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What about you? Responding to a face-threatening question in psychotherapy

Guxholli, Aurora

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What about you?

Responding to a face-threatening question in psychotherapy

Aurora Guxholli, Liisa Voutilainen and Anssi Peräkylä
University of Helsinki

In psychotherapy, the envisioned change in patient's feelings, thoughts and behaviour often targets their self-experience. This threatens simultaneously the patient's face and the therapeutic relation. We focus on face-threats in transformative question-answer sequences where therapists question the patient's face by shifting the focus of talk on patient's self and in response patients confront the dilemma of having to choose between saving their face or the relation with the therapist. Data come from 47 video recorded psychotherapy sessions conducted in Albanian language. Analysis shows that patients resist the transformation but only after making considerable efforts to save both their face and the therapeutic relation. We conclude that challenging the patient's self-experience is a delicate task in terms of the therapeutic relation.

Keywords: psychotherapy, change, face-threat, therapeutic relation, transformative sequence, self-experience

> Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.
> Viktor E. Frankl

Introduction

Concerns and questions about self are the very reason patients seek psychotherapy. Talking about oneself, however, is a complicated matter also in the context of psychotherapy, invoking in a particular way questions about the social value of the self that patients present to therapists. According to Goffman (1955), people hold a certain idea about who they are, an image of self which they reveal in interaction

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with others. Goffman referred to this image as *face*: a line of action through which the person expresses their view of self and, by attributing positive social values to it, expects the co-interactants to ratify it in return. Moreover, the person experiences an immediate emotional response to the face they bring forth in interaction, "he cathects his face; his feelings become attached to it" (Goffman 1955, 213). One feels good when their face is ratified or even praised, and bad or hurt when this is not the case.

Following Goffman's notion of face as omnirelevant in social interaction, Brown and Levinson's (1987) work on politeness has demonstrated how virtually all conversational actions involve an intrinsic face-threat to the recipient or the speaker (O'Driscoll 2017, 98). Actions performed to minimise face-threats have been the focus of research in linguistic pragmatics (see e.g., Ruiz de Zarobe & Ruiz de Zarobe 2012), offering a structural model of finite repertoires of realisation strategies (Kasper 1996). Other research has focused on depiction of face in interaction. For example, in a recent study on narrative interaction in psychodynamic therapy, Deppermann and colleagues (2020) showed how patients draw on two lines of action to depict a face for themselves: they *represent* it, for example by recounting memories of past events (the autobiographical, told self) and *perform* it in the moment by moment unfolding of the therapeutic talk (the interactive and emotional self). In this study, we examine patients' responses to face-threats in psychotherapeutic interaction.

To facilitate change in the patient's overall psychological functioning, therapists target the patient's contact with parts of the self. They focus primarily on problematic emotional experiences, therefore chiefly working with the interactive (emotional) self as displayed in the here and now of the therapeutic interaction. They do so by interpreting the patient's inner experiences – pointing to something implicit in the patient's talk and challenging the description of it – while inviting self-reflection from the patient (Vehviläinen 2003; Peräkylä 2004; Antaki 2008; Bercelli, Rossano and Viaro 2008; Rae 2008; Voutilainen 2012; Deppermann, Scheidt and Stukenbrock 2020). In a single-session study of client-centred therapy, Muntigl (2020) found that creating a secure space for the client to experience intense emotions as presently felt enhances the self-exploration process. Patients, on their part, rely on self-reflexive abilities to alter the way they see their self in the world (Fonagy et al. 2002) starting from the therapeutic relationship.

Throughout this process, in any psychotherapeutic approach, the patient's (but not only) experience gets transformed. Peräkylä (2019) has demonstrated how the transformation is carried out in the sequence of adjacent turns, where the therapist and patient display understanding of and respond to each other's actions targeting three overlapping realms of the patient's experience: *referents*, *emotions*,

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and *relation*. In this study, we investigate moments in which therapists, by making a shift in referents, focus the talk on the patient's self. We analyse transformative question-answer sequences in which (a) therapists use a question to shift the patient's focus of talk on self, taking an issue with the face they have presented so far in the interaction and, in response (b) patients, confronted with the dilemma of saving either their face or the relation with the therapist, do considerable interactional work to save both. We show how, by not ratifying the presented self, the shift threatens both the patient's face and the therapeutic relation.

Ratifying the patient's face often goes against the therapeutic goal of conceiving the self in new, more functional ways, presenting a dilemma for the therapist (Deppermann Scheidt and Stukenbrock 2020). It is in such moments that tension arises between two aspects of the therapeutic work, change in patient's self-experience and preservation of the therapeutic relationship where new experiences of emotional expression and response can take place (Voutilainen 2012). Conversation analytic (CA) studies on affiliation, emotions and empathy have shown how in and through talk, therapists – despite the psychotherapeutic modality – display an ever-present orientation toward building and maintaining the therapeutic relationship (see also Muntigl, this volume). They utilise a variety of interactional practices to prepare a ground of affiliation (Voutilainen, Peräkylä and Ruusuvuori 2010a; Voutilainen 2012), or mend disaffiliation resulting from disagreement (Muntigl 2013; Muntigl and Horvath 2014; Weiste 2015; Guxholli, Peräkylä and Voutilainen 2021) or therapist's misaligning and/or challenging utterances (Voutilainen, Peräkylä and Ruusuvuori 2010b; Scarvaglieri 2020; Muntigl 2020), including prosody (Weiste and Peräkylä 2014). The present study builds on this prior CA research and sheds light on the not-so-talked about co-participant's contribution in safeguarding the therapeutic relation – the patient.

Ratification of patient's face entails affiliation by merit of being a responsive action designed as preferred (Heritage 1984) and supportive of the expressed positive affect (Stivers 2008). Lack of ratification, on the other hand, projects disaffiliation therefore posing a double threat to the therapeutic relation and the patient's experience of self. Questioning the patient's self-image goes against the fundamental assumption in the Western culture that subjects have privileged access to their own self (Heritage 2011). Heritage (2011) has shown how, in everyday interaction, participants find it difficult to respond to reported subjective experiences due to lack of access to that experience, the preferred response being restricted to displays of affiliation and empathy. He called this phenomenon the "problem of experience".

In psychotherapy, however, it is the institutional task of the therapist to understand, but also alter the patient's experience of self. A number of CA studies focusing on management of epistemic asymmetry have shown how therapists make

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use of *formulations* to transform the clients' talk in such a way that it fosters a new understanding of the experience (Fitzgerald 2013) or to co-describe the clients' inner experience, demonstrating that this experience is somewhat similarly available to both therapist and patient (Weiste, Voutilainen and Peräkylä 2015). Providing evidential foundation for their *interpretations* by summarising the patient's talk and using their same descriptive terms is another practice that therapists rely on to manage the epistemic asymmetry (Weiste, Voutilainen and Peräkylä 2015).

Other than lack of direct access to patient's experience, the therapeutic relationship is also asymmetrical in that the therapist, guided in his hearing by clinical curiosity, is primarily the inquirer, whereas the patient the inquired. In other words, the therapist's task to help the patient bear the emotional pain and guide them towards change in self-experience is not reciprocated by the patient doing the same in return. In our analysis, we used the Psychotherapy Interaction Sequential Organization Model (Peräkylä 2019) shown in Figure 1 below, where the "third position" action reveals how therapists take the epistemic asymmetry into account and make their clinical hearing available to the patient. We investigate how the therapist's question as "target action" initiates the transformation of all the three overlapping realms of experience: *referents*, *emotions*, and *relation*, and show how this transformation is facilitated in and through the interaction (Peräkylä 2019). Figure 2 below illustrates a simplified version of the action sequence shown in Extract I.

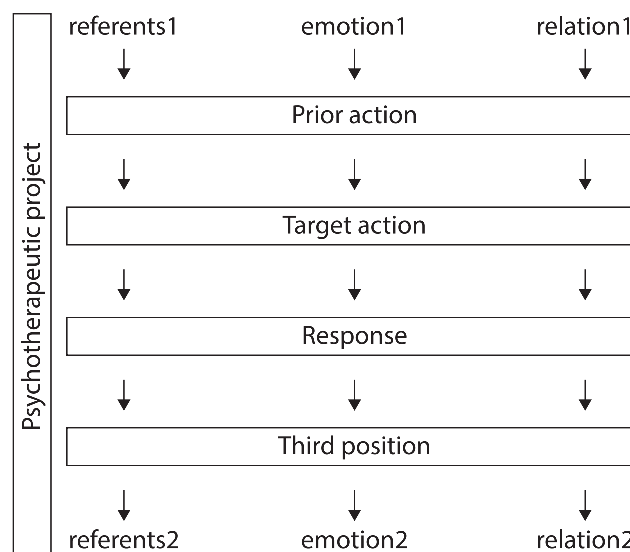

Figure 1. Transformation of experience through action sequences (Peräkylä 2019)

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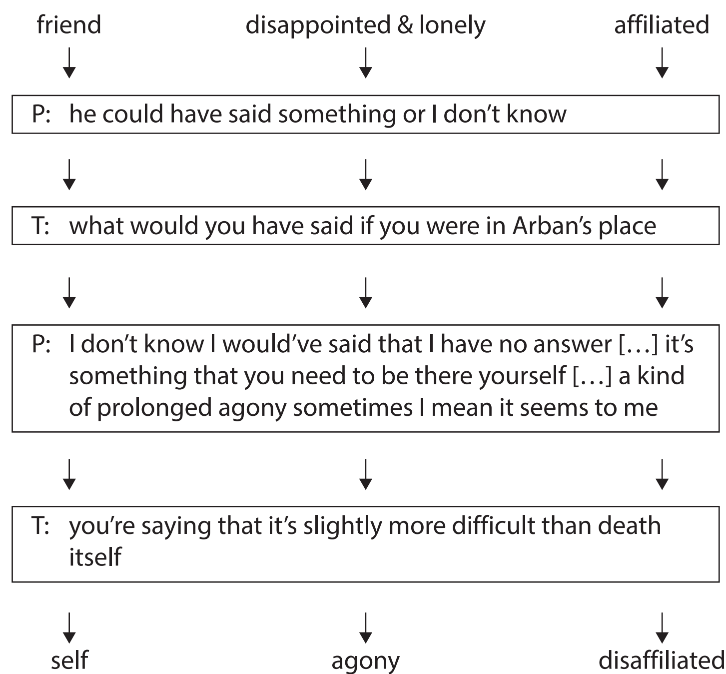

Figure 2. Illustration of transformation of experience through action sequences taking place in Extract I

Data and method

Data come from a total of 47 sessions of psychoanalytic psychotherapy[1] (18), psychodynamic psychotherapy (10), and cognitive-behavioural psychotherapy (19) in Albanian language. Five dyads participated in the study. All participants consented in writing to the video recording of the sessions. Approximately 10 sessions from each dyad were video recorded, each session lasting 50 minutes. A total of 24 instances in which the therapist shifts the patient's focus of talk from other/s or talk at abstract/generic level to patient's self were identified. Only 2 instances were found in cognitive-behavioural psychotherapy, the phenomenon predominantly occurring in psychoanalytic psychotherapy and psychodynamic psychotherapy. Each action sequence was transcribed following CA transcription conventions (Jefferson 2004). All names and other identification potential details in the data extracts were altered. Data was analysed with conversation analysis.

1. In Albania, it is common practice that, in psychoanalysis, the patient sits (instead of lying down) in a 45-degree angle with the therapist. Another difference with the traditional psychoanalytic practice regards the frequency of the sessions, with the therapist and patient meeting once a week or every other week. To distinguish between conventional psychoanalysis and this adjusted format, we refer to the practice in our data as *psychoanalytic psychotherapy*.

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Patient's dilemma in response to therapist's focus-of-talk shifting question

In the corpus under examination, therapists deployed a question to shift the focus of talk from other/s or talk at abstract/generic level to patient's self. These focus-of-talk shifting questions posed a threat to the patient by not ratifying the face they had presented so far in the talk and, as such, carried the risk of disaffiliation. In what follows, we show three instances in which the degree of face-threat posed by the therapist's question varies from carefully mitigated (Extract I), mitigated to some extent (Extract II) to upfront challenging (Extract III). We found that, despite the therapists' interactional work to acknowledge the patients' epistemic right to their subjective experience of self, patients chose to save their face but not without doing considerable interactional work to save both their face and the affiliation with the therapist.

Patient's responses to carefully mitigated face-threats

We found that therapists carefully mitigated the disaffiliative nature of the face-threatening question by acknowledging more epistemic rights to the patient regarding their subjective experience of self. To this end, they relied on a number of interactional resources such as question design, prosody and efforts to establish shared understanding. In carefully mitigated face-threats, therapists designed their utterance as open format question, produced it with empathic prosody, and displayed explicit orientation to intersubjectivity. The following extract (I) is an example of a carefully mitigated face-threat.

The stretch of talk is extracted from a psychoanalytic psychotherapy session. The session takes place towards the end of the second year of the therapeutic process. The therapist is a woman in her early forties and the patient a man in his late twenties. The patient is talking about his father who has been ill lately. He expresses concern about his father's health and repeatedly claims to have been pondering on death related thoughts. While his talk remains mainly descriptive (i.e., describing his father's most recent hospitalisation episode), emotional states (i.e., anxiety and fear) can be inferred particularly from his choice of words, amounting to an overall state of helplessness (i.e., "it must be accepted that death is for everyone so we can't deny it"). Following the therapist's unsuccessful attempt at exploring the patient's death related fantasies, the patient shifts the focus of talk from his father to himself, disclosing that he feels lonely and needs to talk to someone. He complains about being single and, in response to the therapist's query about his friends, he first says that they are busy with "their own things", then moves on to tell the following story.

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Extract I. What would you have said? [22:08–23:30]

Prior action

```
01  P  >s'e di< ku:r: (4.6) >nuk e di< ka nja ca nja një
       >I don't know< whe:n: (4.6) >I don't know< there's been a while
       some one
02     muj e gjys diçka e tillë domethënë edhe që:: (1.4)
       month and a half something like this I mean and tha::t (1.4)
03     °ku di un° me Arbanin po flisja në Facebook ((e paqartë))
       °I don't know° I was talking to Arban on Facebook ((not clear))
04     >po që< po i tho:sha: (0.7) si? mund të jetohet me një prind
       >but well< I was te:lli:ng him (0.7) how? can one live with a sick
05     të sëmurë °domethënë° [e më thoshte] që:: (1.6) ji aty për atë.
       parent °I mean° [and he was telling me] tha::t (1.6) be there for him.
06  T                       [     Mhm,    ]
07  P  atë e di un, po si ta përballoj?
       I know that, but how do I cope with it?
08     (1.2)
09  P  nuk është puna [ se ] (0.5) se ç'duhet të b(h)ëj domethënë
       it's not [that] (0.5) what I should d(h)o I mean
10  T                [Mhm,]
11  P  unë e di shumë mirë °po,° (1.0) s:'ktheu përgjigje,
       I know it very well °but,° (1.0) he d:idn't answer,
12     s'ka:: (1.0) ku di un (1.0) normalisht nuk ësht
       there's no:: (1.0) I don't know (1.0) normally it's not
13     se ësht (.) shumë retorike si pyetje domethënë po,
       that it's (.) very rhetorical as a question I mean but,
14     ku di un,
       I don't know,
15     (2.2)
16  P  mund të kishte thënë diçka:, heh [ose] nuk e di se
       he could have said somethi:ng, heh [or] I don't know
17  T                                   [MHM,]
```

```
18        (5.0)
```

Target action

```
19  T  °çfarë do kishe thënë ti.(0.4) nëse do ishe në:: .hh
       °what would you have said. (0.4) if you were in:: .hh
20     vend të Arbanit.°
       Arban's place.°
```

```
21     (4.5)
```

Response

```
22  P  s'e di do kisha thënë që s'kam përgjigj(h)e domethënë
       I don't know I would've said that I have no answ(h)er I mean
23  P  [ësht] (1.3) °nuk° (0.3) me vërte nuk ka: përgjigje
       [it's] (1.3) °there's no° (0.3) there's really no answer
24  T  [MHM,]
25  P  [domethënë] ësh::=shu:m:,
       [I mean] it's::=ver:y:,
26  T  [ °Mhm,° ]

27     (3.7)
28  P  s'e di është gjë që duhet të jesh vetë [     aty që     ]
       I don't know it's something that you need to be there yourself
```

(*continued*)

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Extract I. (*continued*)

```
29  T                                        [((krruan zërin))]
                                             [((clears throat))]
30  P  ta:: (1.5) kshu po prapë domethënë (0.2) °di un° (2.3) mcht
       in order to:: (1.5) like yet I mean (0.2) °I don't know° (2.3) mcht
31     (1.0) kshu si nji- nji lloj (1.2) agonie e zgjatur °ndonjëherë
       (1.0) like a- a kind of (1.2) prolonged agony °sometimes
32     do të thotë° kshu më duket,
       I mean° it seems to me,
33        (3.8)
```

Third position

```
34     T  po thua që është pak më e vështirë sesa vetë (0.5) vdekja,
          you're saying that it's slightly more difficult than (0.5)
          death itself,
```

In the action prior to the sequence under scrutiny here, the patient tells a story (lines 1–16) to illustrate his need to talk to someone. In his telling, he complains about his best friend, Arban, who could not answer his question about "how to live with a sick parent" (lines 4–5). The friend's answer was not satisfactory, and the patient's follow up question (line 7) received no answer at all. Despite reproaching his friend for not giving an answer (lines 7, 9 & 11), the patient's overall complaint is directed towards the situation he finds himself in; he defines his question as rhetorical (line 13), acknowledging thus that by asking it, he was trying to make a point – that he finds himself in a very difficult situation – rather than get an answer. Yet soon after having displayed understanding for his friend's inability to help him out with a piece of advice, the patient adds that he "could have said something" (line 16). This part of his talk is marked by the contrastive "but" (line 14) and embedded with knowledge disclaimers (see the "I don't know" in lines 14 and 16) and laughter (line 16), acknowledging not only the overall difficulty in producing emotional talk but also the contradictory nature of the claims being made.

The patient's talk displays two main affects: feeling lonely and being disappointed in his friend. In his story, he tells how by talking to his friend, he was trying not only to overcome his loneliness but also receive advice on how to "cope with it" (line 7). At a transition relevance place, the therapist affiliates with the patient by endorsing his stance quite strongly (line 17), producing a high-volume minimal response token, not characteristic neither of the therapist's volume nor of such response tokens. Despite this strong display of affiliation, the patient does not complete his turn (see the long silence in line 18). One possible grammatical continuation of the turn in Albanian could have been "ose nuk e di se *çfarë mund të kishte thënë*" (in English: 'or I don't know *what he could have said*'); another possibility, a repetition of what he said before: "ose nuk e di se *kjo nuk ka përgjigje*" (in English: "or I don't know cause *there is no answer to this*"). Following the contradictory nature of his claims, the patient steps back and abandons the turn altogether.

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In the target action (lines 19–20), the therapist invites the patient to further elaborate on his current emotional state and the corresponding needs. First, she orients to the patient's turn as incomplete (see the long gap on line 18). Next, she asks him to put himself in his friend's position to explicate possible things that his friend could have told him (for a detailed discussion on how therapists deal with implicit content of patients' talk see Koivisto and Voutilainen 2016). By means of a content question, the therapist shifts the focus of talk from the patient's friend to the patient (him)self (notice the emphasis on the second-person pronoun "you"), and the emotional need/s he was trying to fulfil by talking to him. The question is produced in low volume and accompanied by a wide smile, and an extension clarifying the hypothetical situation is added following a short 0.4 s pause. The question's recipient-tilted epistemic asymmetry addresses the patient as the subject of the hypothetical self-experience that it invokes. It is by means of such interactional work that the therapist, on the one hand, acknowledges the patient's previously displayed difficulties in producing emotional talk and elaborating on his momentary need/s whilst, on the other hand, pressures him for an answer by gazing at him intensely.

Though most of the constraints for an answer are carefully mitigated by interactional work, the therapist's invitation bypasses the patient's previous claim that the question is rhetorical thus unanswerable. In pressing for an answer, the therapist's question sets the ground for two competing interactional scenarios: (a) if the patient comes up with a preferred answer response, he would be complying with the question's topical (emotional needs) and action (elaboration of his needs) agendas, in this way preserving the affiliation with the therapist at the cost of losing face by contradicting his previous claim that this is an unanswerable question; or (b) if the patient comes up with a dispreferred non-answer response, he would remain faithful to his claim and consequently to the line he has been drawing for himself as a person who understands and accepts others' inability to help him out, at the cost of disaffiliating with the therapist.

Faced with the difficult choice between saving his face or the affiliation with the therapist, in his response the patient forgoes the latter but not without doing some interactional work to mitigate the relational harm. First, a long silence (line 21) ensues, possibly indicating the cognitive work that the proposed shift necessitates and the upcoming of a dispreferred non-answer response (notice also the knowledge disclaimer at turn-initial position). The patient formats the rest of the turn as an answer response (lines 22–23). While partially complying with the question's topical agenda, namely the shift in focus of talk on self (in line 22, he responds from a first-person position "I"), the patient declines its action agenda as he neither explicates possible answers that would fulfil his momentary need/s nor elaborates on them. His talk is interpolated with laughter (line 22), fillers (see the repeated use of "I mean" in lines 22 and 25), word searching pauses (line 23), and prolonged vowels (lines 23 and 25), indicating the patient's difficulties in coming up with an answer.

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Following the therapist's minimal responses (lines 24 and 26) and withdrawal from taking a turn (line 27), the patient expands his answer with an account for his friend's difficulties with coming up with an answer (lines 28 and 30). By doing so, he steps out of the hypothetical self-frame he was supposed to be responding from, coming back to the actual situation where "he is there himself" (line 28). He does, however, preserve the focus of talk on self, qualifying the situation he finds himself in as "prolonged agony" (lines 31–32). In the third position turn (line 34), by means of a rephrasing formulation (Weiste and Peräkylä 2013), the therapist accepts the patient's non-answer response maintaining the focus of talk on (him) self and his emotions. She invites the patient to further continue reflecting on his emotional state and the corresponding needs, hence pursuing the interactional project initiated in lines 19–20.

To sum up, in Extract I, the therapist's focus-of-talk shifting question took an issue with the patient's represented self, posing a threat to the patient's face and the therapeutic relation. As such, it presented a dilemma for the patient, to save his face or the affiliation with the therapist. After trying to save both, the patient chose to preserve the line he had been drawing for himself at the cost of disaffiliating with the therapist.

Patient's responses to mitigated face-threats

In our data corpus, therapists did not always carefully mitigate the disaffiliative nature of the face-threatening question. We found that, at times, therapists acknowledged more epistemic rights to themselves than to the patient when questioning the latter's subjective experience of self, prioritizing their professional authority. As we will see in the following Extract (II), deploying an open format question is not sufficient in mitigating the threat posed to the patient's face and the therapeutic relation.

The stretch of talk below is extracted from the 10th encounter in a psychodynamic psychotherapy. The therapist is a woman in her early forties and the patient is a woman in her early twenties. The patient is complaining about others seeing her as an object of their sexual fantasies. To illustrate this, she describes two recent events where she felt sexually harassed: an encounter with an acquaintance and a workplace episode with her boss. The therapist attempts at eliciting elaboration of such experiences, inviting the patient to reflect upon her own experience of the events. The patient's focus of talk remains primarily on others, explicating what they do and attributing blame on them. On the few occasions when she shifts the focus of talk on herself, she depicts a very positive portrait of an independent, open minded, and honest person. Following several failed attempts at inviting the patient

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to see her own behaviour (open and honest) from the others' perspective (too close and intimate), the talk shifts to the patient's ex-boyfriends. Right before Extract II, following the patient's claim to being perhaps "very picky", the therapist inquires about Blendi, a former boyfriend, asking what she found special about him.

Extract II. What about you? [35:50–37:35]

Prior action

01	P	mcht më pëlqejnë kta- kta çunat e mir, kta si të urtë, pak si kshu,
		mcht I like these- these good guys, these like amiable, a little like,
02		që janë ((rregullon pantallonat)) [edhe ky] ishte
		who are ((straightens her trousers)) [and this] was
03	T	[£vërte::t?£]
		[£really::?£]
04	P	po::(h) [heh]
		ye::s(h) [heh]
05	T	[£ua:u] kisha [mendim komplet] tjetër për ty£
		[£wo:w] I had [a totally different] idea about you£
06	P	**[heh heh]**
07	P	£jo::(h). >jo jo jo<£=
		£no::(h). >no no no<£=
08	T	=domethën për çfarë mund të pëlqeje ti.=
		=I mean about what you might like.=
09	P	=>jo jo fare më pëlqejn shumë- (.) edhe Eri prandaj më pëlqente se
		=>no no not at all I like them very much- (.) and Eri that's why I liked him cause
10		ishte shumë< (.) çun i mir.
		he was a very< (.) good guy.
11	T	**[°ëhë::,°]**

12	P	[i kam] shum qef kta:: mcht (.) #e-# atë iden e *bad boy*-it e kam
		[I very] much like these:: mcht (.) #e-# the bad boy idea I really
13		((tund kokën në formë refuzimi)) °e kam kshu::°
		((head gesture indicating refusal)) °I really like::°
14		((lëviz duart në formë refuzimi)) nuk=
		((hand gesture indicating refusal)) it doesn't/I don't
15	T	*=excluded*
		=excluded
16	P	((vazhdon lëvizja e duarve)) fare=
		((hand gesture continues)) totally=
17	T	**=m::?**
18		(1.4)
19	P	dua nji- nji çun shum t mir, një kshu si:: (.) si çun ma:mi pak nji::
		I want a- a very good guy, one like:: (.) like mama's boy somehow a::
20		((ngre shpatullat)) .hh nji person të mir ((rrotullon duart)) [të but]
		((raises her shoulders)) .hh a good person ((rotates her hands)) [soft]
21	T	[të u:rt?]
		[a:miable?]
22	P	Po::.
		Yes::.
23	T	**[Mhm,]**

(*continued*)

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Extract II. (*continued*)

```
24  P  [Blendi] nuk ishte i urt, >medemek< ishte:: ((rrotullon duart))
       .hh >ajo që
       [Blendi] was not amiable, >I mean< he was:: ((rotates her hands))
       .hh >what I
25     më pëlqente te ai ishte që ishte pak si si fëmijë në ca::< në ca
       liked about him was that he was a little like like a child in
       some::< in some
26     [pjesë .hh entu-]
       [aspects .hh enthu-]
27  T  [sesi për m-] qa:nte:?
       [how] he would cry::?
28  P  entuziazmi i vet ishte si si fmi::j,
       his enthusiasm was like like a chi::ld,
29  T  Ëhë,
       Mhm,
30  P  e kur fliste >për shembull për gjërat< ësht shum:: ashu edhe- (.) mcht
       and when he talked >for example about things< it's very:: like
       and- (.) mcht
31     >edhe ishte shum i mir,< shum:: (2.0) ktë kishte. edhe Eri £ë£ Eri
       >and he was very good,< very:: (2.0) that's how he was. and Eri
       £um£ Eri
32     atë që më pëlqente ishte shum i mir, (1.0)
       what I liked about him was that he was very good, (1.0)
33     [shum çun i mir, (0.5) shum njeri i mir,] (0.5) ktë vlersoj shum,
       [a very good guy, (0.5) a very good person,] (0.5) this is what I
       appreciate a lot,
34  T  [ .hhhh ((mbështet shpinën)) hhhh ]
       [ .hhhh ((sits backwards)) hhhh   ]
35     (0.5)
36  T  që të jet njeri i mir?=
       that he is a good person?=
37  P  =po::.=
       =yes::.=
```

Target action

```
38  T  =po ti si je?
       =what about you?
```

```
39    (1.0)
```

Response

```
40  P  çar?
       what?
41  T  ti si je.
       how are you.
42  P  ((buzëqesh; ngre shpatullat))
       ((smiles; rasies her shoulders))
43  T  në ktë parametrin e mirsis që ti i vendos ata,
       in this goodness parameter where you place them,
44     (2.4)
45  P  <£un jam e mi::r:: (.) kur du:a:£>
       <£I am goo::d:: (.) when I wa:nt: to£>
46     (1.0)
```

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Extract II. (*continued*)

```
47  T  Ëhë,
       Mhm,
48     (1.0)
49  P  jam e mir po- (.) po kam:: (1.0) >ta kam thënë dhe njëherë unë
       mund të bëhem
       I am good but- (.) but I have:: (1.0) >I've told you once before I
       would do everything
50     copa  për personat< që i kam shumë përzemër.
       for the persons< that I love very much.
51  T  ((tund kokën))
       ((nods))
52  P  që po vendosa që u:n:: të kam qef ((lëviz dorën në mënyrë të
       prerë))(2.0)
       that if I made up my mind that I:: like you ((hand gesture
       indicating decisiveness))(2.0)
53  e  bëj gjithçka::, (.) gjithçka: m: jam atje::,
       I do everything::, (.) everything: m: I am there::,
```

Third position

```
54  T  Ëhë, okej, që i mbështet edhe:[::  ] m: jepesh për ta::,
       Mhm, okay, that you support them a::[::]nd m: devote yourself to them::,
55  P                                 [po:,]
                                      [yes:,]
56  T  [dhe sa]krifikon po thua për kta,
       [and ma]ke sacrifices you're saying for these,
57  P  [ po:,]
       [yes:,]
58  P  po.
       yes.
59  T  .hh e- e kupto:j ktë gjënë po:: .hh pse i kërkon ti (.)
       .hh I- I understa:nd this bu::t .hh why are you after (.)
60     >duket sikur i kërkon më të mirë se veten,<
       >it seems like you are after men [who are] better than yourself,<
61     (1.7)
62  T  më të u:rt, të:: >që jan< (0.4) [prapë ësht te pushteti të::nd]
       quieter, >who are< (0.4) [again it's about you::r power]
63  P                                  [po dhe un jam shumë e u::rt]
                                       [but I am very a::miable too]
64     .hh >jo nuk ësht atje, edhe unë jam shumë e u:rt,< (0.5) jam
       shumë e qetë, si njeri
       .hh >no it's not that, I am very a:miable too,< (0.5) I am very
       quiet, as a person
```

In the action prior to the sequence of analytic interest here, the patient claims to like "good guys" (lines 1–2). By means of a news marking "really" (Jefferson 2015) the therapist expresses surprise (line 3), the post-expansion soon unfolding into an account (lines 5 and 8). Despite the disagreement-implicating nature of the therapist's repair (Schegloff 2007), the talk ensues in an atmosphere of shared amusement (notice the shared laughter and smiley voices in lines 3–7). In what follows, the therapist does a lot of interactional work to mitigate the face-threatening

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potency of her abrupt uptake: she aligns with the patient's talk, continuously displaying understanding of what she is saying; invites further talk from the patient (see the continuer in line 11 and the minimal acknowledgment tokens in lines 23 and 29); displays attentiveness and understanding of what the patient is saying at present (see the highlighting formulations (Weiste and Peräkylä 2013) signposting beyond mere receipt of the patient's talk) and has been saying before (see the declarative question in line 27, suppling a detail the patient has shared with her in a previous session).

The patient, on the other hand, does not orient to the therapist's turn as a face-threat. She responds to it light-heartedly (see the laughter in lines 4 and 6) and after firmly yet smilingly discarding it (lines 7 and 9), goes on to further expand her turn. In doing so, she reiterates her epistemic primacy on the matter at hand, one which the therapist has been working to acknowledge following the potential infringement. In what follows, she asserts what kind of guys she likes in general and explicates how the two recent boyfriends fit to this preference. When the talk steers back towards Eri, another former boyfriend, the patient repeats how he was "very good" (lines 31–33). She enhances this part of her talk with two alterations (line 33), first inserting the word "guy", next replacing it with "person" (for more on self-initiated same-turn repairs, see Schegloff 2013), modifying her preference to target the referents as "persons" and not just "boyfriends".

Not long after the epistemic gradient (Heritage 2010) has been re-calibrated, in a second post-expansion (line 36) the therapist takes issue with the patient's claim, deploying a disagreement-implicated other initiated repair (Schegloff 2007). Sticking to her epistemic primacy on the matter at hand, the patient orients to it as an understanding problem, confirming quickly and without making any further adjustments (line 37). What happens next is the target action under investigation in this study.

In line 38, the therapist invites the patient to talk about how she sees herself. By means of a content question, the therapist shifts the focus of talk from others to patient's self. Though the question's open format respects the patient's epistemic primacy (for more on design of questions and epistemic gradient, see Heritage and Raymond 2012), the shift is morally loaded in that it questions how the patient sees herself, suggesting a possibility that she might see herself as not so good or even a bad person. The question constrains the patient to choose between two options, each giving rise to a different interactional scenario: (a) if she answers saying that she sees herself as a good person, in attempting to save face, she would be not-so-modestly asserting what must have been regarded as self-evident knowledge, in this way rejecting the suggested possibility of being otherwise; or (b) if, on the other hand, she says that she sees herself as not that good, or that she thinks of herself as being a bad person, in giving in to the suggested possibility, she would be endorsing

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what seems to be the therapist's epistemic stance at the cost of admitting something negative about herself.

The patient faces the difficult choice between saving her face or the relation with the therapist. Responding to an ostensibly face-threat embedded in a focus-of-talk shifting question seems to warrant cognitive work, as indicated in the delays in patient's response (lines 39 and 44). The patient first deploys an understanding check (line 40), orienting to the problematic nature of the therapist's question. The therapist refrains from reworking her question, instead merely repeating it (line 41), this time highlighting the shift to (patient's) self (notice how she emphasizes the second-person pronoun "you" and deploys a closing intonation to underline the topical nature of the shift). Following another non answer response accompanied by smiling (line 42), the patient refrains from embracing either scenario. The therapist, however, firmly treats the patient's non answer response as no more than an understanding problem and, by means of an increment (Schegloff 2007), clarifies what she means.

Finding herself in a difficult position, with the therapist declining to meet her halfway, the patient proceeds to save as much as she can of both her face and the therapeutic relation. In her response, she downplays a face-saving answer by specifying that being good is conditional upon her will (line 45). The turn is produced in slow pace, with prolonged vowels and consonants, and the patient is smiling all the way through, revealing thus her uneasiness at coming up with what she considers to be a dispreferred answer, and perhaps some uncertainty regarding whether the answer gratifies the therapist's question. By conditioning her being good, hence implying that she is not always so, she partially ratifies the therapist's right to question the way she sees herself, accepting to some degree her implicit suggestion. While working to avoid disaffiliating with the therapist, the patient tries to compensate for the face loss by deploying one extreme case formulation after another (lines 49–50, 52–53).

In the third position turn, the therapist strongly endorses the patient's stance: she produces a strong affiliative nodding (line 51); accepts the patient's answer (see the sequence closing "okay" (Schegloff 2007) in the beginning of line 54); and formulates the patient's talk in such a way that it sheds very positive light on the patient (lines 54 and 56). Only after having reassured the patient that she endorses her answer and their relation is now at a safe place, the therapist comes back to her question, this time designing it as an interpretation (lines 59–60, 62). She clarifies the interactional project ("your power") she embarked on previously in the talk and reveals the links that guided her to such an interpretation ("seems like you are after men [who are] better than yourself"). By orienting to the patient's response as not fully answering her question, the therapist invites her once more to focus the talk on her subjective experience of herself, in explicit pursuit of the interactional project at hand.

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In brief, in Extract II, the therapist's shift in the focus of talk questioned the patient's overall conceptualisation of the self, posing a threat to both the patient's face and the therapeutic relation. As such, it placed the patient in the difficult position of choosing between saving her face or the affiliation with the therapist. The patient made considerable efforts to preserve the affiliation with the therapist. Ultimately, the patient chose to save her face, strategically modifying it in such a way that while partially accepting the therapist's implicit suggestion, she added more positive social attributes to it.

Patient's responses to upfront challenging face-threats

In the corpus under investigation here, we found that, at times, the face-threat embedded in a focus-of-talk shifting question was plainly challenging. In terms of turn design, these questions were formatted as declaratives, setting high constraints to the patients' response while acknowledging more epistemic rights to the therapists with regards to the patient's subjective experience of self. Moreover, the interactional environment amidst which they were deployed – ongoing disaffiliation – intensified relational impasse instead of remedy. By challenging the patient, the therapists put the therapeutic relation at a strong test. The following Extract (III) is an example of an upfront challenging face-threat.

The talk below is extracted from mid-session of a psychoanalytic psychotherapy encounter. The therapeutic process is still at the very beginning, this stretch of talk taking place during the 9th encounter. The therapist is a woman in her late twenties and the patient is a woman in her mid-thirties. Since the beginning of the session, the patient has been talking about how she relates to her family members and other close relations, portraying herself in very positive tones: caring, considerate, respectful, highly responsible towards others. She also claims to be the favourite, most loved family member. Her talk is produced at a generic level, not referring to any concrete person or situation. To illustrate her self-related claims, she makes use of hypothetical situations or figures of speech (i.e., she is the engine, and her close relations are the train cars). The therapist's responses are designed to elicit talk on concrete and emotional subjective experiences, with a particular focus on the patient's present moment in life. Following such recurrent attempts, the patient describes a recent conflict with one of her sisters, revolving around the sister interfering with how the patient is raising her child. The therapist inquires into the siblings' relationship during the patient's childhood. The patient says that they "have always been there for each other" and mentions that, at present, each of them has a child. She goes on to talk about her siblings' children, as shown in the extract III below.

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Extract III. This is what it was for you? [32:03–34:59]

```
01  P  .hh unë kam marrë p- (0.2) pjesë shum në rritjen £e::£ të dyve
       .hh I have p- (0.2) participated a lot in the upbringing £o::f£
       both
02     atyre ↑por për- për ktë arsye↑ jam trajnuar herët heh heh=
       of them ↑but for- for this reason↑ I was trained early on heh heh=
03  T  =°Mhm,°=
04  P  dh::e:: kur ka ardhur puna te djali im nuk i kam lënë
       a::nd:: when it came to my son I didn't let
05     asnjërin [se:: m]
       anyone [cau::se m]
06  T           [ pak e] padrejt↑
                [a bit un]fair↑
07  P  ë:(h)?
       uh(h)?
08  T  pak e padrejt
       a bit unfair
09     (2.0)
```

Prior action

```
10  P  [HH kam pasur ktë fiksim] sikur nëse::
       [HH I've had this fixed idea] that i::f
11  T  [ndoshta? (0.4) ndoshta.]
       [maybe? (0.4) maybe.]
12  P  [              ndoshta £m nuk .hh n::£              ] më është
       dukur (.) ëphh .hh
       [maybe £m I don't .hh n::£] it seemed to me (.) uphh .hh
13  T  [°po° (.) po them se çfarë mund të mendojë motrat ë?]
       [°yes° (.) I'm saying what the sisters might think no?]
14  P  °pse p-° (2.0) PSE? PO IA LE KTË SI BARRË NA MBAJE TI
       °why am I° (2.0) WHY? AM I LEAVING THIS LIKE A BURDEN HERE YOU KEEP IT
15     SE DO PUSHOJ UNË KTË:: KJO ËSHTË PËRGJEGJËSIA IME.
       CAUSE I'LL REST THI::S THIS IS MY RESPONSIBILITY.
16  E  KAM BËRË UNË, E KAM MENDUAR [MIRË,] E KAM DËSHIRUAR,
       I DID IT, I THOUGHT IT [THROUGH,] I WANTED IT,
17  T                             [ °po°]
                                  [°yes°]
18  P  (2.0) PRANDAJ DHE E KAM BËRË. TANI KJO ËSHT (0.5) e imja.
       (2.0) AND THAT IS WHY I DID IT. NOW THIS IS (0.5) mine.
19     .hh më dukeshe (.) gjithmonë sikur po t'ia le dikujt
       .hh it always seemed to me (.) that if I leave him to someone
20     është lo:dhje për tjetrin, (0.2) dhe kjo është vetëm
       it's ti::redness for the other, (0.2) and this is only
21     e  [imja,]
          [mine,]
```

Target action

```
22  T  [  për  ] ty kshu ishte? lodh[je:? dikur?]
       [this] is what it was for you? tired[ne:ss? at the time?]
```

(*continued*)

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Extract III. (*continued*)

Response

23 P [.hhth] ë:::: në #në::::#
[.hhth] uhm:::: in #in::::#

24 gjat:ë: llojit të martesës që kisha u:në ishte një lloj
du:ring: the kind of marriage that I: had it was a kind of

25 lodhje se kërkonte mcht nerva dhe durim, ti nuk mund t'ia
tiredness cause it required mcht nerves and patience, you can't

26 .hh shkarkosh .hh [ë:: nervat ë::] dhe Atë
.hh discharge .hh [uhm:: your anger uhm::] and That

27 T **[mcht.hh]**

28 P çfarë të b:: bën me tjetrin të humbasësh durimin
what m:: makes you lose patience with the other

29 t'ia shkarkosh fëmijës .hh pra nuk kisha tch(t) .hh
to discharge that to the child .hh so I didn't have tch(t) .hh

30 (0.2) kisha dëshir të m- >mos ISHA E LODHUR< që dhe
(0.2) I wanted to n- >not BE TIRED< so that I (could) also

31 TA GËZOJA në të njëjtën kohë=
ENJOY IT at the same time=

32 T **=Mhm,**

33 (1.0)

34 T **[Mm,]**

35 P [.hh] po::r e kisha marrë si përgjegjësi, (1.5)
[.hh] bu::t I had undertaken it as a responsibility, (1.5)

36 T **Mm,**

37 P .hh që:: (.) unë e bëra ktë↑ (0.2) ky fëmijë nuk zgjodhi
.hh that:: (.) I did this↑ (0.2) this child did not choose

38 që të lindi↑
to be born↑

39 T **°Mhm,°**

40 P atëhere (2.0) [un] do t'i sh- shkoj ↑deri në fund çdo gjëje.
so now (2.0) [I] will en- endure everything.

41 T **[Mm,]**

42 T **Mm,**

43 (1.0)

44 P dhe kjo është përgjegjësi vetëm e imja. e askujt tjetër.
and this responsibility is only mine. no one else's.

45 T °po,°
°yes,°
[38 lines omitted]

Third position

83 T mcht .hh >po duket siku::r< ndoshta:: mcht mcht kur-
mcht .hh >well it seems li::ke< maybe:: mcht mcht when-

84 kur ke qenë ti ë? në krye të:: të detyrës për t'u
when you were no? in charge of:: of things looking

85 kujdesur për fëmijën e motrës tënde:,=
after your sister's child:,=

86 P **=M,=**

87 T =duket siku::r (0.5) ndoshta:: (1.5) ka qenë një lodhje për ty.
=it seems li::ke (0.5) maybe (1.5) it was a tiredness for you.

88 (1.0)

89 P **.hhhh=**

90 T =ë?
=m?

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Extract II. (*continued*)

```
91  P  edhe ishte po unë e shikoja si::[ :: ] phu >nuk e di<
       might have been but I saw it as::[::] phu >I don’t know<
92  T                                  [Ëhë,]
                                       [Mhm,]
93  P  e shikoja dhe si detyrën time
       I saw it as my duty as well
94  T  detyrë
       duty
```

In the beginning of the extract, the patient repeats [first mentioning not shown here] how she has not allowed her family members to babysit her child (lines 4–5). Prior to the target action, the patient responds (lines 7, 10–21) to the therapist's challenge (lines 6 and 8), assessing her behaviour as "unfair". The assessment is produced in overlap, interrupting the patient's talk. The therapist downplays the challenging potency of her face-threatening assessment by wearing a playful smile, using "a bit" to lessen its accusatory power, and deploying questioning intonation (notice the rise in intonation at the end of the turn). Despite all this interactional work, the patient disaffiliates by first delaying her response (see the repair sequence in lines 7–8, followed by a long silence in line 9), next exiting the good-humoured frame of talk she herself initiated in line 2 to continue with her account.

To soothe the disaffiliation, the therapist tries to further downplay the challenge. She adds some more epistemic uncertainty to her stance (notice the repeated "maybe" in line 11, the first one granting epistemic primacy to the patient, while the second revealing the therapist's own epistemic uncertainty). The patient asserts her epistemic right regarding the matter by deploying, in line 12, a repetitional response (Stivers 2005; Heritage and Raymond 2005) and goes on to pursue her interactional project. The therapist, on the other hand, also pursues her self-repairing interactional project, this time attributing the assessment's authorship to the patient's sisters (line 13). Moreover, by accompanying her turn with an "air quotes" gesture, she highlights the challenge's euphemistic aspect, yet another attempt at reaffiliating with the patient back in the good-humoured frame of talk.

The patient, however, declines from reaffiliating with the therapist, hence maintaining an orientation to the challenge as a face-threat. In what follows, she strengthens her account in defence of her decision by providing the therapist with direct access to her past experience when her child was a baby (notice the use of reported thought when describing how "it seemed to [her]" in line 12). At the same time, she displays a strong irritation in the present situation, as indicated by the raised volume and emphasised parts of her talk. The therapist withdraws from pursuing her interactional project any further. She gives the floor to the patient, in this way aligning with her project (line 17).

In response to the patient's shifting of the focus of talk from her sisters to a generic "someone" (line 19), the therapist makes another referential shift, this time

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to the patient's self. In the target action (line 22), abruptly and in overlap with the patient's turn, she deploys a declarative question, also shifting the focus of talk from rights and responsibilities to emotional states (being tired). The therapist links the patient's previously mentioned baby-sitting experiences of her sister's children to her recent saying that "if [she] leaves him to someone, it's tiredness for the other" (lines 19–20), suggesting that the patient's baby-sitting experience was tiresome for her "at the time" (line 22). In inviting the patient to elaborate on the suggestion, the therapist utilises empathic prosody to tune down the epistemic certainty embodied in the declarative design of her turn and to elicit talk on emotions associated with the experience (notice the question-like rise in intonation at the first possible end of the turn, also at the end of the first and second extensions).

The interactional consequences projected by the shift pose a threat to the therapeutic relation. Firstly, the question's constraints are very high in that it not only proposes a limited number (two) of possible answer responses, but it also projects a preference for confirmation. Secondly, the question's preference constrains the patient to both align with the therapist's interactional project (to focus the patient's talk on concrete, emotional subjective experiences) and affiliate with the latter by endorsing her epistemic stance, at the cost of losing face as a result of contradicting the line she has been drawing for herself throughout the session: a caring and highly responsible person, a favourite among family members. Lastly, deployed amidst ongoing disaffiliation, a dispreferred disconfirming response would result in the patient saving her face, but further escalating the relational impasse.

In her response, the patient carries out the occasioned cognitive work to make the suggested shift, while keeping the floor to herself. Despite not having the answer just yet (notice the word searching in line 23), the patient takes the turn rather quickly, projecting the upcoming of a preferred confirming response. She does not, however, respond to the question as put to her but adjusts it so that it retrospectively transforms into "babysitting your own child was tiresome for you". The agenda modifying transformative answer (Stivers and Hayashi 2010), allows the patient to save face while endorsing the therapist's stance. Attributing tiredness to an external factor (her marriage) relieves her from the responsibility of having mispresented herself so far in her account of the family memories. What is more, admitting to having raised a child in a difficult marriage allows her to continue scoring points for herself. She aligns with the transformed question's shift of focus on self by talking about a concrete emotional subjective experience and, ostensibly, affiliates with the therapist by endorsing her epistemic stance.

The patient's attempt at partial collaboration does not however succeed. In a third position action (lines 83–85 and 87) the therapist comes back to her suggestion, this time designing it as an interpretation. The interpretation is mitigated (notice the use of the uncertainty markers such as "maybe" and the question tag

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"no"/"right"; the hesitation markers such as the long pauses in line 87, the prolonged vowels, and the self-initiated repair), carefully downgrading the epistemic asymmetry. By going back to her suggestion, the therapist does not accept the patient's transformative answer. Instead, she once more invites her to focus her talk on herself and elaborate on her own subjective emotional experience, assiduously pursuing her therapeutic project.

To summarise, in Extract III, the therapist's abrupt and overlapping shift in the focus of talk questioned the patient's autobiographical self as represented in her account of past family events. The patient resisted the challenge by retroactively transforming the question's agenda in such a way that it allowed her to save her face and, at the same time, affiliate with the therapist.

Discussion

In his book, *The Presentation of Self in Everyday Life*, Goffman (1959, 13) stated that in interaction, an individual makes implicit or explicit claims to be a person of a particular kind, obliging co-interactants to value and treat them accordingly. At the same time, they implicitly forgo all claims to be things they do not appear to be and hence forgo the treatment that would be appropriate for such individuals. Making such a claim inflicts a moral obligation upon others – they are now informed as to what the individual is and how they ought to see them. In this study, we showed how, in psychotherapeutic interaction, the therapists' questioning of the patient's self-presentation led to defensive moves by the latter. Moreover, both therapists and patients oriented to the patient's self as a delicate object, with the former deploying interactional work to mitigate the face-threat and the latter choosing to save face at any cost.

Psychotherapy aims to bring about change in a patient's relation to their experiences (Peräkylä et al. 2008). We investigated moments in psychoanalytic psychotherapy and psychodynamic psychotherapy when ratifying the patient's face was incongruent with the therapeutic goal of altering the experience of self. In psychotherapy, self is both subject to and object of the psychotherapeutic work. As such, it is an overarching yet delicate topic. In our data, patients took great care to attribute positive social values to themselves. This is not surprising given the vulnerability inherent in being a patient. Psychotherapy research has revealed how most people experience negative feelings such as embarrassment or shame in revealing private, uncomfortable experiences (Greenberg, Rice and Elliot 1997). The therapists in our data oriented to the difficulty of not ratifying the patient's face by mitigating (though to varying degrees) the face-threatening nature of their move. Likewise, the patients, confronted with the dilemma of saving either their

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face or the affiliation with the therapist, prioritised their face but not without doing considerable interactional work to save both.

We found that therapists rely on interactional work to mitigate face-threats. They do so primarily by acknowledging the patient's epistemic authority to their experience of self. To this end, they design their turn as questions and, when carefully mitigating the potential threat, rely on empathic prosody and display orientation to intersubjectivity. Less mitigated face-threats were formatted as declaratives, acknowledging less epistemic authority to the patient and more to the therapist. How therapists handle the sensitive task of altering a patient's experience without undermining their epistemic authority has been a topic of interest for a number of CA studies. Findings show that therapists first ratify the client's perspective and only next introduce a competing perspective by using lengthy multi-unit turns (Deppermann, Scheidt and Stukenbrock 2020). They present the evidential basis for their interpretations and speak from a shared perspective (co-describing) which involves emotional attunement and empathy (Weiste, Voutilainen and Peräkylä 2015). Also, they display supportive disagreement – work to find congruence between their perspectives and that of the client, validate the client's emotional experience and respect their epistemic rights – which prompts clients to confirm and elaborate on their experiences (Weiste 2015). Similar findings by Voutilainen (2012) and Voutilainen, Peräkylä and Ruusuvuori (2010a) indicate that therapists first recognise the patient's emotional experience by displaying understanding of and validating it, next suggest alternative views to the experience in question.

Failure to handle with care the fine balance between self-exploration and relational work may prompt irritation and anger in the client, with relational ruptures arising as the therapeutic relationship becomes the focus of ensuing talk (Weiste 2015). Similarly, the client may call into question the therapist's right to know their inner experience (Weiste, Voutilainen and Peräkylä 2015). Of all the experiences investigated in these studies, self-experience seems to be the most difficult to work with. As our analysis revealed, even in carefully mitigated face-threats, patients chose to save their face at the cost of disaffiliating with the therapist. Similarly, Deppermann, Scheidt and Stukenbrock (2020) found that, in response to mitigated threats, patients may resist or confirm only partially or in passing, not elaborating in detail the therapist's perspective. These findings indicate that, in psychotherapy, similar to everyday social interaction, the experience of self is connected to the sociality of the situation and treated by all participants as a sacred object (Goffman 1959).

Patients, on the other hand, found it difficult to shift the focus of talk on self and come up with an answer which saves either their face or the affiliation with the therapist. Such difficulties were displayed in their partial compliance with the question's agendas (Extract I), initial non-answer responses followed by partial acceptance of face-threat (Extract II) and agenda-modifying transformative answer

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(Extract III). The dispreferred nature of their responses halted the progressivity of interaction (Stivers and Robinson 2006), putting at risk the accomplishment of the therapist's invited action of self-exploration, initiated by the focus-of-talk shifting question. By taking an issue with the patient's face, the therapist's question destroyed the cathexis, with shame and anxiety replacing the pleasure (Goffman 1955). Not ratifying the patient's face also brought forth the risk of disaffiliation or furthering disaffiliation when occurring amidst it. As such, the therapist's question was found to be a heavily loaded vehicle, initiating transformation of all the three realms of experiences: *referents*, *emotion* and *relation* (Peräkylä 2019).

These findings are in line with other CA studies on patient resistance. For example, in a study of couple counselling, Muntigl (2013) found that client resistance resulted in unproductive trajectories of talk that furthered the disaffiliation and impeded the therapeutic work. Likewise, Ekberg and LeCouteur (2015) investigated client resistance in cognitive-behavioural therapy and found that, though therapists' proposals suggesting behavioural change were designed in ways that were contingent on the client's approval, clients typically responded with active resistance, drawing upon an aspect of their experience that allowed them to assert the inability to accept the proposal. These findings show how even in psychotherapy, where the patient's experiences are foregrounded, this privileged position does not relieve them from the need to have their face valued and treated as they think they should be treated, nor does it protect them from feeling threatened when the therapist proposes otherwise.

Resistance, though often discussed as something that the patient does (for more on cooperation in psychotherapeutic process, see Buchholtz, this volume), is collaboratively managed (Muntigl 2013). As early as 1954, joining the ongoing debate on the patient's resistance and analyst's counter resistance, Anna Freud suggested that:

> With due respect for the necessary strictest handling and interpretation of the transference, I feel still that we should leave room somewhere for the realization that analyst and patient are also two real people, of equal adult status, in a real personal relationship to each other. I wonder whether our – at times complete – neglect of this side of the matter is not responsible for some of the hostile reactions which we get from our patients and which are apt to ascribe to 'true transference' only.

In our data, we showed how therapists first questioned the patient's face and only following patient resistance, endorsed it. This order of work is reverse in comparison to the findings discussed here and might account in part for the patient resistance to self-explore. We conclude that foregrounding transformative work with displays of empathy first might be the preferred order of work in the psychotherapeutic setting.

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Future research can expand the analytical focus to include longitudinal work towards change in patients' self-experience and examine how the therapeutic relation evolves to support patients in achieving that change. Furthermore, investigation of strategies to collaboratively manage the face-threatening dimension of the therapeutic work can contribute to a better understanding of how both patients and therapists orient to the therapeutic relation as part of the overall therapeutic work. On a last note, since the data in this study comes from not a typical Western society, further research in similar social and cultural contexts will broaden our understanding of the dynamics of face and face-threats in psychotherapeutic or other types of encounters.

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