoanalysts deal with patients' responses to interpretations. In *third-position* utterances (that is, after an exchange in which the analyst offers the interpretation, and the patient responds to it), the analysts recurrently modify the tenor of what the patient says. I will argue that the tenor modifications discreetly index a possibility for the patients to modify their understandings of the initial interpretation.

Before presenting the results of the study, a brief overview of the concept of interpretation in clinical theory is due. In the classical psychoanalytic theory, interpretation is considered as *the* key technique in doing psychoanalysis. In his widely used textbook on psychoanalysis, Greenson (1967) characterizes interpretation as “the ultimate and decisive instrument,” while “every other procedure prepares for interpretation or amplifies an interpretation” (p. 39).

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In an interpretation, the analyst suggests to the patient that there is some meaning in what the patient has said that the patient is not aware of (Rycroft, 1995). Therefore, as Greenson (1967) puts it, “[t]o interpret means to make an unconscious phenomenon conscious” (p. 39).

In the past decades, psychoanalysts have increasingly questioned the therapeutic function of interpretation. It has been suggested that rather than the insight brought about by interpretation, it is something else that cures or helps the patient in psychoanalysis—be it the emotional bond and interaction between the participants (see, e.g., Jones, 1997; Stern et al., 1998), new experience gained in psychoanalysis (Bateman & Holmes, 1995, pp. 22–24), or self-observation by the patient (Spacal, 1990). The disputes, however, seem to focus on the *therapeutic effects* of interpretations, not so much on whether the analysts should or should not give interpretations in the first place. As it appears in the data that this research is based on, as well as in other variably recorded naturalistic material on the psychoanalytic interaction that is available (e.g., Tuckett et al., 2008), analysts indeed do continue giving interpretations, regardless of the theoretical debates about their importance. The delivery and reception of interpretations thus seems to be one of the key actions in psychoanalytic interaction, one of the ways in which analysts and patients achieve their being analysts and patients.

In interactional terms (see Bercelli, Rossano, & Viaro, 2008; Peräkylä, 2004, 2005, 2008; Vehviläinen, 2003), an *interpretation* involves an utterance by the analyst about the mind of the patient. Interpretations are designed to show that they are grounded on what the patient has told the analyst (Peräkylä, 2004; Vehviläinen, 2003), but at the same time, their design shows that what they convey is the analyst’s view, not just a summary or a reformulation of what the patient has said (Bercelli et al., 2008) and that they propose something that the patient might not have been aware of (Peräkylä, 2005). So, for example, in Extract 4 (lines 1 and 3), to be examined later, the analysts says in a segment taken from a longer interpretation: “I think that it’s actually difficult for you . . . to admit that . . . you didn’t . . . have a father.” The utterance refers back to what the patient has told about his family of origin, it presents the analyst’s view (“I think that”), and it is designed to show that this might be news to the patient (“actually”). In the data to be presented in what follows, a number of interpretations will be shown.

In recent years, the interactional ramifications of interpretations in psychoanalysis and cognitive and systemic psychotherapies have been investigated in a number of conversation analytical studies. Vehviläinen (2003) and Peräkylä (2004) have explored the preparation of interpretations, showing, for example, how the analysts build up a puzzle through their interventions such as formulations, which puzzle is then resolved through the interpretation (Vehviläinen, 2003). On the other hand, Peräkylä (2005) and Bercelli and colleagues (2008) have examined the patients’ responses to interpretations, showing how the therapists design their actions so as to elicit extended responses (not only simple agreement or disagreement) from the patients. In this article, I will take up, as it were, the next step in the interpretative trajectory, by examining the ways in which the psychoanalysts deal with the patients’ responses to interpretations. In other words, I will focus on the *third position* that comes after the analyst’s interpretation (*first position*) and the patient’s response to the interpretation (*second position*). I will expand and specify the analysis that has been recently put forward for the clinical audience (Peräkylä, 2010).

In earlier conversation analytical research on interactions other than psychotherapy, the third-position actions—i.e., actions in which the producer of an initiatory action such as a question or request deals with the response that the cointeractant gave to this initiative—have been shown to be crucial for the achievement, maintenance, and defence of intersubjectivity (Heritage, 1984; Schegloff, 1992). Moreover, the third-position actions have been found to be crucial in the

performance of institutional tasks; for example, in classrooms (where the teacher comments upon pupils' answers, and also moves the interaction forward, in third position—see Lee, 2007; Mehan 1979) and in research interviews (where the interviewers treat the interviewees' answers either as sufficient or insufficient through their third-position actions—see Ehrling, 2006). In this study, I will show how the third-position utterances after interpretation in psychoanalysis accomplish modification of the tenor of description, whereby the analyst discreetly indicates that there is more emotional intensity or more layers in the patient's experience than what the patient revealed in his or her response to the interpretation.

DATA AND METHOD

The study is based on a corpus of 58 audio-recorded psychoanalytic sessions that were collected in Finland in 1999 and 2000. The recordings come from two psychoanalysts (a male and a female), one of whom participates with two patients and the other with one patient. Each dyad recorded about 20 consecutive sessions. All participants gave their full consent for the data to be recorded, analyzed, and published, and in the following extracts all identifying information has been changed.

During the time of the recording, the patients were in a middle part of their psychoanalysis—not close to the beginning nor close to the ending of the analysis. There were about 130 interpretations found from the dataset, and many of them involve the whole sequence of actions described in this article (interpretation—elaboration—third-position utterance).

The audio recordings were transcribed using the conversation analytical notation developed by Gail Jefferson (see, e.g., Schegloff 2007, pp. 265–269). The data were analyzed using the methods of conversation analysis (see, e.g., Drew & Heritage, 1992; Heritage, 1984; Peräkylä 2004). Idiomatic English translations will be presented alongside the original Finnish data.

In the beginning part of the project, the author worked in close collaboration with Dr. Sanna Vehviläinen. While the results presented in this article arise from data analysis performed later, Dr. Vehviläinen's intellectual contribution to the formation of the ideas presented also in this article should be fully acknowledged. More recently, Maari Kivioja has had a central role in the organization of data, and she has thereby also contributed to the outcome of the data analysis.

POSTINTERPRETATIVE SEQUENCE

As pointed out previously, the interpretation is an analyst's utterance where the speaker proposes something new about the patient's mind. It involves a *first-position* action.

In the *second-position* action, the patient responds to the interpretation. Such responses can be agreeing or disagreeing. In this article, we are only concerned about agreeing responses. In agreeing responses, there are minimal agreements and extended agreements (cf. Bercelli et al., 2008). The extended agreements involve what I (Peräkylä, 2005) have called *elaboration* of the interpretation: In them, the patient takes up the interpretation, for example, by illustrating, explaining, or expanding some aspects of it. Thereby, the patient not only agrees, but also shows something of his/her understanding of the interpretation. Both Peräkylä (2005) and Bercelli and colleagues (2008) have shown that elaboration/extended agreement is the default response to an interpretation: When the patients produce minimal agreements (and not elaborations) the analyst

or psychotherapist regularly pursues the patients' responses by adding new elements to their interpretative utterances, in many cases until the patient eventually produces an elaboration.

In this article, I will examine sequences in which the patient's response to an interpretation indeed involves an elaboration. Our focus, however, will be on *third-position* actions. They are the analysts' utterances that come after the patient's elaboration, and in which the analyst in some way deals with the elaboration (see Bercelli et al., 2008, p. 57; Peräkylä, 2005, p. 175, note 1). In particular, I will consider such third-position actions in which the analyst continues the interpretative activity, i.e., goes on describing the patient's mind—thus leaving aside the few cases in which the analyst in third position discontinues the interpretative activity—for example, by asking a factual question about the patient's elaboration—or produces a candidate understanding about what the patient might have meant. Extract 1 provides an example of the postinterpretative sequence.

Extract 1 (K3, B17:778-826)

01 AN: And >there is< an awful amount of exactly that kind of
Ja >siin on< on tavattoman paljon juur semmosta

02 (0.3) some stra- strange (0.3) deference
(0.3) jotain me- merkillistä (0.3) kunnioitusta

03 which of course in part has (0.4) maybe originially
joka tietysti osittain on (0.4) saattanu liittyä

04 been to mother but (0.3) possibly still primarily
alun perin äitiin mutta (0.3) ehkä juur ennen

05 to men alias (0.3) to the father °image°.
kaikkea miehiin eli (0.3) isäku°vaan°.

06 (.)

07 PO: Mmmm.

08 (0.3)

09 AN: So I'm the kind of father who is very (0.3)
Et minä olen semmonen isä joka on hyvin (0.3)

10 aristocratic and noble (0.4) so it's strange that I put up
ylhäinen ja hieno (0.4) et kumma ku minä siedän

11 with you.
sinua.

12 (1.0)

13 AN: as your real father did not put up with you and even Svante
kun sitte oikea isä ei sietäny eikä Svantekaan

14 didn't reall[y °put up with you°.]
oikee[n °sietäny°.]

1

understandings that the patient brought forward in the elaboration. The revision is accomplished through a *modification of the tenor of the description* in relation to the patient's elaboration. These modifications bring out new layers, or new degrees of emotional intensity, in the description of the patient's experience. In most cases, the modification of tenor is *implicit* and *unmarked*. Sometimes, however, the modification is *explicit* and *marked*.

In what follows, we will present examples of each type of work (confirmation, implicit modification of tenor, explicit modification of tenor) that the third-position utterances do. Thereafter, I will discuss the ways in which the analysts' third-position utterances are followed up by the patients in their subsequent turns, and the ways in which the modifications of the tenor are linked to the evolution of the joint narratives across sessions.

CONFIRMING THE PATIENTS' ELABORATIONS

There is a confirming element in all third-position utterances considered in this article: They treat the patient's elaboration as an adequate basis for furthering the description of the patient's experience. In most cases, the confirming elements are mingled with implicit or explicit modification of the tenor of the description (cases to be examined later in this article). We will begin the analysis, however, by considering cases where the confirmatory work is most salient.

Consider again Extract 1. The interpretation arises from the patient's reflections about her feelings of inferiority in relation to the men in her life and her deference to them (data not shown). In his interpretation (end part of which is shown in box 1), the analyst draws a parallel between himself and the other men in the patient's life (especially the patient's biological father and "Svante," her former partner, deceased a long time ago), suggesting that the patient sees the analyst just like she sees the other men, as people who hardly tolerate her. (It should be pointed out that drawing parallels between the patient's relation to figures in her past and her relation to the analyst is a rather standard procedure in psychoanalytic interpretations. It arises from the theory of transference, according to which patients "transfer" feelings attached to their important others, onto the analyst—see, e.g., Rycroft, 1995, pp. 185–187). The patient first indicates agreement with the interpretation (line 15) and thereafter (box 2) elaborates the interpretation, by drawing a contrast between the other men and "Jussi," her last partner, who died very recently, implicating that her relation to Jussi was very different from that to all other men.

As the patients' elaborations often are (see Peräkylä, 2005), this one is also selective in relation to the initial interpretation: The patient does not take up, for example, the analyst's references to the patient's relation to the analyst (i.e., the "transference" aspects of the interpretation, see lines 9–11), nor does she elaborate on the unhappiness of her relations to men. Instead, the patient draws a contrast between the negative relational pattern described by the analyst and the good relation that she had with her recently deceased partner. The analyst's third-position utterance (box 3) strongly confirms what the patient said about her experience, continuing and even strengthening the patient's line of reasoning. He does not pursue the aspects of the interpretation that the patient did not take up (patient's relation to himself, or the unhappiness of the past relations). The turn-initial *nii*, with emphasis, already conveys the confirmation. After the *nii*, the analyst extends the patient's description of Jussi, maintaining the contrast between him and other men by pointing out that Jussi (unlike the other men, see lines 10, 13, and 14) *tolerates* the patient, and by upgrading this contrast by pointing out that he even *respects* her. Thus, the

analyst's third-position utterance preserves and confirms the tenor of the patient's elaboration (patient's relation to Jussi was different from all other relations) and upgrades the evaluative elements that the patient had brought into the elaboration.

Also in Extract 2, the analyst third-position utterance involves confirmation of the tenor of the patient's elaboration.

Extract 2 (Tul K9 B12:7)

- 01 A: .mthhh You know I think >that everything's true 'bout that<
.mthhh Tiätsä m:inä l:uulen >et siin on kaikki juur totta<
- 02 so on the one hand she was a (0.4) great per°son°. (1.5)
että toisaalta hänhän oli (0.4) suurenmoinen ih°minen°. (1.5)
- 03 .mhhh But then again she brought (.) terrible disa°ppointments°
.mhhh Mu:tta sitten toisaalta hän aiheutti sinulle (.)
- 04 on you (0.7) by abandoning you °this way° .hhh
hivittäviä pe°tymyksiä° (0.7) juur tällä hyl°käämisellään° .hhh
- 05 and by not understanding what this
ja sillä et hän ei ymmärtäny mitä se
- 06 abandonment means to °you°. 1
hyl°kääminen merkitsee si°nulle°.
- 07 (2.0)
- 08 A: And that for you she was (0.6)
Ja et hän sinun kannalta oli (0.6)
- 09 an extremely split per°son°. 1
valtavaan kahtiajakautunu per°soona°.

10 P: Yeah.
J:oo.

11 A: ((coughing)) (0.4) .hhhh ((coughing))
kröhhmmmm (0.4) .hhhh KRÖHHH

12 (57.0)

13 P: Yeah she was #w:# was split and (.)
Nii hän oli #o:# oli kahtiajakautunu ja (.)

14 for me and also in general she was (1.6) .mthh
minun kannaltani ja hän oli yleensäkin (1.6) .mthh

15 I guess so (.) #s:# (0.7) split in many directions
kai sitte niin (.) #m:# (0.7) m:oneen suuntaan jakautunu

| | | |
|----|--|---|
| 16 | really and a contradictory (4.1) person. oikeastaan ja ristiriitainen (4.1) ihminen. | 2 |
| 17 | (12.7) | |
| 18 | P: .mthh That (she) had so many (.) many other .mthh Et (hänellä) oli niin paljon (.) paljon muitakin | |
| 19 | needs (0.6) than to be be my mother. tarpeita (0.6) paitsi se että olla olla minun äitini. | |
| 20 | (1.3) | |
| 21 | A: Mmmmm. Mmmmm. | |
| 22 | (5.3) | |
| 23 | A: .mhhhhh (0.9) So one could say that (0.4) she is .mhhhhh (0.9) Et vois sanoa että (0.4) hän on | 3 |
| 24 | (0.3) was for you much more important than you were (0.3) oli sinulle paljon tärkeämpi ku sinä olit | |
| 25 | for °her°. häne°lle°. | |

In his interpretation (box 1), the analyst points out the disappointments that the patient's mother has caused her. He suggests that the patient's mother had two very different sides to her: a "wonderful person" and someone who abandoned the patient and didn't even know what being abandoned meant to her. The patient minimally confirms the interpretation in line 10, and a long silence ensues (line 12). After this, the patient produces an elaboration (box 2), in which she takes up the analyst's suggestion that her mother was split. During the course of the production of her utterance, she alternates between a description that arises from her own perspective (what mother was *for the patient*) and one that arises from a generalized perspective (what mother was, as it were, *in herself*): In line 14, she moves from her own perspective to a more generalized one, and in line 19, she again comes closer to her own perspective. In his third position (box 3), the analyst takes up the patient's elaboration. In an utterance that is designed as a formulation (Antaki, 2008; Heritage & Watson, 1979), he summarizes what the patient suggested, retaining the alternation between the two perspectives, as he formulates the contrast between what *she was for you* (lines 23–24) and what *you were for her* (lines 24–25). Thereby, he confirms the patient's understanding of her experience, as it was displayed in her elaboration (box 2).

In cases examined thus far, the analysts' third-position utterances were strongly aligned with the patients' elaborations. The analysts took up the patient's descriptions of their experience, they summarized and continued those descriptions, and while doing so, they considered these experiences from the same perspective the patients had done in their elaborations, preserving the

tenor of the description. By so doing, the analysts also confirmed the patients' understandings of the interpretation, as they were shown in the patient's responses to the interpretations.

IMPLICIT MODIFICATION OF THE TENOR

Usually in our data, the confirmatory aspects of the third-position utterances are mingled with another kind of relation between the elaboration and the third-position utterance: one where the analyst modifies the tenor of the description in the third position. In most cases, the tenor modification is implicit.

Through a third-position utterance with an implicit modification of tenor, the analyst shows or proposes something new from the patient's experience—a layer, dimension, or aspect of the patient's experience that was not included in the patient's elaboration. This showing of something new is done in an unmarked way, under the auspices of agreement and continuity in relation to the patient's elaboration. This implicitness makes the modification of the tenor also challenging for conversation analysis.

Consider Extract 3. Before the segment, and repeatedly through this session, the participants have been talking about the patient's tendency to avoid talking freely during the analytic sessions. The analyst has pointed out that the patient, instead of letting his talk flow as the patients are supposed to do in order to associate freely, controls his talking. The analyst's interpretation (shown in box 1) suggests an explanation for that: The patient wants to analyze things himself in order to not become dependent on the analyst's interpretations. In his elaboration (box 2), the patient confirms and takes up this.

Extract 3 (Tul K1; C15)

- | | | | |
|----|----|--|---|
| 01 | A: | Maybe also that is really important that .hh that () (.) Ehkä se on todellakin tuokin tärkeää että .hhh että () (.) | |
| 02 | | perhaps there is such an issue here that when you say something ehkä täs on semmonen piirre että ku sä sanot jotakin niin | |
| 03 | | .hhh then (1.3) it is possibly exactly that .hhhh that you .hhh niin (1.3) siinä ehkä juur on se että .hhhh että siun | |
| 04 | | should straight away be able to .hhh analyse that so pitäs sitte saman tien pystyä .hhh a:nalysoimaan se niin | 1 |
| 05 | | °that° you will not remain dependent on what .hhh I °say°. et°tä° sie et jää riippuvaiseksi siitä .hhh mitä minä °sanon°. | |
| 06 | | (3.4) | |
| 07 | A: | And #er: : # will not possibly be surprised at that. Etkä y#: :# mahdollisesti ylläty siitä. | |

08 (4.7)

09 P: (So) perhaps as it were .hhhh I'm doing the kind of (.) first
(Että) ikään ku että .hhhhh mä niinku teen semmosen (.) karkean
10 screening already °here°.
seulonnan jo täs°sä°.

11 (.)

2

12 A: Yeah,=
Joo,=

13 P: =Like completing it °here°,
=Niinku val°miiksi°,

14 (0.7)

15 A: Yeah,
Joo,

16 (2.7)

17 P: °Yeah°
°Joo°

18 A: .hh[h A#n : :d#] so the frightening situation is perhaps that
.hh[h Ja#:: :] et# se pelottava tilanne ehkä on että

19 P: [(that's how<)]
[(kyl se nii<)]

20 A: .hhh you're talking happily chatting away .hhh and all of a
.hhh sie puhut ilosesti rupattelet niitä näitä .hhh ja yhtäkkiä

21 sudden I will give an awful inter°preta[tion°].
mä teen jonkun kauhean tulkinn[an°].

22 P: [mhheh Yes,
[mhheh Nii,

3

23 A: Which will catch you as it were pants
Joka yllättää sinut niin sanotusti housut

24 do°w[n°].
nilko°is[sa°].

25 [Pants down yeah.
[Housut kintuiss joo.

26 (11.7)

27 A: .mthhh (0.5) Well now we have to start closing this down hh.
.mthhh (0.5) Jaa nyt mejän täytyy ruveta lopettelemaanhhmm.

28 (.)

29 A: Now I haven't managed to finish the receipt #yet#,
Nyt mä en saanu vielä sitä kuittia val#miiksi#,

While taking up the interpretation in his elaboration (box 2), the patient focuses on his tendency to control his talking. He makes tentative self-reflective statements on the ways in which he, on his own, examines the contents of his mind, before expressing them to the analyst. While thus taking up one part of the analysts' interpretation (see lines 1–4), the patient at the same time focuses away from the other part (lines 5–7): dependency and being surprised, the avoidance of which the analyst suggested is the underlying motivation for the patient's controlled talking.

The analyst first receives the elaboration by two acknowledgements (*foo*, lines 12 and 15). In his third-position utterance (box 3), he on one hand extends the patient's description and on the other suggests an upshot of it (see the turn-initial construction "and so" in line 18, indicating this dual function). As an utterance that has features both of an extension and a formulation, the analyst's utterance presents itself as being in line with what the patient has suggested. It also treats the patient's utterance as a valid response to the interpretation, as an adequate ground for continuing the exploration of the patient's mind.

However, an implicit modification of the tenor of the description takes place in this third-position utterance. Instead of focusing on the ways in which the patient controls his talk (the focus of the patient's elaboration), the analyst's third-position utterance reinvokes the motivational perspective that was there in his interpretation. He builds up a hypothetical, humiliating scene that he suggests the patient wants to avoid by controlling his talk. The scene is depicted using emotional words: *frightening situation; happily chatting; all of a sudden; awful interpretation; catches you; pants down*. While the patient's elaboration described, in affectively neutral terms, his self-control as it appears to him, the analyst's third-position utterance focuses on the affects that may lie behind this self-control. Similarly, while the patient's elaboration described the solitary workings of his mind, the analyst's third-position utterance takes up the transference relation between the analyst and the patient that shapes and motivates the workings of the patient's mind. So, the analyst in third position modifies the tenor of the description of the matters that are being interpreted implicitly, without marking or flagging that very modification.

A similar sort of implicit modification of the tenor of the description occurs in Extract 4. Earlier during this session, the patient has told about his athletics hobby as a teenager, and especially about his disappointment that his mother did not encourage him in this hobby. In his long interpretation (only the latter part of which is shown here), the analyst suggests that the patient's disappointment in his mother in fact involves a deeper disappointment in the fact that the mother was not the father. The sense of this particular interpretation is embedded in the participants' shared knowledge about the patient's biography: His father became an alcoholic and eventually left the family when the patient was in his early teens. In sessions before this one, the participants have discussed what the patient felt about his father at the time (and as we will see in the last part of this article, they continued that discussion after this session). So, the analyst's interpretation suggests that the patient did not in fact miss his mother's encouragement; what he missed was his father being there. To put it in psychoanalytic parlance, he suggests that the patient has *displaced* (Rycroft, 1995, p. 39) his feelings of disappointment from his father to his

mother, perhaps because they were too painful when attached to their original target. When the extract begins, the analyst is about halfway through the interpretation.

Extract 4 (Tul 6:3 C8)

- 01 AN: ... >I think that it's actually< diff:cult for you,
... >Mä luulen et sun on< v:aika oikeestaan,
- 02 (1.2)
- 03 AN: to admit that that eh (.) you didn't didn't have a father.
myöntää sitä että että y' (.) is#: # isä puuttu sinulta..
- 04 (1.2)
- 05 AN: So that it was as it were mother's fault,
Sillä tavalla et se oli vähän niinku äidin vika,
- 06 (1.3)
- 07 AN: mt that father wasn't there.
mt että isä puuttu.
- 08 (0.7)
- 09 AN: .hh And it shows in this way that .hhh (0.2) #: # you
.hh Ja se ilmenee tällä tavalla että .hhh (0.2) #: # sie
- 10 miss the characteristics (0.8) that
kaipaavat niitä ominaisuuksia (0.8) joita
- 11 <the father would have had>.
<isässä olisi ollut>.
- 12 (2.2)
- 13 AN: And (.) you are (dissatisfied) now with mother for
Ja (.) oot (tyytymätön) äitiin nyt
- 14 the fact (0.7) tch that the >mother didn't have< those
siitä (0.7) mt että >äidillä ei ollu< niitä
- 15 characteristics.
ominaisuuksia..
- 16 (1.6)
- 17 AN: That mother wasn't father.
Että äiti ei ollu isä.
- 18 (3.5)
- 19 AN: #It's the fa:ther's (1.0) duty (.) normally
#Isän: # (1.0) tehtävänäh'n (.) tavallisesti
- 20 (1.0) #() to e#ncourage (0.5) the son to o-
on: (1.0) #(juu:r) i: #nnostaa (0.5) poikaa u-

- 21 outdoor activities and sports.
ulkoiluun ja urheiluun.
- 22 (6.0)
- 23 AN: tch To hunting expeditions and,
mt Metsälle ja,
- 24 (1.5)
- 25 AN: to athletic fields and so on.
urheilukentille ja niin edelleen.

- 26 (18.5)
- 27 PA: .mthhhhff hhhmthh (1.0) tch hhhh
.mthhhhff hhhmthh (1.0) mt hhhh
- 28 (6.2)

- 29 PA: .mthh Yeah::, (.) It is true (.) true of course,
.mthh Nii::, (.) Tottahan se on (.) on tietysti,
- 30 =It is father who >should have been< by the athletic field.
=Isänhän siellä kentän laidalla >ois pitäny< olla.
- 31 (0.8)
- 32 PA: Whooping.=>shouldn't he<.
Hiikumassa.=>Eikö niin<.

2

- 33 AN: Yeah.
Niin.
- 34 (10.0)

- 35 AN: .hh And in the steering committee of the athletic club
.hh Ja urheiluseuran#:# johtokunnassa
- 36 (1.0) supporting the youngsters work.
(1.0) tukemassa nuorten työtä.

3

- 37 (5.2)
- 38 PA: Yeah:
Nii:
- 39 (35.0)
- 40 Pa: .mthhh °(Wok-) yeah°
.mthhh °(Tyt-) niin,°

- 41 (4.2)
- 42 Pa: tch So ↓I: somehow >I didn't< didn't didn't >for example<
mt Et ↓mää: jotenki >mä en< en en >esimerkiks sit niinku<
- 43 even as a child .hhh I din't assume that father #erm#
lapsenakaan .hhh ees olettanu että isä #e::#
- 44 °°father would do something like that°°.
°°isä tekis semmosta°°.
- 45 (4.7)
- 46 PO: °Could it be (even) like that.°
°Voisko se olla (ihan) niin.°
- 47 (4.0)
- 48 AN: °Niin.°
- 49 (1.0)
- 50 AN: If you feel like °that°.
Jos sinusta tuntuu °siltä°.

The analyst's interpretation is first met by a long silence, during which the patient sighs (lines 26–28).² Thereafter, he produces an agreement token (line 29), after which he goes on with an elaboration of the interpretation (box 2). In the elaboration, he takes up the last part of the interpretation, having to do with the father's conventional duties in relation to his son (lines 19–25), and, by applying this perspective to his own childhood situation, comes to the conclusion that it indeed is the father who should have been cheering for him by the athletic field. He completes the elaboration with a tag question (line 32), thereby inviting the analyst's agreement.

In response to the tag question, the analyst immediately produces an agreement token, *niin* (line 33), thus confirming the patient's elaboration. Then, after a 10-s pause, a third-position utterance (box 3) ensues. The analyst continues the description that the patient has just produced, through a syntactically fitted, *and*-prefaced extension. He adds to the description another social scene where the patient's father should have been (but was missing from): the steering committee of the athletics club. Through its design as a syntactically fitted extension that builds upon and continues the patient's description, the third-position utterance displays the analyst's acceptance and appreciation of the patient's elaboration. Thereby, it also ratifies the patient's understanding of the initial interpretation.

²Elsewhere (Peräkylä, 2005) I have shown how in this case (and in many others in our data) the patient remains silent through a number of transition-relevance places (see lines 4, 8, 12, 16, 18, 22) where the interpretation could be treated as completed. The analyst deals with the lack of patient uptake by adding increments to the interpretation, thereby pursuing response and also revising the interpretation. In lines 19–25, the analyst eventually offers an account of a father's conventional duties, as evidence for his initial interpretative statement regarding the displacement of disappointment from father to mother. By focusing his elaboration on this final incremental part of the interpretation, the patient avoids elaborating the material offered in the earlier parts of the interpretation (the displacement of the disappointment from mother to father).

However, as in Extract 3, the third-position utterance here also involves an implicit modification of the tenor of the description. In this case, the modification has to do with the way in which the missing father, and his relation to his son, is depicted. In the patient's elaboration, the father is cheering for his son. This father is somewhat childish, as he is *hihkumassa*, perhaps best translated "whooping." The son earns the father's attention through his achievement. In the analyst's third-position utterance, the father is depicted from a different perspective. The father's childishness and his dependence on the son's achievement have given way to a more powerful and independent figure, who is a benefactor for the young people.

A key point in the analyst's initial interpretation was that the patient, without acknowledging it himself, is missing a father. The patient's elaboration displays him realizing something of this: His father should have been there at the athletics field. It appears that the third-position utterance, through the modification of the tenor of the description, intensifies the sense of loss and displays more of its ramifications: What the patient is missing is also—and perhaps primarily—a powerful and independent figure, somebody to be proud of. In the last empirical section of the article, we will return to the significance of this modification of the tenor by exploring the related thematic threads in sessions that came after this one.

As a final example of the implicit modification of the tenor of the description, let us return to Extract 2. In this case, the analyst's third-position utterance, during the course of its production, realigns itself vis-à-vis the elaboration, from the primarily confirmatory position (shown and analyzed in the previous section) toward implicit modification of the tenor (to be analyzed shortly). The continuation of the analyst's third-position utterance is shown in Extract 2b.

Extract 2b (CONTINUATION OF 2)

| | | | |
|----|----|---|----|
| 18 | P: | .mthh That (she) had so <u>many</u> (.) <u>many</u> other .mthh Et (hänellä) oli niin <u>paljon</u> (.) <u>paljon</u> <u>muitakin</u> | 2 |
| 19 | | needs (0.6) than to <u>be</u> <u>be</u> my <u>mother</u> . tarpeita (0.6) paitsi se että <u>olla</u> <u>olla</u> minun <u>äitini</u> . | |
| 20 | | (1.3) | |
| 21 | A: | Mmmmm. Mmmmm. | |
| 22 | | (5.3) | |
| 23 | A: | .mhhhh (0.9) So one could say that (0.4) she is .mhhhh (0.9) Et vois sanoa että (0.4) <u>hän</u> on | 3a |
| 24 | | (0.3) was for you much more important than <u>you</u> were (0.3) oli sinulle paljon <u>tärkeämpi</u> ku <u>sinä</u> olit | |
| 25 | | for °her°. häne°lle°. | |

26 (3.3)

27 And that's the central disappoint^oment for you^o.
Ja se on se keskeinen petty^omys sinulla^o.

3b

28 P: .mh^hh Y^eeahh.
.mh^hh Nⁱih^hh.

29 (2.1)

30 That's one way of saying it but then < (2.0) that's what
Näinkin voi sanoa mut et sitten < (2.0) että

31 I felt like.
minusta tuntui siltä.

32 (0.4)

33 A: So that's a more apt^o way to put it^o.
Eli se on oi^okeammin sanontu^o.

As suggested in the earlier discussion on this segment, in the first part of his third-position utterance (box 3a), the analyst takes up the alternation of the two perspectives (that of the patient and that of the patient's mother) initially articulated in the patient's elaboration. By adding a new element to his third-position utterance in its continuation (box 3b), the analyst, however, nails down what is the primary perspective: It is that of the patient, to whom the fact that she was less important to her mother than her mother was to her, caused the disappointment. So, while offering his utterance as one that is in line with the patient's elaboration, the analyst nevertheless does implicit work in which he departs from the alternating perspectives of the patient's elaboration and puts the patient's needs and disappointments in the center.

In this section, we have considered the analyst's third-position utterances with an implicit modification of the tenor of the description. Without marking or flagging it, these utterances show or propose something new in the patient's experience—something that was not included or not foregrounded in the patient's elaboration. The modification of the tenor can involve (a) *intensification of emotional aspects of the patient's experience*, or it can (b) bring forward *a new layer* of that experience. In most cases, these get intermingled. Thus, in Extract 3, the new layer of experience involved the relation between the analyst and the patient that might have caused the patient's reluctance to speak freely, and the intensification of emotion involved pointing out the patient's fear of being humiliated. In Extract 4, the new layer of experience involved the powerfulness of the father that the patient was missing, and the intensification of emotion involved upgrading the patient's sense of loss. In Extract 2b, the third-position utterance brings the patient's own emotional experience (disappointment) to the foreground, thus again both showing a new layer of experience and intensifying the emotion in the description. Taken together, these two characteristics of the third-position modifications of the tenor—intensification of emotion and adding new layers of experience—demonstrate that the third-position utterances, as it were, *upgrade* what the patients brought out in their elaborations of the interpretation. The third-position utterances present to the patient materials that are more demanding and/or complex to take on.

By modifying the tenor of the description of the patient's experience from what it was in the patient's elaboration, the third-position utterances examined previously accomplish psychoanalytic work. While maintaining the continuity between the patient's preceding talk and the third-position utterance, they propose the possibility of taking onboard something more from the initial interpretation than what the patient, in his or her elaboration, has thus far taken.

Importantly, the third-position utterances that we are examining occur after the patients have, through their elaborations, *agreed with* the initial interpretations. Through their elaborations, the patients have aligned themselves with the activity of interpreting. Therefore, after the elaboration, there is a *kairos* moment—"time of tactical appropriateness, of shifting priorities and objects of attention" (Erickson, 2004, p. 7) for suggesting new understandings to the patient, as he or she is, through his/her elaboration, already there with the analyst in the activity of interpreting.

In bringing to the foreground facets or implications of the initial interpretation that the patient's elaboration did not take up, the third-position utterances in some cases *return* to something that was first suggested in the initial interpretation and what the patient's elaboration failed to take up, and in other cases, they bring in *something new* that is contingent upon the patient's elaboration, but was not as such there in the initial interpretation. The sense of return is strong in Extract 3, where the initial interpretation referred to "transference" feelings and expectations, the elaboration did not take them up, and the third interpretative turn brought them back. On the other hand, in Extract 4, bringing in the more powerful aspects of the missing father appears to be contingent upon the image of the father that the patient brought up in his elaboration. There, the modification of the tenor of the description does not invoke something from the initial elaboration, but rather, takes its departure, and moves forward, from what the patient says in the elaboration.

In the third-position utterances with the implicit modification of the tenor of the description, the analysts' proposal for the patient to take "something more" onboard from the interpretation is done implicitly, without the modification being marked or highlighted. This proposal does not constitute any kind of rejection of the understanding of the interpretation that the patient has indicated in his or her elaboration, nor does it demand the patient to see things as the analyst does. The proposal is also tailored—both topically and syntactically—to the understandings that the patient showed in his or her initial response.

EXPLICIT MODIFICATION OF THE TENOR OF THE DESCRIPTION

In most cases, the modification of the tenor of the description in the analyst's third-position utterance is of the implicit kind that we saw in the preceding section. Sometimes, however, it is explicit. The third-position utterance is then designed as one that is disjunctive in relation to the preceding patient elaboration, and it openly proposes some redirection of the talk. The shift is marked with a disjunction marker—such as *kuitenkin* ("nonetheless"), *toisaalta* ("on the other hand"), or *mutta* ("but"). The explicit modifications of the tenor make manifest the affordances for perspective shift that there reside in the third position after interpretation.

These third-position utterances treat the preceding patient elaboration in some respect as insufficient, as something in need of the modification. On the other hand, they nevertheless deal with the elaboration as a relevant response and as a basis for the continuation of the talk, as they do not pass by or reject the elaboration.

Extract 5 is a case in point. The analyst's first response to the patient's elaboration involves strong agreement, which is followed by a disjunctive statement. The interpretation (only the final part of which is shown) links the patient's competition with his colleagues to his childhood sibling rivalry, suggesting that in some respect these two are one. The patient's siblings were inflicted with illness, and one of them died. The current professional competitors have also been met by misfortune. Hence the analyst's interpretation: It is difficult for the patient to be angry at the competitor, because he at the same time feels sympathy toward him, as he felt toward his siblings when he was a child.

Extract 5 (Tul 1:3 C1)

01 An: . . . so there's also that similarity that when (1.0)
. . . 'ttä on sekin samalaisuus että kun, (1.0) Lindgren on

02 Lindgren is in trouble, (0.6) so he's like ill.
vaikeuksissa, (0.6) nii hänhän on ikään kun sairas.

03 (1.6)

04 An: A bit like he was about to dje.
Vähän niinkun hän ois kuolemassa.

05 (1.2)

06 An: (tch) And possibly will dje in his profess^oion^o.
(mt) Ja mahdollisesti ammatissaan kuo^olee^o.

07 (3.0)

08 An: So then it is difficult, (0.8) really to be angry
Et s'llon on vaikea, (0.8) oikeastaan olla hänelle

09 enough at him, (0.6) as you feel sympathy
riittävän vihanen, (0.6) kun tunnet myötätuntoa

10 ^ofor him^o.
^ohäntä kohtaan^o.

1

11 Pa: .mh (0.4) It is absolutely true.
.mh (0.4) Se on aivan totta.

12 (11.0)

13 Pa: .thh it is absolutely true that I feel
.thh se on aivan totta muuten tuo juttu että mä tunnen

14 sympathy.
myötätuntoa.

15 (1.4)

16 ?Pa: .nff

17 (2.6)

18 An: So: it is >I think that< it is pretty close to
E:t se on >mä luule et< se on aika lähellä sitä tunnetta

19 the feeling that (0.6) your ill sib°lings° (0.4) 1'
minkä (0.6) sinu sairaat sisaruk°set° (0.4)

20 °arose in you°.
°aiheutti sinussa°.

21 Pa: Mm

22 (10.0)

23 Pa: .thh difficult to be angry.=difficult to compete.=difficult
.thh vaikea olla vihane.=vaikea kilpaila.=vaikea

24 to be envious.
olla kateellinen.

25 An: Ye[ah.
N[ji:h.

26 Pa: [() 2

27 (4.6)

28 Pa: What is there to be envious for when the other
Mitä kadehtimista siinä on kun toinen

29 °is laying down° (0.8) about °to die°.
°makaa° (0.8) kuole°maisillaan°.

30 (0.4)

31 An: You can say that °again°.
Sanopa °muuta°.

32 (10.0)

33 An: .hhhmt And that nonetheless you felt envy.
.hhhmt Ja et kuitenkin se kateus tuntu.

34 (0.4) 3

35 .hmt Maybe almost like exactly >that< (1.0) that (1.2)
.hmt Melkein ehkä juur >semmonen että< (1.0) 'ttä (1.2)

36 I think that (this< (0.2) with both Lindgren and (0.4)
m'luulen et (siihen<) (0.2) sekä Lindgreniin että (0.4)

37 >your siblings< the .hhh feeling has been that (1.0)
>sisaruksiin< on .hhh liittyny ↑se .hhh tunne 'tt↑ä (1.0)

38 that it is almost as if they had done this on purpose.
että melkeen niinku ne ois tehneet sen tahallaan.

39 (4.0)

40 An: As (1.0) Lindgren has: (0.4) organized these (0.6)
Niinkun (1.0) Lindgren on: (0.4) järjestäny tämmöset (0.6)

41 this kind of occasion and then I will take part in it.
tämmösen tilanteen ja sitte minä menen siihen mukaan.

42 (4.0)

43 In a very special °way°.
Aivan erityisellä °tavalla°.

44 Pa: Mm.

45 (3.0)

46 Pa: Both Lindgren and Lahtinen are causing me< (0.4)
Sekä Lindgren että Lahtinen aiheuttaa mulle< (0.4)

47 daily trouble.
päivittäistä harmia

48 An: Yeah:.
Joo:.

49 (2.4)

50 An: How are things:: (0.2) going with that: #d- er# (0.8)
Miten se on:: (0.2) edistyny sinun: #o: e# (0.8)

51 purchase of yours.
osto.

The patient first responds to interpretation by claiming agreement (lines 11, 13), repeating part of the interpretation (lines 13, 14) but without elaborating it at that point. The analyst adds an increment to the interpretation (lines 18–20) in which he explicates the linkage between the patient’s current and childhood experiences. After a gap (line 22), the patient moves on to an elaboration: He names feelings that he has difficulties with (lines 23–24); by naming these feelings that are applicable to both relations (i.e., to siblings as well as to colleagues), he maintains the linkage between these two, suggested by the analyst in his interpretation. After an agreement token by the analyst, the patient then expands the elaboration in lines 28–29 by explaining the absence of envy with reference to the serious illness of the “other.”

In his third-position utterance, the analyst first produces a strong idiomatic marker of agreement, *sanopa muuta* (“you can say that again”), at line 31. Thereby, he indicates his acceptance and appreciation of the elaboration. After a gap (line 32), the analyst then continues his third-position statement in line 33. The continuation is designed as an expansion of the third-position utterance by the turn-initial *ja* (“and”), as well as by recycling in line 33 the key descriptor *envious* (see lines 24 and 28) of the patient’s elaboration (the second position). In this continuation, there is an explicit modification of the tenor of the description: While the talk thus far has

suggested that envy and related feelings are difficult for the patient, the analyst now suggests that in spite of this, he actually did feel envy. The analyst does not, however, design his utterance as one that would contradict what has been said thus far: By the (grammatically rather awkward) turn initiation “and that nonetheless,” he portrays in line 33 something that is arising from the earlier talk and at the same time proposes something that is not in line with it.

Explicit modifications of the tenor of the description in third position are less frequent than the implicit ones. From the point of conversation analysis, however, they are important: They make manifest the affordances of the third position, as they show what kind of potential for modification of the tenor of the talk resides in this locus in the interpretative sequence. Like implicit modifications, the explicit ones can also bring forward new layers of experience (as was the case in Extract 5) or intensify the emotional valence of what was there in the patient’s elaboration. Like implicit shifts, they also can involve return to the themes of the initial interpretation or a shift toward something new made possible by the patient’s elaboration (see Peräkylä, 2010).

FRAGILE UPTAKE

Up to this point, *turn design* has been my main source of evidence for the argument regarding the existence and the therapeutic significance of the third-position modification of the tenor of the description. After identifying the three-position sequential structure of the interpretations, I have compared the design of the descriptions of the patients’ experience in the third-position utterances with the design of descriptions in the patients’ elaborations and the initial interpretations. Recurrently, a modification of the tenor was found. More should be said, however. In both interactional and psychotherapeutic terms, the ways in which the patients, in their subsequent utterances, *take up the third-position modifications of the tenor of the description* is worth close attention.

In a general sense, it appears that the third-position utterances with explicit modification of the tenor are designed to make further talk on the topic by the recipient (the patient) relevant, whereas the more common utterances with implicit modification of the tenor are more close implicative. A case-by-case examination of the patients’ ways of dealing with the third-position utterances shows that the patients usually do *not* fully endorse the modifications. Their uptake by the patients is, as it were, fragile. The modifications of the tenor have variable vicissitudes, which will be explored in this section. I will start by showing a case where the patient resists the modification of the tenor, and after that case, I will move toward more agreeing uptakes.

Extract 2b is a case where the patient resists the modification of the tenor of the description. After the analyst’s third-position utterance, the patient in line 28 first produces hesitantly an agreement component (prolonged *nii* [“yeah”]), and then, after a gap, in lines 30–31 calls into question whether what the analyst said was the right way to put it, seemingly emphasizing that it was her feeling (rather than a fact) that the mother neglected her. By juxtaposing her own experience and the (unstated) facts, the patient resists the modification of the tenor of the description brought about in the analyst’s third-position utterance—as the very modification brought the patient’s needs to the center (see line 27). Rather than arguing against this, the analyst, however, offers a formulation that conveys agreement (line 33)—and by so doing, also preserves the patient’s needs and disappointments in the focus of the talk. More reflection by the patient on her mother’s relation to her ensues (data not shown).

In Extract 3, the third-position utterance with implicit modification of the tenor gets acknowledged, but it is left in the air, as it were. The patient receives the first part of the analyst's third-position utterance with a laugh particle and an agreement token (line 21) and its increment by repeating the key lexical element (with slight modification in the Finnish original) of the analyst's utterance (line 24). Thereby, the patient acknowledges (but also makes light of) the emotional intensity that the analyst's third-position utterance brought about. Thus, in a very minimal way, the patient corroborated the modification of the tenor of the description. He did not, however, topicalize the referents brought about by the modified description or in other ways preserve or make use of it. By adding the particle *joo* ("yeah") to his utterance in line 24, he seems also to be proposing the closing of the sequence. A silence of more than 10 s ensues (line 25), after which the analyst begins the closing of the session (lines 26 and 28).

In Extract 4, the modified tenor is maintained a bit more. But also in this case, it is far less than fully endorsed. The third-position utterance with an implicit modification of the tenor of the description is first met by silence (line 37) and minimal agreement token (line 38). Then a long silence ensues. In line 42, the patient resumes his agreement with the analyst's third-position utterance by repeating the *niin* particle, (thereby constituting, ex post facto, the long silence as reflection) and maintains the topic of the interpretation with further elaboration in lines 42–46. This further elaboration preserves something of the modified tenor of description that the analyst accomplished in his third-position utterance: By pointing out that he didn't even as a child assume that his father *would do something like that*, the patient keeps the missing paternal functions in focus. He does not, however, orient to any distinction between the "whooping father" and the "father in the steering committee," and thus, he does not show recognition of the modification of the tenor as such. This lack of recognition is indeed in line with the implicit character of the modification: It is not in the first place offered as something to be taken up.

Like in Extract 4, also in Extract 5 the modified tenor of description is partially preserved. In this case, the modification was explicit. After the key assertion bringing about the modification of the tenor of the description (line 33; met by short silence in line 34), the analyst expands his third-position utterance with three more components (lines 35–38, 40–41, and 43). The latter two components focus on the patient's relation to his professional competitors and bring in also his relation to the analyst (the analyst is professionally linked to the competitors). In his ensuing utterance, the patient takes up the references to his colleagues and goes on complaining about them. In so doing, he eventually takes up something of the modified tenor of the description (cf. analyst's line 33), i.e., his negative relation to his colleagues. But he does not focus on his subjective emotion as such (cf. "you felt envy" in line 33), nor does he maintain the linkage between his childhood experiences and the current problems. The analyst receives the patient's complaint minimally (line 48) and then shifts topic and action (see lines 50–51).

In sum, the trajectories of interaction after the analysts' third-position utterances vary from open rejection of the descriptive elements that brought about the modification of the tenor to partial uptake of them. In none of our cases, however, did the patients fully endorse the modifications of the tenor of the description. In many cases, it appears that the modification is more or less left in the air.

Should we then conclude that the modifications of the tenor of the description are therapeutically nonconsequential, failed efforts by the psychoanalyst to do psychotherapeutic work in a

sequential location that does not favor or facilitate such work? Examination of the interactions in subsequent sessions will cast light on this.

MODIFICATIONS OF THE TENOR LINKED TO THEMATIC THREADS ACROSS SESSIONS

One of the key challenges in conversation analysis (CA) research on psychotherapy arises from the fact that any single psychotherapy session is part of a series of encounters (Peräkylä et al., 2008, p. 15; see Button, 1991). What happens in a single moment in a single encounter may be in various ways connected to what has happened or will happen in past or future sessions. For example, “a particular topic (. . .) can have a history over several encounters during which the participants’ positions may change” (Peräkylä et al., 2008, p. 15; see Voutilainen, Peräkylä, & Ruusuvoori, 2011 and Heritage & Lindström, 1998). Understanding single sequences in psychotherapy may be incomplete unless we contextualize them with processes spanning over several sessions.

With this potential connectedness of sessions in mind, and in order to further understand the therapeutic significance of the tenor modifications, we examined the sessions that took place *after* the ones where the third-position modifications of the tenor of the description occurred. Given that the immediate sequential uptake of the modifications was as fragile as was shown in the preceding section, we wanted to find out whether the themes pertaining to these modifications of the tenor might come up in subsequent sessions. If they would come up, that might cast some more light on the therapeutic significance of these modifications.

We examined narratives and themes in all the taped and transcribed sessions in our corpus that took place after the focal interpretative sequences with third-position utterances. Because this was a rather laborious undertaking, we restricted this follow-up examination to seven third-position utterances, which include all modifications shown in this article, another two cases that have been used as examples in another publication (Peräkylä, 2010), and one more case that has not been used in published material. It transpired that the third-position modifications of the tenor of the description in all but one of these cases *encapsulate focal themes of the subsequent therapeutic discourse*. In this section, we will follow up the thematic threads (Schegloff, 2007, pp. 244–249) linked to the modifications of the tenor in three cases. The data coming from the subsequent sessions is presented in orthographic form, because the analysis of the additional data is not sequential but thematic.

Consider the fragment from Extract 4:

Extract 4 (fragment)

- | | | |
|----|-----|--|
| 29 | PA: | .mthh Yeah:, (.) It <u>is</u> true (.) true of course, .mthh Nii:, (.) Tottahan se <u>on</u> (.) on tietysti, |
| 30 | | =It is <u>f</u> ather who >should have been< by the atheltic field. = <u>I</u> sänhän siellä kentän laidalla >ois pitäny< <u>o</u> lla. |
| 31 | | (0.8) |
| 32 | PA: | Whooping.=>shouldn't he<. Hihkumassa.=>Eikö niin<. |

33 AN: Yeah.
Niin.

34 (10.0)

35 AN: .hh And in the steering committee of the athletic club
.hh Ja urheiluseuran#:#_johtokunnassa

36 (1.0) supporting the youngsters work.
(1.0) tukemassa nuorten työtä.

3

In his third-position utterance, the analyst modifies the tenor of the description of the missing father: from the somewhat childish father whose attention the son earns, to the powerful and independent figure, the benefactor who has a key position in the local community. The meaning of the modification appears somewhat enigmatic if we consider the fragment only, but the examination of the thematic threads in the discourse between the participants before and after this session shows how central an issue is at stake here.

Extract 4 took place in the eighth session out of the 20-sessions set that we recorded from this patient. The patient's relation to his father is addressed in sessions before and after this focal session. Prior to the focal session, the participants, for example, talk about the patient's difficulty in feeling anger at the father, and the patient explains this difficulty with reference to him having felt pity for the father. In the sessions that follow this one, the patient and the analyst recurrently talk about the patient's relation to his father, most intensively in the two subsequent sessions. In the very next session after the one the extract is from, the patient reminisces over the times of conflict between his father and mother before their divorce, describing the father's weakness and lack of masculinity:

So it was easy to take mother's side unconditionally because father seemed to, like do so badly everything he did, also his fatherhood and his manhood. (. . .) So it was the father's manhood, it was exactly that that he lost (. . .) in my eyes. That there was such a, such a, such a weakling in him, somebody to feel pity for, that's what he was, and that's not a good feeling (. . .) to see one's father like that.

During this session, the patient characterized his perception of his father in a way that is in stark contrast to the tenor of the description that the analyst's third-position utterance brought forward in the session before (see lines 35–36). The analyst brought forward a *powerful* figure, suggesting that the patient was missing not only a “whooping” father but also a powerful one. The patient's characterization, during the subsequent session, of his *real* father as a weakling to feel pity for, strongly resonates with the tenor of the description brought about by the analyst: The patient shows something of the pain that seeing his father as a not at all powerful figure, but as a weakling, aroused in him.

Something more was also involved in the modification of the tenor of the description in Extract 4. While the patient's description of the missing father focused on a dyadic relation (father cheering for his son), the analyst's third-position utterance invoked a broader social context: The father in the third-position utterance was an active member and benefactor in the local community. In second session after the one Extract 5 is taken from, a broader social context for descriptions regarding the father indeed comes up. The patient tells about the time when the father was drinking heavily but had not yet left the family. *Shame* for father comes up:

... it was indeed like this, then, then at the final stage, and then exactly, it was really, it was shameful. We suffered so goddamn badly for that, the whole family suffered. As father was spending his time with these drunkards. He fell down on the street, drunken, waking up the neighbors. It was a small residential area where everybody knew what was happening.

A short exchange between the analyst and the patient ensues:

- AN: "It is such a horrible social decline."
 PA: "Yes."
 AN: "A successful man sinks to the level of winos."
 PA: "Yes, really to the level of winos."

After some intervening talk, the patient continues:

"This caused certain anxiety and such fear and really shame, when these stories circulated there amongst the villagers and . . ."

The patient's memories about his father in the context of the local community, brought about two sessions after Extract 4, are diametrically opposite to the depiction of the missing father brought about through the third-position utterance in Extract 4. Against the backdrop of the patient's shameful memories of his real father, the loss of the father as a powerful and independent benefactor—foregrounded by the analyst's modification of the tenor of the description—seems to be all the more painful.

To summarize, the modification of the tenor of the description that took place in the analyst's third-position utterance in Extract 4 appears to be highly meaningful in the light of the key themes of this particular psychoanalysis during the phase when the recordings took place. Across the sessions, the participants explored the ramifications of the patient's father's weakness and the shame that he brought to the family. The third-position utterance indexed a possibility for the patient to consider his relation to his father from a new perspective, and in the light of the subsequent discourse between the participants, this perspective turned out to be one that reveals perhaps the most painful aspects of that relation.

There is, however, no way to assess whether or not the analyst's tenor modification in Extract 4 actually *prompted* the participants' talk about the patient's memories of his father in the subsequent sessions. What we can see is that when it actually took place, the analyst's modification of the tenor of the description was not fully taken up by the patient, and that during the subsequent sessions, talk that is very relevant to the perspective then opened did take place.

All but one modification of the tenor of the description that we have examined in this article have in the ensuing sessions repercussions similar to those explicated regarding Extract 4. For example, in the sessions that follow the one Extract 2 is taken from, the participants in many

instances talk about the patient's tendency to prioritize others' needs rather than her own. They also discuss the patient's lack of security concerning maternal love, thus reworking the perspectives that were momentarily brought in by the analyst in his third-position utterance in Extract 2. A modification of the tenor of description *without* such repercussions was shown in Extract 3. In that case, the modification involved the analyst bringing into the foreground the patient's fear of being humiliated by the analyst. Materials connected to a fear of humiliation by the analyst do not come up in the subsequent sessions. The closest to these themes the participants come is when they occasionally talk about the patient possibly feeling that the analyst might not accept him. They also talk extensively and repeatedly about the patient's tendency to keep silent in company, and his appreciation of silence, themes indeed linked to the initial interpretation in Extract 3. However, *shame* in the patient–therapist relation, which was the central issue in the third-position modification of the tenor of the description, does not come up in the five sessions that we recorded after the one from which Extract 3 was taken. It might be added, though, that in that very session, *before* the segment, the analyst asked whether the patient's silence during the session might possibly be linked to “fear of shame, anger, or irritation.” Thus, the perspective shift did not come out of the blue, but it nevertheless did not have such repercussions in the following sessions as the other shifts had.

To summarize: The examination of the thematic threads in the sessions that follow the ones in which the third-position modifications of the tenor of the description took place suggests that these modifications contribute in a meaningful way to the therapeutic work. Or, to put in terms Schegloff (2007, pp. 244–249; see also Levinson, in press) recently suggested: They are part of *interactional projects* spanning over several sessions, in which the analyst and the patient address what is taken as key psychological problems of the patient (e.g., perception of father's weakness or tendency to prioritize others' needs over one's own). In the discussions during the ensuing sessions, the participants in most cases that we examined return to, and work with, themes that the third-position modifications of the tenor encapsulated. This recontextualizes, in an analytical sense, the finding that the patients' immediate uptake of the modifications of the tenor of the description is as fragile as it is. The modifications may be understood as discreet, almost invisible actions indexing possible opportunities for the patients to modify their understandings. Even when they are not taken up then and there, they seem to contribute, in an inconspicuous way, to the fabric or web of new understandings built through the recurrent interactions between the analyst and the patient.

DISCUSSION

In this article, I have explicated a practice in psychoanalytic interaction. This practice, the modification of the tenor of the description in the third-position utterance in an interpretative sequence, is one that has not been identified in earlier clinical or interactional literature. Thus, the primary contribution of this article has been to show one more interactional locus where psychotherapeutic work is being done.

In earlier conversation analytical work on psychotherapeutic encounters, several researchers have explored the linkages and discontinuities between the practitioners' clinical theories—or professional stocks of interactional knowledge (SIKs: Peräkylä & Vehviläinen, 2003)—and the

actual interactional practices discovered by CA (see, e.g., Peräkylä, 2005; Halonen, 2006, 2008; Leudar et al., 2008). The practice reported in this study—the modification of the tenor of the description in the third-position utterance after an interpretation—is one that the clinical theories do not recognize, and hence, the study reported here expands and specifies the description of interaction provided the SIK of psychoanalysis. (For further discussion on clinical theories that resonate with our findings, see Peräkylä, 2010.)

However, there is also another facet of professional knowledge that this study touches upon. That facet became observable through the examination of the repercussions of the third-position utterances in subsequent sessions. These repercussions suggested that the modifications of the tenor of the description indeed contribute in a meaningful way to the therapeutic work. Now we are in a position to push the argument, at least tentatively, one step further.

The analysts' modifications of the tenor of the description may incorporate particular professional knowledge that concerns individual patients. It appears that the psychoanalysts, through their recurrent interactions with their patients, acquire a kind of working understanding of the mind, and its conflicts, of each patient. This knowledge might be called *individualized stock of interactional knowledge*. Such individualized SIK may pervade at least some of the analyst's minute unplanned actions. The third position after the interpretation is one context where this may take place. In other words, the analyst's understanding of the patient's mind and its conflicts can colonize the minute, unplanned, and preconscious choices that are made in the very moment when the patient has responded to an interpretation. It appears that the analysts bring in their understandings (of what the patient's mind is, and to which direction it should be guided) into this tiny fragment of interaction.

As a practice that operates largely on an implicit level, through the details of turn design, and as a practice that usually is not manifestly oriented to by the next speaker, the third-position modification of the tenor of the description is a challenge for the method of conversation analysis. Recently, Levinson (in press) took up Schegloff's concept of "interactional project," suggesting, among other things, that "actions often form a part of a larger project inheriting part of their import from the larger whole" (ms. p. 24). Through the observations presented in this article, I have suggested that the third-position utterance in the interpretative sequence in psychoanalysis is in the service of a larger project (spanning over a series of sessions) that involves therapeutic work with the patient's central psychological problems. This might be called the *therapeutic project*. Relative to Extract 4, for example, a therapeutic project involved the exploration of the affective ramifications of the father's shameful weakness in the patient's life. The project is realized, among its other vehicles, through the modifications of the tenor of the description, tailored to meet the patients' key problems.

The methodological challenge here arises from the fact that while "sequences get played out," "projects are (. . .) sometimes left skilfully and deniably covert" (Levinson, in press, ms. p. 24). The therapeutic project that we have addressed in this article is a case in point. In the actual interpretative sequences, the participants exhibited very little, if any, mutual orientation to the significance of the modifications of the tenor. In this realization of the therapeutic project, to put it in Levinson's terms, the "unsaid was haunting the said." For this reason, the investigation—as tentative as it was—of the thematic threads across the sessions was so important. It was through that investigation that we could begin to show how the modifications of the tenor were indeed part of larger therapeutic projects.

In recent years, several scholars have sought to widen the temporal scope of interaction analysis. In the study of pedagogical interactions, conversation analysts have started to unravel processes of change over time in the learners' ways of acting and taking part in interaction (see Martin, 2004; Mondada & Pekarek Doehler, 2004; Sellman, 2008; Young & Miller, 2004). Likewise, in examining cognitive psychotherapy, Voutilainen and colleagues (2011) show how the patient's responses to the therapist's interpretations evolve during the course of therapy, indexing process of change in the patient.

In understanding psychotherapy, one way for CA to proceed is thus to pay specific attention to subtle interactional projects spanning over sequences and sessions. This may involve a methodological challenge to the strictly sequential turn-by-turn focus that CA has traditionally favored. In data like ours, the full significance of interactional events that we set out to examine could be revealed only through widening the scope of analysis to encompass the longer temporal span. Turn-by-turn analysis only, i.e., the analysis of sequences without considering their wider temporal context, would have left us with a puzzle on our hands. However, it needs to be borne in mind that it was the very turn-by-turn sequential analysis that led us to identify the phenomenon of this article, i.e., the third-position modification of the tenor of description. The identification of the phenomenon then led to the puzzle: Why do these systematic modifications of the tenor take place, if their sequential uptake is as minimal as it is? It was for dealing with the puzzle arising from the turn-by-turn analysis that the examination of the longer span of interaction was needed.

Thus, the expanding of the methodological scope does not mean that the importance of the sequential analysis would diminish. It is in the turn design of utterances placed in a particular sequence that the therapeutic work described in this article takes place. The significance of this work can be fully appreciated through the examination of longer spans of interaction.

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