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Discordances in Ascriptions of Agency and Reflectivity in the First Psychotherapy Session

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### Abstract

We analyzed the transcribed first sessions of nine long-term individual psychotherapies with a model of ten discursive tools of agency, 10DT, and studied *discursive discordances*, sequences of two talk turns where the client and the therapist were misaligned in terms of how they discursively ascribed agency to the client. The discordances could be categorized with regards to either reflectivity or agency. The results suggested that reflectivity and agency are independent dimensions. We also studied the agency self-ascriptions given by the clients immediately following the discordances and classified these *discordance sequences* according to whether and how the client's self-ascription of agency changed from the first turn to the third one in the sequence. Eight different types of sequences were found. In the sequences where the clients' reflective agency ascriptions changed into nonreflective ones, the therapists' nonreflective agency ascriptions had different usages and were therapeutically motivated to differing degrees. The clients produced many reflective agency constructions already during the very first psychotherapy session, but the therapists often failed to recognize this, especially when following an agenda of collecting facts.

*Keywords:* psychotherapy; discourse analysis; agency; therapeutic interaction

### Discordances in Ascriptions of Agency and Reflectivity in the First Psychotherapy Session

It has been suggested that the aim of psychotherapy is to support the client to adopt new, more self-observing, self-reflective, and agentic positions in respect to problems (Avdi, 2012; Avdi & Georgaca, 2009; Avdi, Lerou & Seikkula, 2015; Drewery, 2005; Georgaca, 2001; Kurri & Wahlström, 2007; Leiman, 2012; Mendes et al., 2011; Wahlström, 2006). The descriptions of therapy conversations in the psychotherapy literature are often idealized and depict the therapist as somehow discursively ahead of the client, noticing the client's developmental level, intuitively working within it by proposing functional therapeutic interventions, and thereby assisting the client to adopt a self-observing position (Antaki, 2008; Leiman, 2012; Leiman & Stiles, 2001; Ribeiro et al., 2013; Stiles et al., 2006; Vehviläinen, 2008), while taking an investigative stance towards the client's experiences (Voutilainen, Peräkylä & Ruusuvuori, 2010). There are plenty of depictions of psychotherapy conversations where the client is pictured in the position of a troubles-teller (see e.g., Voutilainen, Peräkylä & Ruusuvuori, 2010) or as not being ready to be challenged by the therapist (e.g. Coutinho, Ribeiro, Hill, & Safran, 2011; Leiman & Stiles, 2001). Moreover, it has been suggested that, guided by the therapeutic task, therapists should preferably confront a client's agentless talk, which is understood as a discursive strategy to escape full personal responsibility, and lead the client away from positioning him- or herself as not being the driving force of his or her own actions (Kurri & Wahlström, 2007).

To our knowledge, there are not many descriptions in the literature, if any, where the client would be presented as reflecting and the therapist, discursively speaking, as lagging behind the client in this respect. In this paper, we study sequences of three successive talk turns that did not take the paths suggested in the previous literature—the therapist modeling to the client how to perform self-reflection and the client learning this from the therapist—but proceeded according to a different pattern.

In this qualitative study, representing a constructivist framework (Avdi & Georgaca, 2009; Potter & Hepburn, 2008) and a language-focused, situational, and post psychological point of view (McLeod, 2006), the clients' talk is approached as situationally invited discursive acts that construct agency and reflectivity in the conversation. This approach differs from questionnaire based quantitative approaches to agency both conceptually and methodologically. Psychometric studies of client agency (Coleman & Neimeyer, 2015; Huber et al., 2018) treat the concept as a variable characteristic of the client which becomes expressed in the conversation in different degrees. In this study, using exploratory discursive analysis of transcribed clinical data, agency was treated as a dialogical phenomenon constructed in the interaction between the client and therapist. The perspective is different from but potentially complementary to the psychometric approach and can contribute to a broader understanding of how agency manifests in the context of psychotherapy.

### **Positioning and Agency in Psychotherapy**

Positioning is a discursive, interactional, and multilevel process, in which people place themselves and others in various ways with regards to different aspects of their experience and life situation, thus creating different positions for themselves (Avdi, 2012; Davies & Harré, 1990; Kurri & Wahlström, 2007; Jolanki, 2009; Wahlström, 2016). In psychotherapeutic conversations, the clients position themselves—and are positioned by the therapists—in different ways with regards to the problem, the therapist, the treatment institution, and the “self.”

Positioning, as it appears in sequences of interaction, evolves throughout the therapy process, and therapeutic change can be portrayed as changes of discursive positions (Avdi, 2012, 2016; Kurri & Wahlström, 2005, 2007; Suoninen & Wahlström, 2009). In a previous article we discussed how clients in therapy talk move between many (non)agentic positions when positioning themselves in varying ways in relation to their actions and experiences (Toivonen, Wahlström, & Kurri, 2018).

Discursive positions can be agentic or nonagentic. A nonagentic position entails a client's expression that he/she does not initiate actions he/she wishes to or is expected to assume or undertakes actions that are unwished for or not expected (Wahlström, 2006). When taking an agentic position, the speaker ascribes to him- or herself an active and responsible stance, and when taking a nonagentic one, a stance where his/her possibilities to influence his/her actions are reduced (Wahlström, 2016).

Ascriptions of agency and non-agency positions can be self-ascriptions (e.g., the client ascribes agency or non-agency to him- or herself) or other-ascriptions (the therapist ascribes agency or non-agency to the client). We do not see the ascriptions as conscious or intentional discursive deeds but rather as side products of the therapeutic dyad discursively navigating within the institution of psychotherapy, where distress is expected to be expressed and problems discussed. The ascriptions are thus talked into being moment by moment in the therapy conversation.

The following extracts from the data illustrate the clients' self-ascriptions of agentic and nonagentic positions.

Client: Now when I saw your advertisement in the paper I immediately thought that well, now I can go there.

The client gives an agentic self-ascription, depicting herself as someone who is willing and able to take the initiative of coming to therapy.

Client: Where I hit rock bottom was when my therapy ended and I got no kind of treatment.

The client gives a nonagentic self-ascription, displaying herself as someone whose situation rapidly deteriorated because her therapy had ended, a position where she could not modify what happened to her and she became, in a sense, the victim of the treatment that was ending.

### **The 10DT Model and the Two Dimensions of Agency Ascriptions**

Agency ascriptions can be discursively constructed in many ways. Our model of ten discursive tools for agency construction, 10DT (Toivonen, Wahlström, & Kurri, 2018) consists of ten pairs of discursive

devices called agency and nonagency tools that are in use in both self-ascriptions and other-ascriptions. The model suggests that the use of the tools, in addition to ascribing to the client agentic or nonagentic positions, also ascribes to him/her a reflective or a nonreflective position. In other words, the discursive tools can be classified into two dimensions: agentic or nonagentic and reflective or nonreflective. Whereas on the agency dimension the client describes what he/she does or does not do, on the reflectivity dimension the speaker is in either a reflective or nonreflective relation towards the description of him- or herself as an actor. Nonreflectivity entails a position of mere telling how things are, and the issue at hand is reported on as a matter of fact. A reflective position is an observing stance taken towards the action or lack of action presented.

Our previous study showed that clients' self-ascribed positions can be agentic or nonagentic while being nonreflective, and likewise agentic or nonagentic while being reflective, that is, the two dimensions appear to be independent of each other (Toivonen, Wahlström, & Kurri, 2018). The speaker can display him- or herself as not able to act as he/she would like to (nonagentic), but he/she can still examine this inability in his/her speech (reflective).

The following extracts illustrate how nonagentic self-ascriptions can be reflective or nonreflective.

Client: And then all the time it is like...when one gets up from the chair, one just slumps back into it.

The client gives a nonreflective nonagentic self-ascription. She merely reports the usual way things go without reflecting why it is the case that she cannot get up from the chair. In the next extract the same client positions herself in a different way in how she describes her actions.

Client: And then I also always have these thoughts about how much starvation there is in the world. Why am I playing with my food, I should just be happy about having money in the first place to buy that package of crisp bread or something and not play with it because

there are so many people who will never have money to buy food like I do.

Here the client, still ascribing herself a nonagentic position in respect to her relation to food, reflects on this relation and describes it as somehow irrational and unethical.

In this study we looked at client-therapist-client talk turn sequences where the therapist's other-positioning of the client differed markedly in terms of discursive agency construction from how the client self-positioned him- or herself. The differences between the first turn by the client and the second turn by the therapist constituted a *discursive discordance* of agency ascription. In addition to describing the different kinds of discordances, we also looked at what follows from them: how the client in the third turn responded to the therapist's turn, and whether the client's agency ascription was different in the third turn compared to the first one. We called these successions of three turns *discordance sequences*. We report in detail on discordance sequences where there was a difference in how the client's agency was constructed in terms of the reflectivity dimension and on their frequencies in different client-therapist dyads. Finally, we studied more closely the functions of the therapists' turns in those discordance sequences where the client moved from a reflective self-ascription to a non-reflective one. We decided to focus on these particular discordance sequences because the importance of reflectivity has, in previous research, been emphasized (Georgaca, 2001; Dimaggio, 2011; Leiman & Stiles, 2001; Rennie 2007, 2010), and because these sequences seemed to be clinically most interesting in our data.

## Method

### Participants and Data

The primary data consists of the first sessions of nine individual psychotherapies (19 to 78 sessions) conducted by five trainee therapists who studied in a university-based program in integrative psychotherapy. All of the therapist students were clinical psychologists with a minimum of two years of experience in client work. In one of the nine sessions, there was a more experienced therapist



conducting the session with a trainee, and two sessions were observed by a master's student in psychology. The clients were eight females and one male, and they were between 19 and 45 years of age. All of them were self-referred to the therapy. The therapy was conducted in Finnish at a university psychotherapy clinic in Finland. The clients' self-reported presenting problems included depression, fatigue, social anxiety, stress, panic attacks, coping with divorce, and bingeing and purging. Videotaping and the use of the sessions for research purposes took place with the informed consent of the clients, according to a protocol reviewed by the university's ethics committee. Eight of the sessions were transcribed in Finnish by the first author, and one had been previously transcribed by a psychology master's student. The sessions were transcribed verbatim in Finnish and all analyses were performed on the original Finnish transcripts.

### **Analytic Procedure**

**The 10DT model.** The transcriptions of the sessions were first coded thoroughly using the 10DT model (Toivonen, Wahlström & Kurri, 2018). The model is presented in Table 1. Each of the 10 tools has two sides: the agency tool (AT) and the nonagency tool (NAT). The nonagency tools are given in boldface on the left, the equivalent agency tools below them within parentheses, and the definition of the nonagency tool on the right. In order to increase the readability of the table, the definitions of the agency tools, the conceptual opposites of the nonagency tools, are not given here.

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Insert Table 1 here  
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The order of the tools does not represent any fixed hierarchy, yet, it is not random, because it reflects our suggestion of the increasing reflectivity of the agency ascription as the number of the tool grows. The client may ascribe agency or nonagency for him- or herself (self-ascription) and the therapist may use the same tools to ascribe the client an agentic or a nonagentic position (other-

ascription). With the nonreflective tools (1–6), a position is ascribed from which the issues are reported but not reflected upon. The reflective tools (7–10) indicate an observing position from which the client’s thoughts, experiences, or life events are looked at. The tools of the 10DT involve short instances of talk, in extreme cases as short as a few words.

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Insert Table 2 here

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Table 2 presents, with examples from Anna’s therapy session, the four forms of agency ascription: nonagentic nonreflective, nonagentic reflective, agentic nonreflective, and agentic reflective. In the upper left corner, Anna positions her binge eating episodes as active actors that just come to her (nonagentic nonreflective). In the upper right corner, Anna claims her calorie counting is ridiculous, positioning herself as doing something that does not make any sense to her (nonagentic reflective). In the bottom left corner, Anna positions herself as able to initiate the action of seeking help (agentic nonreflective). In the ascription in the bottom right, Anna positions herself as having understood how spending time with friends could help her overcome her issues (agentic reflective). Thus, a discursively ascribed position can be nonagentic but reflective or agentic yet nonreflective.

**Discordances of agency ascriptions.** The ascriptions produced by the clients and therapists in subsequent talk turns can be either concordant or discordant in relation to each other. A discordance is a difference in terms of the agency or reflectivity ascriptions produced by the client and therapist in relation to the same topic in subsequent talk turns. The extract below shows a discordance in terms of the agency dimension. The dyad is talking about how painting and discussing the art in therapy could enhance the client’s contact with herself. The coding of the discursive tool used is shown in parentheses (NAT= nonagentic tool, AT = agentic tool, for the tools’ names and definitions see Table 1).

Client: Somehow I'm not myself and am a bit like numb so that I don't have a connection with myself, everything just goes by. (NAT6)

Therapist: Yeah yeah it could a bit...I don't know whether it matters but it [painting] could serve your creativity when you get in contact with yourself and you can be creative also in that way. (AT6)

The client gives a nonagentic self-ascription, presenting herself as feeling numb. The therapist's agentic other-ascription constructs for the client an active position as someone who can get a stronger inner connection with herself by making art.

Ascriptions can also be concordant in terms of the agency dimension.

Client: Like for example the phone calls from my own mom feel so distr- they are so distressing (NAT2) that I have not wanted to be available for her. (NAT6)

Therapist: What is it that makes your mom's phone calls distressing, are they somehow especially distressing, your mother's phone calls? (NAT2)

Here, the client gives a nonagentic self-ascription and displays herself as getting anxious because of her mother's phone calls. The therapist gives a nonagentic other-ascription where the phone calls are the active stressful actors. In this concordance, the client and therapist are both giving a nonagentic ascription, but a concordance in the agency dimension could also be an instance where both the client and the therapist give an agentic ascription.

The ascriptions of the client and the therapist can be concordant or discordant also in terms of the reflectivity dimension. The next example shows a discordance in terms of reflectivity. Note that the tools numbered 1 to 6 are classified as nonreflective and the tools numbered 7 to 10 as reflective.

Client: And I could also be in such a way that I listen because that's the point in it, the art of listening. But this "I must", that starting point of "I must" and "I must make it" is wrong. (NAT8)

Therapist: This horrible compulsion and demandingness also appear there. (NAT2)

The client gives a reflective self-ascription, taking an observational position towards his description of himself as someone who feels too much pressure to speak well in his AA groups. The therapist gives a nonreflective other-ascription, displaying the pressure and “demandingness” as actors that just come to the client, making him an object of his own behavior in a nonreflective positioning.

The next example demonstrates how a concordance in terms of reflectivity can look like.

Client: And well, I began those studies and did them a bit during the past year. They were done as group work where people wrote things and then we went through them in the group and got feedback, and that was quite fun. (AT6)

Therapist: Yeah, so you did that course then and you did those studies. (AT6)

Both the client and the therapist give a nonreflective agency ascription to the client. The client merely describes what she has done without assuming a reflective relation towards this description, and the therapist continues to restate the client’s point in a similar reporting manner. A concordance could also be such where both ascribe a reflective position to the client.

In subsequent turns where the client’s turn comes first and is followed by the therapist’s turn, there are four possible types of discordances. They are (a) nonagentic–agentic; (b) agentic–nonagentic; (c) nonreflective–reflective; (d) reflective–nonreflective. The same pair of talk turns can be discordant in terms of either one dimension or both dimensions (i.e., reflectivity and agency).

The next example illustrates a discordance in both the agency and reflectivity dimensions.

Client: When I had to read aloud in Finnish class a terrible panic attack suddenly struck.  
(NAT2)

Therapist: Yeah yeah if you try to reach that situation in your mind, so what were you afraid of, what was the feeling, what did it tell you? (AT7)

The client's self-ascription is nonagentic, because she is displaying herself as the object of her panic attacks, and nonreflective, because she is solely reporting her issue without reflecting on her own relationship with it. The therapist's other-ascription is agentic, displaying the client as able to psychologically examine her situation, and reflective, displaying the client as reflecting and finding out the message of her feelings.

The first step in the analysis was to assign the appropriate tool from the 10DT model for all the agency ascriptions in the clients' as well as in the therapists' talk in all the nine first sessions. Next, all possible discordances in such talk turn sequences where the client had the first turn and the therapist the second, were searched for. In case there were several tools in use in the talk turns, the tool chosen as relevant for classifying purposes was the one most central in terms of the topic or content in relation to which the client was positioned.

**Discordance sequences.** The first turn by the client and the second one by the therapist form a discordance, as described above. The third turn, spoken by the client, makes them into a three-turn discordance sequence. In the data, there was only one discordance which was not followed by a third turn by the client.

The discordance sequences can be analyzed in terms of the relation between the first and third turn by the client. Does the agency ascription stay the same or does it change? If it changes, does the change take place in terms of the agency or the reflectivity dimension, or both? In case several tools were in use in the talk turns forming the discordance, the tool we considered relevant for categorizing purposes in the therapist's turn was that which was involved in constructing the agency ascription to which the client, in the third turn, responded with his/her agency ascription. In some discordances the therapist did not respond to the content in respect to which the client had positioned him- or herself, and the clients responded in the third turn by constructing an agency ascription in relation to the new topic offered in the therapists' turn. These change of topic sequences were classified as discordance

sequences according to the same principles as the ones where the topic remained the same across all three talk turns.

The sequences were categorized comparing the first and third turn by the client in terms of both the agency and reflectivity dimension, and the frequencies of the discordance sequences in the categories were counted separately for the two dimensions. In the further analysis, we focused on the discordance sequences categorized according to the reflectivity dimension, because they seemed to be the most interesting in terms of the therapeutic work. We specifically analyzed how the reflectivity discordance sequences were distributed among the different client–therapist dyads. As one of the nine clients had two therapists in her session, the number of dyads was altogether ten.

**Credibility check.** The close reading of the data and the preliminary suggestion of the categorizations, their distribution and the uses and functions of the therapists' turns were made by the first author. The analysis results were then reviewed and modified by all three authors together in consensus meetings with full access to the data.

## **Results**

### **The Discordances**

Four types of discordances were found in the client–therapist pairs of turns: (a) The client's nonagentic ascription and the therapist's agentic ( $n = 27$ ); (b) the client's agentic ascription and the therapist's nonagentic ( $n = 3$ ); (c) the client's nonreflective ascription and the therapist's reflective ( $n = 23$ ); (d) the client's reflective ascription and the therapist's nonreflective ( $n = 22$ ). In the data, there were altogether 55 pairs of turns that included discordances. There were 20 instances where the same pair of turns included both a discordance in terms of the agency dimension and a discordance in terms of the reflectivity dimension. Of all the discordances, 45 included a reflectivity discordance and 30 an agency discordance.

### **The Discordance Sequences According to the Initial Discordances**

Table 3 shows the distribution of the 54 discordance sequences in terms of the initial discordance and the client's third turn completing the sequence. The initial discordances (first turn client, second turn therapist) are given in the first two columns, first on the agency dimension and below it, on the reflectivity dimension. What follows them in the client's next turn is shown in the third column. Note that because there were 20 discordances where the agency ascription of the client and the therapist differed both on the agency and on the reflectivity dimension, these discordance sequences are counted twice in the table.

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Insert Table 3 here

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Table 3 shows that—in the agency dimension—of the 27 instances where the therapist responded with an agentic ascription to the client's nonagentic one, the client continued to give a nonagentic ascription in the third turn in 16 instances, while the client followed with an agentic ascription in 11 instances. When the therapist responded with a nonagentic ascription to the client's agentic ascription, this was twice followed by the client also giving a nonagentic ascription and once by the client's agentic ascription.

In the reflectivity dimension, of the 23 instances where the client's nonreflective ascription was responded to with a reflective ascription, the client's third turn was still nonreflective in 14 instances, and changed to a reflective agency ascription in 9 instances. Of the 21 instances where the client started with a reflective agency ascription and the therapist gave a nonreflective one, the client gave a nonreflective ascription in the third turn in 19 instances, and the client's self-ascription stayed reflective in only two instances.

The reflective and agentic dimensions in the clients' ascriptions changed independently of each other. That is, an ascription changing from, for example, nonagentic to agentic was not paralleled by a

simultaneous change in the reflectivity dimension in either direction. Likewise, a change from reflective to nonreflective was not systematically paralleled with a simultaneous change in the agency dimension in either direction.

### **Categories of Reflectivity Discordance Sequences**

As shown in the lower part of Table 3, there were four types or categories of discordance sequences in the reflectivity dimension. These were: (i) *Remains Nonreflective*: The client began with a nonreflective ascription and gave one in the third turn as well (n=14); (ii) *Becomes Reflective*: The client's self-ascription changed from nonreflective to reflective (n=9); (iii) *Becomes Nonreflective*: The client started with a reflective agency ascription but ended up giving a nonreflective one (n=19); and (iv) *Remains Reflective*: The client began with a reflective agency ascription and gave one in the third turn as well (n = 2).

In the *Remains Nonreflective* category, the initial discordance between client and therapist entailed the therapist replying with a reflective ascription to the client's nonreflective one. These therapists' reflective ascriptions were quite abstract and perhaps prematurely delivered an invitation for the client to start reflecting on his/her experience while the client was in the middle of reporting his/her concrete action. The third turn by the client following the therapist's reflective intervention was occasionally a very simple one, giving the impression that the therapist's intervention had been too challenging, or included a rich elaboration on the client's action but still without a reflective self-ascription.

In the *Becomes Reflective* category, the clients started with nonreflective self-ascriptions but gave reflective ones after the therapist's reflective turn. In all of these sequences, the therapists' turns included reflective ascriptions that were connected with what the client had been talking about. In five cases the clients continued to ponder the topic from a new perspective in their third turns, but in four



cases the clients' replies were quite short and included only minimal agreement with the therapist's turn, such as "oh yes."

In the largest category, *Becomes Nonreflective*, the clients first reflected on their ways of acting and thinking, but the therapists focused on some detail of their concrete action and asked a matter-of-fact-type of question, ascribing the client a nonreflective position. Answering the question, the clients lost their reflective relationship with what they had been describing.

In the *Remains Reflective* category the clients began and ended with reflective self-ascriptions. In their turns, the therapists gave a non-reflective ascription in which they, however, took into account the semantic content of the clients' turn and continued the clients' line of thought. In the third turn, the clients maintained their reflective perspective on their problems.

### **The Distribution of the Reflectivity Discordance Sequence Categories among the Dyads**

Table 4 shows the distribution of the four categories of reflectivity discordance sequences among the ten client-therapist dyads. There were five trainee therapists, one of them, (Therapist B), conducting the session together with a more experienced therapist (Therapist A). One of the therapists working alone had one client, another had three, and two had two clients.

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Insert Table 4 here

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Table 4 shows that the categories *Remains Nonreflective* and *Becomes Nonreflective* are not evenly distributed. Five of the *Remains Nonreflective* sequences occurred in the sessions of Therapist D, who attempted to invite the clients to reflect after their nonreflective self-ascriptions, but the clients remained at a nonreflective level, albeit giving rich elaborations in their turn. Therapist C's sessions have the majority of the *Becomes Nonreflective* sequences. Therapist C seemed to hold an agenda of collecting facts of the clients' life situation and history while commenting on details of their actions,

which happened almost exclusively in turns where nonreflective agency ascriptions were given to the client. The highest amount of discordance sequences per session was six *Becomes Nonreflective* sequences in Anna's session with Therapist C.

Risto's session with Therapist C and Laura's session with Therapist F included relatively few reflectivity discordance sequences. Risto talked a lot during his session, and the therapist listened quietly much of the time. Laura tended to give nonreflective agency ascriptions to which the therapist did not reply with reflective ones. This kind of a discursive harmony is not necessarily a positive feature, because it can mean that the clients are continuously giving nonreflective ascriptions without being challenged by the therapists' reflective ascriptions.

### **When the Clients' Reflective Ascriptions Are Missed: The *Becomes Nonreflective* sequences**

In the following, we will look more closely at the therapists' nonreflective ascriptions and their use and function in the *Becomes Nonreflective* sequences. We pay attention to what the therapist does in response to the client's previous turn and reflective self-ascription of agency. It appeared that some of the therapists' nonreflective ascriptions were therapeutically more useful than others. Other nonreflective ascriptions by the therapists, again, gave the impression of a lost opportunity to support the clients' reflective agency work. Five uses of the therapists' turns were found: collecting facts; condensing the client's turn; amplifying a problem; developing the client's turn; redirecting the discussion. We give a short description of these uses and one example from the data for each.

**Collecting facts (n = 9).** Many of the *Becomes Nonreflective* sequences entailed the therapist asking questions about the client's concrete action and situation. The therapists' turns detached from the clients' previous turn and especially did not attend to the client's relation towards his/her problems. They often made the impression that the therapists aimed at forming a general view of the client's life instead of orienting to what the client had just said. The consequence of these turns became one of relocating the focus from the client's own focal point of what he/she is thinking onto what he/she is

doing, as the client provided a simple fact-focused answer to the therapist's question. The coding of the specific 10DT tools used in the clients' and the therapists' turns are shown in the Table 1.

Extract 1, Anna:

Anna: For example, in the staff room there are usually buns and stuff for people to have. So of course when there are buns on the table for all the employees so that they can freely eat them, one binges there. And that is so horrible, like "why do I have to scarf down the buns of the employees here, like, this is so totally ridiculous." (NAT7)

Therapist C: Well, I still feel like asking about a thing that you quickly mentioned and you also said on the phone. The longest time you've been able to be without vomiting, so was it a week? (AT6)

Anna: Yeah, it was a week. (AT6)

Anna looks at her bingeing from a reflective perspective deeming it as a "totally ridiculous" act which she does not understand (NAT7, non-cognizance). The therapist changes the topic from bingeing to vomiting, does not attend to Anna's reflective self-ascription, and positions her as able to adjust her own actions, in this case not to vomit (AT6, modifying action). Anna answers the therapist with a minimal alignment. They have been coded as representing the same tool that was used in the therapist's preceding turn, in this case, AT6.

**Condensing the Client's Turn (n = 1).** In her turn, the therapist reframed the client's turn and summed up some of what the client had said. The client provided a very short reply, losing her original reflective stance on her action. This category differs from the previous one in that the therapist was more oriented to the client's actual words in the previous turn instead of collecting facts.

Extract 2, Susanna:

Susanna: I thought so much about the fact that if it then meant that a long relationship broke down because of that decision, so were there some other reasons and was it just

because of my work and coping with my workload so, of course not, especially in that situation. But what were all the things connected with it is something I'm still working on. (AT7)

Therapist C: Right. But now the situation is anyhow that you have made the decision that you will stay here and. (AT6)

Susanna: Yeah I suppose so. (AT6)

Susanna is displaying herself as still working on what led to her moving back to Finland from abroad and breaking up with her partner (AT7, cognizance). The therapist does not address this pondering but checks whether the client has now actually decided to stay in Finland whilst pointing out that despite all the confusion, she has at least made this decision (AT6). Susanna's last turn includes a minimal alignment with the therapist (AT6). The therapist's turn serves to close one topic and prepare to move on to the next question in the session.

**Amplifying a Problem (n = 4).** The therapist underlined some problematic aspect in the client's experiences or actions explicated in the previous turn. This, at least implicitly, functioned as strengthening the client's position as a potential therapy client who really does need help. In two cases, the client continued to amplify and underline their issue, and one client presented a positive perspective arguing that the problematic aspect is not all there is to a certain issue. Eija, as shown below, continued the therapist's turn by agreeing with the importance of her coming to therapy and presenting another way of how she could benefit from treatment.

Extract 3, Eija:

Eija: But I would like to think about what kind of a relation does that [her previous violent relationship] have with this hiding and feeling of shame I have today. (AT9)

Therapist F: I would think that five years is a long time to be oppressed by someone so for sure it leaves an imprint. (NAT2) Based on what I have heard you tell I feel it is

good that you came to talk, there are for sure a lot of things that it is good to address and deal with. (AT4)

Eija: Somehow I think that through that my well-being at work could get better, too. (AT4)

Eija connects past with present displaying her understanding that her previous violent relationship is related to how she feels shame and hides things nowadays (AT9, continuance). The therapist first comments on Eija's long period of being "oppressed by someone," ascribing to her the position of an object (NAT2, other as actor). The relevant tool in the therapist's turn is, however, AT4 (initiating action), with which she positions Eija as an active agent that has undertaken the action of coming to therapy. Eija, in her turn, follows this topic and positions herself as someone who takes initiative with regards to her own well-being (AT4). Even though the therapist does form a relation with the client's turn and does something with it instead of, for example, moving on to find out more facts, she does not orient to Eija's reflective ponderings about the connection her previous relationship has with her present experiences. The function of the therapist's turn becomes making this past relationship itself into a psychotherapy problem.

**Developing the Client's Turn (n = 4).** The therapist added a new perspective to what the client had just said, inviting him/her to see the problem from a new angle. In three of these cases, the client continued by taking up the offered perspective and continuing to provide some more details of the problem, albeit losing his/her original reflective stance. In one case (see the extract below), the client defended her original perspective but provided more background to it.

Extract 4, Tiina:

Tiina: And then one thing is that even though I say it came like a bolt from the blue so now that I have thought about things like one of course does, there were a couple of things where the alarm bells should have started ringing. I'm like "why didn't you do something

when you felt there is some funny business going on, why did you just close your eyes like “there’s no problem, he couldn’t do that to me.” (NAT8)

Therapist E: It sounds like you take an awful lot of responsibility of it, as if it was your fault that the divorce occurred. (NAT6)

Tiina: Well because I feel that I have been such a...Like why all this happened is because I was a naïve irresponsible fool who just went ahead and trusted. That man was like a rock to me, he gave such support and security, such an anchor in the world. (NAT6)

Tiina looks critically at her previous attitude towards her strange feelings about her marriage in a nonagentic reflective self-ascription (NAT8, reflected dysfunction). The therapist points out the problematic act of taking too much responsibility (NAT6, not modifying action). Tiina continues her criticism but now presents her actions in the marriage as naïve trust (NAT6) instead of continuing to look at her stance from a reflective perspective. Tiina does not take on the new perspective offered by the therapist, namely, that her problem is that she takes too much responsibility, and instead she expands her previously given explanations.

**Redirecting the Discussion (n = 1).** There was only one instance where the therapist’s turn directed the discussion to a new topic.

Extract 5, Susanna:

Susanna: And of course then perhaps kind of loneliness. And then about those relationship issues, will I always be alone, and then of course the fact that I have in this situation this horrible pressure. I have like so much pressures about it, like this clichéd thirties crisis, because my friends are beginning to have a family and all and then I myself would want so much to have a family, perhaps not right away but anyhow like in the near future. And then if one in a way has that kind of dream and then anyway

everything has to be started anew in life, and the relationship ends, so then in some way from that comes the kind of fear or anxiety like “do I ever get,” “do I ever have time to,” and like “was this it,” and “have I lost all my chances.” (NAT9)

[silence of 25 seconds, sniffing, the client seems to be crying]

Therapist C: At what stage is that PhD of yours, your own research now? (AT4)

Susanna: Well I have now worked on it for a couple of years and I still have a couple of years left on my contract. (AT6)

The client explains her confusion about her life plans having been crushed and how the future looks uncertain (NAT9, discontinuance). The therapist’s turn seems to serve as a way out of a situation where she did not respond to Susanna’s turn and there was a 25-second silence. The therapist changes the topic from life plans to the PhD degree and ascribes Susanna a position where she has been able to initiate her dissertation (AT4), positioning her as able to do things in her life. Simultaneously, the therapist leaves unnoticed what Susanna has told in her turn and changes the focus of the discussion. This happens at the expense of orienting to Susanna’s reflective self-ascription where she was looking at her life story as a whole. Susanna replies occupying a similar agentic but nonreflective position (AT6).

### **Discussion**

In this article, we have studied conversational instances in the first sessions of nine individual psychotherapies, looking for discursive discordances where the therapist, in responding to the client’s turn, constructs the client’s agency position in a different way than the client in his/her previous turn. The agency positions were classified as agentic vs. nonagentic and reflective vs. nonreflective by coding the turns according to a model of ten discursive tools of agency (10DT), developed in an earlier study (Toivonen, Wahlström & Kurri, 2018). We also studied what followed from the discordances in the client’s next turn. We named these successions of three turns (client–therapist–client) discordance

sequences and categorized them according to whether and how the client's self-ascription of agency changed from the first turn to the third one in the sequence (i.e., from agentic to nonagentic, nonagentic to agentic, reflective to nonreflective, or nonreflective to reflective). These two dimensions—agentic and reflective—proved to be independent from each other.

We focused on the discordance sequences on the reflectivity dimension, that is, sequences where the initial discordance between client and therapist occurred on the reflectivity dimension, and grouped the sequences according to the change in the client's second turn in terms of reflectivity. In addition, we looked in detail at what we named *Becomes Nonreflective* sequences, where the client went from giving a reflective agency ascription to giving a nonreflective one. Finally, we studied more closely the uses and functions of the therapists' nonreflective agency ascriptions in these discordance sequences.

In most of the discordance sequences on the reflectivity dimension, the tendency was towards nonreflective agency ascriptions: either the client started with nonreflective ascriptions and continued giving them or started with a reflective ascription but went on to give a nonreflective one. The clients' reflective self-ascriptions were often missed and responded to with nonreflective ascriptions, which were then followed by the clients' nonreflective ascriptions. The theoretically most expected sequence, the client starting with a nonagentic, nonreflective ascription but giving an agentic and reflective one after the therapist's agentic and reflective ascription, occurred only two times in the data. In the other one of these cases, the client just responded with a minimal alignment to the therapist's reflective agency ascription instead of constructing a full reflective ascription of her own.

The discordance sequences included qualitatively different therapist turns. Interestingly, those therapist reflective ascriptions that followed the client's nonreflective ascriptions were qualitatively different in cases where the client's next turn included a reflective self-ascription compared to those where it stayed nonreflective. Those that were followed by the client's reflective ascription seemed to be oriented to the semantic content in the client's preceding turn. When the therapists gave a reflective



agency ascription and the clients continued giving nonreflective agency ascriptions, the therapists' turns often had a high level of abstraction, disregarded the semantic content of the client's turn, were formulated in a verbally complicated manner, and/or came too early in the conversation when the client was in the middle of describing his/her concrete action, occasionally in the form of a mini-narrative.

The talk turns of therapists were qualitatively different also within the same discordance sequence category. We looked more closely at the *Becomes Nonreflective* sequences, where the discordance between the client's reflective and the therapist's nonreflective ascription was followed by the client's nonreflective ascription. In these sequences, five uses of the therapists' turns were found: collecting facts; condensing the client's turn; amplifying a problem; developing the client's turn; redirecting the discussion. Fact-collecting was the most usual function, and there was one therapist who did that far more than the others. In addition, in the *Becomes Nonreflective* category there were five change of topic discordances where the therapist moved on to another topic after the client's turn. In all of these, the therapist's turn had a fact-collecting function, and all were produced by Therapist C. In these sequences, then, changing the topic was related to a fact collecting agenda, and to losing the client's original reflective self-ascription. The *Becomes Nonreflective* category challenged the common, albeit sometimes implicit, assumption of the psychotherapy literature that therapists in their discursive practice elevate the client's level of self-observation and reflection (e.g. Leiman & Stiles, 2001).

We found that the clients, not unexpectedly, constructed plenty of nonagentic positions, but they did this in a more reflective way than is perhaps generally thought to be the case. The clients' plentiful reflective self-ascriptions created the impression that they came to therapy ready to adopt a reflective position towards their ways of experiencing and acting. In light of common claims that adopting a meta-position or a symbolic relation towards one's own thoughts and experiences is central for how persons take the position of the authors of their own life (Gillespie, 2012; Gonçalves, Matos, & Santos,

2009; Kögler, 2012), and of this agentic positioning as the core change process in psychotherapy (Avdi, 2012), it is problematic that so many of the clients' reflective self-ascriptions went unnoticed.

The *Becomes Nonreflective* category brings out interesting questions concerning therapeutic interaction and therapists' skills. Many of the therapist responses can be viewed as instances of empathic failure or poor tracking of a client's affective meaning making. It is likely that some of these non-preferable therapist responses, such as many of those with a fact-collecting function, represent the amateurish attempts of developing therapists, as all except one therapist in the data were psychotherapists in training. We do not suggest that such responses are an inevitable element of psychotherapy discourse in general. For example, checking facts can be an important conversational task of the therapist, but in our study, fact-oriented questions were often formulated in nonreflective ways and posed in problematic places in the conversation right after the clients' reflective self-ascriptions. This led to bypassing the clients' opportunity to relate to their problems in a reflective way. It is worth asking whether this is something that inexperienced therapists are more prone to do than others.

Our research presents an alternative perspective to the often rather idealized descriptions of therapy conversations in psychotherapy literature, where the therapist is the one modeling self-reflectivity to the client, while the client is potentially unable to tolerate the challenges posed by the therapist (Antaki, 2008; Coutinho et al., 2011; Leiman, 2012; Leiman & Stiles, 2001; Ribeiro et al., 2013; Stiles et al., 2006; Vehviläinen, 2008; Voutilainen, Peräkylä & Ruusuvuori, 2010). In the sequences presented in this study, the clients positioned themselves as pondering their experiences, but in many instances the therapists did not pick up the cues and did not use what the clients offered.

The client's active participation in the treatment process is commonly seen as an important factor contributing to favorable outcome, and different psychometric methods for measuring this aspect of client agency have been suggested (Coleman & Neimeyer, 2015; Huber et al., 2018). The use of such

measures would be instrumental for establishing the statistical relation of client agency (or the lack of it) to therapy outcome. The qualitative approach to agency adopted in this study again, using the 10DT model, enabled a detailed study of how agency was constantly produced and reproduced in the flow of the therapy conversation. These two approaches may complement each other, the psychometric one establishing the presence of an association between client agency and outcome and the qualitative one providing a detailed description of the process through which the association is realized.

The limitation of this study is that three talk turns give only a short glimpse of the potentially problematic dialogic instances, and much interesting information on what was said before and after the three turns is lost. The sequences have not been studied in more than one session per case, so nothing can be said of whether the trends outlined here continue in later sessions. It can be speculated that the quality of the discordances is different later in the therapy process because the therapists may not be attempting as strongly to collect facts and are perhaps more attuned to making reflective interventions. Additionally, since most of the therapist-participants were trainees, they might have been less sensitive in attending to the clients' reflective self-ascriptions.

We have shown what possibilities only two talk turns give in terms of opening or closing more or less reflective agency ascriptions for the clients. This emphasizes the importance of the therapist's sensitivity to the client's responses (Mudry et al., 2016; Penttinen, Wahlström & Hartikainen, 2017; Stiles, 2001, 2009; Sutherland et al., 2013) as well as his/her responsiveness when monitoring the therapy situation and delivering properly chosen, timed and phrased interventions (Friedlander, 2012; Kramer & Stiles, 2015; Stiles, 2001, 2009; Stiles, Honos-Webb & Surko, 1998; Stiles et al., 2006). Our analysis shows that responsiveness should not be seen as referring purely to the content of the therapist's interventions. It is also a quality of the form of speech, the linguistic realization of the therapists' turns. On a related note, it can be suggested that concordance on the reflective or agentic dimensions is a previously ignored subset of empathic responses. Moreover, our results offer a more

concrete perspective on the concept of the therapeutic zone of proximal development (Leiman & Stiles, 2001). The discordances can be seen as instances where the therapist, discursively speaking, is constructing agency ascriptions below or above the therapeutic zone of proximal development.

Based on this study, we are not suggesting that therapists systematically or intentionally either match or mismatch their clients' turns to prompt greater agency and reflectivity, nor do we encourage any clear-cut reading of this study as advising therapists what to say and what not. We do suggest that therapists pay attention to how agency or nonagency is ascribed, often unintentionally, moment to moment in the conversation, and how they contribute to those ascriptions. Challenging the client's nonreflective self-ascription with a reflective ascription can be useful, even if the client does not instantly in the next turn respond with a reflective self-ascription. Responding with a nonreflective agency ascription to the client's reflective self-ascription, or with a nonagentic ascription to the client's reflective self-ascription, can sometimes be therapeutically justified. Future research, studying the placement, frequency and development of discordances during the course of therapy should inform us on how these discursive performances contribute to progress and outcome in psychotherapy and assist in sensitizing therapists to their use of such discursive devices.

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