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Patients' responses to interpretations: A dialogue between conversation analysis and psychoanalytic theory

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Abstract

The paper reports a conversation analytical study of patients' responses to interpretations in psychoanalysis. The data come from 27 tape-recorded and transcribed psychoanalytic sessions involving three analyst–patient dyads. The study seeks to facilitate dialogue between conversation analytical (CA) findings and psychoanalytic theory by using CA to describe the practices in and through which the psychoanalytic theory concerning interpretation is realized in actual interactions. Four empirical observations are reported in the paper: (1) The analysts actively pursue a more than minimal response from the patient to their interpretations. (2) A typical extended response to an interpretation involves an elaboration, which is an utterance in which the patient takes up some aspect of the interpretation and continues discussion on that. (3) Even though elaborations convey agreement with the interpretation, they often also involve different degrees of discontinuity with what the interpretation initially aimed at. (4) This discontinuity is sometimes facilitated by the analyst's own actions. These observations invite some specifications in the picture of interpretations provided by psychoanalytic theory.

Keywords: conversation analysis; *interpretation*; *psychoanalysis*; *resistance*; *response*.

1. Interpretation in psychoanalytic theory

According to Rycroft (1995: 85), psychoanalytical interpretations are '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'. So, in interpretations, the analyst says something to the patient about the things that the patient has been telling the analyst about, and suggests that some of these things mean something different or something more than what the patient has said.

Rycroft's definition focuses on overt actions of the analyst and the patient without taking a stance on the participants' intentions or the consequences of their actions. These intentions and consequences are understood in different ways in different strands of psychoanalytical theory. There are at least two competing theoretical perspectives. One focuses on the intra-psychic reality in the patient, and the other focuses on the interaction between the analyst and the patient.

In the traditional theoretical perspective focussing on the intra-psychic reality, interpretation is understood as a vehicle for helping the patient see and understand aspects of his or her mind that (s)he has previously been unconscious of (e.g., Greenson 1967: 39–45; Sandler et al. 1992: 154–163; Dreher 1997). This traditional perspective has been encapsulated by Greenson (1967: 39): 'to interpret means to make an unconscious phenomenon conscious'. The goal of interpretation is to help the patient's self-observation (Spacal 1990: 425). Resulting from a (successful) interpretation, the patient may find from his consciousness what was proposed in the interpretation (Ikonen 2002).

As seen from the perspective that focuses on interaction, interpretation does not lead so much to the patient *discovering* something, but to the patient and the analyst together *creating* new ways of understanding and experiencing. Here, the psychoanalytic process is understood as a thoroughly interpersonal one (see, e.g., Mitchell and Aron 1999). It involves 'a world of experience jointly brought forth by the analysand and the analyst together' (Streeck 2001: 74) through their interactions. Interpretation is part of this

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co-construction. Thus, for Spence (1982), interpretation is 'a creative act' (p. 164), or an act of construction rather than reconstruction (p. 35). In an interpretation, the analyst suggests to the patient new ways of understanding and relating to his past and present experience.

In spite of their differences, both views equally emphasize *the importance of the patient's response* to interpretations. In the traditional view, the patient's response to an interpretation is an indicator of the correctness of the interpretation. Greenson (1967: 41), for example, points out that the analyst 'has to wait for the patient's clinical responses to determine whether one is on the right track'. Affective responses or fresh associations may convey that the interpretation has touched upon something real in the patient's mind (Greenson 1967: 40–41; Etchegoyen 1999: 213–214). In the interactionist view, the patient's response is an instance in and through which (s)he contributes to the joint creation of new reality. Thus, Spence (1982: 271) points out that an interpretation is 'uttered in the expectation that it will lead to additional, clarifying clinical material'. A timely interpretation 'may set in motion a train of associations that leads to new discoveries' (p. 164).

The importance of the patient's response to the interpretation was recently nicely formulated by Patrick Casement, a well-known British psychoanalyst, in ways that resonate with both theoretical perspectives outlined above. Casement suggests that the analyst's aim should be that the patient does more than merely accepts or rejects an interpretation. Instead, the patient should be helped to 'play with the interpretation', to 'make something of the interpretation' (Casement 2002: 8).

In what follows, I explore tape recordings of psychoanalytic sessions to explore how these professional theories concerning interpretation inform the actual clinical practice of psychoanalysis.

2. Data and methods

The data used in this paper come from a corpus of 60 audio-recorded psychoanalytic sessions, collected in 1999–2000 for the research project 'Psychoanalysis as social interaction' in Finland. The corpus involves two experienced analysts (members of the International Psychoanalytic Association) and three patients, with 20 consecutive sessions from each patient. The psychoanalytic treatment is characterized by very high degree of confidentiality, which made it impossible to obtain video-recorded data. Using audio recording only is also justifiable because the visual aspects are minimized by the setting: the patient is lying on a couch and the analyst is sitting behind him. The data analysis reported here focussed on 27 randomly selected sessions from the corpus. In this sample, one analyst–patient dyad is represented by ten sessions, another by nine, and the third one by eight sessions. As one session lasts 45 minutes, the data examined for this paper involve more than 20 hours of interaction. A total of 75 sequences involving interpretations were found.

2.1. *Psychoanalytic interpretations as interactional objects*

In a recent paper on psychoanalytic interactions, Vehviläinen (2003) described 'interpretative trajectory', which is a segment of talk involving an interpretation and step-by-step preparation of it. In the preparation, some aspects of the patient's prior talk are rendered *enigmatic* or *puzzling* through the analyst's interventions, such as extensions of the patient's turns, formulations, and confrontations. A possible way of understanding this puzzle is then presented in the analyst's interpretations.

In terms of 'content' of talk, there are two main types of interpretations: those in which the analyst suggests that there are connections between different areas of the patient's experience (such as childhood, current everyday life, and the patient–analyst relation) and those in which he suggests that there are conflicts and other dynamic relations between different affects of the patient—for example, the repression of anger, causing depression. Some aspects of the verbal design of the former type of interpretations were recently described by Peräkylä (2004). Interpretations in our data are statement formatted utterances that usually consist of several turn construction units (Sacks et al. 1974). Even though they are preceded by a segment in which the puzzle is created, they can be considered as 'first position acts'—the preceding segment can be seen as preparatory. While most extracts in this paper show only the final parts of the interpretations, in Extract (4) a full interpretation (lines 16–58) and some of the talk that precedes it are shown. This paper focuses on the patients' responses to interpretations. A more detailed examination of the internal organization of the interpretations and the organization of the analysts' third position actions after the patients' responses is a topic for future studies.

2.2. *Different types of response*

The patients' responses to interpretations can be divided into three broad classes; different classes of responses regularly occur in the same sequence. (1) Sometimes the patients produce *acknowledgement tokens* such as 'Mm' or 'Yeah': responses that are similar to those that the patients most often give after hearing the diagnosis in general practice (Heath 1992; Peräkylä 2002). However, cases in which such a token constitutes the patient's sole response to an interpretation are very rare. (2) The patients can also respond to interpretations by *expressing their attitude towards*

the interpretation in a compact form. This can involve outright rejection (e.g., 'I don't think the rules were that strict'), a display of skepticism (e.g., 'Yeah who knows'), a display of commitment to 'mental processing' of the interpretation, without clearly agreeing or disagreeing with it (e.g., 'Wonder if it could be like that'), or agreement (e.g., 'it is absolutely true'). (3) In more than half of cases (38 out of 75) the patients, however, end up talking even more extensively about the interpretations. They take up some aspect of the interpretation and continue discussion on that by illustrating or explaining what was proposed by the analyst. I call these responses *elaborations of the interpretation*. Elaborations convey agreement with and understanding of the interpretation. They are often preceded by other types of responses: the patient may first respond to an interpretation with an acknowledgment token and/or with a compact expression of attitude, and move thereafter to an elaboration.

This paper focuses on elaborations. Extract (1) is an example of an elaboration. The analyst proposes in his interpretation that the patient's experience of a rival colleague, who is currently in trouble in her profession, is linked to the patient's experience of her siblings who were ill, and one of whom died, when the patient was a child. The final part of the interpretation is shown.

(1) (Tul 1:3 K1) analyst (A), patient (P)

1	A:	…so there's also that *…'ttä on sekin*
2		similarity that when (1.0) *samalaisuus että kun (1.0)*
3		Aino is in trouble, (0.6) so *Aino on vaikeuksissa, (0.6) nii*
4		she's like ill. *hänhän on ikään kun sairas.*
5		(1.6)
6	A:	A bit like she was about to die. *Vähän niinkun hän ois kuolemassa.*
7		(1.2)
8	A:	(tch) And possibly will °die° *(mt) Ja mahollisesti*
9		in her profession. *ammatissaan kuo°lee°.*
10		(3.0)
11	A:	So then it is difficult, *Et s'llon on vaikea,*
12		(0.8) really to be angry *(0.8) oikeastaan olla hänelle*
13		enough at her, (0.6) as you *riittävän vihanen, (0.6) kun*
14		feel sympathy °for her°. *tunnet myötätuntoa °häntä kohtaan°.*
15	P:	.mh (0.4) It is absolutely true. *.mh (0.4) Se on aivan totta.*
16		(11.0)
17	P:	.thh it is absolutely true *.thh se on aivan totta muuten tuo*
18		that I feel sympathy. *juttu että mä tunnen myötätuntoa.*
19		(1.4)
20	?P:	.nff
21		(2.6)
22	A:	So: it is >I think that< it *E:t se on >mä luule et< se*
23		is pretty close to the feeling *on aika lähellä sitä tunnetta*
24		that (0.6) your ill *minkä (0.6) sinu sairaat*
25		sibl°ings° (0.4) °arose *sisaruk°set° (0.4) °aiheutti*
26		in you°. *sinussa°.*
27	P:	Mm
28		(10.0)
29	P:	.thh difficult to be angry. *.thh vaikea olla vihane.*
30		=difficult to compete. *=vaikea kilpailla.*
31		=difficult to be env°ious.° *=vaikea olla ka°teellinen.°*
32	A:	Yeah. *Ni[ih.*
33		[( )

34 (4.6)

35 P: What is there to be envious
Mitä kadehtimista

36 for when the other °is
siinä on että toinen °makaa°

37 laying down° (0.8) about to °die°.
(0.8) kuole°maisillaan°.

38 (0.4)

39 A: Quite °right°.
Sanopa °muuta°.

40 (10.0)

The patient's elaboration begins in line 29 (lines 15–18 involve agreement with interpretation and not its elaboration). She first illustrates what was proposed by the analyst in the interpretation, with a list of the feelings that she has difficulties with. The first item basically repeats what was suggested by the analyst in an earlier part of the interpretation (difficult to be angry, line 11–13). After that, the patient names two other feelings. The 'object' of these feelings is left unspecified: the patient seems to show that they are applicable both to the sister and to the colleague—thereby maintaining the linkage suggested by the analyst in his interpretation. After an agreement token by the analyst (line 32), the patient continues the elaboration by animating her childhood self, considering her sick sister's situation (lines 35–37). The patient's elaboration embodies acceptance and understanding of the interpretation, and agreement with it.

As pointed out above, the two psychoanalytic theoretical perspectives equally emphasize the importance of the patient's response to an interpretation. The elaborations seem to be felicitous responses as seen from both perspectives. For a traditionalist, they demonstrate that the patient has found from his/her consciousness some of the things that the analyst proposed, and for an interactionist, they represent the patient's contribution to the joint creation of new reality. Or, to use Casement's (2002) words, in elaborations the patient *plays* with the interpretation, and *makes something of* it. In what follows, I show that in their actual interactions with the patients, the analysts also orient to these responses as favorable, as something to be sought after.

2.3. Pursuing the patient's response in psychoanalysis

As shown by Heath (1992) and Peräkylä (2002), in general practice, the doctor and the patient usually cooperate in accomplishing diagnostic sequences in such a way that the patient's participation remains minimal, involving either silence or a minimal acknowledgment token. This is in strong contrast to the participants' actions in interpretative sequences in psychoanalysis. In psychoanalysis, the *expectation of a more than minimal patient response to interpretation* is built up in the details of the talk between the analyst and the patient. This expectation is materialized in and through a number of practices.

2.3.1. Silence, requests to reveal one's mind, formulations The analyst's silence is a key practice that conveys an expectation of a more than minimal patient response. After having reached a point of possible completion in their interpretations, and also after minimal patient responses to them, the analysts often remain silent. This silence is in contrast to the conduct of general practitioners, who swiftly move to the next phase of the consultation (discussion on future action) when the patients remain silent or respond minimally to the diagnosis (Robinson 2003). The analyst's silence provides an opportunity for the patient to respond to the interpretation. Consider again a fragment of Extract (1) above. In line 26, the interpretation is hearably completed. The patient responds with an acknowledgement token in line 27. The analyst remains silent for 10 seconds in line 28, thereby maintaining an opportunity for the patient to produce more talk in response to the interpretation. Finally, in line 29, the patient begins her elaboration of the interpretation.

The analyst's silence is sometimes couched by other actions in and through which the relevancy of a more than minimal patient response is maintained. One such action involves the analyst's explicit request for the patient to *reveal what is in his mind* (e.g., 'wonder what you're thinking about') after the silence has passed for some time after an interpretation (see Peräkylä 2004). Another practice involves *formulation of the patient's action as problem-indicative* after the patient's minimal response to an interpretation. After the patient's minimal response, the analyst can say, e.g., 'You don't sound excited', thereby inviting from the patient an account for her minimal recipient action (Peräkylä 2004; cf. Heritage and Watson 1979; Drew 2003).

2.3.2. Adding new elements to the interpretation In yet another, very frequent practice of pursuing the patient's response, the analyst *adds new elements to the interpretation*. In many cases, the interpretations are produced in a step-by-step manner. As the analyst reaches a point at which the interpretation could be heard as completed, there is an opportunity for the patient to respond. If the patient does not produce a response, or produces only a minimal one, the analyst may continue the interpretation by adding a new element to it. Thereby, he creates a new opportunity for the patient to respond.

Consider again Extract (1). Well before the patient produces his elaboration, the analyst reaches a point of potential completion: in lines 11–14, he presents a conclusion of what he has been suggesting about the patient's relation to his rival colleague. This is received first by the patient with an inhaled *.mh* sound, which is followed by a short silence and a compact expression of agreement: *It is absolutely true.* The analyst and the patient remain silent after this for 11 seconds, whereafter the patient in lines 17–18 repeats her claim of agreement, echoing the last part of the analyst's interpretation (cf. line 14) *it is absolutely true that I feel sympathy*. By then, the patient has twice claimed her agreement and has explicated, using the analyst's words, what her agreement is targeted at. In this situation, the analyst responds by adding yet another element to his interpretation in lines 22–26, where he makes a link between the patient's current relation to her colleague and her relation to her siblings in her childhood. In this way, he at the same time adds a new layer of meaning to the interpretation (link between childhood and current experience), and creates a new opportunity for the patient to respond. The patient responds first by an acknowledgment token (line 27) and, after the ensuing silence (line 28), with an elaboration (beginning in line 29).

Extract (2) presents another case in point. The patient produces only minimal acknowledgments in response to the earlier parts of an interpretation. The interpretation has to do with the psychological meaning of two countries, Greece and Finland, to a (Finnish) patient who has lived in Greece. The analyst suggests that in the patient's inner world, Greece represents everything positive. Only the final section of the interpretation is shown here.

(2) (Tul 4:20 A12) analyst (A), patient (P)

1	A:	So for that reason >it ((Greece)) *Et se sen takia >se ((Greece))*
2		has< .hhh has#been the# >it's *on< .hhh on #ollu se# >se on*
3		been< kind of an (0.4) #umbilical *ollu< semmonen (0.4) #napanuora*
4		cord which you found and which sä *jonka sä löysit ja jota*
5		you have t- tightly held°on to°#. *oot l- lujasti pitäny kii°nni°#.*
6	P:	Mmm.
7		(5.0)
8	A:	And #that >it is< something else# *Ja #et >se on< jotakin muuta#*
9		.mthh (.) it is more than (0.3) *.mthh (.) se on ene#mmän kuin*
10		a wife or more than Agnes >it *(0.3) vaimo tai enemmän kuin*
11		is<# .hhh (0.3) #is is# *Agnes >se on<# .hhh (0.3) #on on#*
12		(.) the whole kind of *(.) ko#ko niinku semmonen*
13		joy (0.3) of °life°. *elämän (0.3) n'ku i°loh°#.*
14	P:	Mmm.
15		(0.7)
16	A:	#Which you have placed there >and *#Jonka olet sinne sijoittanu >ja*
17		how< it could now be here# .hhh *miten< sen vois niinku nyt sitte*
18		>at least so< whe- *tänne# .hhh >ainaki et< mis-*
19		how could #one *miten niinkun tää#llä vois*
20		blossom here# in this .mthh *puhjeta kukkaan tässä# .mthh*
21		(0.3)£cli(h)ma°te°£. *(0.3) £ilma(h)nala°ssa°£.*
22	P:	#Mmmm#,
23		(0.5)
24	A:	Mmm.
25		(3.4)
26	P:	.mthh And I'm:: still continously *.mthh Ja vieläkin mú: edelleenkin*
27		(0.8) hhh .hhh£like dreaming that *(0.8) hhh .hhh £niin#ku#*
28		that oh I wish I could get *haavei#lin et voi ku mä pääsisin*
29		away from here£. *täältä pois#£.*
30		(0.3)
31	A:	Yeah:, *Nii:,*

((Elaboration continues))

In line 5, the analyst reaches a point where her turn at talk is hearably complete in terms of syntax, prosody and pragmatics. The long, multi-unit interpretation can also be heard as complete here. The patient responds with an acknowledgment token in line 6, and a gap of 5 seconds ensues. Thereafter, the analyst adds new elements, using the 'and' preface, which constitutes the new element as a continuation of the interpretation thus far. In line 13, a new point of completion is reached; the patient responds again with an acknowledgment token (line 14), a gap ensues (line 15), and the analyst adds yet another new element, which is presented as a continuation of the preceding unit by the use of a pronominal construction at the beginning of the turn (line 16). This new element (lines 16–21) seems to be particularly designed for eliciting the patient's response: it is question formatted (unlike the earlier parts that were statement formatted) and it shifts the topical focus from past to current experiences. But again, at the end of this new element, the same pattern of acknowledgment token followed by a silence appears (lines 22 and 23). However, instead of producing a new extension to the interpretation, the analyst recycles the patient's acknowledgment token by producing a similar sound herself (line 24). By doing that, she returns the floor back to the patient and this eventually leads to the patient beginning his extended response to the interpretation in line 26.

Thus, it appears that the point at which an interpretation is completed is negotiable. If the patient does not respond, or responds only minimally, the analyst can add a new element to an interpretation and thereby create a new opportunity for the patient's response. The design of the new element is informed by the patient's response thus far. In Extract (1), the patient's initial compact response in lines 15–18 embodied strong agreement, thereby creating an environment in which the analyst could add a new layer of meaning to the interpretation (see lines 22–26). This is in contrast to Extract (2), in which the patient's initial responses involved acknowledgment tokens. Here, the new elements involved pursuit of the initial interpretation rather than a new layer of meanings added to it.

So far, I have shown how analysts pursue more than minimal responses to their interpretations (cf. Pomerantz 1984). Frequently, and through various practices, they treat silences, acknowledgment tokens, and even compact expressions of stance as insufficient responses. Elaborations appear to be the kind of responses that they seek. The analysts' actions are in line with the psychoanalytic theory of interpretations. The theory characterizes interpretation as an action that is 'uttered in the expectation that it will lead to additional, clarifying clinical material' (Spence 1982: 271), it advises the analyst to 'wait for the patient's clinical response' (Greenson 1967: 41), and it sets as a goal that the patients 'make something of the interpretation' (Casement 2002: 8). The practices of pursuing the patient's response embody this orientation.

2.4. Continuity and discontinuity in elaborations

Overtly, elaborations convey acceptance and understanding of the interpretations. Along with that, however, they often also involve different degrees of discontinuity with the interpretations. The dynamics between the acceptance and discontinuity make them particularly interesting objects.

Extract (1) above is an example of a 'continuous' elaboration. It takes up the topic of the interpretation: both address the patient's complex relation to a professional rival by linking it to her childhood experience. The elaboration also maintains what we might call the stance of the interpretation. The analyst has offered a tentative description of the patient's inner experience. In the elaboration, the patient offers her own 'first hand' description confirming what was proposed by the analyst, and examines her conflicting emotions along the lines suggested by the analyst. In both the interpretation and the elaboration, the stance is *exploratory* and *reflective*: the dimensions and dynamics of the patient's experience are explored in both.

Often, however, the elaborations are in one way or another discontinuous with the interpretation. Sometimes, as in Extract (3), the discontinuity involves a shift of topical focus from the patient's own mind to external realities (on topical shifts, see Jefferson 1988). Prior to the interpretation, the patient has been talking about athletics, which was his childhood hobby. He has said that his mother never really appreciated this hobby, and expressed his disappointment in the mother's attitude. In his interpretation, beginning from line 20, the analyst proposes that the patient's disappointment actually has to do with his relation to his *father*: the patient has not recognized his painful feelings related to the fact that the father left the family; instead, he is disappointed with the mother for not being the father.

(3) (Tul 6:3 C8) analyst (A), patient (P)

1	P:	And especially the javelin was my, *Ja varsinkin se keihäs oli se mun,*
2		(2.2)
3	P:	my kind of athletics. *mun laji.*
4		(7.8)
5	P:	.mthh >But there (>was<) mother *.mthh >Mut et siin (>oli<)*
6		sort of had somehow< *niinko äidillä oli jotenkin<*

7 negative ↓attitude to that whole
nihkee ↓suhtautuminen siihen koko

8 business so that she even tried
hommaan että se suorastaan

9 to stop me.
vähän niinku esteli_.

10 (7.2)

11 P: > ↓Somehow I have the< (0.6)
> ↓*Jotenki mulla on niinku*

12 feeling that (.) had
semmonen< (0.6) tunne (.) oli

13 it then and still (.) still have
sillon ja nyt (.) nyt vieläkin

14 it that .hhh (0.2) that
että .hhh (0.2) että

15 on the contrary a child should be
lasta pitäs päinvastoin

16 encouraged to such activities,
kannustaa niinku tommoseen,

17 (8.5)

18 A: (Ye-ye-yeah)?
(Jo-ho-ho)?

19 (4.2)

20 A: .hh You know on a deeper level it
.hh Syvemmällä tasollahan se

21 means that (0.6) tch that
merkitsee sitä että (0.6) mt että

22 mother wasn't (2.0) ↑the ↓father.
äiti ei (2.0) ↑ollu ↓isä.

23 (2.2)

24 ?A: mt

25 (3.7)

26 A: So the absence of father was felt
Et se isän poissaolo kyllä tuntu

27 .hhh (1.0) a:nd: erm::,
.hhh (1.0) j:a: tuota::,

28 (1.8)

29 A: surely also when the father (0.3)
varmaan myös sillon kun isä (0.3)

30 was away because of
oli työn vuoksi

31 work commitments,
poissa,

32 (0.5)

33 A: ↓Or away because of drinking,
↓*Tai ryyppäämisen vuoksi poissa,*

34 P: Yea:h.
Nii:n.

35 A: tch But then when the father (0.2)
mt Mut sitte kun isä kokonaan

36 .hh left the family for good. hhh
(0.2).hh läksi perheestä niin .hhh

37 it was felt and? .hhh >and because
(ni) se tuntu ja? .hhh >ja koska

38 this kind< =#er:: # >I think that
se tämmönen<,=#y:: # >Mä luulen et

39 it's actually< diff:icult for you,
sun on< v:aikea oikeestaan,

40 (1.2)

41 A: ↓to admit that that eh (.) you
↓*myöntää sitä että että y' (.)*

42 didn't didn't have a father.
is#ä: # isä puuttu sinul_ta_.

43 (1.2)

44 A: So that it was as it were
Sillä tavalla et se oli vähän niinku

45 mother's fault,
äidin vika,

46 (1.3)

47 A: mt ↓that the father wasn't there.
mt ↓että isä puuttu.

48 (0.7)

49 A: .hh And it shows in this way
.hh Ja se ilmenee tällä tavalla

50 that .hhh (0.2) #er: # you miss
että .hhh (0.2) #ä: # sie kaipaat

51 the characteristics (0.8) that
niitä ominaisuuksia (0.8) joita

52 <the father would have had>.
<isässä olisi ollut>.

53 (2.2)

54 A: And (.) you are (dissatisfied)
Ja (.) oot (tyytymätön)

55 now with the mother for the fact
úitiin nyt siitä

56 (0.7) tch that the >mother didn't
(0.7) mt että >äidillä ei

57 ↓have< those characteristics.
↓ollu< niitä ominai_suuksia_.

58 (1.6)

59 A: That mother wasn't father.
Että äiti ei ollu isä.

60 (3.5)

61 A: #It's the fa:ther's (1.0) duty
#Isän:: # (1.0) tehtävänäh'n (.)

62 (.) normally (1.0) # ( ) to
tavallisesti on: (1.0) # (juu:r)

63 e#ncourage (0.5) the son to o-
i:: #nnostaa (0.5) poikaa u-

64 outdoor activities and sports.
ulkoiluun ja urheiluun.

65 (6.0)

66 A: tch To hunting expeditions and,
mt Metsälle ja,

67 (1.5)

68 A: to athletic ↓fields and so on.
urheilu↓kentille ja niin edelleen.

69 (18.5)

70 P: .mthhhhff hhhmthh (1.0) tch hhhh
.mthhhhff hhhmthh (1.0) mt hhhh

71 (6.2)

72 P: .mthh Yeah::, (.) It is true
.mthh Nii::, (.) Tottahan se on

73 (.) true of course,=It is father
(.) on tietysti,=Isänhän siellä

74 who >should have been<
kentän laidalla

75 by the athletic field.
>ois pitäny< olla.

76 (0.8)

77 P: Cheering.=>shouldn't he<.
Hihkumassa.=>Eikö niin<._

78 A: Yeah.
_Niin. _

79 (10.0)

80 A: .hh And in the steering committee
.hh Ja urheiluseuran#::#

81 of the athletic club (1.0)
johtokunnassa (1.0)

82 supporting the youngsters' work.
tukemassa nuorten työtä.

For a long time, the patient receives the interpretation silently. Possibly in relation to this lack of response, the analyst adds new elements to the interpretation. In line 59, he reaches a point where he repeats the formulation with which he started the interpretation ('mother wasn't the father'; see line 20), thereby quite clearly indicating that his action could be heard as completed. The patient, however, still remains silent, and after 3.5 seconds (line 60) the analyst expands his interpretation with yet another kind of element: he now points out that usually it is the father's duty to encourage the son in sports. By referring to the father's conventional duties, the analyst apparently brings up further evidence to support his interpretation that 'real' target of the patient's disappointment is his father rather than his mother.

The patient first remains silent for more than 20 seconds after the interpretation. He starts his response in line 72 with an agreement token that is prosodically emphasized, then claims his agreement through a single clause (*It is (.) is true of course,*) and thereafter proceeds into an elaboration in which he illustrates the interpretation by pointing out what his father should have done in relation to his hobby.

By taking up what was suggested by the analyst, and by adopting the proposed perspective to his own past experience, the patient shows that he understands and accepts what was proposed by the analyst. The

patient's utterance is designed in a way that demonstrates that he has gained new insight. Prior to the analyst's interpretation, the patient's talk had focussed on his dissatisfaction with the mother, and now he focuses on the father's negligence. He also emphasizes the words *yes (Nii:i), is (on)* and *father (Isänhän)* in lines 72–73 in a way that seem to convey something like 'now I realize this'.

However, there is also a distinct topical shift, vis-à-vis the interpretation, in the patient's elaboration. Most parts of the interpretation dealt with the patient's relation to his father and mother, especially the ways in which his feelings of disappointment are displaced from father to mother. Thus, the focus of the interpretation was in the dynamics of the patient's inner world. In his elaboration, however, the patient addressed external moral realities: the parental duties that his father failed to meet. Through the tag question at the end of his elaboration (line 77) the patient even indicates that what he is proposing is something that the recipient, i.e., the analyst, has access to; therefore, it does not involve the inner world that only the patient knows directly.

Thus, there was a topical shift from 'self' to 'other' in the patient's elaboration in relation to the analyst's interpretation. This topical discontinuity was not, however, manifested in any overt interactional hitch. In its immediate sequential context, the patient's elaboration *was* aligned with the analyst's talk. The patient did not respond to the earlier parts of the interpretation that dealt with the dynamics of his mind (up to line 59). He only produced his elaboration at the point when the analyst, through adding a new element to the interpretation in lines 61–68, had *himself* made the topical shift from the inner dynamics of the patient's mind to the external realities of the parental duties. Thus, it was the new element that the analyst added to the interpretation that in fact allowed for an elaboration in which the patient shifted the topic from 'self' to 'other'.

In Extract (3), there were aspects in the elaboration that were clearly continuous with the interpretation. As proposed in the interpretation, the patient shifted his attention from the mother to the father, indicating that he now realized that his father had failed to fulfil the parental role expectations. Meanwhile, the elaboration missed some core contents of the interpretation: it did not address the patient's feelings of disappointment nor the ways in which these feelings have (according to the interpretation) been displaced from the father to the mother.

A more radical discontinuity between the interpretation and the elaboration can be seen in Extract (4). Here the analyst's interpretation involves a suggestion that the patient carries in her 'an awful amount' of anger (line 1) that she cannot get in touch with. Furthermore, in lines 23–34, the analyst suggests that keeping the anger away from her mind consumes the patient's psychic energy ('congeals the sap in her'), thereby making her feel tired. Towards the end of the interpretation, in lines 41–65, the analyst imitates the patient, suggesting what she could say if she were to express her anger towards her mother. This scene is framed as an example of the kind of 'rage' that there is in the patient. (The patient is angry at her mother because she feels that the mother criticizes her for letting her kids and pets damage their flat.)

(4) (Tul 4:9 A 15) analyst (A), patient (P)

1	A:	…an ↑awful ↓lot of anger #which: *… ↑kamalan palj↓on kiukkuu #joka:*
2		which: # .hhh (.) for whi- ch *joka: # .hhh (.) jol- #e: # ei*
3		there doesn't seem (.) to be a *tunnu (.) niinku olevan #semmosta#*
4		(.) £as °it wh(h)ere°£ .hhh #room *(.) £jo °t(h)enki°£ .hhh paik#kaa*
5		an:d and#. (.) mthhh *ja: ja#, (.) .mthhh*
6		(4.0)
7	A:	An:d #one starts to feel that *Ja: #ja semmonen tunne tulee et*
8		(0.3) .mthhhh (that n- °o-°) (0.3) .mthhhh (et n- °y-°)
9		you would need more# such (1.0) *tarvittais enemmän semmosta# (1.0)*
10		.mhhhh such that you were somehow *.mhhhh semmosta et olis jotenkin*
11		(0.2) that you became #<acquainted> *(2.0) et tulis #<kiukkuns>*
12		with your <anger> and# … *kans <tutu:ks> ja# …*
		((10 lines omitted))
23	A:	… I sometimes feel #that# your *… must välillä tun#tuu et# sun*
24		ti#redness# as I tried to argue *vä#symys# niinku mä oon yrittäny*
25		earlier too that# .hhh that *väittää aika#semminkin et# .hhh et*

26 as if #your# (0.3) sap was
niinku #sun# (0.3) elämännesteet

27 somehow #congealed#.
ois jotenki #jähmettyneet#.

28 (0.2)

29 ?P: (°°m°°)

30 A: an:d and £I think (that<) would
ja: ja £mä (h)luulen (et<)

31 think could argue that#£ .hhh
luulisin voisin #väittää et#£ .hhh

32 >that they have like< congealed
>et ne on niinku< jähmettyneet

33 like to .hhh keep
niinku .hhh pitämään

34 that anger #<away>#.
sitä kiukkuu #<poissa>#.

35 (0.3)

36 A: the .hhh the >like to the<
sitä .hhh sitä >niinku et siihen<

37 .hh #that that that# if you got
.hh #et et et# jos sä saisit

38 #more like in touch with how#
#enemmän niinku yhteyttä siihen#

39 .hh how #enraged you
.hh siihen kuin #raivoissas sä

40 for example now might be
esimerkiks nyt saattaisit olla

41 at the mother .hhh that you you
sille äidille .hhh 't sä sä

42 might perhaps want to say to
saattaisit ehkä haluta sanoa

43 mother# .hhh >that listen
äidille# .hhh >et kuule

44 that< .hh that we will tear apart
et< .hh et me hajotetaan vähän

45 a bit more here #still (.) .hhh
lisää tääl #vielä (.) .hhh

46 and and# we'll let everything be
ja ja# annetaan kaiken olla

47 so you may not #so# now let (0.3)
et sä et saa #niinku et# anna nyt (0.3)

48 now try to #put up with it# .hh
yritä nyt #sietää# .hh

49 that .hh that that your child .hh
sitä .hh et et sun lapses .hh

50 is (0.3) your child and your
niinkun on (0.3) sun lapses ja sun

51 £grand(h)children£ are now
£lapsen(h)lapses£ on nyt

52 #somehow like# .hhh (0.3)
#jotenki niinku# .hhh (0.3)

53 enrag#ed# (0.3) for so #many
rai#voissaan# (0.3) niin #monest

54 thin#gs.
asi#ast_.

55 (0.3)

56 Try now to put #up# °with it°.
Yritä nyt #sie# °tää sitä°.

57 (1.3)

58 A: Don't don't .hhh don't swipe it
Älä älä .hhh älä pyyhi sitä

59 ↓away don't do away
↓pois älä hävi°tä

60 °with it°.=>Imme°diately°<.
sitä°.= >He°ti°<.

61 (1.0)

62 P: Mmm.

63 A: Now let at least for a moment
Anna nyt edes het#ken aikaa

64 everything here be .hhh
täällä kaiken olla .hhh

65 be kind of (0.3) bro°ken°.
olla niinkun (0.3) haj#°alla°.

66 (2.7)

67 P: Yeah:,
Nii:i,

68 (2.4)

69 P: Yeah:,
Nii:i,

70 (0.4)

71 P: So even if mother would arrive at
Et vaikka äiti tulis

72 ten ↓#in the night she# needs to
kymmeneltä ↓#illalla ni sillä#

73 have a cleaning cloth in her hand.
pitää olla rätti kädessä.

74 (0.3)

75 A: Mmm.

76 P: But,
Mut,

77 A: #°Yes° but as I# I think #that
#°Nii° mut ku mää# mä luulen #et

78 that# .hhh that there there there
et# .hhh et siin siin siin

79 the .hh #the: # so ↓increasingly I
se .hh #se: # siis must alkaa yhä

80 am beginning to feel that there is
#enemmän tuntuu et siin on jotai

81 something like that .hh the like
semmosta että# .hh se niinku

82 the .hhh #like the £s(h)ap
se .hhh #niinku elämän#

83 so .hhh so the
£nest(h)eet niin .hhh niin semmone

84 passion and .hh an:d and and£
intohimo ja .hh ja: ja ja£

85 #erm::# an intensive feeling of
#e::: # intensiivinen elä#mäntunne

86 being alive so so that# (.)
niin niin se# (.)

87 is frigh°tening°.
pel°ottaa°.

The patient produces an elaboration of the interpretation in lines 71–73. Through the turn initial 'so', this utterance is marked as a continuation of the analyst's prior talk, and in it she maintains 'mother' as the topic of talk. There is certain continuity in the stance as well: in the final part of the analyst's interpretation, and in the patient's elaboration, the mother is cast in a critical light.

On closer inspection, however, it appears that the patient's elaboration, while maintaining criticism of the mother in focus, also passed by a key perspective established in the analyst's preceding interpretation. In the beginning parts of the interpretation, what was described was the patient's mind: how she is angry and how the anger gets repressed, causing tiredness. The end of the interpretation involved an imitation of how her anger could be expressed in a hypothetical dialogue between the patient and her mother. The patient's elaboration, on the other hand, did not topicalize her own feelings, but focussed solely on the mother, describing her behavior. So, there was a topical shift from 'self' to 'other' and from 'emotion' to 'action'. The discontinuity also involved stance. The early part of the interpretation establishes an *exploratory stance* toward the experiences of the patient. The final part is hearable as a hypothetical illustration by the analyst of the feelings that are in the patient's mind but are currently repressed. The patient's elaboration, on the other hand, adopts a clearly *complaining stance*, as she describes the mother's inappropriate behavior.

So, on closer inspection, the patient's elaboration in Extract (4) is discontinuous with the preceding interpretation. However, just like in Extract (3), this discontinuity does not manifest itself in any overt interactional hitch: the conversation between the analyst and the patient runs smoothly. This is made possible by the multi-unit organization of the very interpretation. In terms of the immediate sequential context, considering only the very preceding units in lines 41–65, the patient's elaboration is aligned with the analyst's preceding talk. Only in the context of the larger action of the analyst (observable from line 1 onwards) does the discontinuity become observable. The patient takes up only the analyst's illustration (hypothetical dialogue) and passes by what this hypothetical dialogue was meant to illustrate (the anger that is consuming her energy). The immediate sequential context 'allows for' an elaboration that is radically discontinuous.[1]

2.5. *Implications of the multi-unit organization of the interpretations*

Through Extracts (3) and (4), I have demonstrated some of the ways in which the patient's elaborations are often discontinuous with the interpretations that they elaborate on. The multi-unit organization (cf. Linell et al. 2003) of the interpretations is a central

feature making this discontinuity possible. Interpretations are often multi-unit turns, and the elaborations refer to units selectively, usually (but not always) focusing on the last unit(s) preceding the elaboration. Therefore, by 'timing' their elaborations or by applying other 'tying' techniques (Sacks 1992: 150–159), the patients can choose what to elaborate on.

Now, it should be borne in mind that a central technique for analysts to pursue patients' extended responses to interpretations is to add new elements to them when faced with a lack of or minimal patient response. The design of the new elements is informed by the patient's response thus far. The new elements can be 'easier' or more 'provocative' for the patient to respond to. Thus, in Extract (2), the final element before the elaboration was question formatted and it shifted the topical focus from past to current experiences, thereby intensifying the relevance of the patient's response. Likewise, in Extract (4), the final elements vividly animated the feelings that the analyst suggested the patient had repressed; by this animation, the analyst also strongly invited the patient to respond. In Extract (3), the final elements shifted the focus from the dynamics of the patient's feelings towards his parents to general parental obligations. In this case, it appears that the new elements were 'easier' for the patient to take up.

A new element that is more provocative in terms of inviting a response, or 'easier' to respond to, may also be one that facilitates a response that is discontinuous with the initial interpretation. Thus, it appears that when pursuing the patient's extended response to an interpretation, the analyst may at the same time facilitate elaborations that are discontinuous in relation to what the interpretation initially aimed at. A practice with the apparent function of facilitating the patient's response may, therefore, have another ('latent', as it were) function, which is to direct the patient's talk elsewhere than the initial direction of the interpretation.

3. Discussion with psychoanalytic theory

Now it is time to return to psychoanalytic theory to elaborate on the implications of these findings. Much of what has been reported in this study is in line with the psychoanalytic theory of interpretations. It appears that psychoanalytic theory is aware of the possibility that patients respond to interpretations with what we have called elaborations, and the theory indeed considers these kinds of responses as 'felicitous' ones. In elaboration, the patient 'plays with' the interpretation and 'makes something of it' (Casement 2002: 8). When giving interpretations, the analyst should not be looking for mere acknowledgment, agreement, or disagreement, but a new 'train of associations' (Spence 1982: 164) and this is what the elaborations are a vehicle for. Thus, in the light of psychoanalytic theory, it is also to be expected that analysts actively pursue responses like elaborations.

At the beginning of this paper, it was pointed out that the psychoanalytic theory concerning interpretations is divided into two streams, 'traditional' and 'interactionist'. Rather than trying to judge between the competing professional theories, conversation analysis can enter into dialogue with them. Our findings can offer empirical specification both to the traditional and to the interactionist theories.

As seen from the perspective of the *traditional psychoanalytic theory*, the fact that elaborations are often discontinuous in different ways with the interpretations is no surprise. The interpretations do not always lead to corresponding insights. The interpretation is never more than a hypothesis, which only the patient can confirm or disconfirm (cf. Etchegoyen 1999). If the interpretation does not correspond to the patient's actual experience, it is understandable that the patient does not take it up. Even an interpretation which in itself would be correct, if delivered at too early a stage in the psychoanalytic process, may be something that the patient cannot take up (Sandler et al. 1992: 149–151).

The traditional psychoanalytic theory also emphasizes that *resistance* is an ever-present force in the patient. Part of the patient's mind is opposed to the gaining of insight and self-understanding (Greenson 1967: 59–60). Hence, patients can resist interpretations that may in themselves be 'correct'. Discontinuity between the interpretation and the elaboration can indeed be a vehicle for resistance. In this context, it is important to bear in mind that the elaborations involve a display of acceptance and understanding of the interpretation—even when discontinuous with the interpretation. Rather than openly rejecting an interpretation, or showing their disagreement with it, the patients thus choose those parts of the interpretation that they can agree with and elaborate on them. In effect, they *hide* the fact that their response is discontinuous with central aspects of the interpretation. This may be an indication of the response being instead of resistance. 'Self observation' is the patient's fundamental task in psychoanalysis (Ikonen 2002). By shifting the topical focus from self to other (as in Extract [3]) or by moving from an exploratory to a complaining stance (as in Extract [4]), the patients also move away from the activity of self observation in an 'off record' way. Thus, in the context of the traditional psychoanalytic theory of interpretations, our empirical results may have offered a description of a particular interactional realization of resistance. CA cannot make any assertions about the 'intra-psychic' events in the patients, but what we have been able to show is a particular way of receiving interpretations that can be used to steer the focus of action away from what is considered as the basic task of the patient.

The dialogue between our empirical results and the *interactionist* psychoanalytic theory takes a different direction. Our findings offer some empirical specification to the central thesis of the interactionists, according to which the psychoanalytic process involves joint creation of new reality. We have shown some key aspects of *how* this creation is accomplished. The analysts actively pursue extended responses to their interpretations, and in doing so are informed by the patients' initial responses. Interpretation is often not one entity, but consists of a series of attempts by the analyst to elicit a response from the patient. Both the interpretation and the response are interactionally generated events.

The fact that patients often choose not to openly reject the interpretation, but rather produce elaborations that are discontinuous with it, is of utmost interest, also as seen from the interactionist perspective. A sense of rapport and good relations may be at stake here. Because an elaboration maintains the sense of agreement and acceptance of the interpretation, it offers for the patient the possibility to maintain good relations with the analyst, while direct rejection and explicit reservations towards the interpretation would threaten this.

The analysts' role is equally important. As pointed out above, when pursuing the patients' extended response to an interpretation, through adding new elements to their interpretations, the analysts may at the same time facilitate elaborations that are discontinuous in relation to what the interpretation initially aimed at. Why should the analysts facilitate evasive elaborations of their own interpretations? In psychoanalytic terms, we might consider the possibility of an unrecognized countertransference or role responsiveness (see, e.g., Sandler 1976) being involved here. The analysts may infer from the patients' comportment their unwillingness to deal with the interpretation as initially spelled out, and by adding more attractive new elements they may let the patients off the hook. Thus, the analysts may also choose to preserve the sense of rapport and good relations in opening up for the patients a route to elaborations that are discontinuous with the initial elaboration. By showing analysts' contribution to the production of discontinuous elaborations, conversation analysis can add yet another empirical specification to the interactionist thesis that the patients' responses to interpretations are, rather than direct expressions of the patients' private minds, interactional achievements of both parties.

Notes

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1. The interpretative sequence (Vehvilúinen 2003) is not finished by the patient's response to interpretation: after that, the analysts turn at talk is due. The analysts' third position actions will be explicated elsewhere; only a brief note is due here. In Extract (3), the analyst's next action is clearly built upon the patient's elaboration. First, in line 78, he agrees with the patient's elaboration, and after a gap of 10 seconds, he then produces an utterance that is designed as a grammatical continuation of the patient's elaboration. Thus, the analyst treats the patient's response to his interpretation as adequate. In Extract (4), however, the analyst indicates that the patient's response was not like the one she was seeking. She first in line 77 minimally agrees with what was suggested by the patient through *nii/yes*, then in the same prosodic unit produces the contrast marker *mut/but* and continues by utterance in which she in effect returns to what she had suggested in the initial parts of the interpretation.

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