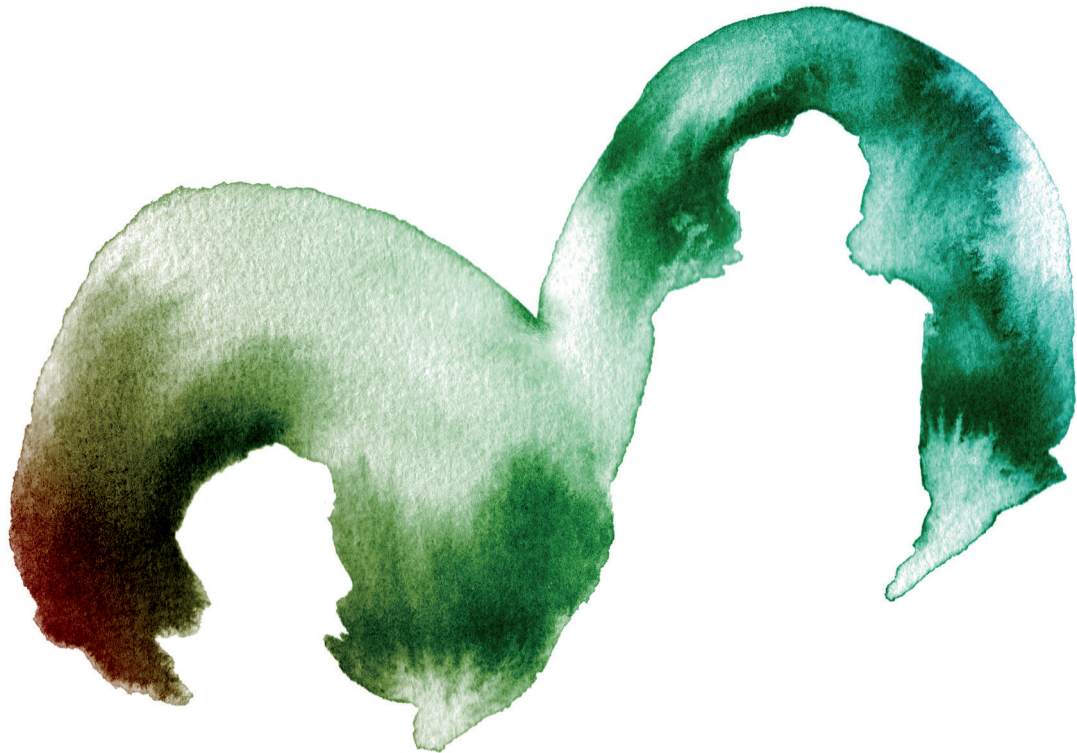Heidi Toivonen

Constructions of Agency and Nonagency in Psychotherapy

The 10 Discursive Tools Model

UNIVERSITY OF JYVÄSKYLÄ

FACULTY OF EDUCATION AND
PSYCHOLOGY

Heidi Toivonen

Constructions of Agency and Nonagency in Psychotherapy

The 10 Discursive Tools Model

Esitetään Jyväskylän yliopiston kasvatustieteiden ja psykologian tiedekunnan suostumuksella
julkisesti tarkastettavaksi yliopiston vanhassa juhlasalissa S212
joulukuun 14. päivänä 2019 kello 12.

Academic dissertation to be publicly discussed, by permission of
the Faculty of Education and Psychology of the University of Jyväskylä,
in building Seminarium, auditorium S212, on December 14, 2019 at 12 o'clock noon.

JYVÄSKYLÄN YLIOPISTO
UNIVERSITY OF JYVÄSKYLÄ

JYVÄSKYLÄ 2019

Cover image by Jani Salonen.

ABSTRACT

This research examined how nonagency—a client's sense of lost mastery in one's life—was discursively constructed in the first psychotherapy session. The data consisted of the videotaped and transcribed first sessions of nine individual long-term psychotherapies. Study I focused on exploring how different nonagentic – and to some degree, agentic- positions became constructed in the first therapy session. A model of discursive construction of agency and nonagency called the 10 Discursive Tools Model (10DT) was created combining theoretical considerations of agency and the data analysis performed with different discursive research methodologies. The model, presented as the result of Study I, consists of 10 pairs of discursive means called *tools*. With them, agentic and nonagentic positions became ascribed to the clients in the talk of both the clients and their therapists. Study II utilized the model in analyzing the construction of nonagency in the clients' initial problem formulations at the beginning of their first session. In Study III, the 10DT Model was used in the analysis of discursive discordances, sequences where the client and therapist were misaligned in how they ascribed agency or nonagency to the client. The clients' agency or nonagency construction in the turn immediately following the discordances was also studied, and such three-turn discordance sequences were classified according to whether and how the clients' self-ascription of agency or nonagency changed in them. This research shows the multiplicity and variety of agentic and nonagentic positions as well as the potential of the 10DT Model in the study of agency and nonagency construction in psychotherapy conversations. It also highlights the importance of therapists' discursive responsiveness.

Keywords: psychotherapy, agency, discursive research, problem talk, psychotherapy interaction

Author's address   Heidi Toivonen
Department of Psychology
University of Jyväskylä
JYVÄSKYLÄ, FINLAND
hktoivon@gmail.com

Supervisors   Professor Emeritus Jarl Wahlström, Ph.D.
Department of Psychology
University of Jyväskylä
JYVÄSKYLÄ, FINLAND

Psychotherapist Katja Kurri, Ph.D.
Private practice
HELSINKI, FINLAND

Reviewers   Associate Professor Evrinomy Avdi, Ph.D.
Faculty of Philosophy
School of Psychology
Aristotle University of Thessaloniki
THESSALONIKI, GREECE

Specialist researcher Elina Weiste, Ph.D.
Finnish Institute of Occupational Health
HELSINKI, FINLAND

Opponent   Associate Professor Evrinomy Avdi, Ph.D.
Faculty of Philosophy
School of Psychology
Aristotelion University of Thessaloniki
THESSALONIKI, GREECE

TIIVISTELMÄ (FINNISH ABSTRACT)

Tässä tutkimuksessa tarkasteltiin kuinka ei-toimijuutta –asiakkaan kokemusta hallinnan menetyksestä elämässä – rakennettiin diskursiivisesti psykoterapian ensimmäisellä istunnolla. Tutkimusaineistona oli videoidut ja litteroidut ensimmäiset istunnot yhdeksästä pitkästä yksilöpsykoterapiasta. Ensimmäisessä osatutkimuksessa tarkasteltiin, kuinka erilaisia ei-toimijuuden -ja jossain määrin myös toimijuuden- positioita rakennettiin ensimmäisellä terapiaistunnolla. Tutkimuksessa luotiin toimijuuden ja ei-toimijuuden diskursiivisen rakentamisen malli yhdistämällä toimijuuden teoreettisia käsitteellistyksiä diskursiivisilla metodologioilla toteutettuun aineistoanalyysiin. Ensimmäisen osatutkimuksen tuloksena syntynyt kymmenen diskursiivisen keinon malli (10DT) koostuu kymmenestä parista keinoja (eng. tools), joiden avulla tuotettiin toimijuuden ja ei-toimijuuden positioita asiakkaille sekä asiakkaiden että heidän terapeuttiensa puheessa. Toisessa osatutkimuksessa mallin avulla analysoitiin ei-toimijuuden rakentamista asiakkaiden ensimmäisissä ongelmaformulaatioissa heidän ensimmäisen psykoterapiaistuntonsa alussa. Kolmas osatutkimus hyödynsi 10DT -mallia diskursiivisten diskordanssien eli sellaisten kahden peräkkäisen puheenvuoron jaksojen tutkimuksessa, joissa asiakas ja terapeutti tuottivat asiakkaalle toimijuutta ja ei-toimijuutta keskenään epäsuhtaisin tavoin. Lisäksi tutkittiin asiakkaiden toimijuuden tai ei-toimijuuden rakentumista välittömästi diskordansseja seuranneessa vuorossa. Nämä kolmen vuoron diskordanssisekvenssit luokiteltiin sen mukaan, tapahtuiko asiakkaan toimijuusaskriptiossa muutosta puheenvuorojakson aikana ja jos, niin millaista. Tämä tutkimus osoittaa toimijuuden ja ei-toimijuuden positioiden moninaisuuden ja vaihtelevuuden ja 10DT –mallin käyttökelpoisuuden tarkasteltaessa yksityiskohtaisesti toimijuuden ja ei-toimijuuden rakentumista psykoterapiakeskusteluissa. Lisäksi tulokset korostavat terapeuttien kielellisen herkkyyden tärkeyttä.

Avainsanat: psykoterapia, toimijuus, diskursiivinen tutkimus, ongelmapuhe, terapiavuorovaikutus

ACKNOWLEDGMENTS

As this project has now reached completion, it is time to thank the people influencing the process along the way. That is a balancing act between acknowledging what was and what could have been. In the end, I am thankful for how all pieces fell into their places after all.

This research process has provided an opportunity to combine two interests I have had for a very long time: nuances of language use and psychotherapy. Studying Scandinavian languages and comparative literature in my early twenties before moving on to study psychology has proved a valuable phase in my life. I became interested in applying discourse analysis in psychotherapy research when writing my Master's Thesis at the University of Eastern Finland, and right after completing my degree, I started searching for possibilities for PhD research. Professor Jarl Wahlström's reply to my enquiry started this journey in 2011. The central theme of the research became discursive agency, as Katja Kurri joined the project as the second supervisor.

Eight years ago I was a rookie psychologist and a novice researcher at the same time, just after suddenly losing my mother to a stroke. Completing this dissertation in a different place –as a different person, I am tempted to say- is thanks to many people and to adversities that proved to be blessings. During the finishing and editing stages of the research, I was diagnosed with cancer, and the battle to finish my PhD was thus combined with a far bigger one. The journey to full recovery has been a next level trip, and I'm immensely grateful for my closest friends and the Helsinki University Hospital staff for being awesome and believing in my perfect health.

I want to thank professor emeritus Jarl Wahlström, who provided me with his extensive knowledge and experience as a researcher, psychotherapist, and psychotherapy teacher and supervisor. I thank Jalle for his insightful commentaries, sharp-eyed editing, quick replies to my numerous emails, and ability to tolerate my novice attitude at the outset of this project, which I'm sure was an annoying mismatch of impatience and Besserwisserness. I thank Katja Kurri for her participation in the consensus meetings and for her insightful comments on the drafts of the original articles. The comments and suggestions provided by Editor-in-Chief Robert Neimeyer and Editor James C. Overholser have been invaluable in finishing the articles. My utmost gratitude goes to Associate Professor Evrinomy Avdi and Specialist Researcher Elina Weiste for the feedback given in their final reviews of the dissertation. Thanks to Senior Planning Officer Tiina Volanen at the Department of Psychology for her practical help and advice throughout the years.

During these years, I have worked most of the time as a clinical psychologist in various settings in different cities and done research mostly at home, in the evenings, weekends and holidays, when normal people seemed to be relaxing with their friends and family. I am happy for all the places where I have been able to gather experience as a clinical psychologist and test my developing understanding of how agency is produced in actual therapeutic conversations in

LIST OF ORIGINAL PUBLICATIONS

I   Toivonen, H., Wahlström, J., & Kurri, K. (2019a). Constructing nonagency at the beginning of psychotherapy: The 10DT Model. *Journal of Constructivist Psychology, 32*(2), 160-180. doi: 10.1080/10720537.2018.1433088

II   Toivonen, H., Wahlström, J., & Kurri, K. (2019b). Constructions of nonagency in the clients' initial problem formulations at the outset of psychotherapy. *Journal of Contemporary Psychotherapy*. doi: 10.1007/s10879-019-09417-8

III   Toivonen, H., Wahlström, J., & Kurri, K. (2019c). Discordances in ascriptions of agency and reflectivity given to clients in the first psychotherapy session. *Journal of Constructivist Psychology, 32*(4), 424-443. doi: 10.1080/10720537.2018.1515048

Taking into account the instructions given and comments made by the co-authors, the author of the thesis transcribed most of the previously collected video-recorded therapy sessions, conducted the analyses and wrote the reports of the three individual articles as the first author.

TABLES

CONTENTS

1 INTRODUCTION

People come to seek help from conversational therapy due to an experience of lost or failing mastery in some aspect of their lives. Theoretically, such an experience can be approached as a disturbed or diminished sense of agency (Adler, 2012, 2013; Anderson & Goolishian, 1992; Dimaggio, 2011; Huber et al., 2018, 2019; Mackrill, 2009; Wahlström, 2006a, 2006b). The clinical relevance of agency has been increasingly acknowledged, and enhancing the clients' sense of agency has been suggested as the primary goal in psychotherapy and counseling (Adler, 2012; Avdi, 2005; Avdi, Lerou, & Seikkula, 2015; Kurri, 2005; Kurri & Wahlström, 2007; Partanen, 2008; Seilonen & Wahlström, 2016; Williams & Levitt, 2007).

This theory-building multiple case study can be placed in the tradition of qualitative, discursive psychotherapy research and, more specifically, in the fields of discursive research on agency and positioning in therapy. Lost agency is highlighted as a language-mediated interactional phenomenon constructed in situationally invited discursive acts. In the present research, the clients' problems were approached as discursive presentations of nonagency given in a specific institutional setting, namely, the first session of psychotherapy. A model of how psychotherapy clients and therapists use discursive means to construct displays of agency and nonagency was built and put to use in the data analysis.

The analytical and methodological basis of the research and the tailored manner of reading the data draws from strands of discourse-oriented research such as discourse analysis (Avdi & Georgaca, 2007; Parker, 2013; Potter, 2003, 2004, 2012b) and discursive psychology (Edwards & Potter, 1992; Potter, 2003; Wetherell, 2007). Discourse analysis is a broad interdisciplinary field that emphasizes discourse as productive and performative, that is, as the medium through which different versions of the world, social life, and subjectivity are constructed and as a means of action with which things are done (Lester, Wong, O'Reilly, & Kiyimba, 2018; Potter, 2003, 2012a; Ussher & Perz, 2014). Discourse analysis has evolved in different forms within e.g. philosophy, sociology, linguistics, and cultural studies, and ongoing development takes place in its different schools of thought (Potter, 2012a; Ussher & Perz, 2014). Discursive psychology, a strand of discourse analysis, applies discourse analysis on psychological topics and studies

the construction and display of psychological matters in talk and text in both institutional and everyday situations (Edwards & Potter, 2001; Potter, 2003, 2012a, 2012b, 2016; Wetherell, 2007). Discursive psychology is often distinguished from other strands of discourse analysis by its focus on the micro-details of discourse instead of e.g. wider societal themes (Glynos, Howarth, Norval, & Speed, 2009; Lester, Wong, O'Reilly, & Kiyimba, 2018), and is, contemporarily, mainly involved with the naturalistic study of interactions in real situations instead of using e.g. interview data (Potter, 2012a). Discourse analysis and discursive psychology are not enclosed paradigms or independent methods but broad approaches embedded in a variety of theoretical assumptions (Potter, 2003).

Discursive psychology forms an alternative to more traditional psychology, as it focuses on how people produce versions of the "inner" world of beliefs and emotions by using discursive practices (Edwards & Potter, 2001; Potter, 2012b). Discursive psychology views discourse as a fundamental medium for action, interaction, and understanding, as situated (embedded in interactional sequences and institutional activities), rhetorically designed (to counter alternative notions), and as both *constructed* of words, metaphors, grammatical structures, etc. and *constructive* in how it produces versions of reality (Edwards & Potter, 2001; Potter, 2012b). Framing the topic as discourse denotes the rejection of a view on language as merely an abstract system of grammatical rules and highlights the focus on talk and texts as discursive practices (Potter, 2003, 2016).

The language-centered approach situates the research at hand within a wave in psychology from recent decades, a move towards an understanding of humans from constructionist and relational perspectives (Wahlström, 2006a). This wave is connected to a wider postmodern, discursive turn where social sciences pay growing attention to language (Avdi & Georgaca, 2012; Bekerman & Tatar, 2005; Hepburn & Wiggins, 2007; Kurri, 2005; Parker, 1992; Wetherell, 2007). The linguistic turn has produced an increasing body of research on therapy that focuses on language, meaning, and dialogue in conceptualizing the clients' difficulties and therapeutic change (Avdi, 2012; Avdi & Georgaca, 2007) and views the usage of words and the alteration of meaning as central to what happens in therapy (e.g., Kurri, 2005; Wahlström, 1999). The discursive approach allows viewing talk as expressing something about the clients' experiences beyond words, yet keeps the focus on language, thus providing a methodological basis to connect changes in language use to therapeutic change (Kurri, 2005; Kurri & Wahlström, 2007; Wahlström, 1992, 1999).

In accordance with the social constructionist perspective on language shared by the discursive approaches, language in this research is seen as context-bound and situational, and as a central medium involved in constructing reality and in talking into being the phenomena, ideas, and processes that make up the psychological and social worlds (Avdi & Georgaca, 2009; Gale, 2010; McLeod, 2004; Nikander, 2008; Potter & Hepburn, 2008). In other words, the disciplines studying discourse are constructionist inasmuch as they study the assembled, put together, nature of text and talk, and explore how things are done with such

assemblages (Potter & Hepburn, 2008). The constructionist epistemology, subscribed to in differing degrees by the discursive approaches, strongly underlines the focus on language use instead of reaching beyond it to any objects and events, the seeming topics of the discourse, and avoids presupposing internal psychological entities lying behind language (Nikander, 2008; Potter & Hepburn, 2008). In line with its metatheoretical alignment with constructionism, discursive psychology often takes a firmer anti-realist position than many other strands of discourse analytic approaches, rejecting the notion where the psychological is contained inside the individual and is in some ways reachable via discursive descriptions (Potter, 2016; Wetherell, 2007). At the most extreme end of the continuum and differing from the standpoint of this research, discursive constructionism is radically constructionist, antifoundationalist, and poststructuralist in the sense that it questions any guarantee beyond contingent and local texts (Potter & Hepburn, 2008). The perspective of this research does not suggest such a declining of the referential function of language. In the present research, language is viewed as social action as people speak to attain specific interpersonal goals in particular social contexts (Avdi & Georgaca, 2012). Descriptions of experiences are not seen as doors to the client's psychology (Harper, 2012). Psychological understanding of agency was not the basis of the analysis, and the discursive constructions were not seen as directly reflecting the clients' experiences, nor explainable by or reducible to them. Thus, the discursive production of nonagentic, and to some degree, agentic positions, was studied without attempts to psychologize the presentations of them. However, the clients' experiences were not viewed as nonexistent or uninteresting. Language was seen as the material of which different discursive positions are made in the psychotherapeutic conversations when making sense of the clients' experiences.

Next, this introduction section takes a look at agency and nonagency in psychotherapy, aspects of agency and loss of agency, and discusses how the notion of position relates to agency in psychotherapy. It also briefly reviews how the client's stance at the beginning of psychotherapy is depicted in the literature, in contrast to depictions of the therapist's stance. The chapter concludes with the aims of the research.

1.1   Agency and nonagency in psychotherapy

The norms and expectations for presenting agency are different in psychotherapy than in many, if not most, contexts outside of it. In their daily discourse and interaction, people usually aim to display to themselves and to others that they intended their deeds to occur and that they are the creators of their own speech and actions (Harré, 1993). In other words, the everyday discourse includes taking a position as the agent of intentional and authored actions. People starting psychotherapy face a different challenge. In therapy, problem talk is assumed and encouraged (Buttny, 2004; Wahlström & Seilonen, 2016). Problem talk is an

essential part of the institution of psychotherapy, a setting oriented to and constituted by constructing different accounts (Edwards, 1995), and engaged in evolving language and meaning around a specific problem (Anderson & Goolishian, 1992). The institutionally framed task of the clients is to display oneself as being in a nonagentic position in relation to events and experiences in one's life (Wahlström & Seilonen, 2016). Psychotherapy clients need to depict and make understandable situations where they either do something that is not expected nor wished for or do not commence actions that they hope to or are presumed to undertake (Wahlström, 2006a). These descriptions contribute to the construction of a nonagentic position in relation to some experience, action, or situation. Simply put, in a nonagentic position, the client's chances to have an effect on actions and situations are displayed as decreased, while in an agentic position, the client is shown in a responsible and active stance (Wahlström, 2016). The construction of nonagentic positions concerns tackling the basic situational task of a psychotherapy client and is a discursively agentic act.

In the present research, the clients were viewed as constructing a variety of nonagentic positions towards their thoughts, actions, experiences, and situations. In these positions they displayed, in different ways, not being able to solve their problems or cope with an experience or situation, that is, they constructed positions of nonagency when displaying their problems. However, to have a problem does not necessarily mean that one is in a nonagentic position in relation to something. That is, "problem" is not synonymous with "nonagency." A client could very well have problems which he or she displays as being able to cope with, in other words, the client takes an agentic position in relation to them. Yet, when a nonagentic position is constructed in relation to an experience or situation, it often becomes displayed as a problem. In this research, the focus is not on problem displays but on nonagentic positions. Problems are not approached semantically or psychologically but formally and linguistically via the concept of *nonagentic position*, which allows viewing declined agency as an interface of experiences, expressions, and institutionally framed interaction.

The viewpoint of agency adopted in the present research differs from questionnaire-based and other more quantitative approaches to agency both conceptually and methodologically. Traditionally, and greatly differing from the view taken in this research, agency has been conceptualized as a fundamental modality of human behavior and existence (Bakan, 1966; Diehl, Owen, & Youngblade, 2004), and described as the subjective experience considering one's capability to act and thus, a central psychological force shaping human life (Huber et al., 2019). Defined as an individual's striving for achievement, independence, and power, agency has been studied, for example, as a basic organizing dimension of adults' verbal self-representations (Diehl, Owen, & Youngblade, 2004). Such psychological conceptualizations come to present agency as a monolithic phenomenon, a trait-like entity enclosed within an individual's mental realm, separate from language and the situational context. However, differing approaches to the wide notion of agency are increasingly taken within and outside psychology. For example, a recent sociological study

examined the negotiated and relational aspects of agency in the context of homeless shelters (Mik-Meyer & Silverman, 2019).

In addition to notions of agency as a psychological phenomenon, subjective experience, or action, it can also be approached as a discursive display — as the construction of agentic or nonagentic positions — as it is in the present research. This discursive perspective does differ from conceptualizations of agency and nonagency as only a matter of individual psychology, but it does not preclude acknowledging them as psychological phenomena as well. Moreover, the discursive viewpoint does not suggest that lost agency would not be taken as a genuine experience or that the discursive nuances in the clients' talk would not be meaningful in terms of his or her experience. On the contrary, the viewpoint of the present research is that the feeling of a client who says "the panic attack struck me" is probably different from the experience of one who says "I understand how my thoughts relate to me getting a panic attack." On a related note, in the present research, the notion of "sense of agency" is occasionally used. The term refers to the clients' experiences that they express in therapy, and in expressing them, they come to construct agentic and nonagentic positions in relation to different experiences and situations.

The difference between agency understood in the psychological manner and as the construction of agentic or nonagentic positions in discourse is related to a bigger question, one concerning the relationship of language and the psychological or experiential generally, and in psychotherapy research particularly. The complex relationship between language and the psychological in psychotherapy research has recently been noted by Strong and Smoliak (2018), who pose the old question of how talking relates to therapeutic change and to how people understand and experience reality. From the perspective of the present research, it is argued that the division between language use and the psychological, understood as something going on in a person's "mental realm," is rather artificial and, paradoxically, a discursive construction in itself. The only way we can grasp the psychological and communicate about it is via language. In this sense, the stance of a discursive therapy researcher is similar to that of a therapist; they are both operating with language, not directly with the client's mind.

Avdi (2012) notes that the different discursively oriented approaches to therapy all share the view on therapy as a meaning construction process. The perspective of the present research is that language use is both the material and the process of the meaning-making in psychotherapy. Discourse is interesting, intelligible, and important in itself, without any presupposed, simplified connection to any psychological phenomena, because it is how people express, work on, and relate to the "psychological" and whatever is constructed as the problem in therapy. Besides, discourse is more than "just talk" in the sense that it is connected to the client finding new ways of acting and experiencing outside therapy (Kurri & Wahlström, 2007). It can be argued that the aim of therapy is, through conversational negotiations, to resolve meaning anomalies regarding the client's actions, thus enabling the client to reclaim their sense of agency (Partanen, 2008). In short,

discourse forms the focus of work in psychotherapy (Avdi, 2005; Kurri & Wahl-ström, 2007; Strong & Smoliak, 2018).

Clients and therapists have the reservoir of their language with its words and grammatical structures to choose from, but the choice is seldom completely intentional, and the variety of linguistic means is also not limitless. Client and therapist speak the language, but the language also speaks them in an intertwined process; the client and therapist position themselves and each other while simultaneously becoming positioned by the language. Discourse shapes and is shaped by the individuals, what they bring with them to the therapy encounter, and also by their institutional roles as "client" and "therapist" (Avdi, 2012). A focus on language potentially allows interaction to be approached from a more contextual, local perspective (Levitt, 2015). Avdi (2012) presents how the multidimensional concept of subject position can expand the focus from the personal and psychological to the interactional, social, and cultural realms. In this research, the concept of *discursive position* is taken as the means to organize various detailed linguistic relations constructed to events, thoughts, and actions in therapy, enabling an interface between "the psychological" and "the contextual" or "the institutional" levels.

The notion of agency appears across psychotherapy traditions, and there are a variety of definitions for it (Huber et al., 2018, 2019; Mackrill, 2009; Williams & Levitt, 2007). Mackrill's (2009) systematic review provides a rare look into the ways client agency is constructed in psychotherapy research, pointing out that it can take the form of general change processes, diagnoses and personality types, extra therapeutic moderating variables, descriptions of what clients do in sessions, client narratives of life course, and displaying the client as a cross-contextual agent. Oddli and Rønnestad (2012) explored the interactional aspects of early alliance formation, pointing out how the therapist both expresses his or her own agency and supports that of the client by underlining him or her as a resourceful actor.

Especially in the American tradition, agency is related to the increasingly central notion of the client as an active participator in therapy with the power to influence the therapy process and to make it work for him or her (Bohart & Tallman, 1999; Fuertes & Nutt Williams, 2017; Huber et al., 2018, 2019). Related to this notion, a fairly recent quantitative study analyses six psychometric measures concerning client agency, defined as the clients' expectations in terms of actively and purposefully using psychotherapy for their needs (Coleman & Neimeyer, 2015). Huber and colleagues (2018) have developed a patient self-report measure of agency in psychotherapy, conceptualizing it as the client's intentional influence over the psychotherapeutic change process.

Such quantitative or questionnaire-based presentations, drawing heavily on the psychological notions of agency, often disregard the discourse in which agency becomes constructed. For example, Huber et al. (2018) treat agency as an "intrapsychological mechanism" that causally drives the clients' participation in therapy. When agency is approached as a psychological trait or characteristic the client can possess, the therapist easily becomes, at least implicitly, presented as

the expert with the skills to "enhance" it. For example, in Williams and Levitt's (2007) study on psychotherapists' notions of client agency in the therapeutic change process, the therapists' interviews and their presentation and wording in the article seems to construct agency as a phenomenon the clients can have more or less, as related to "abilities" and "skills" the clients either have or do not have, and as something that increases or decreases in therapy, hence depicting therapists as being in the position of, for example, teaching the clients how to enhance their agency.

The construction of agency has also been approached from various discursive, linguistic, and/or narrative perspectives. In the growing but not yet extensive discursive tradition, agency has been viewed as constructed in discourse in counseling and therapy together by the client and therapist (e.g., Avdi, 2005, 2012; Avdi, Lerou, & Seikkula, 2015; Kurri, 2005; Partanen, 2008; Seilonen, Wahlström, & Aaltonen, 2012; Seilonen & Wahlström, 2016; Todd, 2014). Thus, the client's agentic (and nonagentic) positions are viewed as something that can be renegotiated and reconstructed in the context of therapeutic dialogue (Avdi, Lerou, & Seikkula, 2015). The construction of agentic and nonagentic positions is not seen only as an ingredient of the treatment process and conceptualized merely as, for example, the client's activity, but is viewed as the core substance of therapy and as the central aspect of the problems that are worked on (Seilonen & Wahlström, 2016). In social constructionist accounts, agency has been a conflicted issue, and the studies on its negotiation in therapy talk assume varying positions in relation to it (Avdi & Georgaca, 2009). The construction of agentic displays or displays of downgraded agency is a context- and situation-bound phenomenon, and it cannot be separated from the socially and institutionally defined discourses that exist in the context of therapy, such as the medical discourse (Avdi, 2005; Avdi, Lerou, & Seikkula, 2015; Kurri, 2005; Partanen, 2008; Seilonen & Wahlström, 2016).

In sum, in discursive therapy research, the construction of agentic and nonagentic positions is viewed as something interactionally negotiated, fluid, changing, and discourse as well as context-bound. Several different agentic and nonagentic positions are usually seen to be constructed and adopted in therapy talk, implying that there are different degrees and variations of agency and nonagency. Agentic positions constructed towards situations and experiences are not directly associated with any so-called psychological phenomena ultimately residing inside the minds of the client and the therapist. These notions of a variety of negotiated and context-bound positions reflecting degrees of agency and nonagency influenced the starting point of this research, which was the idea that by the open reading of therapy conversation transcripts, a number of different positions where agency is both claimed and rejected could potentially be identified.

The discursive therapy studies are usually detailed case-studies, often concerning very specific therapy contexts. Consequently, their attempts at defining agency and nonagency or the construction of agentic and nonagentic positions have been rather limited. The often less explicit definitions of agency

seem to imply that agency has a generally shared and unified meaning. As an exception, Kurri and Wahlström (2001) frame agency as the linguistic depictions of the client's actions constructed by the client and the councellor. In the discursive therapy research, agency has been related to accountability and/or assuming or rejecting responsibility for one's actions (Kurri & Wahlström, 2003, 2005; Partanen, Wahlström, & Holma, 2006, 2010; Seilonen, Wahlström, & Aaltonen, 2012; Seilonen & Wahlström, 2016). Agency has also been associated with being able to control oneself (Partanen, Wahlström, & Holma, 2006, 2010). However, such associations are not assumed in the present research.

Changes towards increasingly agentic positioning of the client as therapy progresses have been noted in several discursive studies (Avdi, 2005, 2012; Avdi, Lerou, & Seikkula, 2015; Kurri & Wahlström, 2007; Partanen, 2008). The evolving of agency in therapy is given a closer look in the next chapter. Kurri and Wahlström (2007) argue that, following their therapeutic task, therapists should ideally challenge agentless talk and direct the client away from displays where he or she is not the driving force behind his or her own deeds. Indeed, studies show how therapists pick up and challenge or reformulate such constructions where the clients somehow mitigate their agency (Kurri & Wahlström, 2001, 2007; Partanen, Wahlström, & Holma, 2006, 2010). In this research tradition, agency becomes, at least implicitly, constructed as something that is considered to be good and worth achieving in therapy, while different discursive practices to downgrade it (focused on in the next section of this chapter) are framed as the nonpreferable option in therapy talk. In the present research, the construction of nonagentic positions is not viewed as in any way less preferable than that of agentic positions, and is seen as an agentic act in the context of the first session of psychotherapy.

From a slightly different perspective, it has been argued that the goal of therapy is to enhance the client's flexibility in assuming a variety of subject positions (Avdi, 2005, 2016; Avdi & Georgaca, 2009; Suoninen & Wahlström, 2009). This notion offers an interesting window into how agency can also be understood in terms of multiplicity of smoothly assumed positions. Accordingly, "dysfunction" has been linked with either rigidity or disorganized incoherence in how subject positions are used (Avdi, 2005). The specific aim of the present research was to allow the multiplicity of agentic and nonagentic positions to be noticed and a detailed understanding of their variety to evolve.

In the present research, agency and nonagency refer to a variety of positions of being-ableness versus not-being-ableness in relation to e.g. a situation or experience. Via the discursive model of agency and nonagency presented in this research, (non)agency becomes displayed as a varied phenomenon that is difficult to conceptualize with a short definition, as agency and nonagency are seen as much more than displays of doing (or not doing) something. Agency and nonagency are approached in terms of clients and therapists constructing agentic or nonagentic positions in relation to, for example, an experience, situation, or some aspect of the client's "self" that, in the case of nonagency, is displayed as the problem. Agentic and nonagentic positions are constructed by ascribing the

speaker agency or nonagency with discursive means called *tools*. When agency or nonagency is ascribed to the client—that is, when an agentic or nonagentic position is constructed for him or her— it is done with self-ascriptions (by the client) or with other-ascriptions (by the therapist). With self-ascriptions, the client ascribes agency or nonagency to him- or herself, and with other-ascriptions, the therapist ascribes these to the client. The ascriptions are not viewed as necessarily intentional or conscious discursive actions but as discursive side products of the client's and therapist's navigation within a very specific setting of the psychotherapy institution, the first session of psychotherapy. The main focus of the research is on how clients ascribe different kinds of nonagentic positions to themselves in relation to their problem. In the present research, the notion of nonagency is twofold, as it refers to the ascription of a nonagentic position as well as to presenting or expressing a sense of a lack of agency. Later in this chapter, the notion of nonagency is looked at more closely.

1.2   Aspects of agency

The aspects of agency presented in the previous literature range from a sense of separateness from others to intersubjectivity. In the present research, the analysis of expressions of agency and nonagency in the therapy session transcripts started and proceeded in tandem with a literature review that aimed at mapping the different meanings and notions linked with agency and nonagency. Hence, the overview on theories and concepts related to agency formed an important and evolving basis for searching for and recognizing the discursive devices—agency and nonagency tools—applied in constructing positions of agency and nonagency in the data and for formulating and naming them. The aspects of agency presented below are best understood not as distinct concepts but as a network of notions in dialogue with each other. Views of agency as a psychological phenomenon, perhaps manifesting in overt action, predominate in the literature, and also many of the aspects of agency outlined below are descriptions of mental processes and experiences. However, they can still be expressed and understood as discursive phenomena as well.

Separateness. One needs to be able to separate oneself from his or her surroundings in order to have any type of a personal relation to one's issues or to affect any change on the environment (Avdi, 2005; Gillespie, 2012; Kögler, 2010). According to Gillespie (2012), human agency is first and foremost about being affected by concerns that are beyond the immediate situation and being able to act independently of it, whereas an organism without agency acts by responding to stimuli in the immediate situation. For Kögler (2012), human agency is a profoundly socially emerging reality. He underlines that agents have to be self-conscious and able to put their acting self at a distance from the content within which their action is embedded.

Intentional influence. In philosophy, agency has usually stood for "the power to do" or "the force that causes effects" (Pope, 1998, pp. 242–243). In

relation to the conceptualization of agency as action, it has also been associated with influencing things, oneself, one's life, or other people (Mackrill, 2009). Agency can refer to an experience of oneself as having influence over one's experiences and the course of one's life (Adler, 2013). Hence, the concept of agent denotes someone able to make things happen psychologically and politically and thus implies some activity and independence (Pope, 1998). In the narrative tradition, agency has been viewed as expressions of activity, action, power, and taking responsibility (de Silveira & Habermas, 2011; Ely, MacGibbon, & Hadge, 2000). In addition to the action-centered notions of agent as someone having an effect on the outside world, the concept includes an aspect that concerns the potentially intentional nature of actions.

From a linguistic perspective it has been pointed out that the notion of agency presupposes that of action, but simultaneously, it encapsulates elements such as intentionality, animacy, causation, responsibility, and awareness of action (Yamamoto, 2006). Incentive, motivation, and recognizing oneself as capable of initiating action that has an effect on one's surroundings have been mentioned as important features of agency (Avdi, 2005; Dimaggio, 2011; Gillespie, 2012; Kögler, 2010, 2012). Agency can also denote making constructive, intentional choices on a wider life-story level, altering the path of one's actions, and potentially achieving one's aims while creating one's own life (Avdi, 2005; Emirbayer & Mische, 1998; Jenkins, 2001; Jolanki, 2009). Kögler (2010, 2012) sees the core aspects of agency as, first, being able to knowingly induce changes in the surrounding world, and second, to distinguish which events are produced by oneself and which ones can be attributed to external causes. The importance of intention in agency has been underlined from a social viewpoint by Harré (1993), who states that perceiving an individual as a social actor entails recognizing that the person's deeds are influenced by his or her intents.

Mental ownership. Agency entails the actor seeing his or her own mind as independent and different from other people's minds (Semerari et al., 2003), and recognizing that one's own experiences are psychological phenomena (Bateman & Fonagy, 2004). The actor acknowledges him- or herself as the originator of his or her own experiences and actions rather than approaching them as something external (Dimaggio, 2011; Ogden, 1986; Salvatore, Carcione, & Dimaggio, 2012). This aspect brings agency into the mental realm and resembles some notions of reflectivity. However, as defined in this research, mental ownership does not include the notion of a distancing observational perspective which is linked to reflectivity, treated here as an aspect of agency of its own.

Reflectivity. Some authors have connected the dimension of reflectivity to agency. Occasionally, viewed from a more evaluating and hierarchical perspective, reflectivity becomes underlined as the basis of agency or as a form of some kind of a superior agency. It has been argued that agency entails assuming some distance and a reflective or self-observing perspective towards one's thinking, deeds, or some aspect of oneself (Dimaggio, 2011; Georgaca, 2001; Kennedy, 1997; Rennie, 2010). According to Kögler (2012), a human agent is self-conscious, that is, can hold an external viewpoint which provides a possibility to

assume a critical attitude towards oneself so that certain impulses, desires, or acts are viewed as problematic, unauthentic, or unwelcome. Thus, in Kögler's thinking, reflectivity implies a critical or even criticizing perspective, but there are other accounts that underline a more neutral, observing stance. Rennie (2004) states that people can have an agentic impact on themselves and on others while either being conscious of it or not. According to Rennie (2000, 2004, 2007) a client's reflexivity in therapy is self-awareness, the ability to think and feel about their own thinking and feeling. For him, clients' agency is based on their radical reflexivity, awareness of their self-awareness, as it is through such meta-awareness that people create a relationship with what they encounter when paying attention to themselves (Rennie, 2010).

The terms *reflectivity* and *reflexivity* have been used in overlapping ways with concepts such as affect consciousness, mentalization, metacognition, mindfulness, psychological mindedness, self-monitoring, self-consciousness, and theory of mind (Bateman & Fonagy, 2013; Choi-Kain & Gunderson, 2008; Dimaggio & Lysaker, 2010; Lysaker et al., 2010; Penttinen, 2017; Rennie, 2004, 2007, 2010; Semerari, Carcione, Dimaggio, Nicolò, & Procacci, 2007; Valkonen, 2018). Mentalization refers to individuals' sense-making of themselves and each other in terms of mental, subjective processes that sustain their own and others' behavior (Bateman & Fonagy, 2013; Gullestad & Wilberg, 2011). Metacognition concerns the capability to think about thinking and affects, including one's own and those of others (Carcione et al., 2008; Lysaker et al., 2010). These psychological notions assume mental functions and cannot be directly translated into a discursive framework, even though some of them, when operationalized, can be recognized in the ways people talk.

The observer position as described by Leiman (2012a, 2012b) can also be viewed as a parallel concept to reflectivity. Assuming an observer or reflective position, again, bears resemblance to the notion of adopting a metaposition as defined by Hermans (2003, 2004a). A metaposition, which is presumed to develop during, for example, psychotherapy, allows the client to explore and evaluate other positions from a distance and take the stance of an author in specific situations (Hermans, 2003).

Coherent narration. Taking reflective perspectives enables speakers to create historical continuity in their personal life stories (Georgaca, 2001). The aspect of coherence highlights the processual, temporally embedded nature of agency, where the past is recounted and recreated in the present and brought further into alternative possibilities in the future, and the actor is simultaneously oriented toward the past, the present, and the future at any given moment within the flow of time (Emirbayer & Mische, 1998; Kupferberg & Green, 2005; Ogden, 1986). Coherence has been highlighted as a central aspect of life narratives (Habermas & Bluck, 2000). In Adler's (2012) study on the personal narratives of psychotherapy clients, agency was framed as a theme representing the belief that one can influence his or her circumstances and the course of one's life, and was related to the notions of autonomy, mastery, and achievement, as well as the self-sufficiency of the protagonist of the stories. The position of the author of one's

life story can be understood as a narrative extension of the notion of reflectivity presented above.

Intersubjectivity. It has been stated that intersubjectivity or relationality is central to agency (Gillespie, 2012; Kögler, 2012; Markova, 2003; Seilonen & Wahlström, 2016). According to Gillespie (2012), the processes of distanciation and identification are at the core of agency, because the actor transcends their own immediate situation and takes the perspective of others upon themselves, or identifies with the experiences and actions of others, suggesting a motivation to act on account of the present situation of someone else. How a detached general perspective becomes that of someone else and how that view relates to the agent's own viewpoint, is a complex question. Again, the previously considered aspect of taking distance from the immediate situation and ongoing action emerges as a prerequisite for other dimensions of reflectivity. In a psychotherapeutic context, this may be manifest in how the client weaves the therapist's stance into his or her own reflective comprehension (Georgaca, 2001), and in how the client is aware of their experiences within the framework of their awareness regarding their relationship to their therapist (Rennie, 2010). All in all, reflectivity includes several different aspects that usually imply a level of abstraction and distanciation, often also taking someone else's perspective towards oneself. Taking the perspective of another person is a fundamental aspect of reflectivity, as this "otherness" provides a place to see oneself from a viewpoint profoundly different from that of one's own.

1.3   Loss of agency

In this research, the focus has been on psychotherapy clients' discursive expressions of having in some sense lost mastery in life, that is, how they construct nonagentic positions. In the present research, the constructions of nonagentic positions were, to an extent, analyzed and systematized in tandem with the constructions of agentic positions.

The spectrum of notions of agency is wide, and likewise, the variety of aspects of nonagency is wider than any simple definition allows. From a linguistic perspective, Yamamoto (2006) describes the obfuscation of agency in a variety of languages by particular linguistic operations, such as various grammar forms and syntactic patterns, or by introducing inanimate subjects and impersonal pronouns such as "it." In the narrative tradition, lack or failure of agency has been framed as passivity, such as weakness, being acted upon, or inaction (Ely, MacGibbon, & Hadge, 2000), and as distanciation and denying responsibility (de Silveira & Habermas, 2011). The narrative tradition has also displayed nonagency as associated with the power of social structures, the effect of circumstances outside the actor's control, and as equivalent to communion, referring to other-enhancing actions (Lieblich, Zilber, & Tuval-Mashiach, 2008). Many of these notions

share the undertone of agency as individualistic action and activity, framing no-nagency as the loss of one's power to act or the missing responsibility attributed to action.

Previously, discursive therapy research has to some extent explicitly explored the other side of agency, namely, how it is obscured, mitigated, or lessened in relation to something. Some studies have attempted to outline aspects of nonagency. In their analysis of stories of drunk driving incidents given in semi-mandatory counseling, Seilonen, Wahlström, and Aaltonen (2012) found five agency story types differentiated by unconcerned, weak, egotistical, akratic, or disowned positions, all displaying varieties of nonagency. In another study, the disclaiming of personal agency in the drunk driving stories was found to occur via the five aspects of reflexivity, historicity, causal attibution, relationality, and intentionality that were present or missing in the accounts to different degrees (Seilonen & Wahlström, 2016).

In previous literature, downgraded agency positions, or nonagentic positions, have been approached as something the client ascribes to him- or herself, something attributed to another person in the context of couple or family therapy, and as something jointly constructed by the client and therapist. Earlier research has shown that disavowing one's agency is actually a fairly common discursive practice assumed by clients, and demonstrated a variety of ways in which clients actively display themselves as not agentic in relation to something in their lives (Avdi, 2012; Kurri & Wahlström, 2003, 2005, 2007; Partanen & Wahlström, 2003; Partanen, Wahlström, & Holma, 2006; Seilonen, Wahlström, & Aaltonen, 2012; Seilonen & Wahlström, 2016). The term "weak agency" has been used in referring to descriptions where the client is constructed as lacking autonomy and not taking action on issues, such as not disclosing domestic violence in a crisis center meeting (Kurri & Wahlström, 2001). Another term used is "agentless talk," referring to displays where one is not the impetus of one's own actions, such as expressions where clients speak about their unwanted actions and experiences as merely happening to them, or as following from a causal process, rule, or norm (Kurri & Wahlström, 2007). More dramatically, the client can take the stance of a victim or object of some "alien" entity that is controlling him or her (Kupferberg & Green, 2005) and depict oneself as helpless in relation to an experience or an illness as if these were such outside phenomena (Avdi, Lerou, & Seikkula, 2015; Karatza & Avdi, 2011; Ogden, 1986). Expressions that obscure the agent and locate feelings outside the realm of the speaker's agency have also been shown to include emotions displayed as a "storm" or as just "coming over" (Kurri & Wahlström, 2003).

Linguistically, agentless talk has been shown to be constructed by leaving the agent of the described actions weak or unspecified using the passive voice, zero person verb forms, nominalizations, and other linguistic devices (Kurri & Wahlström, 2007). Todd (2014) has presented a matrix of features of verbal grammar relevant to the construction of agency and its lack in therapeutic discourse, understood as object and subject positions, and argues that clients who

feel acted upon or not able to move on are more prone to use, for example, stative verbs to deliver the impression that they *are* depressed or *have* a problem.

Some studies have analyzed how in a nondyadic therapy setting, the other party is constructed as the less agentic one with problems. In an analysis of family therapy, Avdi (2005) showed how the child is initially constructed by the parents as someone with little or no agency at all, that is, as someone who is not an individual capable of intentional, communicative actions and merely possesses symptoms signalling an underlying psychiatric problem. In a study on a couple therapy process, Kurri and Wahlström (2003) displayed how one participant built a categorical problematization of her husband's features by constructing him as having a characteristic of displaying emotions in a problematic way.

Discursive therapy research has explored the changes from less to more agentic positions and re-negotiations and re-placements of agency in the therapeutic process, relating these in varying ways to the client's growing sense of agency. Kurri and Wahlström (2007) showed how an alien agent, something separate from the client acting in his life, is introduced into the conversation by the therapist, but dialogically evolves into more agentic and reflective displays while becoming closer to the client, thereby losing its alien quality. In Avdi's (2005) family therapy study, mentioned in the previous paragraph, it was shown how during the therapeutic negotiation of the child's diagnosis, the pathology-maintaining medical discourse was decentered and the complementary agentic and relational discourses evolved. She demonstrated how the negotiation lead from nonagentic to agentic accounts of him and his challenges and from a dispositional perspective—the child as merely someone with a psychiatric problem—to a relational perspective where he was understood as an intelligible, communicative social agent. Avdi, Lerou and Seikkula (2015) presented how during the therapy of a client with psychotic symptoms, the conversations became more dialogical, with associated shifts occurring in the client's increasingly agentic positioning, a stance where he could fight his voices and eventually control them. In another study, Avdi analyzed a shift towards increased agency during the course of therapy, as the client refused to adopt the positions of a child and a psychiatric patient, moving on to adopt positions that allowed owning and reflecting on his behavior and experiences. Eventually, a growing, polyphonic repertoire had evolved to choose these positions from (Avdi, 2012). The changing discursive positions allow a perspective from which to view how the client's experience evolves in the moment-to-moment conversation as well as on a larger scale during the therapy process, capturing agentic and nonagentic positions as something varied, changing, and negotiated, instead of static states.

As stated before, downgrading one's agency, that is, displaying oneself as a nonagent, can be understood as a response to the invitation to present one's reasons for attending therapy. However, these institutional invitations and responses to them are not generically the same across all contexts and different settings of therapy. The discursive aim to disclaim agency in relation to one's own actions in order to save face is perhaps more prevalent in such settings as

therapy for perpetrators of domestic violence (Partanen, 2008) or semi-voluntary counselling for drunk drivers (Seilonen, Wahlström, & Aaltonen, 2012; Seilonen & Wahlström, 2016). Partanen and Wahlström (2003) display how the participants in a therapy group for intimately violent men had a strong preference to position themselves as victims by referring to their difficult childhood. In another study on talk in an intimate violence therapy group, it was shown how the participants alienated themselves from active agency in their accounts of past violent situations by not using personal pronouns and by assuming passive voice, mitigating words, and euphemisms such as "it" for violence (Partanen, Wahlström, & Holma, 2006). In their studies on narrations of drunk driving, Seilonen and Wahlström (2016) have noted the discursive aim of evading ownership, involvement, and responsibility of the offending behavior. In the analyses of stories of drunk driving, the least agentic displays include presenting the incident as just happening to the narrator or external circumstances and other people being positioned as the initiators and causes of the drunk driving, while the client is merely their victim without his or her own control (Seilonen, Wahlström, & Aaltonen, 2012; Seilonen & Wahlström, 2016).

The construction of displays of agency and nonagency does not happen in a vacuum, as it draws from and is limited by the available discourses. Medical or psychiatric discourse is not uncommon in feeding the initial nonagentic displays in therapy (Avdi, 2005). However, it has also been shown that the medical discourse has only limited use in, for example, describing the presenting problem, as the therapeutic dyad otherwise draws from a colloquial discourse in its primary aim of creating an informal encounter (Wahlström, 2018). In the present research it is acknowledged that the construction of agentic and nonagentic positions is connected to wider social and cultural discourses, but the scope of the present research does not allow their more specific exploration.

Previous discursive research of agency and its lack in therapy talk has not yet provided a systematical analysis of the variety of aspects of nonagency as an independent discursive act of its own. Moreover, a detailed comparison and contrasting of discursive displays of agency with those of nonagency is still lacking in the field. In this research, the aim has been to create a detailed and systematic display of the discursive construction of the clients' nonagentic, and to a lesser extent, also agentic, positions in their first psychotherapy session, in the moment-to-moment flow of the therapy conversation. The starting point has been to determine the different forms discursive ascriptions of nonagency could take in the first session of psychotherapy, if not defined too strictly to begin with. The construction of nonagentic positions is not considered as merely displaying the lack of something predefined as agency or as the discursive presentation of not doing something. Instead, the construction of nonagentic positions was taken as the primary focus and understood as a discursively agentic and intelligible action of its own. The ultimate aim has been to bring both detail and comprehensiveness to the understanding of how agency and nonagency are constructed in therapy talk.

1.4 Positioning and agency in psychotherapy

Positioning is an interactional, discursive, and multilayered process, in which people create positions for themselves as well as for others by situating themselves and other people in varying ways in relation to different facets of their situations and experiences (Avdi, 2012; Davies & Harré, 1990; Drewery, 2005; Jolanki, 2009; Kurri & Wahlström, 2007; Wahlström, 2016). Positioning points to how people located within conversations are positioned by discourses, but are themselves active participants who can choose to take up various positions and speak from them (Sinclair & Monk, 2004; Winslade, 2005). Positions change when clients give different descriptions of events and of those involved (Wahlström, 2016). In the moment-to-moment course of psychotherapy conversations, the clients position themselves—and become positioned by the therapists—in various ways in relation to the therapist, the therapy institution, the problem, and the "self."

In the previous literature, the concept of position has often denoted rather overarching states. Approaching agency and nonagency as discursively constructed phenomenona in therapy interaction calls for a more specific understanding of position. The constructive aspect of language goes easily unnoticed as the talk-in-interaction tends to flow very quickly (Gale, 2010). In the present research, the notion of discursive positioning was used as a theoretical tool enabling the detailed study of how meanings are negotiated in therapy conversation (Winslade, 2005). The concept of discursive position was adopted and defined in a linguistically elaborate and situationally sensitive manner in line with Avdi (2016) and Winslade (2016). Such a notion leaves space for situational flexibility to capture the momentary, nuanced, and varying process of constructing agency and nonagency. In this dissertation, the term *position* refers to discursive stances that might appear in expressions as short as just a few words.

In the present research, the construction of agentic or nonagentic positions was viewed as giving oneself or others ascriptions of agency or nonagency, which happened with the use of discursive devices referred to as agency or nonagency tools. They are abstract principles of positioning that were in use in the construction of agentic and nonagentic positions. The term tool was used as a metaphor to highlight that taking a position, also a nonagentic one, is an active discursive act.

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

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

The client constructs an agentic self-ascription and displays herself as someone who is both able and willing to take the initiative of seeking psychotherapy.

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

By giving a nonagentic self-ascription, the client presents herself as someone who collapsed because of her therapy coming to an end. She constructs a position where she could not affect and change the development of the situation and hence became the victim of the ceasing treatment.

1.5   The client's stance at the outset of psychotherapy

In the previous section, we looked at small-scale discursive positions. More commonly in psychotherapy research, clients' stances towards their problems have been conceptualized with larger scale notions, if this aspect of being in relation to something problematic has been taken into account at all. The presenting problems clients express at the very outset of their psychotherapy have often been studied using diagnostic language and categorizations (e.g., Corning, Malofeeva, & Bucchianeri, 2007; Heafner, Silva, Tambling, & Anderson, 2016). However, for the psychotherapeutic process, the categorizable content of problems is of limited relevance compared to displaying how clients take positions in relation to their experiences (Avdi, 2012, 2016; Avdi & Georgaca, 2009; Avdi, Lerou, & Seikkula, 2015; Drewery, 2005; Georgaca, 2001; Leiman, 2012a; Wahlström, 2006a).

Psychotherapy change process models, such as the Assimilation of Problematic Experiences Sequence (APES; Stiles, 2001, 2011; Stiles et al., 2006), the Innovative Moments Coding System (IMCS; Gonçalves, Mendes, Ribeiro, Angus, & Greenberg, 2010; Gonçalves et al., 2017; Mendes et al., 2010), and the Generic Change Indicators model (GCI; Krause, Altimir, Pérez, & de la Parra, 2015; Krause et al., 2016; Krause et al., 2007), describe how change in therapy takes place in the ways clients are in relation to their problematic experiences. They also come to implicitly present a theory of agency and how it evolves during therapy, because client agency is constructed as varying at different stages of a general change process (Mackrill, 2009).

All models suggest, albeit using different terminology, that the therapeutic process begins from a point where the client is immersed in a problematic narrative or restricted by a muted problematic experience. Read through the notion of nonagency, they present the client as being in a generic, overwhelming state of nonagency. The APES and the IMCS describe the client at the beginning of therapy as in a restricted stance where a lack of flexibility and variety in his or her possibilities for experiencing, thinking, and acting predominates (Gonçalves et al., 2014; Honos-Webb & Stiles, 1998; Montesano, Oliveira, & Gonçalves, 2017; Stiles et al., 2006). From another standpoint, the GCI displays clients as starting the therapeutic work from basic tasks such as beginning to question their initial understanding, but as not yet able to start reflecting on their problems (Altimir et al., 2010; Krause et al., 2007).

The APES displays clients entering therapy with experiences that are inaccessible, avoided, or vaguely formulated, in other words, they have so far not been retrieved, defined, understood, and incorporated to earlier experiences (Honos-Webb & Stiles, 1998; Leiman & Stiles, 2001; Stiles, Honos-Webb, & Lani, 1999; Stiles, 2001, 2011; Stiles et al., 2006). Clients tend to enter therapy at APES levels 2 or 3 (Caro Gabalda, 2008; Mendes et al., 2016; Pérez-Ruiz & Caro Gabalda, 2016; Stiles et al., 2006). At APES 2, a problematic experience is vaguely in the client's awareness but cannot be clarified, and at level 3, it is more clearly described, allowing the client to "have" the problem rather than identify with it (Honos-Webb & Stiles, 1998).

According to the IMCS, at the outset of therapy clients are dominated by a problem-saturated, limiting self-narrative, which is, in the course of therapy, deconstructed and transformed via innovative moments, presentations of new insight and action challenging the predominant narrative (Gonçalves et al., 2014; Gonçalves et al., 2012; Gonçalves et al., 2010; Gonçalves, Ribeiro, Mendes, Matos, & Santos, 2011; Mendes et al., 2010; Montesano, Oliveira, & Gonçalves, 2017). The refined IMCS divides the innovative moments at two levels, the first one entailing distanciation from the problem and the second involving the focus on change processes without necessarily referring to the problematic experiences (Gonçalves et al., 2017; Montesano, Oliveira, & Gonçalves, 2017). These notions come close to descriptions of agency and reflectivity. Likewise, from the perspective of the Therapeutic Collaboration Coding System, which draws from the notion of assimilation by Stiles (2011), the concept of innovative moments by Gonçalves (Gonçalves, Matos, & Santos, 2009), and the idea of therapeutic zone of proximal development (Leiman & Stiles, 2001), it has been argued that clients enter therapy with a meagre tolerance for experiencing the world in alternate ways (Ribeiro et al., 2013).

The GCI model views ongoing psychotherapeutic change through the sequence of 19 change moments in which the subjective meaning in the client's viewpoint in relation to themselves, their problems, or their environment is transformed (Krause et al., 2015; Krause et al., 2007). The hierarchy of the GCI model suggests that the therapeutic process starts with generic change indicators that form the basic requirements for the therapeutic work, such as the client accepting that there is a problem, acknowledging that he or she is in need of help, accepting the therapist as a proficient professional, and starting to question his or her usual understanding of the problem (Altimir et al., 2010; Echávarri et al., 2009; Fernandéz, Pérez, Gloger, & Krause, 2015; Krause et al., 2015; Krause et al., 2016; Krause et al., 2007).

The models view the therapy process as creating contact with and communication among the various experiences, distancing oneself from the problem, formulating it with more clarity, observing it from a meta-perspective, and then consolidating these reconstructions in a wider context (Barbosa et al., 2018; Gonçalves et al., 2014; Honos-Webb & Stiles, 1998; Krause et al., 2015; Krause et al., 2007; Montesano, Oliveira, & Gonçalves, 2017; Stiles, 2001; Stiles et al., 2006). The client is more or less explicitly displayed as initially not fully

acknowledging or accepting the problem and/or not verbalizing it clearly (Honos-Webb & Stiles, 1998; Krause et al., 2007; Krause et al., 2015; Stiles, Honos-Webb, & Lani, 1999; Stiles, 2001; Stiles et al., 2006). In addition, the models suggest that a meta-perspective or a reflective point of view towards the problem develops only during therapy, implying its nonexistence at the outset of treatment (Echávarri et al., 2009; Gonçalves et al., 2014; Gonçalves et al., 2012; Krause et al., 2015; Montesano, Oliveira, & Gonçalves, 2017; Stiles, 2001). Thus, a problem is something the client cannot really observe and define at the beginning of therapy.

These conceptualizations of the client's stance at the outset of therapy come close to the concept of the client's object position (Leiman, 2012a, 2012b). In an object position, the client feels beleaguered and acted upon by the problem (Leiman, 2012a; Todd, 2014). Leiman (2012b) has also defined object position as the client's experience, present when the client comes to psychotherapy, that they cannot get a hold of the problem and/or it controls their life. During therapy, the object position is assumed to develop, assisted by a mediating process where the client assumes an observer position, into an empowered relationship to the problem, a subject position (Leiman, 2012a).

In the present research, the expressed stance of restricted possibilities for action is referred to as the discursive display of loss of one's sense of agency. Problem presentations are seen as situated discursive positioning in the context of the first session of psychotherapy where clients are invited to voice the problems bringing them to treatment. These displays of nonagency are then compared to how the process models depict the clients' initial stance in psychotherapy.

1.6   The therapist's stance in psychotherapy

The process models do not explicate the therapist's stance. The psychotherapy literature tends to display the therapist as in some way ahead of the client, as intuitively being able to acknowledge and work within the client's developmental level, introducing effective therapeutic interventions, and assisting the client in assuming a self-observing or agentic position (Antaki, 2008; Karatza & Avdi, 2011; Leiman, 2012a; Leiman & Stiles, 2001; Ribeiro et al., 2013; Stiles et al., 2006; Vehviläinen, 2008). There are many descriptions in the literature of such instances where the therapist is modeling reflectivity to the client and/or trying to invite him or her to take a new perspective in relation to his or her experiences, actions, or situation, but the client is not ready to pick this up or is otherwise "unable" to assume a reflective stance (Coutinho, Ribeiro, Hill, & Safran, 2011; Leiman & Stiles, 2001; Penttinen, 2017; Voutilainen, Peräkylä, & Ruusuvuori, 2010; Zonzi et al., 2014). On a related note, descriptions of therapy conversations are also often simplified and idealistic, such as depicting therapeutic interaction as "a beautifully coordinated and improvised dance between client and therapist,"

where the members of the dyad reply to each other's cues and create new possibilities for meaning making (Cunha et al., 2012, 230).

Two approaches to describing the relation between the client's stance and the therapist's action are worth mentioning here: the therapeutic zone of proximal development (TZPD) and responsiveness. For example, the APES model does not explicitly describe the therapist's role, but the ideal therapist as implicitly presented in the APES is responsive to the client. The therapist's responsiveness refers to how he or she responds to an emerging context in a manner that facilitates the aims of the therapeutic work, delivering appropriately chosen, timed, and verbalized interventions (Friedlander, 2012; Kramer & Stiles, 2015; Stiles, 1999, 2001, 2009; Stiles, Honos-Webb, & Surko, 1998; Stiles et al., 2006).

The concept of TZPD comes from the rewriting of Vygotsky's theorizing of zone of proximal development by Leiman and Stiles (2001). They suggest that the client's problems reach higher stages of development in the collaborative dialogue with the therapist, in the zone of proximal development, than in the client's "internal" or unassisted work. Leiman and Stiles emphasize that the TZPD is a way of depicting collaborative activity, and does not refer to any stable characteristics, such as an "ability" of the dyad or either of its members. The zone lies between the current or actual therapeutic developmental level and the potential developmental level that the client can attain, at a certain moment in therapy, working together with the therapist (Ribeiro et al., 2013; Ribeiro et al., 2014). Productive therapeutic work takes place within the TZPD, and therapeutic interventions within it are likely to succeed, whereas interventions outside it are likely to fail (Leiman & Stiles, 2001; Ribeiro et al., 2013; Ribeiro et al., 2014). A coding method, the Therapeutic Collaboration Coding System (TCCS), has been developed for assessing whether therapeutic dialogue occurs within the TZPD. The TCCS integrates the Assimilation model of Stiles (2001) and the narrative framework of the Innovative Moments Coding System (IMCS; Gonçalves, Mendes, Ribeiro, Angus, & Greenberg, 2010; Mendes et al., 2010; Gonçalves et al., 2017). In an ideal case, the therapist works within a zone in which the client can experience innovative moments and transform the previous maladaptive self-narrative to a more functional one, and thus move from his or her actual developmental level towards his or her potential one (Ribeiro et al., 2013).

It is noteworthy that in the literature on responsiveness or the TZPD, therapeutic fails have rarely been described. In psychotherapeutic literature in general, the descriptions of therapists' not-so-ideal or nonresponsive turns in therapeutic conversations are almost exclusively such where he or she displays reflective perspectives that are beyond what the client is able to assume. To my knowledge, there are no descriptions of instances where the therapist would not stay at the more abstract or reflective level while the client is the one taking a reflective perspective. In addition, as Massfeller and Strong (2012) point out, in the literature the client is often depicted in a passive stance, a mere provider of information and a recipient of directions, unless he or she is seen as resistant towards the therapist's suggestions.

The positions of the therapist and client have, regardless of the participants' intentions, a significant influence on the unraveling therapeutic interaction (Avdi, 2012). The therapists' institutionally ascribed conversational power pertains to the possibility of filtering out things and having a great influence on what gets to be picked up and worked on as the actual psychotherapy problem (Avdi & Georgaca, 2007; Buttny, 2004; Edwards, 1995). The therapists are free to challenge the client's current understanding of his or her mind and action (Vehviläinen, 2008) and offer alternative versions of and words for their situation (Buttny, 2004; Rae, 2008). Hence, research on therapists' discursive sensitivity and how they reply to clients' turns, what gets attention, and what is disregarded, is called for.

1.7   Aims of the research

The present research explored how the clients' nonagency, a discursive expression of having, in some sense, lost mastery in life, was constructed by clients and their therapists in the first session of psychotherapy. The aim was to systematically analyze these constructions of nonagency—and to some degree, also agency—created by the members of the therapeutic dyad both separately and in dialogue. The aim of the research was pursued in three studies. In Study I, the goal was to explore how clients and therapists constructed agentic and nonagentic positions for the client in the first session of psychotherapy and especially to catch the variation in how psychotherapy clients tackled the institutionally given task to display themselves as lacking agency in some aspect of their lives. During the analysis phase, the richness and variety of the emerging displays pointed to the need to systematize them into a discursive model of agency and nonagency construction. Hence, developing such a model became another aim of the study. The central question was how clients discursively constructed displays of nonagency, thus the main focus was on the ascriptions of nonagency that the clients gave to themselves.

In Study II, the aim was to examine, using the 10DT Model presented as the result of Study I, how clients construct nonagentic positions when formulating their problems at the outset of their first psychotherapy session. The study asked what kind of problem formulations the clients gave when replying to the therapists' initial questions at the beginning of the first session. The goal was to produce a thorough description of the nonagentic positions constructed for the clients in terms of their problems in these early formulations. Another research question was how these problem formulations resonated with the descriptions of the client's stance as being absorbed in problems as presented by psychotherapy process models.

In Study III, the aim was to analyze and categorize those sequences of three talk turns that did not proceed according to the pattern suggested in previous psychotherapy literature—the client learning self-reflection from the therapist who models it to him or her—but took different paths. First, the study asked how to analyze and categorize, using the 10DT Model, such conversational instances

where the therapist, when responding to the client's turn, ascribes agency for the client differently than the client did for him- or herself in his or her previous turn. Second, the study examined what followed from such discordances, that is, how the client responded to the therapist's turn, and whether the client's self-ascription of agency was different in this third turn compared to his or her first one initiating the sequence. Another research question was how these three-turn discursive discordances could be classified applying the 10DT Model, and especially how to describe such discordance sequences where there was a difference in terms of the 10DT Model's reflectivity dimension in how the client's agency was constructed. Finally, the study looked at what kinds of functions the therapists' turns had in such discordance sequences where the client transitioned from a reflective self-ascription to a nonreflective one.

2 METHOD

Detailed, discursively informed analysis of psychotherapy session transcripts is a growing and clinically useful branch of psychotherapy research (Avdi & Georgaca, 2007; Sinclair & Monk, 2004; Winslade, 2005). In the present research, a detailed way of reading, informed mainly by discourse analysis and discursive psychology, was tailored in the continuous re-reading of the session transcripts. The 10DT Model evolved in a process where the re-reading of the data was combined with a thorough reading of the literature presented in the previous chapter, such as discursive therapy research and literature on aspects of agency. The 10DT Model was then used as the analysis method in Studies II and III.

In this chapter, a brief look will be taken at both the process of discourse analysis and discursive psychology in more general terms, and the analytical process of the present research in particular. The present research represents case study methodology, which plays a central role within the counselling and psychotherapy literature because it is effective in capturing, describing, and analyzing evidence of complex processes (McLeod, 2010).

2.1 Participants and data

The primary data of this research was comprised of the first sessions of nine individual long-term psychotherapies, available from the video-archive of the integrative psychotherapy training program conducted at the University of Jyväskylä Psychotherapy Training and Research Centre in Finland. This data was chosen because these therapies form a rather coherent corpus of a manageable size. The duration of the therapies was between 19 and 78 sessions. There were eight females and one male among the clients, and they were between 19 and 45 years of age. The sessions were conducted by five trainee therapists, all of them clinical psychologists with at least two years of experience in client work. One of the sessions was conducted together by an experienced therapist and a trainee, and in two sessions a psychology student was present observing the session. All

of the clients were self-referred to the therapies, which took place at the before-mentioned center in Finland. No inclusion or exclusion criteria were used. The problems the clients had reported in their first phone call when booking the session included social anxiety, panic attacks, stress, depression, fatigue, binging and purging, and coping with divorce. The therapy setting was naturalistic: the clients had entered the treatment themselves by contacting the center and the sessions were not conducted for research purposes. The data being collected in a naturalistic therapy setting adds to the validity and generalizability of the analysis.

The sessions were conducted in Finnish. Videotaping and the use of the sessions for research purposes occurred with the informed consent of the clients, using a protocol reviewed by the Ethics Committee of the University of Jyväskylä. The sessions were transcribed verbatim in Finnish. Eight sessions were transcribed by the author of this dissertation, and one session had been previously transcribed by a psychology master's student. All analyses were conducted on these original Finnish transcripts.

Initially, the research plan was to analyze the very last sessions of each therapy as well as the first, which is why the data set was chosen to include only therapies where both the very first and the last session had been videotaped. I also watched recordings of two such therapies that were not included in the final set of nine therapies. They were excluded because the first session of one and the last session of the other had not been videotaped. It became evident during the research project that the last sessions of the therapies would not be needed, as the first ones formed a data set big and rich enough for the purposes of this research. Hence, no more sessions were added to the initial set of the first sessions of nine therapies.

In Studies I and III, the data consisted of the full verbatim transcripts of the videotaped first sessions of nine psychotherapies. In Study II, the analysis was conducted on the clients' initial problem accounts extracted from the transcripts. The coded excerpts had word counts between 71 and 1037. The problem accounts were responses to the therapists' initial prompts and questions. There was variation in what the therapists asked and how clear the expectation was that the clients ought to explain why they were seeking therapy. The therapists' questions were neutral and open-ended, but often rather indirect and thus lacking clarity. Some therapists asked about the client's reason for calling the clinic (e.g., "Now would you like to say in your own words once more what made you get in touch?"), or clients' views of their problems (e.g., "If you would first talk about this problematic and its development, such as how it has been constructed?"). In one session, the therapist's question invited the client to talk about oneself ("Shall we begin so that you say something about this situation for which you are seeking help and a little bit about yourself?"). In two first sessions, the therapist did not ask an opening question because the client either presented it himself ("Well it would probably be good if I shortly say who I am and how I actually got here"), or started to cry almost immediately at the outset of the session, leading to the causes given for crying becoming the client's problem account.

The clients' problem accounts formed one longer talk turn that was usually quite uninterrupted by the therapist. The accounts ended when the clients either noticeably moved from the problem telling to another topic, or the therapist made a question or comment on something in such a way that the client was not encouraged to continue his or her original problem account, but was invited to another direction. In five sessions it occurred that the client provided a clarifying response to the therapist's intervening comment or question, but after this, carried on with his or her initial description of the problem. Hence, these kind of therapist turns were not taken as signalling the end of a client's problem account. The therapists' generally sparse and short responses and comments, delivered within the clients' problem accounts, were not incorporated into the data analysis.

2.2   Analysis

Next, we are going to take a brief look at the analytical process in discourse analysis and discursive psychology. There does not exist a set protocol for conducting discourse analytic or discursive psychological research as they are not stand-alone methods but consist of a variety of theoretical, analytic, and methodological assumptions and orientations (Glynos, Howarth, Norval, & Speed, 2009; Lester, Wong, O'Reilly, & Kiyimba, 2018; Potter, 2003, 2016; Shaw & Bailey, 2009). In line with its bottom-up, inductive research philosophy, a discourse analytic or discursive psychological research usually starts with a general problem area or a specific discursive phenomenon, and the final research questions are not formulated prior to the research, but are developed and refined throughout the analytical process and formulated in commitment to the data-driven exploration of different phenomena (Lester, Wong, O'Reilly, & Kiyimba, 2018; Potter, 2012b, 2016; Shaw & Bailey, 2009). The data of a discursive psychological research usually consists of an archive of records of human interaction recorded in a specific setting with minimal interference by the researcher (Potter, 2012a). Transcribing is an important part of becoming acquainted with the data and thus, central to the analytical process (Goodman, 2017). Transcription is followed by reading and re-reading the transcripts to recognize particular themes, often using data sessions where several researchers study examples of the data and generate ideas that lead to searching new examples in the data, and from this process, a preliminary corpus of examples is created and refined throughout the analysis (Potter, 2012b). The data reading has been described as consisting of a strict focus on the context and the action orientation of discourse, while analytic themes and discursive features are indexed, patterns are looked for, and notes are made about the interesting features of the text (Goodman, 2017; Shaw & Bailey, 2009). In other words, the analytic process consists of gradually more and more precise attempts to pinpoint what goes on in the data and how some discursive practices are unfolding (Potter, 2012a).

Throughout the process, the focus of a discursive psychological analysis stays on the action orientation of talk, and the outcome of the analysis illuminates the accomplishments achieved in talk and interaction (Goodman, 2017; Wetherell, 2007). Writing the report of the study involves continuous movement between reading, writing, and analysing, combined with revisiting earlier phases of analysis and redrafting the report (Shaw & Bailey, 2009). Thus, report writing is not the final point of discourse analytical and discursive psychological analysis, but usually -and also in the case of this research- writing starts early on in the research process and is refined throughout it.

In the first phase of Study I, I watched and listened to the nine first sessions of the psychotherapies and transcribed the audiotaped sessions using a simplified version of Jeffersonian transcription (see Atkinson & Heritage, 1984), excluding notations for e.g. rising and falling intonation and pitch, but marking e.g. overlapping speech, pauses, and increased volume. For the purposes of the very verbally oriented analysis conducted in this research, a more detailed transcription was not necessary. Thus, differing from what is common in many strands of discursive psychology, this research does not attach specific attention at the non-linguistic features of discourse (Glynos, Howarth, Norval, & Speed, 2009), not due to considering them irrelevant in therapy interaction but because of choices made in terms of the scope of the research questions and the analytical approach and the decision to focus on the thorough study of the variety of purely discursive positions.

Next phase in Study I was open reading of the transcripts. In the initial process of reading and re-reading the transcripts, attention was paid to the ways the clients and therapists used language to display the clients as somehow nonagentic, in some manner not able (to do something). As it was observed that there were also agentic discursive constructions in the data, the analysis progressed by looking systematically for the agentic counterparts of the nonagentic expressions. The analysis was conducted on the whole transcripts, where each utterance by both the clients and the therapists in each session was first analyzed in terms of whether it was a display of nonagency (or agency). Passages that I identified as representing different ways of constructing nonagency (and agency) were read together in consensus meetings, organized monthly or bimonthly during the first three years of the most intensive research process, by all the authors of the original articles. This cycle, where I re-read and analyzed the material and the evolving categorization of different ways of expressing nonagency and agency was then discussed in consensus meetings, was repeated various times.

The next step was criteria construction. During the analysis, the focus was primarily on the more formal aspects of the linguistic exposition. Attention was paid to the following issues: (a) who or what was the grammatical subject and was the *performer of the action* denoted by the verb, (b) whether the client displayed *mental ownership of his or her experiences* and, if so, (c) where exactly the problem was presented to lie—in the *initiation*, *continuing*, or *stopping the action*, or, on a more abstract level, in *how a reflective or critical position* in relation to some aspect of one's experiences, actions, life story, or social relations was assumed.

The same linguistic details were analyzed in the therapists' talk as they constructed agentic and nonagentic positions for the clients. The positions were usually recognized first in the clients' speech, and then in the therapists', where the client was positioned from the therapist's perspective.

The next step in the analysis was focusing on the grammatical composition. Who or what was constructed as the agent, subject, or initiator of action both grammatically and semantically in the expressions was identified. The grammatical subject—the word defining how the verb is conjugated (Institute for the Languages of Finland, 2004; Mäkelä, 2011)—and the semantic agent, usually a person who intentionally initiates and performs an action (Institute for the Languages of Finland, 2004; Langacker, 2008), were also sought. Occasionally, the semantic agent does not correspond to the grammatical subject (Mäkelä, 2011). In cases where the semantic agent of the expressions, usually the client, differed from the grammatical subject, the grammatical subject got the primary emphasis. That is, in the analysis it was significant if the client said, "The depression came," thus placing the depression as the grammatical subject that performs the action indicated by the verb.

The use of verb forms (e.g., zero person, active first person) and personal pronouns was also analyzed. Some attention was paid to the vocabulary used by the client and the therapist. Attention was focused especially on agency-fading means such as zero person construction, the passive voice, and verbs with iterative aspects, all of which can cause the agent of the depicted actions being left undefined or "weak," suggesting the agent does not have control over his or her actions (Kurri & Wahlström, 2007). Iterative verb aspects denote action that has a repetitive quality (Cowan, 2008; Karlsson, 2004). In Finnish, the zero person construction is an unspecified kind of a person reference where there is neither an overt subject of the action nor direct references to any persons, and solely the verb form in the third-person singular is expressed (Jokela, 2012; Laitinen, 1995). Usually, zero person would translate into English as impersonal constructions using the word *one.* In Finnish, zero person often appears in expressions where the verbs display receiving something, undergoing a change, being influenced by something and/or depict events that are in some way uncontrollable (Laitinen, 1995).

Next, reflective versus nonreflective positioning was analyzed. The term *reflective* was used to refer to constructions in which some aspect of the client, his or her life, or social world was viewed from a critical and/or pondering stance. These constructions were recognized from the use of verbs referring to perceiving, knowing, understanding, and so on; from expressions where a stance towards past, future, or other people was taken; and from the lack of the previously mentioned linguistic means of diminishing agency, such as zero person or lack of personal pronouns. In *nonreflective* constructions, such an observational distance recognized from the use of the beforementioned linguistic aspects was not present. The perspective was that of merely reporting experiences, actions, or situations in a matter-of-fact manner, not displaying them as perceived from a certain perspective.

Defining the unit of analysis in discourse analytical and discursive psychological studies is not a straightforward task, because they are concerned with understanding the actions accomplished with discursive devices and do not predefine their units of analysis e.g. in mere grammatical terms. In the present research, the smallest basic unit of analysis was clause, a group of words consisting of a subject and a predicate (clause, n.d.), that is, the shortest ascriptions of discursive position consist of at least a subject and a predicate. For example:

The panic attacks come.

This clause represents one discursive ascription of a nonagency position. In case the clause was embedded within a sentence that included a superordinate structure that was different from or added something to the meaning of the clause, the unit of analysis was the sentence. See the example below:

I do not understand why the panic attacks come.

The same clause is now embedded within a longer sentence that represents one discursive ascription of a nonagency position. In this case, the unit of analysis is this longer sentence.

Defining where one type of a construction of agency or nonagency ended and another kind started was occasionally a matter of debate in consensus meetings, but eventually, common understanding developed. The evolving of the criteria explained in the previous paragraphs assisted in separating different agency ascriptions from each other. However, discourse analytical work is not focused on formal, linguistic or grammatical rules and definitions. As people perform different discursive deeds by constructing their talk in different manners, the variability serves as a clue to understanding what specific actions are being done (Potter, 2016). Thus, the ultimate differentiations between the various agency constructions were based on understanding about the kind of discursive acts done with them in the flow of interaction.

The need to systematize the constructions of agency and nonagency into a model developed during the initial analysis process, and the model was created during the simultaneous repeated data reading and literature reviewing. In this way, the theoretical considerations of agency allowed me to look for and see new aspects of agency and nonagency expressed in the data, and vice versa, find equivalents in the literature for descriptions of agentic and nonagentic positions found originally in the data. Such a back-and-forth movement between literature review and data analysis ensured that also the less usual and infrequent constructions of agency and nonagency were recognized. During the analysis, it was critical to keep looking for counter examples of the kind of agency constructions that had already been recognized to avoid only finding in the data what was already captured by the developing model (Shaw & Bailey, 2009).

The last step of the analysis in Study I was the final categorization and systematization of the discursive devices with which the positions of agency and

nonagency were ascribed. During the analysis phase, all of the nonagentic and agentic expressions in the data had been organized in their own, evolving categories. In the last phase of the research, final distinctions between all the varying ways of constructing nonagency and agency were done, and they were organized as discursive tool pairs according to the idea that each tool is an abstract device with which positions of agency and nonagency are constructed. In line with the action orientation of discursive psychology (e.g. Potter, 2003), the term "tool" was chosen as a metaphor to underline the nature of constructing agency and nonagency as action and to illustrate the viewpoint that nonagentic speech is also an agentic act, even more so in a situation that specifically calls for the clients to present themselves as having problems, that is, as nonagents. The tool categories were named and partially renamed after feedback received in the reviewing process of the original research article. The linguistic features on which attention was paid during the analysis are connected to particular types of nonagency and agency tools. The development of an actual coding scheme, with specific rules on what kind of expressions are to be assigned a particular tool from the 10DT Model, was outside the scope of this project. The authors of the original articles did not assign tools for the agentic and nonagentic ascriptions in the data independently of each other, and systematic comparisons between how unanimous the authors would have been in such a coding process were thus not made.

The 10DT Model, which constituted the result of Study I, was used as the research method in Studies II and III. The model consists of 10 discursive tools, each of which has two sides: an agency tool (AT) and a nonagency tool (NAT). With these tools, either an agentic or nonagentic position can be ascribed to speakers or to addressees. Using ATs or NATs, the clients self-ascribe either a reflective or nonreflective relation to the depiction of themselves as an actor, whereas the therapists give other-ascriptions for the clients using the same tools. Clients can thus adopt a position that is at the same time agentic but nonreflective or nonagentic but reflective. In problem presentations, the clients display problematic or lacking agency with the use of the NATs of the model. The NATs and their definitions, along with the equivalent ATs, are given in Table 1 on page 46.

The order of the NATs and ATs represents the increasing reflectivity in relation to one's experiences and actions as the tool number grows. The nonreflective tools (1–6) ascribe a position from which the problems are only reported on, and the reflective tools (7–10) ascribe an observing position towards the client's situation, thoughts, experiences, life story, or social relations. The NATs proceed from a total mitigation and denial of any problems through displays of problems in initiating, stopping, or otherwise changing action, to contemplative positions towards one's own understanding, previous ways of acting, life story, or relationships. The tools can be identified in very short utterances, occasionally in only a few words.

In Study II, the analysis focused on the clients' first problem accounts, involving sections of the transcripts defined earlier. The analysis began by identi-

fying problem formulations (the semantically independent and separately intelligible reasons given for coming to therapy) within the problem accounts. Often, short expressions such as "but well", separated the formulations from each other in the client's talk. Usually, each problem formulation was comprised of one utterance, but in some occasions of two or three, concerning the same phenomenon or situation displayed as a problem. First, the utterance that formed the focal point or the main statement of the formulation was identified, and the tool in use in constructing the client's nonagentic position was coded as the *main tool*. Next, the other utterance(s) entailing complementary information and arguments supporting the main statement were determined, followed by the coding of *side tools* used in constructing the nonagentic positions in these supplementary expressions.

Each problem formulation included at least one nonagentic tool, identified as the main NAT. Side tool(s) were not found in all formulations belonging to a particular category. In case the same NAT was in use in many successive utterances in the same problem formulation, they were counted as one occurrence of the tool. The extract below illustrates what the main tool and the side tool can look like in the composition of one formulation:

> And then somehow the summer went so that not a single day went by without me thinking about the return to work (NAT5) (but then somehow it went) and it kind of like increased all the time like soon it's getting closer (NAT2).

In the example above, the client first describes how she could not stop thinking about her return to work. The nonagentic position in the expression was coded with NAT5 (not stopping or curbing action), a tool with which the speaker takes the position of not being able to put a stop to a particular action. The part within brackets was understood as an agentic expression, since the summer is depicted as having gone by in some way in spite of the client's worrying. The last expression gives complementary information on her worry about the return and depicts her nervousness as an actor that grows on its own, hence coded with NAT2 (other as actor).

Often, the utterance coded as including the main tool was highlighted by the client with phrases such as "above all" and/or it came first in the expression, followed by the complementary information included in an expression/expressions where the nonagentic position was constructed with a side tool. The identification of the main and side tools was thus not formal or linguistic but based on the semantic construction of the utterances.

I performed the close reading of the data and the coding of the problem accounts with the 10DT Model. I also made the initial proposals of what the main nonagentic position in each formulation was, with which NAT it was constructed, and which were the less central positions constructed with the side tools. These analyses were then reviewed and modified several times in consensus meetings by all three authors together with full access to the data. A decision on the

main/side tool construction of a particular formulation category required that at least two of the article authors had to agree on it.

Occasionally, also neutral talk, that is, talk that did not concern the client's problems, was found within the problem accounts and the problem formulations. Moreover, both between the different problem formulations in the problem accounts and within them there were also agency ascriptions, that is, expressions where the clients constructed agentic positions with agency tools. Because the main focus of this analysis was on nonagency construction, and since the agency ascriptions were sporadic and did not distinguish the problem formulations, they were not systematically coded with the 10DT or included in the more thorough analysis.

Next in the analysis came the categorization of the problem formulations. In their problem accounts, none of the clients presented only one clearly defined problem, but instead, each client's account contained more than one problem formulation. The problem formulations were categorized bottom-up from the data, as the categories, differing with regards to how the client's diminished agency became depicted, began to emerge from the data. The classification was not based on details of vocabulary, nor on the content of the problems, psychologically speaking, but on how the discursive construction of nonagency was done with the use of different NATs. The formulations of the same category had the same main NAT. Moreover, it was observed that the same NAT could be used in various ways to display diminished or failing agency. The difference was identifiable, for instance, in grammatical nuances such as who or what was the grammatical subject in the expression. Since such linguistic details created somewhat different variations of the nonagentic position linked with the specific NAT in use, it became clear that the same NAT could be in use in categorically different kinds of formulations.

The preliminary suggestion of the categorization of the problem formulations was made by me, the author of this dissertation, and then reviewed in consensus meetings with the second authors of the articles. In these meetings, the final decision on the categorization of the formulations was usually reached in complete agreement by all three authors, but in some more complex questions, the agreement of me as the first author and one of the other authors was considered satisfactory. The categories were named according to the quality of the problem, as created with the NATs that were in use in constructing a nonagentic position for the client in respect to the problem.

First in the analysis of Study III, I assigned to all the constructions of agency and nonagency (agency ascriptions) in the clients' as well as in the therapists' talk in the whole transcripts of all nine sessions the appropriate tool from the 10DT Model. The term "agency ascription" refers to how agency or nonagency is ascribed by the client to him- or herself or by the therapist to the client, and points to the constructions of agentic and nonagentic positions as identifiable with the 10DT Model along the lines explained previously. According to the 10DT Model, the use of the tools, besides ascribing to the client an agentic or a nonagentic position, simultaneously ascribes to him or her a reflective or a nonreflective one.

The ascribed positions can be agentic or nonagentic while being nonreflective, and in a similar manner, agentic or nonagentic while being reflective. In other words, the client-speaker can present him- or herself as unable to act in the way he or she would prefer to (nonagentic), but he or she can still observe this discursively presented inability (reflective).

Ascriptions delivered by the clients and therapists in subsequent talk turns were either concordant or discordant with respect to each other. A discordance refers to a mismatch in terms of the agency or reflectivity ascriptions constructed by the client and therapist in subsequent talk turns in relation to the same topic. A discordance could occur on the agency dimension, on the reflectivity dimension, or both. Hence, in successive turns, where the client's turn came first and was followed by the therapist's turn, there were four possible types of discordances: (i) nonagentic–agentic; (ii) agentic–nonagentic; (iii) nonreflective–reflective; (iv) reflective–nonreflective. The same pair of subsequent talk turns could be discordant on either one dimension or both of them (i.e., agency and reflectivity).

The unit of analysis in Study III was talk turn. All such discordances in talk turn sequences where the client's turn was first and the therapist's the second, were searched for. If there were more than one tool in use in the talk turns, the tool chosen as pertinent for categorizing purposes was the one most focal with regards to the content or topic in relation to which the client became positioned.

As described above, the client's first turn and the therapist's second one following it formed a discordance. The third turn, uttered by the client, made the discordances into three-turn discordance sequences. In the data, there was only one discordance that was not followed by a third turn by the client. In that discordance, the therapist in her turn started closing the session and made a suggestion on booking the next appointment, meaning the therapeutic conversation ended and there was no third turn uttered by the client related to the topic of the discordance.

The discordance sequences were analyzed with regards to the relation between the first and third turn in the sequence, both spoken by the client. It was asked whether the agency ascription stays the same or changes, and if it changes, does the change occur in terms of the agency or the reflectivity dimension, or both. If various tools were in use in the talk turns the discordance consisted of, the tool considered significant for classifying purposes in the therapist's turn was that which was involved in ascribing the agency position to which the client responded with his or her agency ascription in the third turn. There were a few discordances in which the therapist did not respond to the semantic content in relation to which the client had constructed his or her self-ascription of agency, and in the third turn, the client responded with an agency ascription constructed in relation to the new topic introduced by the therapist. Such change of topic sequences were categorized as discordance sequences using the same principles as the ones where the topic stayed the same across the sequence.

In categorizing the sequences, the first and third turn of the sequence, both produced by the client, were compared in terms of the agency as well as the reflectivity dimension. The frequencies of the discordance sequences in the different categories were added up separately for the two dimensions. The most detailed analysis focused on the discordance sequences classified according to the reflectivity dimension, because they came across as the most relevant with regards to therapeutic work. The distribution of the reflectivity discordance sequences among the therapeutic dyads was analyzed as well. Because there were two therapists present in one client's session, the total number of dyads in the data was ten.

In Study III, the close reading of the data and the preliminary categorizations, the distribution of the reflectivity discordance sequences among the dyads, and the uses and functions of the therapists' turns in the sequences was performed by me. As in all three studies, the final step of the analysis was a credibility check. In consensus meetings with the second and third author of the original articles, with full access to the data, the analysis results were reviewed and refined.

3   OVERVIEW OF THE ORIGINAL STUDIES

3.1   Study I

Constructing Nonagency at the Beginning of Psychotherapy: The 10DT Model

The aim of this study was to explore how psychotherapy clients in their first therapy session tackle the institutionally framed task of presenting themselves as somehow lacking agency in some aspect of their lives. As the variety of both nonagentic and agentic constructions created by clients and therapists in the data became apparent, constructing a model to capture their multiplicity emerged as the final aim of the study. The results of the first study compound the 10 Discursive Tools Model (10DT), created on the basis of theoretical considerations and the clinical data. The model consists of 10 discursive means, denoted as tools, used by the clients and therapists in their ascriptions of agency or nonagency to the clients. Constructing nonagency was defined as any discursive act where the client self-ascribed to him- or herself -or the therapist other-ascribed to the client- a nonagentic position in relation to the client's experiences, circumstances, life situations, history, or social relations with the use of some of the nonagency tools. The main results entailed presenting the variety of nonagentic tools in the clients' speech as they were tackling the situational invitation to display themselves as having problems, that is, as nonagents in some realm of their lives. A more thorough exploration and presentation of the agency tools used in the clients' talk and the nonagency as well as agency tools in the therapists' talk was left for further research.

A summary of the nonagency tools is presented in Table 1. The nonagency tools are shown in boldface on the left, and the equivalent agency tools below them within parentheses. The definitions of the nonagency tools are given on the right. To keep the table more easily readable, the definitions of the agency tools, the conceptual contraries of the nonagency tools, are not given here.

In the 10DT Model, the tools are organized as 10 tool pairs, where each pair includes a nonagentic tool and its agentic counterpart. The results of the first

study include, most importantly, the nonagentic side of the tool pairs in the model. Their definitions describe the nonagentic position that the use of each tool creates for the client in relation to the experience, action, event, or situation that is explicated as being their problem. The order of the tools as presented here does not suggest a rigorous hierarchy discursively or in any psychological sense but is based on the idea of increasing reflectivity of the agency ascription associated with the growing tool number. That is, the reflectivity of the tools is thought to increase along with the tool number.

A qualitative difference was found between the first six tools (NAT1 to NAT6) and the last four (NAT7 to NAT10). NAT1 to NAT6 were used in expressions where the client was ascribed a position of, for example, being the object or victim of some phenomenon, not being able to initiate an action, or being unable to alter the course of his or her actions. These displays had a reporting quality, where the issues were stated as matters of fact and they were not viewed from an observing perspective. The tools NAT1 to NAT6 were thus labeled as nonreflective. In contrast, NAT7 to NAT10 were used to construct a distanced, inspecting, or contemplating perspective in relation to the problematic experience or situation, and the nonagentic position was displayed as following, for example, from the client's acknowledged lack of noticing, knowing, or comprehending, or from viewing an earlier stance to something as dysfunctional. The tools NAT7 to NAT10 are referred to as reflective nonagency tools.

There was large variety and multiplicity at many levels of the tool use. All of the clients used many tools in varying combinations. The variety was added to by the finding that the semantic content of the experience, action, or situation in relation to which the client was positioned did not determine the tool with which the position was constructed.

TABLE 1   Summary of the discursive tools of nonagency

Nonagency tool (NAT)	Short definition
1. Dismissing (Accepting)	The issue is unrelated to oneself. Any meaningful personal relationship with a supposed problem is denied or mitigated.
2. Other as actor (Free to Act)	Some phenomenon/event is functioning as the actor. The client's position is either unverbalized/hidden or that of a victim, object, or stooge.
3. Exteriorization (Interiorization)	Experiences exist as their own entities and are not one's own creation.
4. Not initiating action (Initiating action)	Not being able to initiate action.
5. Not stopping or curbing action (Stopping or curbing action)	Not being able to stop what one is doing.
6. Not modifying action (Modifying action)	Not being able to make constructive choices.
7. Noncognizance (Cognizance)	Not understanding, knowing, noticing, etc. something about one's experiences.
8. Reflected dysfunction (Reflected function)	Having assumed a problematic way of relating to one's experiences or dealing with problems.
9. Discontinuance (Continuance)	The current actions/experiences are not meaningfully related to the past/future.
10. Presumptive positioning of others (Perspectival positioning of others)	Not taking truly into account another person's perspective.

3.2   Study II

Constructions of Nonagency in the Clients' Initial Problem Formulations at the Outset of Psychotherapy

In this study it was asked how clients constructed nonagency when formulating their problems at the beginning of their first psychotherapy session. The 10DT Model was used to analyze the clients' initial problem accounts and categorize the 63 problem formulations found in them according to the tool primarily used in constructing nonagency. The first eight nonagency tools out of the total 10 in the 10DT Model were found in use in the formulations.

Table 2 shows all 10 problem formulation categories and the nonagency tool (NAT1 to NAT8) from the 10DT Model that was the primary tool in constructing nonagency in the formulations of each category. The table also gives the other nonagency tools that had a more arbitrary role as side tools in some formulations of each category. The categories are presented in the order suggested by the place of the main tools within the 10DT Model (see Table 1 above).

In the problem formulations, the nonagency tools from NAT1 to NAT8 were all in use at least once, but NAT9 and NAT10 were not in use in any of the problem formulation categories. In some formulations, the clients constructed positions with agency tools as well. Reflective tools were in use in half of the formulation categories either as the main tool constructing the nonagentic position, or as a more arbitrary side tool. Only in the Formulation Category 1 (questioned issue), solely nonagentic and nonreflective tools were in use.

All clients used more than one of the 10 possible tools in constructing the nonagentic positions in their formulations, and all clients presented more than one problem formulation from at least two different categories in their accounts. Six clients gave at least one such problem formulation where either NAT7 (noncognizance) or NAT8 (reflected dysfunction) was in use in constructing the main position of nonagency, thus taking observing positions in relation to their issues right from the start of their therapy.

TABLE 2   Problem Formulation Categories

Formulation Category	The client presented his or her problem to be…	n	Main tool in all formulations	Side tool
1. Questioned issue	not real or relevant for therapy.	1	1 Dismissing	2
2. Circumstance	an external situation that he or she was not able to affect.	12	2 Other as actor	3, 6, 7
3. Active phenomenon	an independent actor causing things to him or her.	11	2 Other as actor	6, 7
4. Inhibited action	feeling stuck or unable to start some desired action.	3	4 Not initiating action	2, 6
5. Uncontrolled action	acting in an uncontrollable or repetitive way.	8	5 Not stopping or curbing action	2, 6, 7
6. Changing state	his or her experience or state changing without him or her being able to stop it.	5	5 Not stopping or curbing action	3, 6
7. Nonconstructive managing	not being able to find constructive options for acting.	10	6 Not modifying action	2, 3
8. Pressured Action	pressure to act in a certain way.	4	6 Not modifying action	2
9. Not Knowing/ Misconstructions	not knowing about and/or entertaining failing notions about something.	4	7 Noncognizance	2, 3
10. Poor Dealing with Problems	having previously tried to handle his or her problems in a way that was not functional.	5	8 Reflected dysfunction	2, 3, 6

3.3 Study III

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

This study aimed to explore such dialogical instances where the client and therapist were misaligned in how they constructed agency or nonagency to the client. First, the 10DT Model was used to detect and classify discursive discordances, that is, instances where the therapist, in his or her response to the client's turn, constructed the client's agency position differently than the client had done in his or her previous turn. Four types of discordances were found: (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 ($n = 22$).

Next, what followed the discordances in the client's next turn was examined. These three turn successions (client–therapist–client) were named *discordance sequences* and classified in terms of 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). Table 3 below shows the discordance sequences based on the initial discordance (first turn client, second turn therapist) and the client's third turn that closed the sequence. The first two columns show the initial discordances, first on the agency dimension and below it, on the reflectivity dimension. What follows discordances in the client's next turn is displayed in the third column.

Altogether, there were 55 pairs of talk turns (client–therapist) including discordances in the data. There was one such discordance which was not followed by the client's turn, hence there is one less discordance sequence than the number of discordances. In 20 discordances the agency ascription of the client and the therapist mismatched on the agency as well as on the reflectivity dimension, so these discordance sequences are counted twice in the table. Of all the discordances, 30 contained an agency discordance and 45 a reflectivity discordance.

Specific attention was directed at the discordance sequences on the reflectivity dimension, that is, at those sequences where the discordance between client and therapist occurred on the reflectivity dimension. In the reflectivity dimension, there were four types of discordance sequences. Their distribution among the therapeutic dyads was studied, and it was found to be partly uneven. The analysis focused on the largest and theoretically most unexpected one of these, Becomes nonreflective, where the clients first observed and reflected on their ways of acting and thinking, but after the therapist's nonreflective positioning, lost their reflective stance to the problem and positioned themselves with a nonreflective tool. The therapists' turns in these sequences had different functions and

TABLE 3   Discordances and discordance sequences on the agency and reflectivity dimensions

The Initial Discordance		Turn 3 (client)	Type of Discordance Sequence	Sum of Discordance Sequences
1: client's NAT[a]	2: therapist's AT[b] *n* = 27	3: client's NAT *n* = 16	Remains nonagentic	
		3: client's AT *n* = 11	Becomes agentic	
1: client's AT	2: therapist's NAT *n* = 3	3: client's NAT *n* = 2	Becomes nonagentic	
		3: client's AT *n* = 1	Remains agentic	according to agency *n* = 30
1: client's NRT[c]	2: therapist's RT[d] n = 23	3: client's NRT *n* = 14	Remains nonreflective	
		3: client's RT *n* = 9	Becomes reflective	
1: client's RT	2: therapist's NRT *n* = 21	3: client's NRT *n* = 19	Becomes nonreflective	
		3: client's RT *n* = 2	Remains reflective	according to reflectivity *n* = 44

Note. [a]NAT = nonagentic tool, [b]AT = agentic tool, [c]NRT = nonreflective tool, [d]RT = reflective tool

they were therapeutically understandable to a different degree. The most common function was fact-collecting: the therapist asked questions about the client's concrete situation or actions. This study underlines the importance of therapists carefully considering when and how to ask such fact-oriented questions which, when formulated in a nonreflective way, potentially direct the client away from their reflective stance.

4 DISCUSSION

4.1 The main findings

This research examined the discursive constructions of nonagency (and to some degree, agency) emerging in the talk of clients and their therapists in the first session of nine long-term psychotherapies. In Study I, based on theoretical considerations and tailored discursive analysis of the session transcripts, a model of discursive construction of agency and nonagency was created. The 10 Discursive Tools Model (10DT) consists of 10 discursive means for the clients' self-ascription of agentic or nonagentic positions and for the therapists' other-ascriptions of agentic or nonagentic positions for the clients. These devices are referred to as agency or nonagency tools. The use of the nonagency tools was diverse, and the clients could not be categorized according to any patterns in their tool use. Moreover, the tool use was not dependent on the semantic content of the experiences in relation to which the clients constructed the nonagentic positions.

In Study II, the 10DT Model was used to analyze the problem formulations given by the clients as responses to the therapists' initial prompts and opening questions at the beginning of the first session. The 63 problem formulations found were classified into 10 categories. The problems became constructed in three main ways. In Formulation Categories 1 to 3 (nonagency primarily constructed with NATs 1–2), the problem became displayed as some "outer" phenomenon; in Formulation Categories 4 to 8 (nonagency primarily constructed with NATs 4–6), the problem was the client's difficulty in managing his or her action; in Formulation Categories 9 and 10 (nonagency primarily constructed with NATs 7–8), the problem was depicted as entailing the client's understanding of his or her experiences, thoughts, situation, or relation to what was constructed as his or her problem.

The results of Study II offer further support to the findings of Study I, highlighting that the construction of nonagency is varied and detailed discursive work where different reflective positions are also constructed by clients. The

10DT Model was found to be a promising method in the detailed analysis of micro-scale discursive positions, and it offered a way to systematize and classify the clients' problem formulations.

In Study III, the 10DT Model was used in the analysis of discordances, those pairs of client–therapist talk turns where the dyad ascribed agency to the client in mismatching ways in terms of the agentic vs. nonagentic and/or reflective vs. nonreflective dimensions of the 10DT Model. What followed these in the client's next turn, the third one in the sequence, was analyzed, and these discordance sequences were classified according to the changes observed from the client's first turn to his or her last one in the sequence. Contrary to what is expected and wished to happen to clients' positionings in therapy, in most of the discordance sequences the direction was towards nonreflective and nonagentic ascriptions. Most often, the clients either started with nonagentic and/or nonreflective ascriptions and continued giving them, or, in case they started with an agentic and/or reflective ascription, they ended up giving a nonagentic and/or nonreflective one after the therapist's turn. Finally, the analysis focused on discordance sequences called Becomes nonreflective. In these the client was the one taking a reflecting or observing position in relation to his or her problems, but the therapist did not follow this approach, positioning the client in a nonreflective way. These sequences were overrepresented in the data and accumulated in one therapist's sessions.

Methodologically, this research showed the potential of the 10DT Model in analyzing the dialogical construction of agency and nonagency. The findings call for further attention in psychotherapy research, supervision, and education to a discursive understanding of the therapist's responsiveness in replying to the clients' constructions, and point to the usefulness of the 10DT Model in recognizing potentially problematic dialogical instances.

4.2   The 10DT Model and the variety of positions

In the 10DT Model, agency is conceptualized as a multifaceted discursive phenomenon expressed in assuming positions with the use of discursive tools. The 10DT Model implicates two different dimensions on which the agency and nonagency positions can be ascribed to oneself (self-ascription) or to someone else (other-ascription): agentic vs. nonagentic and reflective vs. nonreflective. It was found that the two dimensions are independent from each other. For example, change of the agency ascription from nonreflective to reflective, was not paralleled with a synchronous change in the agency dimension, and vice versa.

Table 4 shows, with examples from a session with Anna (the clients are referred to with pseudonyms), the four main forms of agency ascription: nonagentic nonreflective, nonagentic reflective, agentic nonreflective, and agentic reflective. In the utterance in the upper left corner, Anna's binge eating attacks are positioned as actively coming to her (nonagentic nonreflective). In the utterance in the upper right corner, Anna deems her calorie counting as foolish and thereby

positions herself as doing something senseless (nonagentic reflective). In the expression in the bottom left corner, Anna positions herself as launching the action of seeking therapy (agentic nonreflective). The utterance in the bottom right shows Anna positioning herself as having realized how socializing with friends could assist her in tackling her problems (agentic reflective). The table thus demonstrates how a discursive position can be agentic yet nonreflective or nonagentic but reflective.

TABLE 4 Agentic/nonagentic and reflective/nonreflective self-ascriptions

	Nonreflective	**Reflective**
Nonagentic	Now there have come real binging attacks. NAT2	And then I do actually have that goal that I should always survive with under 2,000 calories per day and it does happen on quite many days but then that is completely ridiculous because one needs at least 2,000 calories per day. NAT7
Agentic	For the past couple of weeks, it has felt good that I'm going to treatment. AT4	Then I realized that social life could be kind of like a medicine for this. AT7

Note. NAT = nonagency tool, AT = agency tool

In other words, the findings of this research show, in the form of the 10DT Model, how both agentic and nonagentic discursive positions can be reflective. Moreover, such reflective agentic and nonagentic positions can be taken in relation to the same experience, action, or situation. For instance, the client's self-ascribed position can present her as either understanding precisely why she binges and vomits (cognizance, AT7), or as not really comprehending such deeds (noncognizance, NAT7). However, in both cases—in the example of the agentic as well as of the nonagentic position in relation to her eating behavior—she would still be constructing a reflective stance. Additionally, the client can construct an agentic position with regards to something without the stance being reflective -an agentic nonreflective position. In that case, the client could, for example, display herself as able to start doing something wished-for or stop doing something she does not wish to do, but this would give the impression of mere reporting of her actions

without entailing any depiction of how she relates to her ability to influence her actions or what she thinks about such an ability.

The frequency of use of the nonagency tools had large variety among the different clients, but some clear tendencies were noticeable. The nonagency tool used most frequently by the majority of clients was NAT6, not modifying action, which was used in constructing a multiplicity of positions entailing difficulties in changing or adjusting one's way of acting. NAT2, other as actor, was the second most used tool. With it, a range of phenomena, from divorce to binging attacks, was constructed as acting as an independent agent that "comes" to the client and does things in or to him or her. Most importantly, all clients constructed positions with some of the reflective nonagency tools during their first session, assuming observing or pondering stances towards their experiences and situations. The clients could not be categorized on the basis of their tool use, that is, the uses of the tools could not be attributed to any distinguished personal style. It was also not observed any patterns in how the clients moved from one tool to another in the flow of the conversation. However, on a larger scale, some clients passed from predominantly nonreflective tools towards assuming more of the reflective ones during the course of the session.

In Study I it was observed that different tools were used in constructing the position in relation to the same problem, and conversely, the same tool could be in use in constructing the position in relation to a variety of different problems. Even the same client could speak about the same problem taking positions constructed with different nonagency tools, or use the same tool when positioning towards different issues. On a related note, the use of nonreflective and reflective tools was not distinguished based on the content of what the client presented as problematic. The nonreflective tools were not in use exclusively when the clients talked about circumstances, situations, or other matters that can be understood as existing outside the mental realm, and the reflective tools were not applied solely in speech considering thoughts or experiences. Thoughts and experiences could be presented as things or objects that have an existence independent of the client's mind, and events or circumstances could be reflected upon. In sum, the results did not suggest the soundness of any content-driven problem type or diagnosis-based classification of tool use patterns.

In discursive psychotherapy research, nonagency has previously been depicted as, for example, a position where one is unable to initiate desired actions or performs unwanted ones (Wahlström, 2006b), or as a position in which the client's chances to affect a situation and his or her actions are displayed as limited (Wahlström, 2016). In the 10DT Model, the notion of nonagency as a difficulty in initiating wished-for actions is best represented by NAT4, not initiating action. The notion of reduced action possibilities resembles NAT6, not modifying action. The eight other tools appear in different expressions of nonagency. The 10DT Model and the two preliminary studies using it as a method draw attention to the finding that displaying nonagency does not merely entail depictions of not being active or not being able to undertake some specific, concrete action. No-

nagentic positioning is much more than a presentation of a lack of action or activity; it is an active discursive deed comprising of a variety of possible discursive positions. The nonagency tools and their characteristics do not merely represent the lack of something, understood linguistically or otherwise. With the agency and nonagency tools, a wide range of linguistic and grammatical possibilities was employed to construct specific discursive positions. They represent varied ways of, for example, positioning something or someone else as the actor instead of oneself, evading the speaker's responsibility, or describing the speaker's ways of acting or thinking as problematic. All of these things can be done in very short expressions, occasionally with just two or three words.

There are resemblances between the tools and more psychological notions, but direct parallels should not be assumed. NAT3, exteriorization, entails a description of the client's problem as existing as an outside object, and the client is most often depicted as possessing this thing-like issue. In narrative therapy, "externalizing the problem" refers to a therapeutic process where the clients' problems are, in a discursive sense, transformed from intrinsic qualities to something distinct and external to the clients (White & Epston, 1990), enabling people to separate themselves from the problem (Carey & Russell, 2002). McLeod (2004) claims that this strategy invites the client into the position of an active agent who is separate from the problem and able to control it. The context and meaning of externalizing understood as a therapeutic strategy during the course of therapy is naturally different from the momentary discursive position expounded by NAT3. NAT3 is in use in the construction of such discursive positions where it is not denied that there is a problem and where this problem is not presented as dominating the client (as is the case with NAT2). NAT3 represents treating one's own experiences and thoughts as outside entities and entails a low level of reflection. Externalizing as defined in the context of narrative therapy, however, is a different level concept and could potentially be performed with a combination of many of the tools of the 10DT Model.

The question of intentionality is an interesting one in terms of the "use" of the agency and nonagency tools. In this dissertation and in the original publications, the aim has been to be careful with the verb *use* when referring to how the tools appeared in the talk of the clients and therapists in order to avoid suggesting that the adoption of tools is intentional. It can be speculated that in some instances the clients do intentionally use a certain expression when depicting their experiences, such as when constructing a reflective position with verbs such as *know* or *notice* or other words referring to specific mental operations. However, it is beyond the scope of this dissertation to say when the use of a tool is intentional and when it is a more random adoption of a certain discursive resource. It is likely that both intentional and arbitrary adoption of discursive means is occurring in the data to differing degrees. In addition, whether the client and therapist speak the language or the language speaks them is a matter of interpretation and a product of the evolution of the momentarily changing, situational and context-bound functions of discourse. Hence, the client intentionally positions him- or herself (i.e., comes to use what has here been termed tools) as well as becomes

positioned by the discursive practice he or she has unintentionally assumed and by the therapist other-positioning him or her.

These results form an interesting contrast to quantitative research, where agency has often been conceptualized as a psychological mechanism or capacity (see, e.g., Huber et al., 2018). In all the studies of the present research, there was observed multifacetedness in the construction of the agentic and nonagentic positions and variety in how the tools appeared in different combinations with each other. All in all, the results of this research do not support depictions of agency as something trait-like or as a dimension of psychological functioning which people can possess to differing degrees.

4.2.1 Dimensions of agency and reflectivity

In previous literature, reflectivity (or reflexivity) has been argued to precede and enable agency (Penttinen, 2017; Rennie, 2004, 2010). However, according to this research, agency and reflectivity are two independent discursive dimensions. The client's self-ascription of agency changing in subsequent expressions on one dimension was not paralleled with a change on the other dimension. The 10DT Model suggests the client can take a reflective position that is either agentic or nonagentic, or a nonreflective position that is, likewise, either agentic or nonagentic.

The 10DT Model includes two dimensions of agency which are both twofold: agency vs. nonagency and reflectivity vs. nonreflectivity. In the 10DT Model, agentic and nonagentic tools are presented as categorical: an expression is either agentic or nonagentic and either reflective or nonreflective. There are, of course, linguistic nuances that are not captured by these dualisms. However, for the clarity and usefulness of the 10DT Model, such a division is most functional and also best reflects the actual differences in the linguistic displays of being-ableness versus not-being-ableness and taking an observing viewpoint versus merely stating things.

Using different notions, it has been claimed that assuming a metaposition, observer position, or a symbolic stance in relation to one's own thoughts and experiences is essential in assuming the stance of the author of one's own life (Gillespie, 2012; Gonçalves, Matos, & Santos, 2009; Hermans, 2003, 2004a, 2004b; Kögler, 2012; Leiman, 2012a). In the 10DT Model, there are four different tools with which reflective positions of varied kinds can be ascribed. They entail looking at one's own thinking, previous positioning towards something, one's life story or other people's perspective towards oneself from an observing, pondering, or critical perspective. Recently, Penttinen (2017) has observed therapy clients presenting two levels of reflectivity, one referring to how a person recognizes his or her own internal processes and another to how the person addresses and observes his or her own interpretations of these experiences. In terms of the 10DT Model, both of these varieties of reflectivity could be presented with several different nonreflective as well as reflective tools. Most importantly, expressions that could be interpreted, in a more psychological sense, as the client recognizing his or her internal processes, were occasionally presented with nonreflective tools.

In such expressions these internal processes were placed as, for example, grammatical subjects doing things independently.

Previous literature has offered several concepts that come close to or parallel reflectivity, including affect consciousness, mentalization, metacognition, mindfulness, psychological mindedness, self-monitoring, self-consciousness, and theory of mind (Bateman & Fonagy, 2013; Choi-Kain & Gunderson, 2008; Dimaggio & Lysaker, 2010; Lysaker et al., 2010; Penttinen, 2017; Rennie, 2004, 2007, 2010; Semerari et al., 2007). A thorough review of the multiplicity of these neighboring notions can be found in Valkonen's (2018) research on self-observation of clients with borderline personality disorder. With these terms, such expressions which could be interpreted as reflective discursive positions according to the 10DT Model, are conceptualized as mental processes, capacities, or abilities. In the present research it was shown that no psychologization of the concept of reflectivity and no notion of any presupposed mental processes was necessary for a thorough description of the clients' various ways of being in an observing or pondering relation towards their experiences, actions, and situations. However, parallels with these more psychological concepts can be drawn.

Asen and Fonagy (2012) argue that mentalization entails the acknowledgment that one can never have complete knowledge of what other people are thinking and that the same process or phenomenon may appear very different from different perspectives. The most reflective tool in the 10DT, presumptive positioning of others/perspectival positioning of others, resembles this notion. The nonagentic version of the tool (presumptive positioning of others) entails the client presenting his or her view of the other person's perspective as a certainty, but the moderation in terms of one's capacity to know someone else's mind is implied by the agentic version of the tool (perspectival positioning of others). With it, the client presents oneself as taking into account the other person's perspective without assuming to fully know it, thereby positioning him- or herself towards the other person as in an open dialogue.

The clinically most interesting aspect of the model might be nonagentic reflectivity, displayed with the NATs 7 to 10. It can be viewed as a central discursive resource of the therapy clients who are expected to display themselves as nonagentic in some respect, in order for the seeking of therapy to make any sense, but who with these tools can simultaneously present themselves as therapy-ready, able and willing to reflect on their problems. Presentations of not-being-ableness given using reflective tools were often quite interesting and rich elaborations on how the clients found themselves not knowing or understanding something or looked at their previous ways of acting or their whole life story from a distanced, critical perspective.

Mackrill (2009) argues that, from the perspective of existential philosophy, agency concerns the will to act differently from others, thus, nonagency could be conceptualized as becoming absorbed by other people's perspectives. Such aspects did not evolve from this data as a separate display of discursive agency or nonagency, but they could potentially be expressed with a combination of vari-

ous tools. For Rennie (2000), nonreflexivity is being out of self-awareness, absorbed in thought or behavior, as opposed to reflexivity defined as turning attention to oneself. However, paying attention to oneself does not necessarily translate into a discursively reflective presentation of such an act. In addition, in the 10DT Model, nonreflectivity is not constructed as a mere absence of awareness, but as discursive constructions where the client is the object or in the position of reporting about his or her experiences and actions without looking at them from an observing point of view.

Analyses conducted with the 10DT Model show that clients can produce presentations where, psychologically speaking, they are giving accounts of their experiences and ways of acting, but discursively speaking, they do this with nonreflective tools. For instance, the client might be describing her depression, using several psychological expressions in talking about her experience and action, and do all this without taking a discursively reflective point of view, as understood in the 10DT Model, in relation to her experiences. Instead, she might stay at a reporting, describing level, painting a detailed picture of how she feels and what she does, but constructing merely nonreflective positions.

The 10DT Model does not imply hierarchy among the agency and nonagency tools in the sense of some being in some way "better" or more advanced than the others. The reflective tools, for instance, should not be understood as more important than the nonreflective ones. The model is best used as a means to invite clinicians to pay attention to the variability among the tools, not as a guideline on what kind of tool use is to be encouraged or discouraged.

The 10DT Model in its totality describes the varieties of agency display, comprising the dimensions of nonagency–agency and nonreflectivity–reflectivity. Thus, the term agency is used both as an umbrella term for the variety of presentations of agency as being-ableness and as reflectivity and to refer to the dimension of being-ableness as opposed to not-being-ableness. In this dissertation as well as in the original articles, such short definitions of agency and nonagency as mastery in some realm of one's life versus its loss have been used, but they are limited in capturing the true sense of agency and nonagency. A better definition of agency and nonagency would be to say that, discursively, they are a collection of expressions of experiences concerning being-ableness versus not-being-ableness in relation to something.

4.3   The variety of the problem formulations

In Study II, the 63 problem formulations found and categorized into 10 different categories demonstrate the variety of tool use from another perspective. The formulation categories where nonagency was primarily constructed with a nonreflective tool (Formulation Categories 1 to 8) differed qualitatively from the categories based on reflective tools (Formulation Categories 9 and 10). The formulations where nonagency was mostly constructed with nonreflective NATs gave the impression that the clients merely reported their experiences "with little sense

of subject" (Kennedy, 1997 p. 557). The formulations where the main tool was a reflective one, displayed the client's position of not knowing or not understanding as the problem. In them, the clients came to present themselves as having done therapy-relevant work on their own before starting therapy. NATs 1 to 8 were all in use in the formulations at least once. In most problem formulation categories, there were agentic and/or reflective tools in use in some of the formulations. However, NATs 9 and 10, the two most reflective nonagency tools, were not in use in any problem formulations. In sum, the clients' very first problem accounts consisted of varied problem formulations where also agentic and reflective tools were quite often in use in constructing positions.

The way the nonagentic position was ascribed was not in any way determined by the semantic or psychological content of the formulations. The clients could ascribe themselves both an agentic and a nonagentic position, and a reflective and a nonreflective one, in relation to the same problem. All clients gave formulations from at least two different categories, and one client gave formulations from six. Six clients gave at least one problem formulation from the categories 9 or 10, that is, a formulation where the primary position was constructed with a reflective tool. The variety of formulations was too large to suggest the plausibility of any classification of the clients according to them.

However, some grouping of the clients could be made. There were three clients—Mari, Arja, and Risto—who gave no formulations where nonagency would have been constructed with a reflective tool. Interestingly, all these clients were of a different age and background and moreover, presented different kinds of problems. Mari talked very little whereas Arja and Risto gave long problem accounts, describing their problems in psychological terms, yet without taking any positions with reflective tools. It is also worth noting that both Arja and Risto emphasized that they had received different kinds of treatments earlier: Arja had gone to psychotherapy for two years and had, in her own words, worked with 10 different psychologists, and Risto had, for example, extensive experience of going to doctors and actively participating in AA meetings. This self-ascribed status as an experienced client did not translate into them taking a reflective position towards their problems when responding to their therapists' initial questions. Moreover, the psychological and psychiatric vocabulary that appeared in Risto's and Arja's constructions also seemed to be connected to nonreflective rather than reflective ways of constructing their problems. The results implicate that having experience of different kinds of treatment, being knowledgeable of diagnostic terms and able to explain oneself psychologically, is not necessarily related to clients taking reflective positions on their issues in the discursive sense. Mari, a college student suffering from social phobia, had a different disposition. She was sceptical of what kind of change in her life could be achieved by going to therapy. She struggled with taking reflective positions throughout her session with two therapists, one very experienced and another a trainee. The session was characterized by the experienced therapist's unsuccessful attempts at inviting the client to take a reflective position.

For contrast, there was one client, Laura, who gave problem formulations from more categories than any other client and thus used a large variety of tools, including reflective ones. However, Laura's expression was disjointed and did not give the impression that she was familiar with talking about psychological matters or particularly smooth in explaining herself, and nor did she present herself as having any previous experience with therapy. However, she used a large variety of tools and took a reflective position in relation to her experiences several times during the first session. When analyzed with the 10DT Model, her expressions showed her as ready to do reflective work and take multiple different discursive positions of agency and nonagency.

The variety of clients' problem formulations invites therapists to different kinds of therapeutic collaboration. The challenge presented for the clinicians is to hear beyond what is displayed as the problem and focus on the positioning itself. In Formulation Categories 9 and 10, nonagency is primarily constructed with reflective tools, meaning that the suggested problem concerns the client's thinking in terms of his or her problem. This often gives the impression that the client has already worked on his or her problems and is inviting the therapist to start co-working on them. In Formulation Category 10 (poor dealing with problems), the client is explicating what has not worked and thus presents a rather advanced invitation for the therapist to reflect with him or her on more constructive stances to the problems.

4.4   The problem formulations and the change process models

The problem formulations with their depictions of failing agency had convergences with how the client's stance at the outset of therapy is presented in the change process models of Assimilation of Problematic Experiences Sequence (APES), Innovative Moments Coding System (IMCS), and General Change Indicators (GCI). They all imply that the clients' first challenges either before coming to therapy or at the very beginning of it are to recognize and admit the existence of a problem and formulate it clearly (e.g., Fernandéz et al., 2015; Gonçalves et al., 2011; Krause et al., 2007; Stiles et al., 2006). The notions bear resemblance to Formulation Category 1 (questioned issue), where the client mitigated the therapy-relevance of her problem. This type of formulation appeared only once, in Anna's session, and was accompanied by her other problem formulations representing altogether five different categories. In this context, questioned issue can be taken as Anna presenting it as one of her problems that, despite severe physiological symptoms and the worry of people close to her, she still does not feel her eating problem is a reason to come to therapy.

APES level 1 (unwanted thoughts) resembles Formulation Categories 2 (circumstance) and 3 (active phenomenon), where with NAT2, the client takes the position of an object in relation to a situation or experience depicted as existing outside his or her mental realm. APES level 3 (problem statement/clarification) corresponds to Formulation Categories 4 to 8, where the formulation considers

some aspect of the client's concrete action, and the primary position is taken with the action-centered tools NAT4 (not initiating action), NAT5 (not stopping or curbing action) and NAT6 (not modifying action). The problem formulations constructed with reflective tools (Formulation Categories 9 and 10), again, have resemblances with APES level 4 (understanding/insight).

Despite its undeniable clinical usefulness, the APES model does not provide much insight into the process of position construction. In addition, the scale is different in APES and the 10DT Model. The 10DT Model enables analyzing momentary discursive phenomena in a detailed fashion and thus approaches therapeutic conversations from a different perspective than the APES, which conceptualizes the whole process of therapy as gradually advancing from one level to another.

The IMCS defines "innovative moments" (IM) as new intented actions deviating from what the problematic narrative compels the client to do (Gonçalves et al., 2012; Gonçalves et al., 2010). This conceptualization comes close to positions constructed with agency tools, where the clients expressed what they had been able to do and think despite the problem. New perceptions diverging from the old problematic ones were often displayed with reflective NATs as well, used in constructing a pondering or critical stance towards a problem.

The IMCS divides the moments of new action and understanding into two levels, taking distance from the problem and focusing on the change process itself (Gonçalves et al., 2017; Montesano, Oliveira, & Gonçalves, 2017). On a related note, the 10DT Model's division of tools into nonreflective and reflective ones is mirrored in the problem formulation categories being divided into nonreflective ones, describing the problem, and reflective ones, observing the problem. The problem formulations involving reflective tools resemble many of both level I and level II IMs. IM Protest I (objecting the problem) and IM Reflection I (new ways of understanding about the problem, its causes and implications) resemble Formulation Categories 9 (not knowing/misconstructions) and 10 (poor dealing with problems). In them, reflective positions are taken towards one's thinking and acting, and the clients display, for example, having realized how they have previously misunderstood their problems or present their earlier unsuccessful attempts to cope with them. Out of the level II IMs, IM Reconceptualization (metareflective understanding of one's process of transformation from the past self to the present self), resembles to some extent Formulation Categories 9 and 10. In some of these formulations, the client constructed a small-scale change process, taking a critical position from which a difference was seen between how he or she understood the problem before versus after deciding it was time to seek therapy or between how he or she had previously tried to cope versus the new understanding of how the coping strategies contributed to the problem. Already at the beginning of therapy, clients presented change processes in the form of retrospective mini-accounts of their understanding and coping as parts of their problem formulations.

The first seven change indicators of the GCI model include accepting the existence of a problem that one needs help with and recognizing one's own participation in creating the problem (Krause et al., 2007). In Formulation Category 1, questioned issue, the client questioned the existence of a problem that needs to be worked on. In Formulation Categories 2 and 3 (circumstance and active phenomenon), the client admitted and described a problem that was, however, verbalized as a phenomenon existing outside him or her, and did not admit the problem in the sense of treating it as something he or she would create or maintain him- or herself. In the reflective Formulation Categories 9 and 10, the client more clearly displayed his or her role in creating or sustaining the problem by his or her own lack of understanding, false notions, or problematic coping attempts.

The IM of action underlines new intentional actions diverging from what the problematic narrative impels the client to do (Gonçalves et al., 2012; Gonçalves et al., 2010) and in the GCI model, change indicator 10 refers to the appearance of feelings of competence (Krause et al., 2007). Both resemble positions taken with agentic tools in the middle of the problem formulations in most categories. In such positions, the clients expressed their being-ableness despite the problem. New understanding was also often displayed by reflective tools, taking a critical or wondering position towards a problem.

The change process models show what the clients' expressions of their problems at the outset of therapy look like when placed in one category in relation to what is happening on the continuum of the whole therapy. As the stages or moments of change are defined in a generic, large-scale form, it is not surprising that the research on the models often indicates that moments of reflectivity emerge first from about the middle phase to the end of therapy (Gonçalves et al., 2014; Gonçalves et al., 2010; Krause et al., 2007; Matos, Santos, Gonçalves, & Martins, 2009). It has been stated that the change is nonlinear and clients may begin therapy at any point of the depicted stages (Caro Gabalda, 2006; Krause et al., 2015; Pérez-Ruiz & Caro Gabalda, 2016). Varying degrees of assimilation in terms of different experiences can be seen in the same passage in the client's speech (Stiles et al., 1992). However, the capacity of the process models to describe the starting situation of therapy in a detailed manner seems rather narrow, and they are probably better in illustrating changes that occur during the therapeutic process. The variety of the problem formulations does not support the implicit assumption of the change process models that the client cannot adopt a distanced observing viewpoint to the problem or assume an actively agentic stance in relation to it right from the start of therapy.

As the clients were all relatively well-functioning and perhaps different from many other client populations in counselling and therapy (e.g. they all had voluntarily sought therapy at a university-based psychotherapy clinic), it is possible that the results show the clients adopting more reflective and agentic positions to their problems than other kinds of clients would have done. However, as there was no observable relation between the psychological issues the clients presented and their self-ascriptions of agency and nonagency in this data, such a conclusion cannot be directly drawn. The 10DT Model invites paying attention

to discursive detail in the clients' talk irrespective of the clients' supposed "condition", thus making it possible to notice small expressions of agency and reflectivity that the larger scale process models do not recognize.

4.5   The Becomes nonreflective sequences

In Study III, the analysis focused on discordances and discordance sequences. The theoretically most unexpected sequence entailed the client taking a reflective position towards an action, experience, or situation, and the therapist not responding to this but positioning the client in a nonreflective way, followed by the client's nonreflective self-positioning in the third turn. In these Becomes nonreflective sequences, five different functions of the therapists' turns were found, the most common of them being fact-collecting. In those turns, the therapists asked questions about the clients' concrete actions and situations, giving the impression that the therapist's aim was to form a general view of the client's situation instead of orienting to the client's actual ponderings. As a consequence of these turns, the client gave a simple fact-focused response to the therapist's turn, and the client's initial focal point on his or her thoughts was relocated and placed onto his or her concrete situation or actions.

In the Becomes nonreflective category, there were five such discordances where the therapist changed to another topic after the client's turn. The function of the therapist's turn in all these was fact-collecting, and all were delivered by the same therapist. In other words, in these sequences, the topic change was associated with a fact-collecting agenda, and with missing the client's initial reflective self-ascription. Interestingly, such discursive moves were not connected to the therapist using professional discourse but were delivered using everyday language and matter-of-fact questions. Thus, these problematic instances of therapeutic dialogue took place in subtle discursive ways detectable with the 10DT Model.

In total, 12 of the Becomes nonreflective sequences appeared in the sessions of the same therapist. This particular therapist tended to ask matter-of-fact type questions and make commentaries which disregarded the client's observing and reflecting perspectives and focused on the more concrete content of the client's previous turn. This way of relating to the clients' turns was seen in the first session of all three clients the therapist worked with, despite the clients being different and presenting different kinds of problems and ways of positioning in relation to them. Half of the Becomes nonreflective sequences of this therapist occurred with the same client. This client suffered from binging and purging and identified her problem as an eating disorder. She offered plentiful reflective positions for the joint discussion, looking at her thoughts and actions from a critical, pondering, or questioning viewpoint. The therapist focused on issues such as the amount of calories consumed and vomited, the client's self-set limits for daily calorie consumption, and the maximum number of days she had been able to go

without vomiting. The focus on the physical side of the client's problem was exercised in a nonreflective manner despite the client herself offering reflective stances towards both the bodily, concrete side of her distress and her thoughts and feelings regarding it. The therapist's fact-related questions were formulated in such a manner that the client was practically invited to give only very short, matter-of-fact replies including a nonreflective positioning, and it would have been challenging for her to provide a response including a self-ascription of a reflective position. Moreover, considering the nonequal relationship between client and therapist, the client is not in the conversational position of being able to easily disregard the therapist's questions, no matter how much they divert him or her away from his or her originally assumed reflective positions.

All of the clients offered reflective self-ascriptions already in their first session, creating the impression that they were quite prepared to start working on some aspects of their problems from a reflective standpoint, but this went unnoticed by the therapists in a rather unexpected number of instances. If the client originally approached a specific topic or way of acting or experiencing by giving reflective ascriptions, and this approach was missed by the therapist, reflective tools were no longer used in constructing a position in terms of this topic if it was re-introduced to the discussion later. Hence, it is important that the therapists are sensitive in picking up the reflective positions and possibly constructing them further in their own talk.

In some of the Becomes nonreflective sequences, the therapist not picking up the client's reflective position can also be viewed as a conversational move related to the therapist intending to end the session. Nonreflective tool use in discordances potentially serves different interactional agendas and therapeutic goals, an area which is beyond the detailed discursive analysis that can be conducted with the 10DT Model.

The most usual function of therapists' turns in these sequences was collecting facts, which can be one of the therapist's important conversational tasks. However, the fact-collecting stance of the therapist can be implemented in a form that leaves unrecognized the discursively reflective potential of the client's prior turn. An uncritical focus on collecting facts of the clients' concrete situation and action with questions that do not position the client in a reflective relation to his or her experiences may have unintended negative consequences in terms of the client losing his or her original reflective stance. One proposal is that therapists consider the possibility of making fact-focused questions and comments in other places in the conversation than immediately after the client's reflective self-ascriptions. Moreover, it is also possible to formulate fact-focused questions so that the client is positioned in a reflective way, though this was a rather sporadic occurrence in the data.

The Becomes nonreflective category highlighted interesting questions concerning the therapists' skills and therapeutic interaction. Many of the therapist responses in this category can be viewed as examples of an unsuccessful tracking of the clients' emotional meaning-making processes, pointing to the possibility

that the discordances highlight a previously unnoticed discursive aspect of therapeutic empathy. It is probable that at least some of the nonpreferable responses, including several of those that had a fact-collecting function, can be viewed as representing the amateurish attempts of inexperienced therapists, and it is not suggested that such responses are an unavoidable element of psychotherapeutic conversations per se. For example, fact checking can be performed in different discursive ways, but in this research, in fact-oriented questions the clients were often ascribed positions constructed with nonreflective tools, and these questions were posed in problematic instances in the conversations, right after the client had produced a reflective self-ascription. It remains to be studied whether this is something that developing therapists are more prone to do than experienced ones.

4.6   Reconsidering some common assumptions about the therapeutic dyad's roles

The variety of use of the nonagency tools observed in Studies I and II suggests that the clients did not answer in any uniform way to the call of presenting themselves as a therapy client. The tool use showed they had a multilayered and partly ambivalent relation to this basic situational task. Even when presenting nonagency, the clients occasionally did this in a way that made clear they were still doubtful of whether they are in need of therapy. For example, Anna constructed both a mitigating position towards her eating problems with NAT1 (dismissing), questioning the relevance of therapy in the first place, and took varied reflective positions, especially with NAT7 (noncognizance), displaying herself as critical of or not understanding her eating behavior.

The findings of this research also provide interesting contradictions to some of the common assumptions held in the psychotherapy literature. There is a notion that clients come to psychotherapy restricted by their problems, somehow immersed in them, or in an object position with regard to them (Leiman, 2012a, 2012b; Gonçalves et al., 2014; Honos-Webb & Stiles, 1998; Montesano, Oliveira, & Gonçalves, 2017; Stiles et al., 2006; Todd, 2014). The 10DT Model contains just one tool (NAT2, other as actor) with which such an object or subjugate position can be constructed. Presenting oneself as the victim of experiences that act as agents of their own was one discursive position clients assumed in their first therapy session, but only one. Moreover, the concept of object position implies that the client cannot regard the problem from a reflective stance, which is assumed to evolve only during therapy (Leiman, 2012a). Similarly, the APES and IMCS models imply that reflectivity is mostly not present in a client's stance at the beginning of therapy (Gonçalves et al, 2014; Gonçalves et al., 2012; Gonçalves et al., 2010; Stiles, Honos-Webb, & Lani, 1999; Stiles, Shankland, Wright, & Field, 1997). In Study I, it was observed that the clients took a variety of reflective positions, shown in the 10DT Model as four different reflective tools. In Study II, it was

found that even though the clients did occasionally formulate problems where they positioned themselves as being overpowered by their issues - in Formulation Categories 2 (circumstance) and 3 (active phenomenon) - even in these formulations, the clients sometimes constructed positions with agentic and reflective tools, thereby obfuscating the object position. In Formulation Categories 9 and 10, the nonagentic position was primarily constructed with a reflective tool, displaying the client as looking at the problem from a critical or pondering position. All clients used some reflective tools at some point in their first session.

According to the findings of this research, constructing nonagency is a much more varied and multidimensional enterprise than simply assuming an object position to an alien-like experience. The conceptualization of object position grasps only one aspect of clients' discursive problem construction, but there is variety in how such a position is discursively talked into being. The concept of object position is perhaps best understood as an umbrella term for a variety of nonagentic positions that form a fruitful discursive resource in psychotherapy.

As stated before, in psychotherapy research literature, the therapist is displayed as somehow discursively ahead of the client and in the position of helping the client to adopt an agentic or reflective position (Antaki, 2008; Karatza & Avdi, 2011; Leiman, 2012a; Leiman & Stiles, 2001; Ribeiro et al., 2013; Stiles et al., 2006; Vehviläinen, 2008). In the depictions of problematic instances in therapeutic dialogues, it is the therapist who models reflectivity to the client, inviting him or her to take new perspectives, but the client does not pick up this invitation (Coutinho et al., 2011; Leiman & Stiles, 2001; Penttinen, 2017; Voutilainen, Peräkylä, & Ruusuvuori, 2010; Zonzi et al., 2014). The assumption is also that the clinicians usually optimize their interventions by adapting to situations and that they are attempting to do "the right thing at the right time" (Kramer & Stiles, 2015, pp. 278). The results gained using the 10DT Model provide a different picture, because they show how clients assumed reflective positions in relation to their experiences, but the therapists surprisingly often left these pondering perspectives unnoticed and, in a sense, did not use what the clients offered.

The results of Study III propose a discursively detailed perspective on the concept of zone of proximal development in therapy. The discordances can be viewed as instances where the therapist is, discursively speaking, delivering agency ascriptions that are below or above the therapeutic zone of proximal development (Leiman & Stiles, 2001). Zonzi et al. (2014) have analyzed a client's capability to assume a malleable reflexive position to the problem and jointly observe possible alternatives with the therapist in terms of a problem's current zone of proximal development. They argue that the TZPD is content dependent, and differing breadths of the TZPDs of different problems manifest as varying abilities to play with the therapist's formulations. However, according to the findings of this research, the client can assume different positions in relation to the same problematic content, and the semantic or psychological content of the client's experiences and situations do not predetermine the client's positioning towards them.

The results also suggest the plausibility of a more discursively informed understanding of responsiveness, not seeing it as referring exclusively to the content of the therapist's turns but also to their formal, discursive quality and to the discursive positions ascribed to the client. Moreover, the results point to the usefulness of understanding responsiveness as a phenomenon that takes place in short moment-to-moment instances that do not necessarily last for more than a couple of seconds. On a related note, Stiles (1999) has pointed out that responsiveness may take place on a time scale of a few tens of milliseconds.

Therapists are discourse users whose institutionally ascribed power makes it all the more important that they are sensitive to language and receptive to the client's responses to be able to invite the client to different positions (Buttny, 2004; Drewery, 2005; Mudry et al., 2015; Penttinen, Wahlström, & Hartikainen, 2017; Stiles, 2001, 2009; Sutherland et al., 2013). In this way, therapists' responsiveness in the discursive sense is highlighted (Friedlander, 2012; Kramer & Stiles, 2015; Stiles, 1999, 2001, 2009; Stiles, Honos-Webb, & Surko, 1998; Stiles et al., 2006). The exploration of the details of therapeutic conversations enables therapists to become more reflective and make more creative and collaborative use of the conversational practices of therapy (Mudry et. al., 2015). This research shows the potential of the 10DT Model in shedding light on the micro details of therapeutic conversations while emphasizing the variety in the discursive positions adopted by clients. It also underlines the possibilities just one talk turn offers to open or close reflective agency ascriptions for the clients. Clinicians are encouraged to listen beyond the content, the *what* the clients talk about, and pay more attention to *how* clients talk and how they construct positions towards various experiences and situations.

4.7 Evaluation of the research

4.7.1 Limitations

One of the limitations of this research is the number of clients in the data. However, for a labor-intensive qualitative study, nine sessions from nine clients is not a small number, and still allows an intensive and detailed study of the construction of agency and nonagency. The clients were of different ages and backgrounds and reported a variety of problems in their call when booking the session. The heterogeneity of the clients in these respects can be viewed as both limitation and strength. However, in some respects the data was very homogenous, as only one of the clients was male, and all clients were Finns. Figuring out whether there could be identified a gendered approach to nonagency construction would require growing the data set with therapies with male clients. The same applies to non-Caucasian individuals. The clients are also not representative of psychotherapy or counselling clients in general, since they were self-referred for therapy taking place at a university psychotherapy clinic. It can be argued that the clients were better functioning than many, if not most, counselling

or therapy clients, which poses its own limitations on the findings. Moreover, all of the therapists were trainees except for one experienced therapist working in tandem with a trainee. Hence, the representativeness and the generalizability of the findings is limited.

The 10DT Model has so far been constructed based on the analysis of transcripts of only the first sessions of individual psychotherapies. In addition, the construction of the 10DT Model was mostly based on analyzing the nonagentic positions ascribed to the clients both by them and the therapists, and the agentic tools have not been as systematically analyzed or presented in the original articles to an equal extent. Thus, the model needs to be studied further, based on, for example, several sessions of the same therapy throughout the whole therapy process. Especially the agentic half of the model needs more research. It is possible that further research would generate more tools to be included in the model, or that the use, function, and frequency of the tools would be found to be different later on in therapy or in other kinds of therapies with different kinds of clients. More specifically, it can be speculated that the clients' use of nonagentic and nonreflective tools would decrease and the use of agentic and reflective tools would increase as therapy progresses. Moreover, the development of a detailed description of the linguistic features associated with particular agency and nonagency tools and instructions on how to recognize the different agency and nonagency ascriptions in the data and assign them the correct tool from the 10DT Model was outside the scope of this research. The model has not been reliability tested, and the lack of a coding instruction also means that for now, it would be very challenging for any other researcher than me, the author of this dissertation, to conduct analysis with the 10DT Model.

The specific limitation of Study II is that the problem formulations were extracted from the first problem accounts of nine clients, meaning that the data based on which the formulation categories were created is not large. The particular limitation of Study III is that three talk turns give a limited view of the mismatching pieces of dialogue, and information on what took place in the conversation before and after the three turn sequences is missed. The sequences were studied in only one session of each client. It can only be speculated that the discordances are perhaps qualitatively different later on in the therapy process, because the therapists may be more attuned to delivering reflective interventions and less inclined to have a fact-collecting agenda. In addition, most of the therapist-participants were trainees, so due to not having much experience with psychotherapeutic work they might have been less sensitive to acknowledge the clients' reflective positions and more prone to construct positions that were therapeutically less understandable.

The value of the qualitative methodology applied in this research resides in its capability to highlight the micro level of how nonagency and agency become constructed in the therapeutic conversations. However, in constructing the 10DT Model, a variety of discursive expressions from altogether sixteen people (nine clients, five trainee therapists, one experienced therapist, and one psychology student, who talked with the client at the end of one session) were classified into

categories of discursive positioning. This entailed deciding which linguistic details to focus on, and hence a degree of filtering and losing some of the richness of the original expressions occurred, as in any attempt to classify linguistic data. No model can ever capture the true variety in how people produce different positions in language, and already as such, consisting of 10 tool pairs, the model can be criticized for being complicated. However, the 10 nonagency tools were clearly distinguishable from the data, and the variety of the expressions could not be adequately captured with less.

In terms of language, this research can be regarded as limited in two ways. The linguistically detailed analysis included in the construction and application of the 10DT Model was performed on Finnish transcripts that were later translated to English, and the analysis results were conceptualized and presented in English. The grammatical differences of these two languages did not cause problems when systematizing the model, but how the model works on originally English material or data in other languages remains to be seen. I and the two other authors of the original papers were not writing in our mother tongue but in English, which can be regarded as a limitation because reporting is part of the analytical process.

The data format, being verbatim transcripts, had the advantage of less concern about researcher intrusion into the data (Frith & Gleeson, 2012). I, as the researcher, did not take part in forming or collecting the data which consisted of therapy sessions audio- and videotaped years before this research started. As I was not the therapist in any of the sessions, I was able to read the transcripts from a more distanced perspective. However, it is unavoidable that the researcher with her personal notions becomes part of the whole process—the reading, the analysis, and the findings. The analyses were started by me alone, but were always triangulated with those of my supervisors, the second and third authors of the original publications. The analysis, selections from the data, and the presented extracts are based on my reading or, more typically, on a consensus between me and the other authors. The validity of this research relies on a thorough description in the original articles of how the analysis was conducted, the triangulation of readings between all authors in consensus meetings, and acknowledging the impact of the researcher's subjectivity in the construction of the results.

From an ethical standpoint, one limitation is that the data of this research were collected years ago, and the client-participants were not contacted to show them how the information they provided was used, by whom, and how it appears in the final articles (Thompson & Chambers, 2012). However, it is the language use of the clients that was the focus of interest, not the semantic content of their talk, even if such a distinction is an artificial one. Attention was paid to make sure individual clients could not be identified in the data by using, for example, pseudonyms and, where necessary, changing the details in the extracts taken from therapy sessions.

Avdi and Georgaca (2007) criticize some discourse analytic studies of therapy for focusing on discursive detail at the expense of looking at the social, cultural, and institutional context of therapy talk from a more critical perspective. In

this research, due to the focus on linguistic detail in the clients' and therapists' constructions of agency and nonagency, the full capacity of discourse analysis as a deconstructive perspective on therapy was not realized. It is acknowledged, however, that there are wider societal and psychotherapeutic discourses influencing how clients articulate the problems that bring them to therapy, and what kind of assumptions the therapists carry with them to the encounter (Avdi & Georgaca, 2007).

4.7.2 Future research

An important future aim in terms of the 10DT Model is developing a comprehensive instruction on how to recognize different agency constructions and assign the proper tool to them. It is a prerequisite for the 10DT Model to be used in further studies by other researchers than me. Moreover, the 10DT Model could be developed into the direction of a coding scheme by performing reliability testing. It would be ideal to test the model in different fields of clinical work, supervision, and therapy training. However, its attention to detail does make it a very laborious method to use for big masses of data, a limitation for its potential uses.

An interesting question to be considered in further research is whether specific agentic or nonagentic positions or combinations of them are associated with specific discourses in different varieties of psychotherapy. In addition, the model could be used in a more critical, deconstructive analysis of therapy talk. Another question for further research would be to conduct a more institutionally framed critical analysis on how clients become produced as psychotherapy clients with agency problems in the course of their therapy. It can be speculated that the tools of the 10DT Model can function in many ways within many societal and institutional level discourses and in relation to different assumptions about agency, as the tools themselves were not found to be content bound.

Critical notions have been presented about how, traditionally in psychology, the concept of agency has been approached in terms of individual psychology, placing it as a psychological process or mechanism within individuals' minds, and denoting abilities or deficiencies in how the individual organizes experiences (Drewery, 2005; Seilonen & Wahlström, 2016; Sugarman & Sokol, 2012). Sugarman and Sokol (2012) point out that the explicit theorizing of agency in psychology is usually done within agentive internalism, where the ultimate spring of human agency resides in the mental capacities of the psychologically apt individual. The present research comes closer to their notion of agentive externalism, because agency is not seen as restricted to what happens in individuals' minds, and the role of context is viewed as central in terms of providing conditions that are both necessary for and constitutive of agentive action. However, even though the 10DT Model created in this research was not based on any psychological presumptions of agency, it is acknowledged that the tools, the way they are formulated, and the hierarchy of the model can be criticized to some degree for reproducing an intrapsychological, individualized, and, in that sense, traditionally psychological understanding of agency. Because the model is based on data pro-

duced in a naturalistic therapy setting in a modern Western society, it is inevitable that the system reflects context-bound notions of subjectivity and agency specific to the setting. Revising the model by using it in more analyses of different kinds of therapies from a perspective that acknowledges the context-boundedness of psychotherapy and how its discourses construct subjectivities would be an interesting topic for further research.

4.7.3   Contribution and implications for clinical practice

The primary contribution of this research is the 10DT Model, a method for detailed analysis of agency and nonagency construction in both clients' and therapists' talk. The model contributes to capturing the variety of positions taken in expressions as short as just a few words that have previously been either disregarded or forced into more simplifying, large-scale conceptualizations. It opens up possibilities to reach beyond categorizing the clients and their problems. Using the model, the variation of agency is highlighted as evolving discursive positions, not as a fixed position or a static style.

The 10DT Model could potentially have future relevance in psychotherapy research, in the detailed analysis of how the different agentic or nonagentic positions evolve and develop in the course of the therapy interaction between therapists and clients. The focus on discursive detail adds to the model's clinical usefulness, as the close attention to language can help to remind therapists to be attentive and aware of the influence their interventions have (Avdi, 2008).

Based on the results of the present research it can be suggested that psychotherapy training could encourage future therapists to adopt a more critical look at the prevailing therapy literature and both the assumptions about therapists' roles and the clients' stance in therapy explicated or merely implied in it. Other implications for psychotherapy training include increasing the future therapists' awareness of discursive matters and sensitivity to both the variety and richness of the clients' agency constructions and to their own language use in the flow of therapy interaction. This could help the therapists in their choices of what to focus on and how, and in supporting the clients' reflective constructions right from the beginning of therapy. One contribution for clinical practice in general is that the 10DT Model has the potential to help clinicians in those increasingly common settings where the therapists provide short-term treatments and evaluations, sensitizing them to readily notice the problematic positions present in the clients' talk already in the first session.

This research shows the variation in the clients' construction of agency and nonagency and demonstrates such dialogical instances that do not fit into story typically told about psychotherapy in the literature. In that story, the client comes to psychotherapy in a state of overwhelming distress and receives help in self-reflection from the therapist, who is positioned as the expert. When detaching from the usual idealized and simplified accounts of psychotherapy and focusing on discursive details, the clients can be seen as occupying a multiplicity of positions. The clients do not seem to enter therapy in any indubitable object position in relation to one simply overwhelming problem. There is more variance in how

clients position themselves in relation to their problems and less responsiveness in how the therapists pick this up than the majority of psychotherapy literature has so far acknowledged. This research invites clinicians to pay close attention to the diversity of positions clients assume and to how the therapists, in their turn, influence the moment-to-moment process of constructing and re-constructing the clients' agency and nonagency.

YHTEENVETO (FINNISH SUMMARY)

Toimijuuden ja ei-toimijuuden diskursiiviset konstruktiot psykoterapiassa: 10 diskursiivisen keinon malli

Tässä tutkimuksessa tarkasteltiin ei-toimijuuden ja toimijuuden kielellistä rakentumista psykoterapian ensimmäisellä istunnolla. Lähtökohtana oli ajatus siitä, että psykoterapiaan hakeutumisen syynä on jonkinlainen toimijuuden tunnon ongelma eli kokemus siitä, että ei pysty, osaa tai hallitse jotakin. Psykoterapiassa, varsinkin sen ensimmäisellä istunnolla, asiakkaiden on kerrottava heidät terapiaan tuoneista ongelmista, mitä tässä tutkimuksessa tarkasteltiin ei-toimijuuden kielellisenä tuottamisena. Aineistona oli yhdeksän pitkän yksilöpsykoterapian litteroidut ensimmäiset istunnot, joissa asiakkaiden kanssa työskenteli viisi psykologitaustaista integratiivisen psykoterapian opiskelijaa ja yhdessä tapauksessa opiskelijan työparina kokenut kouluttajapsykoterapeutti. Tutkimuksessa yhdisteltiin erilaisia diskursiivisen tutkimuksen metodologioita. Tutkimus asettuu laadullisen psykoterapiatutkimuksen kentälle, toimijuuden ja positioiden diskursiiviseen tutkimukseen.

Ensimmäisessä osatutkimuksessa kysyttiin, kuinka asiakkaiden ei-toimijuus tulee kielellisesti tuotetuksi niin asiakkaan kuin terapeutinkin puheessa psykoterapian ensimmäisellä istunnolla. Terapiaistuntojen litteraatioita luettiin hyvin tarkkaan kiinnittäen huomiota asiakkaiden ja terapeuttien erilaisiin tapoihin rakentaa asiakkaalle ei-toimijuutta ilmaisevia kielellisiä positioita. Huomiota kiinnitettiin kielellisiin rakenteisiin ja nyansseihin, kuten lauseiden tekijään tai sen poissaoloon, verbimuotoihin, nollapersoonaan ja sanavalintoihin. Huomattiin, että asiakkaille tuotettiin paitsi ei-toimijuutta, eli erilaista pystymättömyyttä ja kykenemättömyyttä, myös sen vastakohtaa eli toimijuutta, joka ilmeni moninaisin osaamisen ja kykenevyyden kielellisin positioin.

Räätälöidyllä lukutavalla aineistoa lähestyen syntyi 10 ei-toimijuuden ja toimijuuden diskursiivista keinoa käsittävä malli, 10DT (10 Discursive Tools of Agency). Sana keino (engl. *tool*) valittiin kuvaamaan näitä kielellisen positioitumisen abstrakteja periaatteita sen lähtökohdan alleviivaamiseksi, että terapiakontekstissa itsensä tuottaminen ei-toimijana on tilanteen vaatima, aktiivinen kielellinen teko, johon asiakas käyttää kielellisiä keinoja. 10DT -malli jäsentää toimijuuden kielelliset positiot kahdelle pääakselille, toimijuus vs. ei toimijuus ja reflektiivisyys vs. ei-reflektiivisyys. Jokaisella kymmenellä keinolla on kaksi puolta, ei-toimijuus ja toimijuus. Ensimmäiset kuusi keinoa nimettiin ei-reflektiivisiksi, koska niillä asiakas ottaa kokemuksiinsa ja tilanteisiinsa selostavan suhteen, kun taas reflektiivisiksi nimetyillä keinoilla 7-10 asiakas ottaa erilaisia tietämisen, havaitsemisen ja ymmärtämisen positioita, joista käsin hän tarkastelee kokemuksiaan kauempaa observoiden. Mallin muodostamassa ei-toimijuuden, toimijuuden, ei-reflektiivisyyden ja reflektiivisyyden nelikentässä asiakas voi ottaa esimerkiksi position, joka ilmaisee pystymättömyyttä tai kykenemättömyyttä, mutta samalla pohtivaa etäisyydenottoa tuohon kokemukseen.

Toisessa osatutkimuksessa tarkasteltiin asiakkaiden aivan ensimmäisen istuntonsa alussa antamia ongelmaselontekoja ja niihin sisältyviä ongelmaformulaatioita. Löydetyt 63 erilaista formulaatiota jakaantuivat 10 kategoriaan sen mukaan, kuinka asiakas tuotti niissä jonkin kokemuksen, toiminnan tai tilanteen ongelmalliseksi käyttäen 10DT –mallissa eriteltyjä ei-toimijuuden keinoja. Nämä 10 kategoriaa muodostavat jatkumon, joka etenee vähiten reflektiivisestä reflektiivisimpään. Ongelmaformulaatiokategoriat 1-8 ovat sellaisia, joissa asiakas rakensi ei-toimijuutensa suhteessa ongelmaan käyttämällä jotakin 10DT –mallin ei-reflektiivistä keinoa. Näissä ongelma tuotettiin joko asiaksi tai objektiksi, joka ei liity asiakkaan omaan toimintaan tai ajatteluun, tai konkreettiseksi tekemisen ongelmaksi. Ongelmaformulaatiokategoriat 9 ja 10 puolestaan olivat sellaisia, joissa asiakas tuotti ei-toimijuutensa käyttämällä jotakin reflektiivistä keinoa. Näissä formulaatioissa asiakas tuotti ongelmakseen puutteellisen ymmärryksensä jostakin toiminnasta, kokemuksesta tai tilanteesta. Toinen osatutkimus vahvisti sen ensimmäisessä osatutkimuksessa tehdyn havainnon, että ongelman psykologinen tai semanttinen sisältö ei määrää, millainen positio siihen otetaan. Ajatuksia tai tunteita saatettiin rakentaa objekteiksi, jotka kuuluvat ikään kuin mielen ulkopuoliseen maailmaan, ja konkreettisiin tilanteisiin saatettiin ottaa pohtivia positioita. Sama asiakas saattoi muodostaa samaan ongelmaan monia erilaisia suhteita, eikä asiakkaita voitu luokitella sen mukaan, millaisia toimijuuspositioita he ottivat. Ensimmäisen ja toisen osatutkimuksen tulokset eivät viitanneet minkään diagnoosi- tai sisältöpohjaisen luokittelutavan uskottavuuteen asiakkaiden, heidän ongelmiensa tai kielellisten keinojen käyttönsä suhteen. Ongelmat, joita asiakas esittää aivan ensimmäisen istuntonsa alussa ennen kuin terapeuttinen dyadi on aloittanut ongelmien uudelleenmuotoilemisen keskustelussa, tarjoavat ainutlaatuisen väylän ymmärtää terapeutin ja asiakkaan myöhemmän dialogin pohjalla olevia diskursiivisia resursseja.

Kolmannessa osatutkimuksessa tarkasteltiin 10DT -mallin avulla sitä, millaisia katkoskohtia asiakkaiden ja terapeuttien puheenvuorojen välillä voidaan ensi-istunnolla havaita toimijuuden rakentamisen näkökulmasta. Terapioiden ensimmäisiltä istunnoilta löytyi kaikkiaan 55 diskordanssia eli sellaista kahden vuoron katkelmaa, joissa asiakas ensimmäisessä vuorossa ja terapeutti sitä seuraavassa vastausvuorossaan tuottavat asiakkaan toimijuuden eri tavoin 10DT –mallilla ymmärrettynä. Toisin sanoen, dyadin toinen osapuoli käytti toimijuus- ja toinen ei-toimijuuskeinoa ja/tai toinen reflektiivistä ja toinen ei-reflektiivistä keinoa. Tutkimuksessa selvitettiin, mitä diskordansseista seuraa jatkumon kolmannessa puheenvuorossa, eli asiakkaan vuorossa terapeutin jälkeen. Nämä kolmesta puheenvuorosta (asiakas-terapeutti-asiakas) muodostuvat diskordanssisekvenssit jaoteltiin sen mukaan, onko asiakkaan 1. ja 3. vuoron välillä havaittavissa muutosta toimijuusdimensiolla, reflektiivisyysdimensiolla tai molemmilla, vai säilyikö asiakkaan toimijuuspositio samanlaisena. Tarkempi tutkimus kohdistui sellaisiin diskordanssisekvensseihin, joiden alussa oli asiakkaan ja terapeutin vuorojen välillä diskordanssi reflektiivisyysulottuvuudella. Tuloksissa olivat yliedustettuina sellaiset sekvenssit, joissa -kirjallisuudessa vallitsevien ole-

tusten vastaisesti- asiakas asettui ongelmallisiin kokemuksiinsa nähden reflektoivaan positioon, mutta terapeutti ei tarttunut tähän vaan asemoi vastauksessaan asiakkaan ei-reflektiiviseen positioon, josta käsin ongelmia selostetaan, ei pohdita. Kolmannessa vuorossa asiakas luopui reflektiivisestä asemoitumisestaan vastaten terapeutin tarjoamalla selostavalla, ei-reflektiivisellä tavalla. Tällaisissa sekvensseissä terapeuttien vuoroilla tunnistettiin olevan viisi funktiota: faktojen kerääminen, asiakkaan vuoron tiivistäminen, ongelman laajentaminen, asiakkaan vuoron kehittäminen ja keskustelun uudelleensuuntaaminen.

Tutkimuksen keskeisin kontribuutio on 10DT –malli, joka näyttää tuottavan hedelmällisellä tavalla aikaisempaa yksityiskohtaisempaa tietoa siitä, miten psykoterapiaan tulevien asiakkaiden esille tuoma toimijuuden tunnon ongelma tulee terapiapuheessa kielellisesti tuotetuksi, mitkä ovat tämän tuottamisen variaatiot ja miten terapeutit niihin vastaavat. Malli tarjoaa mahdollisuuden havaita sellaisia kielellisiä nyansseja ja vaihtelevuutta asiakkaiden puheessa, mitä aiemmin on jätetty huomiotta tai pakotettu yksinkertaistaviin käsitteellistyksiin. Malli ja sitä hyödyntäneet kaksi osatutkimusta osoittavat merkityksellisyyden sen tarkastelemisessa, kuinka asiakas rakentaa kielellisiä positioita suhteessa kokemuksiinsa, tekemisiinsä ja tilanteisiinsa sen sijaan, että keskityttäisiin sen luokittelemiseen, mitä hän sisällöllisessä, psykologisessa mielessä kertoo ongelmakseen.

Tutkimus osoittaa, kuinka asiakkaiden käytössä oli jo ensimmäisellä psykoterapiaistunnolla moninaisia ja vaihtelevia toimijuuden ja ei-toimijuuden rakentamisen keinoja ja positioitumisten kirjoa. Asiakkaat ilmaisivat myös aktiivista toimijuutta suhteessa ongelmiinsa ja terapiaan ja asettuivat eri tavoin pohtivaan suhteeseen ongelmaansa nähden. Perinteinen tapa tarkastella keskusteluhoitoa aloittavan asiakkaan tilannetta asettaen hänet esimerkiksi objektin positioon jättää huomiotta kielellisellä tasolla ilmenevän toimijuuden ja ei-toimijuuden esittämiskeinojen rikkauden ja ongelmamuotoilujen moninaisuuden. Tämä tutkimus kutsuu terapeutteja kiinnittämään huomiota asiakkaan puheen vaihtelevuuteen ja kuuntelemaan sitä ei vain sisällön vaan myös kielellisen presentaation näkökulmasta. Terapeuttien on tärkeää olla sensitiivisiä asiakkaiden (ei)toimijuuden konstruktioiden rikkaudelle ja niille reflektiivisille positioille, joita asiakkaat omaksuvat suhteessa kokemuksiinsa jo aivan psykoterapian alussa.

Tutkimuksella on mahdollisuus jatkossakin antaa panoksensa sekä psykoterapian prosessin teoreettiselle ymmärtämiselle diskursiivisesta näkökulmasta, että psykoterapian työkäytäntöjen kriittiselle tarkastelulle ja kehittämiselle. 10DT –mallia voitaneen hyödyntää erilaisissa asetelmissa tuotetun terapia-, ohjaus- tai neuvontapuheen yksityiskohtaiseen analyysiin tarkasteltaessa toimijuuden ja sen ongelmien rakentumista. Toimijuutta olisi syytä tarkastella vuorovaikutuksellisena ilmiönä joka tuotetaan dialogissa, toimijuuden positioiden vaihteluna, ei staattisesti yksilöllisenä tyylinä tai psykologisena ominaisuutena.

REFERENCES

Adler, J. M. (2012). Living into the story: Agency and coherence in a longitudinal study of narrative identity development and mental health over the course of psychotherapy. *Journal of Personality and Social Psychology, 102*, 367–389.

Adler, J. M. (2013). Clients' and therapists' stories about psychotherapy. *Journal of Personality, 81*, 595–605.

Altimir, C., Krause, M., de la Parra, G., Dagnino, P., Tomicic, A., Valdés, N., (…) Vilches, O. (2010). Clients', therapists', and observers' agreement on the amount, temporal location, and content of psychotherapeutic change and its relation to outcome. *Psychotherapy Research, 20*, 472-87.

Anderson, H. & Goolishian, H. (1992). The client is the expert: A not-knowing approach to therapy. In S. McNamee & K. Bergen (Eds.), *Therapy as social construction* (pp. 25–39). Newbury Park, CA: Sage.

Antaki, C. (2008). Formulations in psychotherapy. In A. Peräkylä, C. Antaki, S. Vehviläinen, & I. Leudar (Eds.), *Conversation analysis and psychotherapy* (pp. 26–42). Cambridge: Cambridge University Press.

Asen, E. & Fonagy, P. (2012). Mentalization-based therapeutic interventions for families. *Journal of Family Therapy, 34*, 347–370.

Atkinson, J. & Heritage, J. 1984. (Eds.), *Structures of Social Interaction*. New York, NY: Cambridge University Press.

Avdi, E. (2005). Negotiating a pathological identity in the clinical dialogue: Discourse analysis of a family therapy. *Psychology and Psychotherapy: Theory, Research and Practice 78*, 493–511.

Avdi, E. (2008). Analysing talk in the talking cure: Conversation, discourse, and narrative analysis of psychoanalytic psychotherapy. *European Psychotherapy, 8*, 69–87.

Avdi, E. (2012). Exploring the contribution of subject positioning to studying therapy as a dialogical enterprise. *International Journal for Dialogical Science, 6, 61–79.*

Avdi, E. (2016). Positioning as embodied interaction: Commentary on Guilfoyle. *Journal of Constructivist Psychology, 29*, 141–148.

Avdi, E. & Georgaca, E. (2007). Discourse analysis and psychotherapy: A critical review. *European Journal of Psychotherapy and Counselling, 9*, 157–176.

Avdi, E. & Georgaca, E. (2009). Narrative and discursive approaches to the analysis of subjectivity in psychotherapy. *Social and Personality Psychology Compass, 3*, 654–670.

Avdi, E. & Georgaca, E. (2012). Discourse Analysis. In D. Harper & A. R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy: A Guide for students and practitioners* (pp. 116–147). Chichester: Wiley-Blackwell.

Avdi, E., Lerou, V., & Seikkula, J. (2015). Dialogical features, therapist responsiveness, and agency in a therapy for psychosis. *Journal of Constructivist Psychology, 28*, 329–341.

Bakan, D. (1966). *The duality of human existence: Isolation and communion in Western man*. Chicago, IL: Rand McNally.

Barbosa, E., Couto, A. B., Basto, I., Stiles, W. B., Pinto Gouveia, J., & Salgado, J. (2018). Immersion and distancing during assimilation of problematic experiences in a good-outcome case of emotion-focused therapy. *Psychotherapy Research, 28*, 313–327.

Bateman, A. W. & Fonagy, P. (2004). Mentalization-based treatment of BPD. *Journal of Personality Disorders, 18*, 36–51.

Bateman, A. & Fonagy, P. (2013). Mentalization-based treatment. *Psychoanalytic Inquiry, 33*, 595–613.

Bekerman, Z. & Tatar, M. (2005). Overcoming modern-postmodern dichotomies: Some possible benefits for the counselling profession. *British Journal of Guidance & Counselling, 33*, 411–421.

Bohart, A. C. & Tallman, K. (1999). *How clients make therapy work: The process of active self-healing*. Washington, DC: The American Psychological Association.

Buttny, R. (2004). *Talking problems: Studies of discursive construction*. Albany, NY: State University of New York Press.

Carcione, A., Dimaggio, G., Fiore, D., Nicolò, G., Procacci, M., Semerari, A., & Pedone, R. (2008). An intensive case analysis of client metacognition in a good-outcome psychotherapy: Lisa's case. *Psychotherapy Research, 18*, 667–676.

Caro Gabalda, I. (2006) The assimilation of problematic experiences in linguistic therapy of evaluation: How did María assimilate the experience of dizziness? *Psychotherapy Research, 16*, 422–435.

Caro Gabalda, I. (2008). Assimilation of problematic experiences in linguistic therapy of evaluation: A case study. *Journal of Constructivist Psychology, 21*, 151–172.

Choi-Kain, L. W. & Gunderson, J. G. (2008). Mentalization: Ontogeny, assessment, and application in the treatment of borderline personality disorder. *American Journal of Psychiatry, 165*, 1127–1135.

Clause. (n.d.) *Cambridge Dictionary*. Retrieved from https://dictionary.cambridge.org/dictionary/english/clause

Coleman, R. A. & Neimeyer, R. A. (2015). Assessment of subjective client agency in psychotherapy: A review. *Journal of Constructivist Psychology, 28*, 1–23.

Corning, A. F., Malofeeva, E. V., & Bucchianeri, M. M. (2007). Predicting termination type from client-therapist agreement on the severity of the presenting problem. *Psychotherapy: Theory, Research, Practice, Training 44*, 193–204.

Coutinho, J., Ribeiro, E., Hill, C., & Safran, J. (2011). Therapists' and clients' experiences of alliance ruptures: A qualitative study. *Psychotherapy Research, 21*, 525–540.

Cowan, R. (2008). *The teacher's grammar of English with answers: A course book and reference guide*. New York, NY: Cambridge University Press.

Cunha, C., Gonçalves, M., Valsiner, J., Mendes, I., & Ribeiro, A. P. (2012). Rehearsing renewal of identity: Re-conceptualization on the move. In M.-C. Bertau, M. M. Gonçalves, & P. T. F. Raggat (Eds.), *Dialogic formations: Investigations into the origins and development of the dialogical self* (pp. 205-233). Charlotte, NC: Information Age Publishing.

Davies, B. & Harré, R. (1990). Positioning: The discursive production of selves. *Journal for the Theory of Social Behavior, 20,* 43–63.

Diehl, M., Owen, S. K., & Youngblade, L. M. (2004). Agency and communion attributes in adults' spontaneous self-representations. *International Journal of Behavioral Development, 28,* 1–15.

Dimaggio, G. (2011). Impoverished self-narrative and impaired self-reflection as targets for the psychotherapy of personality disorders. *Journal of Contemporary Psychotherapy, 41,* 165-174.

Dimaggio, G. & Lysaker, P. H. (Eds.). (2010). *Metacognition and severe adult mental disorders: From research to treatment.* London: Routledge.

Drewery, W. (2005). Why we should watch what we say: Position calls, everyday speech and the production of relational subjectivity. *Theory & Psychology, 15,* 305–324.

Echávarri, O., González, A., Krause, M., Tomicic, A., Pérez, C., Dagnino, P., de la Parra, G., Valdés, N., Altimir, C., Vilches, O., Strasser, K., Ramírez, I., Reyes, L. (2009). Cuatro terapías psicodinámicas breves exitosas estudiadas a través de los indicadores genéricos de cambio. [Four successful short-term psychodynamic psychotherapies studied through generic change indicators]. *Revista Argentina de Clínica Psicológica, 18,* 5–19.

Edwards, D. (1995). Two to tango: Script formulations, dispositions, and rhetorical symmetry in relationship troubles talk. *Research on Language and Social Interaction, 28,* 319–350.

Edwards, D. & Potter, J. (1992). *Discursive psychology*. London: Sage.

Edwards, D. & Potter, J. (2001). Discursive psychology. In A.W. McHoul & M. Rapley, (Eds.), *How to analyse talk in institutional settings: a casebook of methods* (pp. 12 – 24). London: Continuum.

Ely, R., MacGibbon, A., & Hadge, L. (2000). I get scared all the time: Passivity and disaffiliation in children's personal narratives. *Narrative Inquiry, 10,* 453–473.

Emirbayer, M. & Mische, A. (1998). What is agency? *American Journal of Sociology, 103,* 962–1023.

Fernández, O., Pérez, C., Gloger, S., & Krause, M. (2015). Importancia de los Cambios Iniciales en la Psicoterapia con Adolescentes. [Relevance of early changes in psychotherapy with adolescents] *Terapia Psicológica, 33,* 247–255.

Friedlander, M. L. (2012). Therapist responsiveness: Mirrored in supervisor responsiveness. *The Clinical Supervisor, 31,* 103–119.

Frith, H. & Gleeson, K. (2012). Qualitative data collection: Asking the right questions. In D. Harper & A. R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 55-67). Chichester: Wiley-Blackwell.

Fuertes, J. N. & Nutt Williams, E. (2017). Client-focused psychotherapy research. *Journal of Counseling Psychology, 64*, 369–375.

Gale, J. (2010). Discursive analysis: A research approach for studying the moment-to-moment construction of meaning in systemic practice. *Human Systems: The Journal of Therapy, Consultation & Training, 21*, 7–37.

Georgaca, E. (2001). Voices of the self in psychotherapy: A qualitative analysis. *British Journal of Medical Psychology, 74*, 223–236.

Gillespie, A. (2012). Position exchange: The social development of agency. *New Ideas in Psychology, 30*, 32–46. doi:10.1016/j.newideapsych.2010.03.004

Glynos, J., Howarth, D., Norval., A, & Speed, E. (2009). *Discourse Analysis: Varieties and Methods* (Review Paper NCRM/014, Unpublished Discussion Paper). ESRC National Centre for Research Methods. Retrieved from http://repository.essex.ac.uk/4026/1/discourse_analysis_NCRM_014.pdf

Gonçalves, M. M., Caro Gabalda, I., Ribeiro, A. P., Pinheiro, P., Borges, R., Sousa, I. & Stiles, W. B. (2014). The Innovative Moments Coding System and the Assimilation of Problematic Experiences Scale: A case study comparing two methods to track change in psychotherapy. *Psychotherapy Research, 24*, 442–455.

Gonçalves, M. M., Matos, M., & Santos, A. (2009). Narrative therapy and the nature of "innovative moments" in the construction of change. *Journal of Constructivist Psychology, 22*, 1–23.

Gonçalves, M. M., Mendes, I. Cruz, G., Ribeiro, A. P., Sousa, I., Angus, L., & Greenberg, L. S. (2012). Innovative moments and change in client-centered therapy. *Psychotherapy Research, 22*, 389–401.

Gonçalves, M. M., Mendes, I., Ribeiro, A. P., Angus, L. E., & Greenberg, L. S. (2010). Innovative moments and change in emotion-focused therapy: The case of Lisa. *Journal of Constructivist Psychology, 23*, 267–294.

Gonçalves, M. M., Ribeiro, A. P., Mendes, I., Alves, D., Silva, J., Rosa, C., (…), Oliveira, J. T. (2017). Three narrative-based coding systems: Innovative moments, ambivalence and ambivalence resolution. *Psychotherapy Research, 27*, 270–282.

Gonçalves, M. M., Ribeiro A. P., Mendes, I., Matos, M., & Santos, A. (2011). Tracking novelties in psychotherapy process research: The Innovative Moments Coding System. *Psychotherapy Research, 21*, 497–509.

Goodman, S. (2017). How to conduct a psychological discourse analysis. *Critical Approaches to Discourse Analysis across Disciplines, 9*(2), 142–153.

Guilfoyle, M. (2016). Subject positioning: Gaps and stability in the therapeutic encounter. *Journal of Constructivist Psychology, 29*, 123–140.

Gullestad, F. S. & Wilberg, T. (2011). Change in reflective functioning during psychotherapy—A single-case study. *Psychotherapy Research, 21*, 97–111.

Habermas, T. & Bluck, S. (2000). Getting a life: The emergence of the life story in adolescence. *Psychological Bulletin 126*, 748–769.

Harper, D. (2012). Choosing a qualitative research method. In D. Harper & A. R. Thompson (Eds.), *Qualitative research methods in mental health and*

psychotherapy: A guide for students and practitioners (pp. 83–97). Chichester: Wiley-Blackwell.

Harré, R. (1993). *Social being.* Second Edition. Oxford: Blackwell Publishers.

Heafner, J., Silva, K., Tambling, R. B., & Anderson, S. R. (2016). Client-reported-presenting problems at an MFT clinic. *The Family Journal: Counseling and Therapy for Couples and Families, 24,* 140–146.

Honos-Webb, L. & Stiles, W. B. (1998). Reformulation of assimilation analysis in terms of voices. *Psychotherapy 35,* 23–33.

Hepburn, A. & Wiggins, S. (2007). Discursive research: themes and debates. In A. Hepburn & S. Wiggins (Eds.), *Discursive research in practice: New approaches to psychology and interaction* (pp. 1–28). New York, NY: Cambridge University Press.

Hermans, H. J. M. (2003). The construction and reconstruction of a dialogical self. *Journal of Constructivist Psychology, 16,* 89–130.

Hermans, H. J. M. (2004a). The dialogical self: Between exchange and power. In H. J. M. Hermans & D. Dimaggio (Eds.), *The dialogical self in psychotherapy.* (pp. 13–28). New York, NY: Brunner-Routledge.

Hermans, H. J. M. (2004b). The innovation of self-narratives: A dialogical approach. In L. E. Angus & J. McLeod (Eds.), *The handbook of narrative and psychotherapy: Practice, theory, and research* (pp. 174–190). London: Sage.

Huber, J., Born, A-K., Claaß, C., Ehrenthal, J. C., Nikendei, C., Schauenburg, H., & Dinger, U. (2019). Therapeutic agency, in-session behavior, and patient–therapist interaction. *Journal of Clinical Psychology, 75,* 66-78.

Huber, J., Nikendei, C., Ehrenthal, J. C., Schauenburg, H., Mander, J., & Dinger, U. (2018). Therapeutic Agency Inventory: Development and psychometric validation of a patient self-report. *Psychotherapy Research.* doi:10.1080/10503307.2018.1447707

Institute for the Languages of Finland. (2004). *Ison suomen kieliopin verkkoversio. Kotimaisten kielten tutkimuskeskuksen verkkojulkaisuja 5.* [The online version of the big Finnish grammar. Online Publications by the Institute for the Languages of Finland 5]. Retrieved from http://scripta.kotus.fi/visk

Jenkins, A. H. (2001). Individuality in cultural context: The case for psychological agency. *Theory & Psychology, 11,* 347–362.

Jokela, H. (2012). *Nollapersoonalause suomessa ja virossa: tutkimus kirjoitetun kielen aineistosta.* [Zero person clause in Finnish and Estonian: a study on written language]. Turku: University of Turku, Annales Universitatis Turkuensis, C 334.

Jolanki, O. H. (2009). Agency in talk about old age and health. *Journal of Aging Studies, 23,* 215-226.

Karatza, H. & Avdi, E. (2011). Shifts in subjectivity during the therapy for psychosis. *Psychology and Psychotherapy: Theory, Research, and Practice, 84,* 214–229.

Karlsson, F. (2004). *Yleinen kielitiede.* [General linguistics]. Helsinki: Helsinki University Press.

Kennedy, R. (1997). On subjective organizations: Toward a theory on subject relations. *Psychoanalytic Dialogue: The International Journal of Relational Perspectives, 7,* 553–581.

Kramer, U. & Stiles, W. B. (2015). The responsiveness problem in psychotherapy: A review of proposed solutions. *Clinical Psychology: Science and Practice, 22,* 277–295.

Krause, M., Altimir, C., Peréz, J.C., Echávarri, O., Valdésa, N., & Strasser, K. (2016). Therapeutic verbal communication in change episodes: a comparative microanalysis of linguistic basic forms / Comunicación verbal terapéutica en episodios de cambio: un microanálisis comparativo de las formas lingüísticas básicas. *Estudios de Psicología/Studies in Psychology, 37,* 514–547.

Krause, M., Altimir, C., Pérez, J. C., & de la Parra, G. (2015). Generic change indicators in therapeutic processes with different outcomes. *Psychotherapy Research*, 25, 533-545.

Krause, M., de la Parra, G., Arístegui, R., Dagnino, P., Tomicic, A., Valdés, N., (…), Ben-Dov, P. (2007). The evolution of therapeutic change studied through generic change indicators. *Psychotherapy Research, 17,* 673–689.

Kupferberg, I. & Green, D. (2005). *Troubled talk: Metaphorical negotiation in problem discourse.* Berlin: Mouton de Gruyter.

Kurri, K. (2005). *The invisible moral order: Agency, accountability and responsibility in therapy talk.* Jyväskylä: University of Jyväskylä, Jyväskylä Studies in Education, Psychology and Social Research, 260.

Kurri, K. & Wahlström, J. (2001) Dialogical management of morality in domestic violence counselling. *Feminism & Psychology, 11,* 187–208.

Kurri, K. & Wahlström, J. (2003). Negotiating clienthood and the moral order of a relationship in couple therapy. In C. Hall, N. Parton, K. Juhila, & T. Pösö (Eds.), *Constructing clienthood in social work and human services: Interaction, identities and practices* (pp. 62–79). London: Jessica Kinsgley Publishers.

Kurri, K. & Wahlström, J. (2005). Placement of responsibility and moral reasoning in couple therapy. *Journal of Family Therapy, 27,* 352–369.

Kurri, K. & Wahlström, J. (2007). Reformulations of agentless talk in psychotherapy. *Text and Talk, 27,* 315–338.

Kögler, H-H. (2010). Recognition and the resurgence of intentional agency. *Inquiry, 53,* 450–469.

Kögler, H-H. (2012). Agency and the other: On the intersubjective roots of self-identity. *New Ideas in Psychology, 30,* 47–64.

Laitinen, L. (1995). Nollapersoona. [The zero person]. *Virittäjä, 99,* 337–358.

Langacker, R. (2008). *Cognitive grammar: A basic introduction*. [Kindle edition]. Retrieved from http://www.amazon.com

Leiman, M. (2012a). Dialogical sequence analysis in studying psychotherapeutic discourse. *International Journal for Dialogical Science, 6,* 123–147.

Leiman, M. (2012b). Psykoterapioiden yhteinen perusprosessi [The common basic process of psychotherapies]. In S. Eronen & P. Lahti-Nuutila (Eds.), *Mikä psykoterapiassa auttaa? Integratiivisen lähestymistavan perusteita* [What is

it that helps in psychotherapy? The basics of integrative approach]. (pp. 71–90). Porvoo: Edita.

Leiman, M. & Stiles, W. B (2001). Dialogical Sequence Analysis and the zone of proximal development as conceptual enhancements to the Assimilation Model: The case of Jan revisited. *Psychotherapy Research, 11*, 311–330.

Lester, J. N., Wong, J., O'Reilly, M., & Kiyimba, N. (2018). Discursive psychology: Implications for counseling psychology. *The Counseling Psychologist, 46*(5), 576 –607. doi:10.1177/0011000018780462

Levitt, H. M. (2015). Qualitative psychotherapy research: The journey so far and future directions. *Psychotherapy*, *52*, 31–37.

Lieblich, A., Zilber, T. B., & Tuval-Mashiach, R. (2008). Narrating human actions: The subjective experience of agency, structure, communion, and serendipity. *Qualitative Inquiry, 14*, 613-631.

Lysaker, P. H., Erickson, M., Buck, K. D., Procacci, M., Nicolò, G., & Dimaggio, G. (2010). Metacognition in schizophrenia spectrum disorders: Methods of assessment and associations with neurocognition and function. *The European Journal of Psychiatry, 24*, 220–226.

Mackrill, T. (2009). Constructing client agency in psychotherapy research. *Journal of Humanistic Psychology, 49*, 193–206.

Markova, I. (2003). Constitution of the self: Intersubjectivity and dialogicality. *Culture and Psychology, 9*, 249–259.

Massfeller, H. F. & Strong, T. (2012). Clients as conversational agents. *Patient Education and Counselling, 88*, 196–202.

Matos, M., Santos, A., Gonçalves, M., & Martins, C. (2009). Innovative moments and change in narrative therapy. *Psychotherapy Research, 19*, 68-80.

McLeod, J. (2004). Social construction, narrative, and psychotherapy. In L. E. Angus & J. McLeod (Eds.), *The handbook of narrative and psychotherapy: Practice, theory, and research* (pp. 350-363). London: Sage.

McLeod, J. (2010). *Case study research in counselling and psychotherapy*. London: Sage.

Mendes, I., Ribeiro, A.P., Angus, L., Greenberg, L. S., Sousa, I., & Gonçalves, M. M. (2010). Narrative change in emotion-focused therapy: How is change constructed through the lens of the Innovative Moments Coding System? *Psychotherapy Research, 20*, 692–701.

Mendes, I., Ribeiro, A. P., Angus, L., Greenberg, L. S., Sousa, I., & Gonçalves, M. M. (2011). Narrative change in emotion-focused psychotherapy: A study on the evolution of reflection and protest innovative moments. *Psychotherapy Research, 21*, 304-315. doi: 10.1080/10503307.2011.565489

Mendes, I., Rosa, S., Stiles, W. B., Caro Gabalda, I., Gomes, P., Basto, I., & Salgado, I. (2016). Setbacks in the process of assimilation of problematic experiences in two cases of emotion-focused therapy for depression. *Psychotherapy Research, 26*, 638-652.

Mik-Meyer, N. & Silverman, D. (2019). Agency and clientship in public encounters: Co-constructing 'neediness' and 'worthiness' in shelter

placement meetings. *British Journal of Sociology.* doi:10.1111/1468-4446.12633

Montesano, A., Oliveira, J. T., & Gonçalves, M. M. (2017). How do self-narratives change during psychotherapy? A review of innovative moments research. *Journal of Systemic Therapies, 36,* 81–96.

Mudry, T. E., Strong, T., Sametband, I., Rogers-de Jong, M., Gaete, J., Merrit, S., Doyle, E. M., & Ross, K. H. (2015). Internalized other interviewing in relational therapy: Three discursive approaches to understanding its use and outcomes. *Journal of Marital & Family Therapy, 42,* 168–184.

Mäkelä, S. (2011). *Agentin kielentäminen subjektiksi suomen kielessä.* [The verbalization of agent as the subject in the Finnish language]. Jyväskylä: University of Jyväskylä. Retrieved from https://jyx.jyu.fi/bitstream/handle/123456789/26607/1/URN%3ANBN%3Afi%3Ajyu-201102281828.pdf

Nikander, P. (2008). Constructionism and discourse analysis. In. J. A. Holstein & J. F. Gubrium (Eds.), *Handbook of constructionist research* (pp. 413–428). New York, NY: Guilford Press.

Oddli, H. W. & Rønnestad, M. H. (2012) How experienced therapists introduce the technical aspects in the initial alliance formation: Powerful decision makers supporting clients' agency. *Psychotherapy Research, 22,* 176–193.

Ogden, T. H. (1986). *The matrix of the mind: Object relations and the psychoanalytic dialogue.* Northvale, NJ: Jason Aronson.

Parker, I. (1992). *Discourse dynamics: Critical analysis for social and individual psychology.* London: Routledge.

Parker, I. (2013). Discourse Analysis: Dimensions of critique in psychology. *Qualitative Research in Psychology, 10,* 223–239.

Partanen, T. (2008). *Interaction and therapeutic interventions in treatment groups for intimately violent men.* Jyväskylä: University of Jyväskylä, Jyväskylä Studies in Education, Psychology, and Social Research, 332.

Partanen, T. & Wahlström, J. (2003). The dilemma of victim positioning in group therapy for abusive men. In C. Hall, K. Juhila, N. Parton, & T. Pösö (Eds.), *Constructing clienthood in social work and human services: Interactions, identities, and practices* (pp. 129–144). London: Jessica Kingsley.

Partanen, T., Wahlström, J., & Holma, J. (2006). Loss of self-control as excuse in group-therapy conversations for intimately violent men. *Communication & Medicine, 3,* 171–183.

Partanen, T., Wahlström, J., & Holma, J. (2010). Constructing and negotiating 'change' in follow-up meetings for intimately violent men. *Communication & Medicine, 7,* 65-74.

Penttinen, H. (2017). *Socially phobic clients' self-descriptions, treatment progress and reflexivity in short-term cognitive-constructivist group psychotherapy.* Jyväskylä: University of Jyväskylä, Jyväskylä Studies in Education, Psychology, and Social Research, 580.

84

Penttinen, H., Wahlström, J., & Hartikainen, K. (2017). Assimilation, reflexivity, and therapist responsiveness in group psychotherapy for social phobia: A case study. *Psychotherapy Research, 27*, 710-723.

Pérez-Ruiz, S. & Caro Gabalda, I. (2016). Assimilation of problematic experiences in brief strategic therapy: Olivia and her fear of dying / La asimilación de experiencias problemáticas en la terapia breve estratégica: Olivia y su miedo a morir. *Estudios de Psicología, 37*, 311–343.

Pope, R. (1998). *The English studies book*. London: Routledge.

Potter, J. (2003). Discursive psychology: Between method and paradigm. *Discourse & Society 14*, 783–794.

Potter, J. (2004). Discourse analysis. In M. Hardy & A. Bryman (Eds.), *Handbook of data analysis* (pp. 607–624). London: Sage.

Potter, J. (2012a). Discourse analysis and discursive psychology. In Cooper, H. (Ed.). APA handbook of research methods in psychology: Vol. 2. Quantitative, qualitative, neuropsychological, and biological (pp. 111-130). Washington: American Psychological Association Press.

Potter, J. (2012b). Discursive psychology and discourse analysis. In J. P. Gee & M. Handford (Eds.), *The Routledge handbook of discourse analysis* (pp. 104–119). London: Routledge.

Potter, J. (2016). Discursive psychology and the study of naturally occurring talk. In Silverman, D. (Ed.). Qualitative research, Fourth Ed. (pp. 189-206). London: Sage.

Potter, J. & Hepburn, A. (2008). Discursive constructionism. In J. A. Holstein & J. F. Gubrium (Eds.), *Handbook of constructionist research* (pp. 275–293). New York, NY: Guilford Press.

Ussher, J. M. & Perz, J. (2014). Discourse Analysis. In P. Rohleder & A. C. Lyons (Eds.), *Qualitative Research in Clinical and Health Psychology* (218-237). Basingstoke: Palgrave MacMillan. doi: 10.1007/978-1-137-29105-9_13

Rae, J. (2008). Lexical substitution as a therapeutic resource. In A. Peräkylä, C. Antaki, S. Vehviläinen, & I. Leudar (Eds.), *Conversation analysis and psychotherapy* (pp. 62-79). Cambridge: Cambridge University Press.

Rennie, D. L. (2000). Aspects of the client's conscious control of the psychotherapeutic process. *Journal of Psychotherapy Integration, 10*, 151–167.

Rennie, D. L. (2004). Reflexivity and person-centered counseling. *Journal of Humanistic Psychology, 44*, 182–203.

Rennie, D. L. (2007). Reflexivity and its radical form: Implications for the practice of humanistic psychotherapies. *Journal of Contemporary Psychotherapy, 37*, 53–58.

Rennie, D. L. (2010). Humanistic psychology at York University: Retrospective: Focus on clients' experiencing in psychotherapy: Emphasis of radical reflexivity. *The Humanistic Psychologist, 38*, 40–56.

Ribeiro, E., Fernandes, C., Santos, B., Ribeiro, A., Coutinho, J., Angus, L., & Greenberg, L. (2014). The development of therapeutic collaboration in a good outcome case of person-centered therapy. *Person-Centered & Experiential Psychotherapies, 13*(2), 150–168.

Ribeiro, E., Ribeiro, A. P., Gonçalves, M. M., Horvath, A. O., & Stiles, W. B. (2013). How collaboration in therapy becomes therapeutic: The Therapeutic Collaboration Coding System. *Psychology and Psychotherapy: Theory, Research and Practice 86*, 294–314.

Salvatore, G., Carcione, A., & Dimaggio, G. (2012). Schemi interpersonali nel disturbo narcisistico di personalità: la centralità della scarsa agentività e della dipendenza. Implicazioni per la relazione terapeutica. [Interpersonal schemas in narcissistic personality disorders: The role of poor agency and dependence. Implications for the therapeutic relationship]. *Cognitivismo Clinico, 9*, 3–14. Retrieved from
http://www.apc.it/wp-content/uploads/2013/03/CC_Dimaggio2.pdf

Seilonen, M.-L. & Wahlström, J. (2016). Constructions of agency in accounts of drunk driving at the outset of semi-mandatory counseling. *Journal of Constructivist Psychology, 29*, 248–268.

Seilonen, M.-L., Wahlström, J., & Aaltonen, J. (2012) Agency displays in stories of drunk driving: Subjectivity, authorship, and reflectivity. *Counselling Psychology Quarterly, 25*, 347-360.

Semerari, A., Carcione, A., Dimaggio, G., Falcone, M., Nicolò, G., Procacci, M., & Alleva, G. (2003). How to evaluate metacognitive functioning in psychotherapy? The metacognition assessment scale and its applications. *Clinical Psychology and Psychotherapy, 10*, 238–261.

Semerari, A., Carcione, A., Dimaggio, G., Nicolò, G., & Procacci, M. (2007). Understanding minds: Different functions and different disorders? The contribution of psychotherapy research. *Psychotherapy Research, 17*, 106–119.

Shaw, S. E. & Bailey, J. (2009). Discourse analysis: what is it and why is it relevant to family practice? *Family Practice, 26*, 413–419. doi:10.1093/fampra/cmp038

de Silveira, C. & Habermas, T. (2011). Narrative means to manage responsibility in life narratives across adolescence. *The Journal of Genetic Psychology, 172*, 1–20.

Sinclair, S. L. & Monk, G. (2004). Moving beyond the blame game: toward a discursive approach to negotiating conflict in couple relationships. *Journal of Marital and Family Therapy 30*, 335–347.

Stiles, W. B. (1999). Signs and voices in psychotherapy. *Psychotherapy Research 9*, 1-21.

Stiles, W. B. (2001). Assimilation of problematic experiences. *Psychotherapy, 38*, 462-465.

Stiles, W. B. (2009). Responsiveness as an obstacle for psychotherapy outcome research: It's worse than you think. *Clinical Psychology: Science and Practice, 16*, 86–91.

Stiles, W. B. (2011). Coming to terms. *Psychotherapy Research, 21*, 367–384.

Stiles, W. B., Honos-Webb, L., & Lani, J. A. (1999). Some functions of narrative in the assimilation of problematic experiences. *Journal of Clinical Psychology, 55*, 1213–1226.

Stiles, W. B., Honos-Webb, L., & Surko, M. (1998). Responsiveness in psychotherapy. *Clinical Psychology: Science and Practice, 5*, 439–458.

Stiles, W. B., Leiman, M., Shapiro, D. A., Hardy, G. E., Barkham, M., Detert, N. B., & Llewelyn, S. P. (2006). What does the first exchange tell? Dialogical sequence analysis and assimilation in very brief therapy. *Psychotherapy Research, 16*, 408-421.

Stiles, W. B., Meshot, C., Anderson, T. & Sloan, W. (1992). Assimilation of problematic experiences: The case of John Jones. *Psychotherapy Research, 2*, 81-101.

Stiles, W. B., Shankland, M. C., Wright, J., & Field, S. D. (1997). Aptitude-treatment interactions based on clients' assimilation of their presenting problems. *Journal of Consulting and Clinical Psychology, 65*, 889–893.

Strong, T. & Smoliak, O. (2018). Introduction to discursive research and discursive therapies. In O. Smoliak and T. Strong (Eds.), *Therapy as discourse: Practice and research* (pp. 1-18). Cham: Palgrave Macmillan.

Sugarman, J. & Sokol, B. W. (2012). Human agency and development: An introduction and theoretical sketch. *New Ideas in Psychology, 30*, 1–14.

Suoninen, E. & Wahlström, J. (2009). Interactional positions and the production of identities: Negotiating fatherhood in family therapy talk. *Communication and Medicine, 6*, 199–209.

Sutherland, O. A., Sametband, I., Gaete, J. S., Couture, S. J., & Strong, T. (2013). Conversational perspective of therapeutic outcomes: The importance of preference in the development of discourse. *Counselling and Psychotherapy Research: Linking Research with Practice, 13*, 220–226.

Thompson, A. R. & Chambers, E. (2012). Ethical issues in qualitative mental health research. In D. Harper & A. R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 23-37). Chichester: Wiley-Blackwell.

Todd, N. (2014). Between subject and object: Using the grammar of verbs to enhance the therapeutic construction of personal agency. *Journal of Constructivist Psychology, 27*, 289-302.

Valkonen, H. (2018). *The dynamics of self-observation in patients with borderline personality disorder (BPD) diagnosis.* Joensuu: University of Eastern Finland, Dissertations in Education, Humanities, and Theology No 125.

Vehviläinen, S. (2008). Identifying and managing resistance in psychoanalytic interaction. In A. Peräkylä, C. Antaki, S. Vehviläinen, & I. Leudar (Eds.), *Conversation analysis and psychotherapy* (pp. 120–138). Cambridge: Cambridge University Press.

Voutilainen, L., Peräkylä, A., & Ruusuvuori, J. (2010). Misalignment as a therapeutic resource. *Qualitative Research in Psychology, 7*, 299–315.

Wahlström, J. (1992). *Merkitysten muodostuminen ja muuttuminen perheterapeuttisessa keskustelussa: diskurssianalyyttinen tutkimus.* [The formation and change of meanings in a family therapeutic conversation: A discourse analytic study]. Jyväskylä: University of Jyväskylä, Jyväskylä Studies in Education, Psychology and Social Research, 94.

Wahlström, J. (1999). Psykoterapia keskusteluna ja kertomusten kudelmana. [Psychotherapy as a conversation and a weaving of stories]. In J. Ihanus (Ed.), *Kulttuuri ja psykologia* [Culture and psychology]. (pp. 217–240). Helsinki: Yliopistopaino.

Wahlström, J. (2006a). The narrative metaphor and the quest for integration in psychotherapy. In E. O`Leary and M. Murphy (Eds.), *New approaches to integration in psychotherapy* (pp. 38-49). London: Routledge.

Wahlström, J. (2006b). Narrative transformations and externalizing talk in a reflecting team consultation. *Qualitative Social Work, 5*, 313–332.

Wahlström, J. (2016). Constructing the moral order of a relationship in couples therapy. In M. Borcsa & P. Rober (Eds.), *Research perspectives in couple therapy: Discursive qualitative methods* (pp. 149–165). London: Springer.

Wahlström, J. (2018). Discourse in psychotherapy: Using words to create therapeutic practice. In O. Smoliak and T. Strong (Eds.), *Therapy as discourse: Practice and research* (pp. 19–44). Cham: Palgrave Macmillan.

Wahlström, J. & Seilonen, M-L. (2016). Displaying agency problems at the outset of psychotherapy. *European Journal of Psychotherapy & Counselling, 18*, 333-348.

Wetherell, M. (2007). A step too far: Discursive psychology, linguistic ethnography and questions of identity. *Journal of Sociolinguistics 11*, 661–681.

White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: W.W. Norton & Company.

Williams, D. C. & Levitt, H. M. (2007). Principles for facilitating agency in psychotherapy. *Psychotherapy Research, 17*, 66–82.

Winslade, J. M. (2005). Utilising discursive positioning in counselling. *British Journal of Guidance & Counselling, 33*, 351–364.

Winslade, J. M. (2016). Not so fast! A response to Michael Guilfoyle. *Journal of Constructivist Psychology, 29*, 149–153.

Yamamoto, M. (2006). *Agency and impersonality: their linguistic and cultural manifestations.* Amsterdam/Philadelphia: John Benjamins.

Zonzi, A., Barkham, M., Hardy, G. E., Llewelyn, S. P., Stiles, W. B., & Leiman, M. (2014). Zone of proximal development (ZPD) as an ability to play in psychotherapy: A theory-building case study of very brief therapy. *Psychology and Psychotherapy: Theory, Research, and Practice, 87*, 447–464.

ORIGINAL PAPERS

I

CONSTRUCTING NONAGENCY AT THE BEGINNING OF PSYCHOTHERAPY: THE 10DT MODEL

by

Heidi Toivonen, Jarl Wahlström & Katja Kurri

Journal of Constructivist Psychology, *32*(2), 160-180.

Heidi Toivonen, Jarl Wahlström and Katja Kurri

University of Jyväskylä

Author Note

Heidi Toivonen, PhD student, Department of Psychology, University of Jyväskylä; Jarl Wahlström, PhD, professor emeritus, Department of Psychology, University of Jyväskylä; Katja Kurri, PhD, psychotherapist in private practice, Helsinki.

Correspondence should be addressed to Heidi Toivonen, Department of Psychology, University of Jyväskylä, PO Box 35, FI-40014, Jyväskylä, Finland. E-Mail: heidi.k.toivonen@student.jyu.fi; hktoivon@gmail.com

Abstract

This study examined how clients discursively constructed non-agency in their first session of individual psychotherapy. The data comprised videotaped and verbatim transcribed first sessions from nine therapies and was analyzed by open reading and focus on the linguistic exposition of the therapeutic dyads' expressions. Using theory-based considerations and data-based analysis of the expressions of both clients and therapists in their talk, we created a model of discursive means for ascribing agentic or non-agentic positions, the 10 Discursive Tools model (10DT). Here we focused on how the client, when presenting his/her issues, displayed problematic or lacking agency by ascribing him/herself a non-agentic position using the non-agency tools. There was large variability in the frequency of use of the non-agency tools, in how the tools were used in combination with each other, and in how the clients moved from one tool to another. The clients could not be classified according to their non-agency tool use patterns. The content of the clients' problems did not determine which tools were used to construct the non-agentic positioning, that is, the client could speak about the same problem with a variety of different non-agency tools, and the same tools were used when positioning towards a variety of issues. The study shows the potential of the 10DT model for the detailed examination of presentations of "not-being-able" produced by clients in psychotherapy discourse, and it suggests that therapists pay close attention to this diversity of expressions.

Keywords: psychotherapy; discourse analysis; problem talk; agency

Constructing Non-Agency at the Beginning of Psychotherapy: The 10DT model

People seek help from conversational therapies when they experience some kind of loss of mastery in their lives. Theoretically, this can be defined as a disturbed sense of agency (Adler, 2012; Anderson & Goolishian, 1992; Dimaggio, 2011; Mackrill, 2009; Wahlström, 2006a, 2006b). From this standpoint, the work on clients' agency problems and advancing their sense of agency becomes the prime mission in counseling and psychotherapy (Adler, 2012; Avdi, 2005; Avdi, Lerou & Seikkula, 2015; Kurri, 2005; Kurri & Wahlström, 2007; Seilonen & Wahlström, 2015).

In this multiple case study, we present a model of how clients use different discursive means, or "tools," in their first psychotherapy session to create a presentation of loss of agency. Taking a situational, language-focused, and post-psychological point of view, we highlight lost agency as a language-mediated interactional phenomenon (e.g., McLeod, 2006). This is not to say that the experience of lost agency would not be "genuine" in a psychological sense, but we aim to examine in detail how clients achieve the institutionally framed objective of positioning themselves as credible users of psychotherapy (Wahlström & Seilonen, 2016).

Agency and Non-agency

Aspects of Agency

The literature on the concept of agency includes various aspects, such as the sense of separateness, intentional influence, mental ownership, reflectivity, coherent narration, and intersubjectivity. From a more quantitative perspective, a review of six psychometric measures of subjective client agency, understood as the clients' expectations related to their active role in psychotherapy, has been presented by Coleman and Neimeyer (2015).

Sense of separateness. The notion of being separate from one's surroundings is a prerequisite of having any kind of a personal relation to issues. It lies at the basis of a sense of agency (Avdi, 2005; Gillespie, 2012; Kögler, 2010).

Intentional influence. In philosophical discourse, agency has traditionally denoted "the power to do" or "the force that causes effects" (Pope, 1998, pp. 242–243). According to Kögler (2010, 2012), core features of agency are, first, being able to intentionally cause change in the world and, second, to differentiate between actions and events caused either by oneself, or by conditions attributable to external causes.

Pope (1998) states that the notion of an agent refers to someone capable of doing things and making things happen politically and psychologically, implying a degree of activity and independence. Harré (1993) holds that to recognize someone as a social actor means to acknowledge that the person's actions are informed by that individual's intentions

Furthermore, agency is related to affecting things, others, oneself, or one's life (Mackrill, 2009) and to being able to exert an influence over one's own experience (Adler, 2013). Motivation, incentive, and acknowledging oneself as capable of starting action that affects one's surroundings are recognized as essential features of agency (Avdi, 2005; Dimaggio, 2011; Gillespie, 2012; Kögler, 2010, 2012), as are making intentional and constructive choices, changing the course of one's actions, and potentially reaching one's goals while genuinely creating one's life (Avdi, 2005; Emirbayer & Mische, 1998; Jenkins, 2001; Jolanki, 2009).

Mental ownership. Achieving a sense of agency requires the actor to see his/her own mind as autonomous and different from the minds of others (Semerari et al., 2003). It also includes viewing one's psychological experiences as mental phenomena (Bateman & Fonagy, 2004). Thus, the actor can recognize him- or herself as the creator of his/her own thoughts, feelings, actions, and experiences instead of treating them as outside entities (Dimaggio, 2011; Salvatore, Carcione & Dimaggio 2012; Ogden, 1986).

Reflectivity. Agency entails assuming a degree of distance and a critical self-observing or reflexive stance towards one's thinking, actions, or other aspect of oneself (Dimaggio, 2011; Georgaca, 2001; Kennedy, 1997; Rennie, 2010). This includes the possibility of viewing certain impulses or desires as problematic, unwanted, or inauthentic (Kögler, 2012). According to Rennie (2004, 2007), reflexivity is self-awareness, thinking about one's thinking and feeling. Rennie (2004) states that people can have an agentic effect on themselves and on others, either being aware of it or not being aware of it. According to him, radical reflexivity, the awareness of one's self-awareness, forms the basis for true agency, as people can develop a relationship with what they find when they are self-aware (Rennie, 2010).

Coherent narration. Assuming a reflective perspective allows speakers to display their present experiences and/or actions as related to either past events, experiences, or actions, or assumed/expected future ones, and thus to produce continuity in their personal life stories (Georgaca, 2001). This notion highlights agency as a temporally embedded process where the narrated past is reconstructed within the present and carried further into alternative future possibilities (Emirbayer & Mische, 1998; Kupferberg & Green, 2005; Ogden, 1986). Adler (2012) sees agency as a storied representation of a belief that one is able to influence his/her circumstances and as a narrative theme including the individual's sense of autonomy, mastery, achievement, and therefore also their sense of meaning and purpose in life.

Intersubjectivity. From the standpoint of social interaction, intersubjectivity has been suggested as the basis of agency (Gillespie, 2012; Kögler, 2012; Markova, 2003). Agentic actors, while embedded in one situation, transcend this and take a more general perspective (Gillespie, 2012). In psychotherapy, this may imply that the clients incorporate the therapist's position into their own reflective understanding (Georgaca, 2001) and that they are aware of their relationship with the therapist as an autonomous agent (Rennie, 2010).

Loss of Agency

Non-agency or the loss of a sense of agency is experienced as the feeling of losing mastery in some realm of one's life. It has been conceptualized in terms of the person being in the position of an object or victim of some "alien" entity that is initiating the action or controlling him/her (Kupferberg & Green, 2005). Not infrequently, therapy clients do depict themselves as being affected by an illness or an experience as if these were such alien entities (Avdi, Lerou, & Seikkula, 2015; Karatza & Avdi, 2011; Ogden, 1986). Discursively, clients may display what has been coined "agentless talk" by speaking about their unwished-for experiences and actions as just happening to them, thus taking the position of the receiver of their own experiences, or about their present actions as having followed some particular rule or as being the effect of some causal process (Kurri & Wahlström, 2007). According to Wahlström and Seilonen (2016), loss of agency is on one hand an actual state of affairs in a person's life, and on the other hand a discursive presentation or display of oneself as being in a non-agentic position.

Agentic and Non-Agentic Positioning

In everyday discourse and social interaction, people tend to show to themselves, as well as to others, that they will their actions and are the authors of their own deeds and speech (Harré, 1993). The challenge that people face when entering psychotherapy, however, is more complex. The institutional invitation is to present themselves in want of therapeutic help. To answer this call, the clients need to describe and make understandable situations where they either do not initiate actions they wish to or are expected to assume, or where they undertake actions not expected nor wished for either by themselves or by their close community (Wahlström, 2006a). These descriptions—or discursive displays—contribute to the adoption of a non-agentic position in respect to some aspects of one's life. In such non-agentic positions, the speaker's opportunities to influence situations and actions are depicted as reduced, while in adopting an agentic position the speaker is showing him- or herself as taking an active and responsible stance (Wahlström, 2016).

Positioning refers to how people in situated talk place themselves in various ways with regards to different aspects of their experience and life situations, thus creating different positions for themselves (Davies & Harré, 1990; Jolanki, 2009). According to Wahlström (2016), positions are always taken in relation to something or somebody, and they suggest the positioning of both self and others. Positions change when speakers vary the accounts they give of events and the descriptions of the characteristics, rights, and duties that can be attributed to those involved. This situated notion differs from the concept of subject position as used by Guilfoyle (2016), who defines it as a place filled with personally resonant historical experience, storylines, and categories that form a historically coherent and socially sustainable sense of self. The linguistically detailed and situationally sensitive approach adopted in this study, in line with Avdi (2016) and Winslade (2016), defines the concept of position in a way that leaves space for discursive nuances and their variance.

Earlier research on positioning and agency in psychotherapy has shown that disclaiming one's own agency is a relatively common discursive practice adopted by clients, and that positionings evolve and change throughout the course of the therapy process (Avdi, 2012; Kurri & Wahlström, 2005, 2007; Suoninen & Wahlström, 2009). Discursive approaches to therapy research, in particular, have emphasized the availability of multiple subject positions and suggested that the aim of therapy is to introduce new discourses and enhance the client's ability to adopt various subject positions (Avdi & Georgaca, 2009; Avdi, 2016), pointing also to the importance of greater flexibility in position use as a result of therapy (Avdi, 2016).

In problem talk, positioning is multifaceted. It includes constructing positions with regard to the trouble, the therapist, the treatment institution, and the "self," as well as the relation between these positions. The discursive positions clients create may be more or less agentic or non-agentic. Furthermore, the act of presenting oneself as having problems in life (i.e., as non-agentic) is an active discursive deed in itself, and is in that sense a display of agency. In this research, the

construction of agentic or non-agentic positions is considered as giving oneself or others ascriptions

of agency or non-agency with the use of discursive devices, which we will refer to as agency or

non-agency tools. The clients use such tools to ascribe (non-)agency to themselves and the

therapists to ascribe (non-)agency to the clients. In this paper, the focus is on how the clients give

ascriptions of non-agency to themselves, that is, how they use non-agency tools in self-referring

accounts. The notion of tools is used as a metaphor to underline that taking a non-agentic position is

also an active discursive act. This does not mean that presenting oneself as a non-agent would be

necessarily intentional in the psychological sense.

The ascription of agency or non-agency for the client—in other words, constructing

for him/her an agentic or non-agentic position—is performed by the client him- or herself with self-

ascriptions or by the therapist with other-ascriptions. A simple example of self-ascribing non-

agency and creating a non-agentic position could be "The panic attacks just spiraled out of control."

The speaker positions himself as the object of panic that acts on its own, and does not refer to

himself in the expression in any way, not with a personal pronoun or any other verbalization that

would suggest that the speaker is the one who experiences the panic attacks.

In this study, we asked how clients discursively constructed their presentations of non-

agency in the first session of psychotherapy. Answering this question entailed creating a model of

discursive means with which problematic or lacking agency can be displayed. This model, called

the 10 Discursive Tools model (10DT), is presented as the result of the study. The model consists of

ten discursive tools of agency and non-agency, and was created using both theory-based

considerations and data-based analysis of the discursive means used by clients and therapists in

their talk. As stated before, in this study we focused only on the ascriptions of non-agency given by

the clients to themselves. Hence, self-ascriptions of agency given by the clients and ascriptions of

both agency and non-agency given to the clients by the therapists were left to further research.

Method

Participants and Data

The primary data of this study consisted of the first sessions of nine individual psychotherapies (their length varying from 19 to 78 sessions) conducted by five different trainee therapists who studied in a university-based program of integrative psychotherapy. In one of the nine sessions there was a more experienced therapist conducting the session with the trainee and in two sessions there was a psychology student observing. Eight of the clients were female and one was male. The clients were between 19 and 45 years of age. All of the clients were self-referred to the therapy, which took place at a university psychotherapy clinic in Finland. The clients' presenting problems, reported in their first phone call when booking the session, included depression, fatigue, social anxiety, stress, panic attacks, coping with divorce, and binging and purging. The sessions were conducted in Finnish. Videotaping and the use of the sessions for research purposes took place with the informed consent of the clients, using a protocol reviewed by the Ethics Committee of the university. Eight of the sessions were transcribed in Finnish by the first author, and one had been previously transcribed by a psychology master's student. All analyses were performed on the original Finnish transcripts.

Analysis

Open reading. The analysis started by watching and listening to the nine first sessions of the psychotherapies. In the continuous reading and re-reading of the transcribed sessions, attention was paid to the different ways the clients and therapists used language to depict the clients, in a broad sense, as non-agentic. We noticed that there were also agentic discursive constructions in the data and started to look systematically for the agentic counterparts of the non-agentic ways of speaking. Passages identified by the first author as representing varying ways of displaying non-agency and agency were read together in consensus meetings by all three authors. The cycle,

including the first author re-reading the material and the evolving categorization being discussed in consensus meetings, was repeated several times.

Criteria construction. During the analysis, we did not primarily pay attention to the content of the presentations but to the more formal side of the linguistic exposition. Attention was paid to: (a) who or what was in the place of the grammatical subject and was thus the *performer of the action* denoted by the verb in the expressions; (b) whether the client represented *mental ownership of his/her experiences* and if so; c) where exactly the problem was constructed to lie—in the *initiation*, *continuing*, or *stopping the action*, or, on a more abstract level, in *how a reflective or critical position* towards some aspect of one's action, experiences, life story, or social relations was taken.

Grammatical composition. We observed what or who was constructed as the agent, subject, or initiator of action both linguistically and semantically in the expressions. We looked for the grammatical subject, the word that defines how the verb is conjugated (Finnish Literature Society, 2004; Mäkelä, 2011), and the semantic agent, typically a person who intentionally initiates and carries out an action (Finnish Literature Society, 2004; Langacker, 2008). Often, the grammatical subject—the word linked with the verb—has many characteristics of the semantic agent (Finnish Literature Society, 2004), but the semantic agent does not always coincide with the grammatical subject (Mäkelä, 2011). Attention was paid to instances where some behavior, feeling, experience, situation, or event was the grammatical subject of the expressions. When the semantic agent of the expressions, often the client, was different from the grammatical subject, we emphasized the grammatical subject. Hence, in our analysis it was meaningful if the client said "The panic attacks came," thus putting the panic attacks in the place of the grammatical subject performing the action denoted by the verb.

In addition, we analyzed the use of verb forms (e.g., zero person, active first person) and personal pronouns, and paid attention to the vocabulary used by the client. Special attention

was paid to agency-fading constructions such as passive voice, zero-person construction, and verbs with iterative aspects, all of which can cause the agent of the described actions to be left unspecified or "weak," implying not having control over one's actions (see Kurri & Wahlström, 2007). Iterative verb aspects refer to repeated action (see e.g. Cowan, 2008 ; Karlsson, 2004). The zero-person construction in Finnish is a nonspecific person reference type where only the verb form in the third-person singular is expressed, and there is neither an overt subject of the action nor explicit references to any persons (Jokela, 2012; Laitinen, 1995). It would usually translate into English as impersonal constructions with *one.* In Finnish, the use of zero person often occurs in constructions where the verbs express undergoing a change, receiving something, or being influenced by something and/or describe events that are somehow uncontrollable (Laitinen, 1995).

Reflective versus non-reflective positioning. We chose the term *reflective* to refer to linguistic constructions where some aspect of the speaker, his/her life, or social world was looked at from a contemplative and/or critical stance. Such constructions were identified from the use of verbs referring to knowing, understanding, perceiving and so on; from expressions where a perspective towards past, future, or other people was taken; and from the lack of the previously mentioned linguistic ways of fading agency, such as zero person and lack of personal pronouns.

Categorization of tools. All the different ways of constructing non-agency and agency were differentiated from each other, organized systematically as pairs of discursive tools, and the emerging tool categories were named. Finally, conversation extracts—chosen as illustrative examples for the purpose of presenting our findings in this article—were translated from Finnish to English. The translation seeks to follow the word order and grammatical structure of the Finnish original as closely as possible without compromising the fluency of the English expression.

Results

The results of the analysis are presented here as the 10 Discursive Tools model (10DT) of ten discursive means, denoted as "tools," used by the clients and therapists when ascribing agency or

non-agency to the clients. Specifically, we present the non-agency sides of the ten tool-pairs of the

model and how they are used in the clients' talk. The definitions of these non-agency tools expound

the non-agentic position that the use of each tool constructs for the speaker in relation to what is

explicated as the problem. The ordering of the tools does not imply a strict hierarchy discursively or

in any psychological sense, but it is not random. The order of the tools is based on our conception

of how their use displays self-awareness or taking a reflective stance towards one's own

experiences and actions, as defined in the earlier sections. In the presentation of the model, we

provide the name of the equivalent agency tool in parentheses after the name of the non-agency

tool. A short definition of each non-agency tool and examples of its use in the data are given and

commented upon. To save space, the definitions of the agency tools, the conceptual opposites of the

definitions of the non-agency tools, are not given. The client names in the data extracts are

pseudonyms.

      1. Dismissing (accepting). Clients constructed a position where something did not

concern them in any way or was not related to them personally. *Dismissing* was used in

constructing a display where a personal relationship with a supposed issue did not exist, either

because there was no indication of a separate self that could be in relation to something that is "not

me," or because such a connection was simply denied or mitigated.

Extract 1. Anna

      But still there is this feeling that why should I go and get any help because basically

      nothing is wrong, this is just kind of a teenagers' game.

Here, Anna mitigates the importance of her eating problems by insisting that nothing is really

wrong at all and likening them to a game. In the data, this tool appeared only once: in the beginning

of Anna's first session, when she was displaying her basic dilemma about whether she has severe

enough problems to enter therapy at all. Dismissing was thus a discursive display where the client

in a way said both that there is a problem and that there is not a problem, the supposed issue is of no

importance, or it is not related to her personally.

2. Other as actor (free to act). Clients constructed a position where they were objects, victims, or stooges of something or someone else who initiated the action. In the data, the *other as actor* could be anything that was displayed as executing an action or creating the circumstances: childhood home and family, a life event, such as a divorce or the death of a loved one, current life situation, previous treatment, a diagnosis, or a behavior.

Extract 2. Risto

The first panic disorders came, rather strong ones, and well, at the same time the alcohol consumption grew quite a lot, let's put it that way.

Risto presents his panic attacks as just "coming" to him as independent actors, while his "alcohol consumption" grows by itself without him being in the position of the consumer of the alcohol. Here, the remark "let's put it that way" is not considered to be reflective; it is a mere phrase used to create distance between the speaker and the description in a manner that avoids accepting full responsibility for his views.

Extract 3. Tiina

Yeah well, such a thing occurred to us three years ago and it was quite a big shock. It came totally out of the blue.

Tiina talks about her divorce using the word "thing" and presents the divorce as an actor of its own, coming out of nowhere.

3. Exteriorization (interiorization). Clients constructed a position where their thoughts, feelings, experiences, or actions were presented as objects with their own locations, foreign to the client's own mental realm, and not as being created and experienced by the client him- or herself in any psychological manner. In the use of *exteriorization*, possessive structures were common; in them, the before mentioned objects became presented as in some sense the "property" of the client, whilst an impression of placing something outside the client's mind was

created.

Extract 4. Arja

And well, I have also thought about the fact that this whole process of mine is not any typical burnout case. First, I have this illness, and second, this is like a life management problem.

Arja talks about her issues as something owned by her, "this whole process of mine," and also presents her problems as a totality not created and experienced in her mind but existing on its own as a "burnout case." She continues using the possessive form in "I have… this illness," locating her experiences and suffering outside her as something she *has* instead of something she experiences. She also names her issues as a "life management problem," again an entity with which she has a possessive relation.

Extract 5. Mari

But anyhow, I wouldn't want symptoms like this.

The short example above shows how Mari's seemingly neutral way of formulating something reveals a non-agentic construction where her social anxiety and panic attacks are reduced to "symptoms" and objects of owning. They are not presented as her experiences that can be talked about as the substance of her experiential world.

4. Not initiating action (initiating action). Clients constructed for themselves a position where desired action was not initiated.

Extract 6. Helena

And then the telephone is one thing that I have now... It is, like, difficult to answer the phone and speak on the phone.

This extract shows how *not initiating action* is used when Helena describes her recent difficulties answering and speaking on the phone. Obviously, it is not a question of not being

able to do something, in this case, answer the phone, but a problem of commencing the said action.

Extract 7. Mari

> It is insanely difficult to go there.

Mari's utterance illustrates the use of not initiating action when she describes her difficulties leaving for school in the morning. In the previous turn, her therapist has speculated how she has difficult feelings in advance before going to school, but instead of continuing to ponder her feelings, Mari presents her issue to be about the concrete action of going to school. She continues to say that being at school is not a problem at all, only leaving for school. Other similar examples of the use of this tool in the data are, for example, not being able to go to work or to go and take an exam.

   5. Not stopping or curbing action (stopping or curbing action). Clients constructed for themselves a position where they did not stop their thinking, experiencing, or acting even though that would have been the desired action.

Extract 8. Risto

> Then my condition in a way just got worse and I started to be already in quite bad
> shape.

Risto is talking about how his alcoholism spiraled out of control. By talking about "my condition" and getting into bad "shape", he presents himself as getting into worse and worse health in a process that he is unable to stop. He uses personal pronouns and first person verb forms, thus displaying himself as the center of the action instead of talking about some phenomenon dominating him from outside his person. Expressions about how his condition "just got worse" and the following remark of starting to be in bad shape deliver the impression of an ongoing action that cannot be stopped.

Extract 9. Laura

> And then I start to plan the next day's work, whatever there is, and it might be that it
>
> goes on until one or half past one.

Laura tells how her working in the evenings is something that goes on until late night without

her being able to control it. She first verbalizes what it is she does using the first person verb

form—"I start to plan"—and then uses the expression "it goes on until one or half past one"

to refer to the uncontrollable nature of the action. In the use of *not stopping or curbing action*,

dramatic presence, iterative verbs and time expressions such as "always," "again and again,"

"the whole summer," and the like were important in creating the impression of ongoing action

the speaker could not stop.

        6. Not modifying action (modifying action). Clients constructed a position where,

contrary to what would have been desirable, they did not change the way they act or did not modify

the course of their actions by making intentional choices.

Extract 10. Arja

> And then I tried to hang on in some way but it got to the point where I was barely able
>
> to survive from everyday life.

Arja is talking about a previous depressive episode where she was not able to manage her life

in the way she wanted. She uses personal pronouns and active first person verb forms to

present herself as someone who is only "hanging on" and "barely able to survive."

Expressions where the client stated that he/she was not able to "survive" from something,

such as returning to work, tackling, for example, withdrawal symptoms, or being friends with

their ex-partner, were quite frequent in the occasions where *not modifying action* was used.

Extract 11. Laura

> And then I [said] that I'm just like nervous, like I am somehow so anxious about
>
> whether I will survive.

Laura is talking about a conversation she had with her husband in a situation where she burst out crying because of stress related to returning to work. This is another example of not modifying action taking the form of a verbalization where the speaker is not able to survive from something. She occupies a position where she potentially cannot manage the beginning, more challenging year at her work. Whereas in the use of non-agency tool 4, not initiating action, the displayed issue was specifically about not being able to launch desired action, not modifying action was used in more complex presentations of situations where one is not able to choose, change and/or complete one's chain of actions in the preferred way.

7. Non-cognizance (cognizance). Clients constructed for themselves a position where they were looking at their experiences and actions from a perspective of not understanding, perceiving, knowing, or noticing, or not having a feeling or sense of their experiences and actions. This tool represents a qualitative jump from the preceding six tools. This and the following tools were used to construct displays of how speakers think about their own thinking and feeling, and hence, they were named *reflective tools* in contrast with the previously presented *non-reflective tools*.

Extract 12. Susanna

How is this so confusing like how has my life gone into this or like why can't everything be clear to me.

Susanna is constructing her non-agentic position as a place of not knowing why her life is the way it is. She has previously talked about her recent move back to Finland from abroad after a break-up and how she still does not know what the situation in her relationship is going to be. She is not merely reporting that her life is confusing but is asking how and why she got to this point, representing a reflective stance where something can be *thought* about her situation.

Extract 13. Anna

> There indeed is the fact that I have that goal that I should always make it under a
> thousand calories per day and then it does come true on quite many days and that is like
> totally clueless because one needs at least two thousand calories. It has just come to my
> head that a thousand calories is like the maximum and I really don't know where it
> came from.

Non-cognizance is used in Anna's display of her limits for her daily calorie intake as
irrational. Even though she uses the expression "it has just come to my head" when referring
to her calorie rule, this verbalization is part of a more complex presentation where she clearly
takes a critical reflecting position towards the self-established limit. She says that she does not
know the reason for the rule and sees it as being against her own better understanding and
general knowledge that humans need at least two thousand calories per day, deeming her
calorie limit as "totally clueless."

       8. Reflected dysfunction (reflected function). Clients constructed a reflective stance
towards their position in relation to their experiences, problems, or choices of action, and presented
this positioning as dysfunctional. Thus, this tool denotes a metaposition from which the client is
looking at the position he/she has taken in respect to some experience or way of acting.

Extract 14. Eija

> At some point there was a little bit of, how would I say, clinging from my side so that
> perhaps the relationship would have ended earlier, but then my own mother died
> suddenly and I was very dependent on him then. So that, in that situation, even though
> there had already been violence and I knew very well that nothing good will come from
> this, I wasn't able to let go, and then it in a way got more and more dangerous to me.
> Then he also abused me financially.

Eija describes her staying in her previous relationship as "clinging" that left her the victim of more severe violence. She presents reasons for why she was not able to let go and argues that not leaving was a problematic choice because the abuse in the relationship just got worse, thus taking a reflective stance towards her choice of action in the situation.

Extract 15. Tiina

> The problem here has perhaps been that when I feel bad, I in a way start running. I run away from things. I do a lot of things and I also physically run. So I have exercised.

Tiina defines her usual way of dealing with her issues, running away, as problematic. At least implicitly, she presents herself as now knowledgeable of this manner and as ready to change it in therapy.

9. Discontinuance (continuance). Clients constructed a position from which they looked at their life in terms of historical discontinuity with regards to their experiences, actions, life events, or circumstances. Clients presented these as not coherently connected to each other on a timeline that involved the here-and-now and past or future. In the data, *discontinuance* was used in constructing such positions from which the client expressed his/her inability to connect his/her actions and experiences into a life story and displayed him-/herself as living in a discordant historical mini-narrative.

Extract 16. Eija

> One would think that also life experience would help in that thing so that there are no longer any new or exciting situations. One has lived through and seen everything at least once and then despite that one is all hyper.

Here, Eija implicitly assumes that her social fears and nervousness should have diminished after her accumulation of life experiences because there is nothing to be nervous about anymore. However, she cannot organize her life narrative according to such a theory—she still suffers from her

anxieties at this point of her life. She thus constructs a position where she cannot form a coherent

and understandable life story in terms of why she is nervous.

Extract 17. Susanna

> And, of course, then perhaps a kind of loneliness. And then about those relationship
>
> issues like somehow 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 pressure 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.

Discontinuance is used in the construction of a position where Susanna's earlier break-up is

making her future plans, entertained during the relationship, uncertain from the perspective of

the present. Discontinuance thus applies to Susanna's dreams and future plans that do not

form a sustainable life narrative from the perspective of the present: her recent separation has

led to the shattering of the plan to have a family with this particular person.

10. Presumptive positioning of others (perspectival positioning of others). Clients

constructed a position where other people and their relation to the client was included, but where

the other people`s own perspective was not truly taken into account. The other person was not

presented as independent, with his/her own point of view, but rather, his perspective in respect to

the client's situation was presented as a certainty already known by the client.

Extract 18. Helena

> Probably one very central thing in our family is one sad event, the death of my little
>
> brother, which is in an important way connected to me. So they ((the parents)) probably

> now had thought about that first. The thing is that they did not back then relate to me in
>
> the right way.

By making an assumption of what her parents had thought when they heard of her recent depression, Helena is here displaying herself as knowing what goes on in other people's minds and how they relate to her. She says that now that she is depressed, her parents probably first sought fault in themselves and in how they were not able to deal in an appropriate way with her during the tragic event of her little brother's death. However, Helena is not referring to anything that the parents themselves would have said about the situation. Treating other people's minds as something transparent to her makes this an example of *presumptive positioning of others*. This then constructs for her a non-agentic position, because when she does not position her parents as having their own independent minds, there is no room for negotiating different points of views or reflecting the other person's perspective.

Extract 19. Anna

> I have not told, for example, to my dad because he would lose his mind totally. So that
>
> basically I have talked with mom about this, and it is so horrible to hide this from a
>
> family member but dad would not be able to deal with it. Perhaps he does know it in
>
> some way, he always asks that is Anna sick and such. He perhaps knows but he just
>
> does not want to deal with it.

This extract from Anna shows how she does take into account that her father has a position with respect to her eating disorder, but presents his views as something she knows for sure. Even though she is not even certain whether her father knows that she is ill, she claims that he actively refuses to deal with it. She also presents it as a fact that her father would lose his mind if he knew about his daughter's condition.

A summary of the non-agency tools is given in Table 1. The abbreviation NAT refers to *non-agency tool*.

Table 1. The 10DT model

Nonagency tool (NAT)	Short definition
1. Dismissing (Accepting)	The issue is unrelated to oneself. Any meaningful personal relationship with a supposed problem is denied or mitigated.
2. Other as actor (Free to Act)	Some phenomenon/event is functioning as the actor. The client's position is either unverbalized/hidden or that of a victim, object, or stooge.
3. Exteriorization (Interiorization)	Experiences exist as their own entities and are not one's own creation.
4. Not initiating action (Initiating action)	Not being able to initiate action.
5. Not stopping or curbing action (Stopping or curbing action)	Not being able to stop what one is doing.
6. Not modifying action (Modifying action)	Not being able to make constructive choices.
7. Noncognizance (Cognizance)	Not understanding, knowing, noticing, etc. something about one's experiences.
8. Reflected dysfunction (Reflected function)	Having chosen a way of acting that can no longer be sustained.
9. Discontinuance (Continuance)	The current actions/experiences are not meaningfully related to the past/future.
10. Presumptive positioning of others (Perspectival positioning of others)	Not taking into account other persons' perspective and being unable to coordinate meanings in a situation.

Discussion

The aim of this study was to create a model to capture the variety with which psychotherapy clients in their first psychotherapy session tackle the institutional task of presenting themselves as sensing a lack of agency in some realm of their lives. Based on theoretical considerations and the clinical data of this study, we constructed the 10 Discursive Tools model (10DT), consisting of 10 discursive means, or devices, the clients used to ascribe themselves agentic or non-agentic positions. We referred to these devices as agency or non-agency tools, a metaphor to underline that taking a non-agentic position is an active discursive act achieved with specific means. Constructing non-agency was defined as any discursive act where the client, when presenting his/her issues, ascribed him/herself a non-agentic position in relation to him- or herself, his/her experiences, circumstances, life situations, history, or social relations, with the use of some of the discursive non-agency tools (NATs) of the 10DT model.

The 10DT model consists of ten pairs of discursive tools, each pair including an agency and a non-agency tool. In this paper, we have presented the non-agency part of the model; in other words, we have focused on detailing how the clients used the non-agentic tools that explicated varying non-agentic positions. The order of the ten tool pairs does not imply that their organization would be strictly hierarchical in any psychological or discursive sense. However, it is not random either, because it reflects our suggestion that, as the number of the tool increases, so does reflectivity.

There was a qualitative difference between the first six tools (NAT1 to NAT6) and the four last ones (NAT7 to NAT10). The tools NAT1 to NAT6 were used in displays where the client was ascribed a position of, for example, not being able to initiate a desired action, stop an undesired action, or change the course of one's actions. These descriptions were given in a reporting manner, stating the issues as matters of fact and without approaching them from an introspective point of view. The tools NAT7 to NAT10 were, on the contrary, used to create an impression of the speaker

looking at the problematic experience or situation from a distance, and the non-agentic position was constructed as resulting, for example, from the client's acknowledged lack of knowing or understanding, or from retrospectively perceiving one's previous stance to something as problematic. Thus, we refer to the tools NAT1 to NAT6 as non-reflective, and to the tools NAT7 to NAT10 as reflective non-agency tools.

There was large variability in the frequency of use of the non-agency tools, but there were also some noticeable tendencies. The non-agency tool that the majority of clients used most frequently was NAT6, not modifying action. The second most used tool was NAT2, other as actor. Otherwise, there was a large variation in how the tools were used in combination with each other. This meant firstly that the clients could not be classified according to their tool use patterns. That is, it did not appear that the uses of different tools could be attributed to a distinctive personal style or reported trait. Secondly, no patterning in how the clients moved from the use of one tool to another was observed. In some cases, change did occur during the session in tool use, for example, when some clients moved from non-reflective tools towards more reflective ones by the end of the session.

Another main finding was that the content of the clients' problems did not determine which tools were used to construct the non-agentic positioning. The client could speak about the same problem, such as divorce or binging, with a variety of different non-agency tools. In addition, the same tools were used when positioning towards a variety of different issues. Similarly, the use of non-reflective tools and reflective tools did not differ according to the contents of what the client presented as problematic. Hence, the results did not suggest the plausibility of any diagnosis- or problem type based categorization of tool use patterns. The non-reflective tools were not used solely when the clients talked about matters outside their mind, and the reflective tools were not reserved only for talk about thoughts or experiences. Non-reflective tools were occasionally used in self-positionings with respect to feelings or experiences that were discursively displayed as if they

were outside objects with their own independent existence. Likewise, in a few instances reflective

tools were used in talking about something that was not an experience, or some other matter of the

mind, but more of an outer event such as a divorce. In such instances, when using reflective tools,

the client took a critical perspective towards his/her own actions. Reflective tools could thus also be

used when the client was taking a distanced pondering stance towards something that was not

originally a product of his/her mind. Thus, the semantic content of experiences or occurrences did

not determine how the clients spoke about them.

 Still another interesting observation was that the 10DT model implicated two different

dimensions on which the clients' self-positioning took place. The first one was agentic vs. non-

agentic and the second one reflective vs. non-reflective, and these dimensions appeared to be

independent of each other. This means that a discursively ascribed position can be non-agentic but

still reflective or agentic but yet non-reflective. The tenth tool pair, presumptive positioning of

others (NAT10) vs. perspectival positioning of others (AT10), demonstrates this. With these tools,

the clients positioned themselves with respect to another person's thoughts and feelings. Using the

non-agency counterpart of this tool, the client claimed to know what another person was thinking

about the client or his/her actions. Because the client was referring to his/her own knowing and

relation to that other person, this is a reflective positioning. However, by treating the other person's

mind as a transparent object that he/she can fully know, the speaker closed out possibilities to

question and evaluate whether his/her understanding actually corresponded to that of the other

person. Such a positioning evades the possibility of negotiating the other person's view and is thus

depriving the speaker him-/herself of an active, agentic stance. Using the agency counterpart of the

tool, perspectival positioning of others, the client positioned him- or herself as *not* really knowing

what some other person was thinking, but as taking into account the other person's perspective.

Such a self-positioning of not-knowing is then actually agentic, because the client is mentally

conferring with the other person, taking into account his/her independent mental state and

intentions.

In this study, agency could be distinguished from reflectivity. This suggests the

possibility that agency is not the same as reflectivity (or reflexivity, see, e.g., Rennie, 2010). Self-

ascriptions of both agentic and non-agentic discursive positions can be reflective. For instance, the

client can display herself as either knowing exactly why she feels the need to binge and vomit

(cognizance, AT7), or as not really understanding why she does that (non-cognizance, NAT7).

However, in both instances—in the first one ascribing herself an agentic and in the second one a

non-agentic position with respect to her eating behavior—she would still be taking a reflective

perspective, including the dimension of knowing or understanding, in relation to her way of acting.

Additionally, the client can take an agentic position towards something without being reflective. In

that case, the client would be, for example, displaying herself as being able to initiate an action or

stop doing something she does not want to do, but this would take the form of a mere telling of her

actions without including any notion of how she thinks about her ability to influence her actions, or

how she relates to that ability. These findings contrast interestingly with the view that reflectivity is

a prerequisite for increased agency (Rennie, 2004, 2010), and call for further investigation of how

assuming a reflective stance in therapy discourse can take place on different levels, as suggested by

Penttinen, Wahlström, and Hartikainen (2016).

In previous research the issue of clients' agency at the outset of psychotherapy has

been approached through the notion that people come to therapy with a disturbed sense of agency

(Anderson & Goolishian, 1992; Dimaggio, 2011; Mackrill, 2009; Wahlström, 2006a, 2006b).

Therapy clients have been described as entering treatment occupying an "object position," which as

a result of successful therapy is expected to be transformed into a "subject position" (Leiman, 2012;

Todd, 2013). While subscribing to these somewhat abstract notions, we perceive the 10DT model as

a novel attempt to display in detail the variety of how non-agency is talked into being in actual

therapy conversations.

In the literature there are several descriptions of specific positions therapy clients

occupy, and these frequently suggest that they are an object or victim of experiences that affect

them as alien entities (Avdi, Lerou & Seikkula, 2015; Karatza & Avdi, 2011; Kupferberg & Green,

2005; Ogden, 1986). The 10DT model, however, includes only one tool (NAT2, other as actor) with

which such a subjugate position can be expressed, while the nine other tools afford different

expressions of loss of agency. Non-agency has also been depicted as a position of not being able to

initiate wished-for actions or undertaking undesired actions (Wahlström, 2006b), or where the

client's opportunities to influence some situation and his/her possible actions are reduced

(Wahlström, 2016). In the 10DT model, the first mentioned ascription of non-agency is most

closely represented by NAT4, not initiating action, and the second one by NAT6, not modifying

action. The analysis of the present study shows production of non-agency in the clients' talk to be a

much more varied and multi-dimensional phenomenon than the singular position of an object to an

alien-like experience or one of not being able to initiate actions or influence a situation. Those non-

agentic positions are also represented in the 10DT, but they form only a part of all the possible self-

positionings.

In narrative therapy literature, "externalizing the problem" is a therapeutic process

where clients' issues are, discursively speaking, changed from inherent qualities to separate entities

external to the clients (White & Epston, 1990), the aim being to enable people to realize that they

and their problem are not the same thing (Carey & Russell, 2002). The context of this kind of

externalizing, a therapeutic technique used by the therapist in a longer process, is different from the

momentary discursive position explicated by NAT3, exteriorization, in our model. In the hierarchy

of the 10DT, NAT3 represents a discursive position where the existence of an issue is not denied,

and this issue is not displayed as something that has power over the client (as happens with NAT1

and NAT2). However, with NAT3, issues are not displayed as something that has to do with the client's ways of thinking, experiencing, and acting. It can be hypothesized that from the perspective of the 10DT, therapeutic externalizing could be conducted with many of the tools and their varying combinations.

Even though some non-agentic positions are descriptions of the client not being able to initiate action or act in a productive way, the 10DT model draws attention to the finding that expressing non-agency is not only a description of not being somehow active or not being able to perform a concrete action. Non-agentic positioning is more than merely a display of a lack of action; it is an active discursive act that includes a multitude of possible discursive positions. For example, even though a lack of personal pronouns is typical for NAT2, other as actor, it also includes the active presentation of some experience or event coming to the client as an outer force. The characteristics of the non-agency tools are not solely the lack of something, linguistically or otherwise. With the non-agency tools, a wide spectrum of linguistic possibilities is employed to display a very particular discursive position. This approach contradicts any attempt at conceptualizing (non-)agency as some type of an entity, trait, or dimension of psychological functioning that an individual can possess more or less of.

The primary contribution of this article has been to show the variety of discursive self-positionings performed by clients when presenting a lack of agency in their very first psychotherapy session. Even though our focus has been on the detailed description of how non-agentic positions were discursively constructed, this does not preclude seeing the clients as providing expressions of their genuine distress. However, the specific argument underlying the 10DT model is that it does matter *how* the clients position themselves in relation to their problems, not only *what* they describe as difficulties in their lives. We suggest that we have provided new insight into the multifaceted nature of the non-agency work clients undertake already in their first psychotherapy session. First, we have suggested that the clients adopt various different non-agentic positions, and that, second,

the adopting of those positions does not depend upon the semantic content of the problem to which

they are positioning themselves. Because these views are emerging from a new model, they should

naturally be subjected to more empirical validation.

This research with its discursive, post-psychological perspective adds to the

understanding of the actual, nuanced ways clients produce agency in the here-and-now of the

language-mediated therapy interaction, a level that can easily become obscured in the quantitative

study of multifaceted phenomena created in language. Our contribution opens up a possibility to go

beyond categorizations of the clients or their issues whilst tackling the multiple discursive aspects

of which the clients' problems are constructed.

One limitation of this paper is that even though the therapists' speech was analyzed in

the construction process of the 10DT model, the dialogical perspectives were put aside in this paper

in favor of a clear presentation of the total variety of the possible non-agentic positions. We believe

it is also valuable to look, in a detailed manner, at how clients display their sense of non-agency,

one speaker at a time. The use of the model in more dialogical analyses of agency construction has

been left for further research. Furthermore, we have only presented one half of the model, the non-

agency tools, and left the agentic side of the model largely untouched. We acknowledge that this

might compromise the reader's understanding of the model and we therefore emphasize the need for

more research on the agency tools.

The heterogeneity of the clients in the data can be seen as both limitation and strength.

The clients are of different ages, come from different stages of life, and have reported varying

issues when booking their session. One of the clients was male and eight were female. We were not

able to form client-based profiles of non-agentic constructions. Our aim was to create a model that

is not limited to any specific client group, and we wished to detail, without pre-set limitations, all

the various positions clients can take when talking their issues into being. However, one interesting

question for further research would be to study whether a gendered approach to constructing non-

agency could be identified. This would naturally require additional data to be collected from male clients.

The 10DT model provides an understanding of the skeleton, that is, the basic discursive devices, of the display of agency and non-agency in the first psychotherapy session. The clients use a large and varied repertoire of positionings to present themselves as "having problems." In future research we anticipate using the model to analyze the full body of interaction between the therapists and clients, aiming at detailed descriptions of how the different non-agentic positionings evolve and develop in the course of the conversation, and perhaps transform into agentic ones. The variation and evolving of agency positionings should be studied as an interactional phenomenon constructed in dialogue, not as a static style or a fixed position. The 10DT model contributes to future research on subject positioning in therapy and to how different positionings may be related to psychotherapy outcome. One interesting question for further research is whether specific (non-) agentic positions or combinations of them can be related to discourses in different types of psychotherapy.

We conclude that the present study already shows the potential of the 10DT model to contribute to a detailed description of how presentations of not-being-able are being achieved by clients in psychotherapy discourse. As a clinical implication, we propose that therapists pay close attention to this diversity of expressions.

References

Adler, J. M. (2012). Living into the story: Agency and coherence in a longitudinal study of narrative

    identity development and mental health over the course of psychotherapy. *Journal of*

    Personality and Social Psychology, 102, 367-389. doi:10.1037/a0025289

Adler, J. M. (2013). Clients' and therapists' stories about psychotherapy. *Journal of Personality,*

    81, 595-605. doi:10.1111/j.1467-6494.2012.00803.x

Anderson, H. & Goolishian, H. (1992). The client is the expert: A not-knowing approach to

    therapy. In S. McNamee & K. Bergen (Eds.), *Therapy as social construction* (pp.

    25–39)*.* Newbury Park, CA: Sage.

Avdi, E. (2005). Negotiating a pathological identity in the clinical dialogue: Discourse analysis of a

    family therapy. *Psychology and Psychotherapy: Theory, Research and Practice 78,*

    493–511. doi:10.1348/147608305X52586

Avdi, E. (2012). Exploring the contribution of subject positioning to studying therapy as a

    dialogical enterprise. *International Journal for Dialogical Science, 6,* 61–79.

    Retrieved from http://ijds.lemoyne.edu/journal/6_1/pdf/IJDS.6.1.05.Avdi.pdf

Avdi, E. (2016). Positioning as embodied interaction: Commentary on Guilfoyle. *Journal of*

    Constructivist Psychology, 29, 141-148. doi:10.1080/10720537.2015.1034816

Avdi, E. & Georgaca, E. (2009). Narrative and discursive approaches to the analysis of subjectivity

    in psychotherapy. *Social and Personality Psychology Compass, 3*, 654–670.

    doi:10.1111/j.1751-9004.2009.00196.x

Avdi, E, Lerou, V. & Seikkula, J. (2015). Dialogical features, therapist responsiveness, and agency

    in a therapy for psychosis. *Journal of Constructivist Psychology 28,* 329–341.

    doi:10.1080/10720537.2014.994692

Bateman, A. W. & Fonagy, P. (2004). Mentalization-based treatment of BPD. *Journal of*

    Personality Disorders, 18, 36–51.

Carey, M. & Russell, S. (2002). *Externalizing: Commonly asked questions. The International Journal of Narrative Therapy and Community Work, 2,* 76-84. Retrieved from http://dulwichcentre.com.au/articles-about-narrative-therapy/externalising/

Coleman, R. A. & Neimeyer, R. A. (2015). Assessment of subjective client agency in psychotherapy: A Review. *Journal of Constructivist Psychology, 28*(1), 1-23. doi:10.1080/10720537.2014.939791

Cowan, R. (2008). *The Teacher's Grammar of English with Answers: A Course Book and Reference Guide*. New York: Cambridge University Press.

Davies, B. & Harré, R. (1990). Positioning: The discursive production of selves. *Journal for the Theory of Social Behavior, 20*, 43–63. doi:10.1111/j.1468-5914.1990.tb00174.x

Dimaggio, G. (2011). Impoverished self-narrative and impaired self-reflection as targets for the psychotherapy of personality disorders. *Journal of Contemporary Psychotherapy, 41*, 165–174. doi:10.1007/s10879-010-9170-0

Emirbayer, M. & Mische, A. (1998). What is agency? *American Journal of Sociology, 103*, 962–1023. doi:10.1086/231294

Finnish Literature Society. (2004). *Ison suomen kieliopin verkkoversio. Kotimaisten kielten tutkimuskeskuksen verkkojulkaisuja 5*. [The online version of the big Finnish grammar. Online Publications by the Institute of Languages in Finland 5]. Retrieved from http://scripta.kotus.fi/visk

Georgaca, E. (2001). Voices of the self in psychotherapy: A qualitative analysis. *British Journal of Medical Psychology, 74*, 223–236. doi:10.1348/000711201160939

Gillespie, A. (2012). Position exchange: The social development of agency. *New Ideas in Psychology, 30,* 32–46. doi:10.1016/j.newideapsych.2010.03.004

Guilfoyle, M. (2016). Subject positioning: Gaps and stability in the

therapeutic encounter. *Journal of Constructivist Psychology, 29*(2), 123–140.

doi:10.1080/10720537.2015.1034815

Harré, R. (1993). *Social Being*. Second Edition. Oxford, UK: Blackwell Publishers.

Jenkins, A. H. (2001). Individuality in cultural context: The case for psychological agency. *Theory & Psychology*, *11*, 347–362. doi:10.1177/0959354301113004

Jokela, H. (2012). Nollapersoonalause suomessa ja virossa: tutkimus kirjoitetun kielen aineistosta. [Zero person sentence in Finnish and Estonian: a Study on Data in Written Language]. Annales Universitatis Turkuensis C 334. (Doctoral dissertation, University of Turku, Finland). Retrieved from UTUPub

Jolanki, O. H. (2009). Agency in talk about old age and health. *Journal of Aging Studies, 23*, 215–226. doi:10.1016/j.jaging.2007.12.020

Karatza, H. & Avdi, E. (2011). Shifts in subjectivity during the therapy for psychosis. *Psychology and Psychotherapy: Theory, Research, and Practice, 84*, 214–229. doi:10.1348/147608310X520175

Karlsson, F. (2004). *Yleinen kielitiede*. [General Linguistics]. Helsinki: Helsinki University Press.

Kennedy, R. (1997). On subjective organizations: Toward a theory on subject relations. *Psychoanalytic Dialogue: The International Journal of Relational Perspectives, 7*, 553-581. doi:10.1080/10481889709539205

Kupferberg, I. & Green, D. (2005). *Troubled talk: Metaphorical negotiation in problem discourse.* In M. Heller & R.J. Watts (Eds.), *Language, power and social process 15.* Berlin: Mouton de Gruyter.

Kurri, K. (2005). *The invisible moral order: Agency, accountability and responsibility in therapy talk.* Jyväskylä studies in education, psychology and social research 260. (Doctoral dissertation, University of Jyväskylä, Finland). Retrieved from https://jyx.jyu.fi/dspace/bitstream/handle/123456789/13342/9513921107.pdf?sequenc

e=1

Kurri, K. & Wahlström, J. (2005). Placement of responsibility and moral reasoning in couple

therapy. *Journal of Family Therapy, 27*, 352–369.

doi:10.1111/j.1467-6427.2005.00327.x

Kurri, K. & Wahlström, J. (2007). Reformulations of agentless talk in psychotherapy. *Text and

Talk, 27,* 315-338. doi:10.1515/TEXT.2007.013

Kögler, H-H. (2010). Recognition and the resurgence of intentional agency. *Inquiry*, *53*, 450–469.

doi:10.1080/0020174X.2010.516677

Kögler, H-H. (2012). Agency and the other: On the intersubjective roots of self-identity. *New Ideas

in Psychology, 30,* 47–64. doi:10.1016/j.newideapsych.2010.03.010

Laitinen, L. (1995). Nollapersoona. [Zero-person construction]. *Virittäjä 99*, 337–358. Retrieved

from http://elektra.helsinki.fi.ezproxy.jyu.fi/se/v/0042-6806/99/3/nollaper.pdf

Langacker, R. (2008). Cognitive grammar: A basic introduction. [Kindle edition]. Retrieved from

http://www.amazon.com

Leiman, M. (2012). Dialogical sequence analysis in studying psychotherapeutic discourse.

International Journal for Dialogical Science, 6, 123–147. Retrieved from

http://ijds.lemoyne.edu/journal/6_1/pdf/IJDS.6.1.08.Leiman.pdf

Mackrill, T. (2009). Constructing client agency in psychotherapy research. *Journal of Humanistic

Psychology, 49,* 193–206. doi:10.1177/0022167808319726

Markova, I. (2003). Constitution of the self: Intersubjectivity and dialogicality. *Culture and

Psychology, 9*, 249–259. doi:10.1177/1354067X030093006

McLeod, J. (2006). Narrative thinking and the emergence of postpsychological therapies. *Narrative

Inquiry, 16*, 201–210. doi:10.1075/bct.6.24mcl

Mäkelä, S. (2011). Agentin kielentäminen subjektiksi suomen kielessä. [The verbalization of agent

in the Finnish language]. (Doctoral dissertation, University of Jyväskylä, Finland).

Retrieved from http://urn.fi/URN:NBN:fi:jyu-201102281828

Ogden, T. H. (1986). *The matrix of the mind. Object relations and the psychoanalytic dialogue.*
Northvale, NJ: Jason Aronson Inc.

Penttinen, H., Wahlström, J., & Hartikainen, K. (2017). Assimilation, reflexivity, and therapist
responsiveness in group psychotherapy for social phobia: A case study.
Psychotherapy Research, 27(6), 710-723. doi:10.1080/10503307.2016.1158430

Pope, R. (1998). *The English Studies Book*. London, UK: Routledge.

Rennie, D. L. (2004). Reflexivity and person-centered counseling. *Journal of Humanistic
Psychology, 44*, 182–203. doi:10.1177/0022167804263066

Rennie, D. L. (2007). Reflexivity and its radical form: Implications for the practice of
humanistic psychotherapies. *Journal of Contemporary Psychotherapy, 37*, 53–58.
doi:10.1007/s10879-006-9035-8

Rennie, D. L. (2010). Humanistic psychology at York University: Retrospective: Focus on clients'
experiencing in psychotherapy: Emphasis of radical reflexivity. *The Humanistic
Psychologist, 38*, 40–56. doi:10.1080/08873261003635856

Salvatore, G., Carcione, A., & Dimaggio, G. (2012). Schemi interpersonali nel disturbo narcisistico
di personalità: la centralità della scarsa agentività e della dipendenza. Implicazioni per
la relazione terapeutica. [Interpersonal schemas in narcissistic personality disorders:
Poor agency and dependence. Implications for the therapeutic relationship.]
Cognitivismo Clinico, *9*, 3–14. Retrieved from http://www.apc.it/wp-
content/uploads/2013/03/CC_Dimaggio2.pdf

Seilonen, M. & Wahlström, J. (2015). Constructions of agency in accounts of drunk driving at
the outset of semi-mandatory counseling. *Journal of Constructivist Psychology,
28*(0), 1-21. doi:10.1080/10720537.2015.1072863

Semerari, A., Carcione, A., Dimaggio, G., Falcone, M., Nicolò, G., Procacci, M., & Alleva, G.

(2003). How to evaluate metacognitive functioning in psychotherapy? The

Metacognition Assessment Scale and its applications. *Clinical Psychology and*

Psychotherapy, 10, 238–261. doi:10.1002/cpp.362

Suoninen, E. & Wahlström, J. (2009). Interactional positions and the production of identities:

Negotiating fatherhood in family therapy talk. *Communication and Medicine, 6,* 199–

209. doi:10.1558/cam.v6i2.199

Todd, N. (2013). Between Subject and Object: Using the grammar of verbs to enhance the

therapeutic construction of personal agency. *Journal of Constructivist Psychology,*

27, 289–302. doi:10.1080/10720537.2013.843479

Wahlström, J. (2006a). The narrative metaphor and the quest for integration in psychotherapy. In E.

O`Leary and M. Murphy (Eds.), *New approaches to integration in psychotherapy*

(pp. 38–49). London, UK: Routledge.

Wahlström, J. (2006b). Narrative transformations and externalizing talk in a reflecting team

consultation. *Qualitative Social Work*, *5*, 313–332. doi:10.1177/1473325006067359

Wahlström, J. (2016). Constructing the moral order of a relationship in couples therapy. In M.

Borcsa and P. Rober (Eds.) *Research perspectives in couple therapy: Discursive*

qualitative methods (pp. 149–165). London: Springer.

Wahlström, J. & Seilonen, M.-L. (2016). Displaying agency problems at the outset of

psychotherapy. *European Journal of Psychotherapy & Counselling, 18,* 333-348,

doi:10.1080/13642537.2016.1260616

White, M. & Epston, D. *Narrative Means to Therapeutic Ends*. New York: W.W. Norton &

Company.

Winslade, J. M. (2016). Not so fast! A response to Michael Guilfoyle. *Journal of Constructivist*

Psychology, 29, 149–153. doi:10.1080/10720537.2015.1034817

II

CONSTRUCTIONS OF NONAGENCY IN THE CLIENTS' INITIAL PROBLEM FORMULATIONS AT THE OUTSET OF PSYCHOTHERAPY

by

Heidi Toivonen, Jarl Wahlström & Katja Kurri

Journal of Contemporary Psychotherapy

ORIGINAL PAPER

Constructions of Nonagency in the Clients' Initial Problem Formulations at the Outset of Psychotherapy

Heidi Toivonen[1] · Jarl Wahlström[1] · Katja Kurri[2]

Abstract

This multiple case study investigated how clients construct nonagentic positions when formulating their problems in the beginning of their first psychotherapy session. The initial problem formulations of nine clients entering psychotherapy were analyzed with a detailed model drawing on discursive methodology, the 10 Discursive Tools model (10DT). We found ten problem formulation categories, each one distinguished by the tool from the 10DT model primarily used to construct nonagency. All clients gave several problem formulations from different categories and constructed nonagentic positions with a variety of discursive tools. When the resulting problem formulation categories were read in comparison with the descriptions of the client's stance at the outset of psychotherapy as presented in two change process models, the Assimilation of Problematic Experiences Sequence and the Innovative Moments Coding System, some similarities were found. However, the 10DT model brought out much variation in the client's nonagentic positioning in the formulations, forming a contrast with the more simplified presentations of the client's initial nonagency given in the change process models. Therapists should pay close attention to how clients express their sense of lost agency at the outset of psychotherapy and how this positions both the client and the therapist as future collaborators in psychotherapy.

Keywords Agency · Discursive research · First psychotherapy session · Nonagency · Problem formulations

Introduction

People seek psychotherapy when encountering problems they cannot solve on their own. This has been conceptualized as an experience of a lost or diminished sense of agency (Adler 2012, 2013; Wahlström 2006). It is suggested that the central task in counseling and psychotherapy is the work on clients' agency problems and advancing their sense of agency (Avdi et al. 2015; Williams and Levitt 2007).

In this qualitative multiple case study, we approach clients' problem formulations as discursive descriptions of *nonagency*, the feeling of losing mastery in some realm of one's life. The descriptions are studied from a post-psychological point of view, framing lost agency as a language-mediated phenomenon constructed in interaction in a specific situation (e.g., McLeod 2006). Displaying nonagency entails both referring to the substance (i.e., the clients' actual experience of having lost agency in their lives) and the process of psychotherapy (i.e., the seeking of a position in the situational context). The experience of lost agency is not reduced to a mere linguistic presentation, but our aim is to examine how clients achieve the institutionally framed objective of presenting themselves as having problems and hence, being in a nonagentic position (Wahlström and Seilonen 2016).

The clients' presenting problems have typically been explored using categorizations and diagnostic language (e.g. Heafner et al. 2016). However, for understanding the therapeutic change process, such content-based categories are of limited interest, in contrast to portraying how clients position themselves with respect to their problems (Avdi 2012, 2016; Leiman 2012).

✉ Heidi Toivonen
  hktoivon@gmail.com

  Jarl Wahlström
  jarl.wahlstrom@jyu.fi

  Katja Kurri
  katja.s.kurri@gmail.com

[1] Department of Psychology, University of Jyväskylä, PO Box 35, 40014 Jyväskylä, Finland

[2] Private Practice, Mannerheimintie 40 a 24, 00250 Helsinki, Finland

The Client's Stance at the Outset of Therapy

Psychotherapy change process models, such as the Assimilation of Problematic Experiences Sequence (Stiles 2001; Stiles et al. 2006) and the Innovative Moments Coding System (Gonçalves et al. 2010, 2011), attempt to describe how change occurs in the ways clients relate to their problematic experiences. Both models, using different terminology, display clients as entering therapy in a situation that is somehow restricted, depicting the client as suffering from lack of diversity and flexibility in his/her options for thinking, experiencing, and acting (Gonçalves et al. 2014).

According to the Assimilation of Problematic Experiences Sequence, clients enter therapy with experiences that are psychologically unavailable, avoided, or unclearly formulated because they have not yet been accessed, specified, understood, and integrated into previous experiences (Honos-Webb and Stiles 1998; Stiles et al. 2006). Clients mostly start therapy at levels 2 or 3 (Pérez-Ruiz and Caro Gabalda 2016; Mendes et al. 2016). At level 2, there is only vague awareness of a problematic experience, but at level 3, the client can more clearly describe it, enabling the client to "have" the problem instead of identifying with it (Honos-Webb and Stiles 1998).

In the Innovative Moments Coding System, clients are depicted as initially being under the rule of a problem-saturated, restricting self-narrative, which during therapy is gradually transformed through innovative moments, displays of new understanding and actions that challenge the dominating narrative (Gonçalves et al. 2010; Montesano et al. 2017). The refined Innovative Moments Coding System groups the innovative moments at two levels, where the first one concerns creating distance from the problem and the second centers on the elaboration of change processes without referring to the problem discourse (Gonçalves et al. 2017; Montesano et al. 2017).

The models suggest that at the beginning of the therapeutic process the client is immersed in a problematic narrative (e.g. Gonçalves et al. 2010) or bound by a silenced problematic experience (Honos-Webb and Stiles 1998). The models construct the therapy process as establishing contact with and communication among different experiences, taking distance from the problem and formulating it more clearly, looking at it from a metaperspective, and finally, consolidating these reconceptualizations in a larger context (Barbosa et al. 2018; Gonçalves et al. 2014). These descriptions of the client's stance at the outset of therapy resonate with the notion of the client's so-called object position, in which the client feels beleaguered by the problem or acted upon by it (Leiman 2012; Todd 2014). During the course of therapy, through adopting an observer point of view, the object position is supposed to evolve into an empowered stance, a subject position (Leiman 2012).

In earlier studies (Toivonen et al. 2018a, b) we referred to the expressed stance of limited action possibilities as the discursive display of loss of one's sense of agency. We presented a detailed, conceptually and empirically grounded classification system, the 10 Discursive Tools model (10DT). The model, empirically based on the same data as this study, conceptualizes agency/nonagency ascription as a discursive, constructive act being performed on two dimensions: (non)agency and (non)reflectivity. The model includes ten pairs of discursive devices named *tools*, consisting of an agentic and a nonagentic tool, with which the speaker's utterance can construct an agentic or a nonagentic discursive position for the speaker or for the addressee. The notion of "tools" is a metaphor to underline the viewpoint that assuming a nonagentic position is an active discursive deed.

On the agency-nonagency dimension of the 10DT model, the speaker's utterance expresses his/her stance as an able or unable actor, and on the reflectivity-nonreflectivity dimension, the utterance expresses either a reflective or nonreflective stance towards the description of the speaker as an actor. Nonreflectivity comprises a position of solely telling how things are and reporting on the problem as a matter-of-fact, whereas a reflective position entails an observing relation towards the action or lack of action displayed. In the 10DT model, the nonagentic positions are organized from nonreflective statements of not being able to e.g. launch a desired action to more reflective positions of e.g. not understanding why one keeps doing something.

In this study, using the 10DT model, we ask what kind of problem formulations the clients give as a response to the therapists' opening question at the beginning of the first therapy session, when the client is invited to tell what brought him or her to therapy. We seek to give a detailed description of what kind of nonagentic positions become constructed for the clients in relation to their problems in their initial formulations. We also ask how these problem formulations resonate with the descriptions of the client's stance as being immersed in problems given by the process models referred to above.

Problems as Situational and Discursive Constructions

Problem construction entails situational and discursive positioning in a context where problem talk is expected and invited (Buttny 2004; Wahlström and Seilonen 2016). Positioning refers to how people in situated talk take a stance in relation to aspects of their experience and life events, thereby creating different positions for themselves and others (Davies and Harré 1990; Wahlström 2016). Discursive

approaches have suggested that the aim of therapy is to enhance clients' ability to flexibly adopt various subject positions (Avdi 2016; Avdi and Georgaca 2009).

In the first session of psychotherapy, clients are expected to indicate a need for help with something constructed as a problem (Wahlström and Seilonen 2016), hence, describe situations where they either do not initiate actions they wish to, or where they undertake actions not expected nor wished for by themselves (Wahlström 2006). In these descriptions, the clients adopt nonagentic positions, that is, stances where the speaker's possibilities to influence situations are depicted as reduced in respect to some aspects of one's life, situation, experiences, or actions (Wahlström 2016).

In the present study, using the 10DT model, we explored how clients, when presenting their self-defined problems, constructed different nonagentic self-ascriptions. We were interested in describing the rich variety of nonagentic self-positioning presented in the data. The data consisted of the clients' initial *problem accounts*, the first problem tellings provided at the very beginning of their first session when replying to therapists' opening questions, which entailed more specific reasons or explanations for entering therapy, *problem formulations*.

Methods

Participants and Data

The primary data were the first sessions of nine individual psychotherapies, available from the video-archive of a university-based integrative psychotherapy training program in Finland. The length of the therapies varied from 19 to 78 sessions. The clients were aged between 19 and 45, and eight of them were female and one was male. The nine sessions were conducted by five trainee therapists, all clinical psychologists with a minimum of 2 years of clinical experience. In one case the first session was conducted in tandem by an experienced therapist and a trainee. In two sessions there was a psychology student observing. All clients were self-referred, and no inclusion or exclusion criteria were used in this naturalistic setting. The problems the clients had reported when booking the session included fatigue, stress, social anxiety, panic attacks, depression, coping with divorce, and binging and purging. The sessions were conducted in Finnish. Videotaping and the use of the sessions for research purposes took place with the informed consent of the clients, using a protocol reviewed by the Ethics Committee of the university.

The analysis was performed on the original Finnish transcriptions. The clients' initial problem accounts were first extracted from the verbatim transcriptions of the videotaped sessions. The word counts of the excerpts coded varied between 71 and 1037. The accounts were responses to the therapists' initial questions and prompts, which varied in terms of what the therapists asked and how explicit was the assumption that the clients should explain why they were in therapy. The therapists' questions were open-ended, and often not very clear. The questions entailed the therapist asking about the client's reason for calling the clinic or the client's views of his/her problems (e.g., "If you would first talk about this problematics and its development, such as how it has been constructed?"). In one case the therapist's question was an invitation to talk about oneself ("Shall we begin so that you say something about this situation for which you are seeking help and a little bit about yourself?"). In two cases the therapist did not ask an initial question because the client either presented it himself (e.g., "Well it would probably be good if I shortly say who I am and how I actually got here") or started to cry at the beginning of the session, hence, the reasons given for crying became the client's problem account.

The clients' problem accounts formed one longer, fairly uninterrupted talk turn. They ended when the clients either clearly moved away from the problem telling to a different topic, or the therapist asked or commented on something in a way that did not encourage the client to elaborate on his/her original problem account, but led him/her in another direction. Then, the client's answer was not a clear continuation of the original problem telling. In five sessions, the client replied to the therapist's intervening question or comment by clarifying something, but still continued the initial depiction of the problematic situation. These types of therapist turns were thus not taken as signifying the end of a client's problem account. The data analysis did not include the therapists' responses and comments, generally sparse and short, within the clients' problem accounts. The extracts presented in this article have been translated into English and in some cases slightly stylized to make them more readable. The clients are named with pseudonyms.

The 10DT Model

The model consists of 10 discursive tools that have two sides each: an agency tool (AT) and a nonagency tool (NAT), with which either an agentic or nonagentic position can be ascribed to speakers or to addressees. Using ATs or NATs, speakers display either a reflective or nonreflective relation to the description of themselves as an actor. Clients can take a position that is simultaneously agentic but nonreflective or nonagentic but reflective (Toivonen et al. 2018a). When presenting their problems, the clients display problematic or lacking agency by using the nonagency tools of the model.

In Table 1, the NATs are given on the left, the equivalent ATs are next to them in parentheses, and the definitions of

Table 1 Summary of the discursive tools of nonagency

Nonagency tool (NAT)	Short definition
1. Dismissing (accepting)	The problem is unrelated to oneself, any meaningful personal relationship with a supposed problem is denied or mitigated
2. Other as actor (free to act)	Some phenomenon/event is functioning as the actor, the client's position is either unverbalized/hidden or that of a victim, object, or stooge
3. Exteriorization (interiorization)	Experiences exist as their own entities and are not one's own creation
4. Not initiating action (initiating action)	Not being able to initiate action
5. Not stopping or curbing action (stopping or curbing action)	Not being able to stop what one is doing
6. Not modifying action (modifying action)	Not being able to make constructive choices
7. Noncognizance (cognizance)	Not understanding, knowing, noticing, etc. something about one's experiences
8. Reflected dysfunction (reflected function)	Having assumed a problematic way of relating to one's experiences or dealing with problems
9. Discontinuance (continuance)	The current actions/experiences are not meaningfully related to the past/future
10. Presumptive positioning of others (perspectival positioning of others)	Not taking into account other person's perspective and being unable to coordinate meanings in a situation

the NATs are on the right. For the purposes of readability, the definitions of the ATs are not given here.

The order of the NATs and ATs represents the increasing reflectivity towards one's experiences and actions as the number of the tool grows. The nonreflective tools (1 to 6) ascribe a position from which the problems are only reported on. With the reflective tools (7 to 10), an observing position is ascribed, from which the client's thoughts, experiences, or life events are looked at. The NATs run from a total mitigation and denial of any problems whatsoever through displays of problems in launching, stopping, or modifying action to pondering positions towards one's own understanding, previous ways of acting, life story, or social relations. The tools are identifiable in short excerpts of talk, occasionally involving only a few words.

Analytic Procedure

The analysis focused on the previously defined first problem accounts and started by identifying problem formulations, understood as semantically independent reasons given for attending therapy, within them. The formulations were often separated from each other in the clients' talk by short expressions such as "and well then" or "but well." Each problem formulation usually consisted of one utterance, in some instances of two or three, that concerned the same situation or phenomenon constructed as a problem. First, the utterance forming the main statement or central point of the formulation was identified, and the tool with which the client's nonagentic position was constructed, was coded as the *main tool*. Next, the other utterance(s) including complementary information and statements supporting the main point were identified and the nonagentic expressions in them were coded as *side tools*.

Every problem formulation included at least one nonagentic tool, thus identified as the main NAT. There was not a side tool in all formulations of a certain category. If the same NAT was used in several successive utterances within the same problem formulation, they were counted as one instance of the tool in question. Below is an example of how the main tool and the side tool can look like in the constitution of one formulation:

And then somehow the summer went so that not a single day went by without me thinking about the return to work (NAT5) (but then somehow it went) and it kind of like increased all the time like soon it's getting closer (NAT2).

The client first describes how she could not stop worrying about returning to work, coded with NAT5 (not stopping or curbing action), a tool with which the speaker takes the position of not being able to stop a specific action. The part within brackets was read as a short agentic expression, as the summer is displayed to have passed in some way despite the client's nervousness. The last expression provides complementary information on her worrying about the return and shows the nervousness as the actor that increases on its own, coded with NAT2 (other as actor). Often, the expression coded to include the main tool was underlined by the speaker with verbalizations such as "above all" and/or came first in the utterance, followed by the extra information provided by expression/expressions where the nonagentic tool was classified as a side tool. The first author made the first suggestions of what was the main position and which were the less important positions, constructed with which NATs, and the coding was subsequently refined by all three authors together.

Occasionally, there was also neutral talk within the utterance (i.e., talk that did not concern the clients' problems in

any way). In addition, there were in the clients' talk, both between the problem formulations and in some cases also within them, agency ascriptions, that is, expressions where the clients constructed themselves as agents using agency tools. As the focus of this analysis was on nonagency construction, and because the agency ascriptions were few and did not differentiate the problem formulations, they were not coded or included in the final analysis.

As a second step in the analysis, the problem formulations were categorized.

In their problem accounts, the clients hardly ever presented only one single, clearly defined problem. Hence, each client's account included several problem formulations and a large variety of nonagentic positions. The categorization of the formulations was done bottom-up from the data, as formulation categories, differing in terms of how the client's failing agency became displayed, started to evolve from the data. The categorization of the problem formulations was not based on the psychological content of the problems, nor on details of vocabulary, but on how the discursive construction of nonagency was performed using different NATs. In all of the formulations of the same category, the main NAT was the same. Also, it was noticed that the same NAT could be used in different ways to create the impression of failing agency. The difference was recognized for instance in grammatical details such as what/who was the subject of the sentence. As such linguistic nuances created slightly different versions of the nonagentic position associated with the particular NAT in use, it became evident that categorically different kinds of formulations could be constructed with the same NAT. The categories emerging from the analysis were named according to the particular quality of the problem, as produced with the respective NATs constructing the client's nonagentic position.

Credibility Check

The close reading of the data, the coding of the verbatim transcriptions with the 10DT model, and the preliminary categorization of the problem formulations was done by the first author. The coding and the categorization were reviewed and modified in consensus meetings by all three authors, with full access to the data. The final decision on the coding of the data and the categorization of the formulations was usually achieved in full agreement by all three authors, but in more difficult questions, the agreement of the first author and one of the other authors was considered sufficient.

Results

Sixty-three problem formulations were identified and classified into ten problem formulation categories. Out of the ten nonagency tools of the 10DT model, the first eight were found in the problem accounts. All clients used more than one tool in their formulations, and all clients produced more than one problem formulation in their accounts.

Table 2 shows all ten problem formulation categories and the nonagency tool (NAT1 to NAT8) from the 10DT model that was the main tool in the formulations of each category, as well as the other nonagency tools that had a more arbitrary presence as a side tool in some formulations of the category. The order of presentation of the categories is based on the tools used and their place within the 10DT model (see Table 1 above). Note that formulations based on NAT9 or NAT10 were not found. For the name of each tool the reader is advised to consult Table 1. In the descriptions

Table 2 Problem formulation categories

Formulation category	The client presented his or her problem to be…	n	Main tool in all formulations	Side tool
1. Questioned issue	Not real or relevant for therapy	1	NAT1, dismissing	2
2. Circumstance	An external situation that he or she was not able to affect	12	NAT2, other as actor	3, 6, 7
3. Active phenomenon	An independent actor causing things to him or her	11	NAT2, other as actor	6, 7
4. Inhibited action	Feeling stuck or unable to start some desired action	3	NAT4, not initiating action	2, 6
5. Uncontrolled action	Acting in an uncontrollable or repetitive way	8	NAT5, not stopping or curbing action	2, 6, 7
6. Changing state	His or her experience or state changing without him or her being able to stop it	5	NAT5, not stopping or curbing action	3, 6
7. Nonconstructive managing	Not being able to find constructive options for acting	10	NAT6, not modifying action	2, 3
8. Pressured action	Pressure to act in a certain way	4	NAT6, not modifying action	2
9. Not knowing/misconstructions	Not knowing about and/or entertaining failing notions about something	4	NAT7, noncognizance	2, 3
10. Poor dealing with problems	Having previously tried to handle his or her problems in a way that was not functional	5	NAT8, reflected dysfunction	2, 3, 6

NAT nonagentic tool

of the formulation categories below, the name of each tool is given once.

The Problem Formulation Categories

To save space, we give a data extract to illustrate the formulation categories only of the first (least reflective), the last (most reflective), and of the most common category, the second one.

Questioned Issue

The client questioned whether the problem was real or suitable for therapeutic work. Nonagency was primarily constructed with NAT1 (dismissing), the tool with which a personal relation to a certain problem is denied or mitigated. There was only one formulation of this type in the data, the one by Anna shown below. When presented at the start of a psychotherapy session, this formulation can be heard so that the client, paradoxically, offers as her problem the feeling that her eating difficulties are not a problem in the first place.

> Extract 1, Anna: I have a very sore throat all the time and I of course always have a stabbing pain in my teeth. And then, well, one keeps fainting, and my digestion is totally messed up, and my nails are not growing, and my hair is in bad shape, and all the blood counts are all wrong. Then, of course, my stomach is bulging because of protein deficiency and all, and one does not get enough vitamins (NAT2), but still there is this feeling that why should I go and get any help because basically nothing is wrong, this is just kind of a teenagers' game (NAT1).

The formulation begins with a list of physical problems constructed as independently happening to Anna (NAT2), followed by the main position: a dismissive stance towards the eating problems (NAT1). The tool would also allow for a complete denial of any personal relationship with a problem, but here it is used to mitigate the significance of her problems and thereby to question their relevance for therapy.

Circumstance

The problem was displayed as an external situation that the client could not change: things are what they are and will keep being that way. Nonagency was primarily constructed with NAT2 (other as actor), with which the circumstance was positioned as the actor and the client was left in an inhibited position. The client displayed him- or herself as merely reacting to or observing circumstances beyond his or her control.

Extract 2, Arja: Somehow what feels difficult is that I have a good psychologist but the intensity is just absolutely too low (NAT2). Every time I have forgotten completely what we have discussed in the previous session (NAT6). It's just like small talk (NAT2).

Previously, Arja has said that she has been seeing a psychologist at the communal mental health services every 2 weeks. Here, she presents the low frequency of the sessions and their insufficient substance as facts that just exist as if she has no opportunity to change them (NAT2). Arja also takes a position where she cannot help but forget what has been talked about in the sessions (NAT6).

Active Phenomenon

The problem was the client's experience, behavior, or some incident in his or her life that acted as agent. Nonagency was primarily constructed with NAT2, displaying the client as the object of whatever was occurring in his or her life. The client's thoughts, feelings, actions, physical symptoms, diagnoses, memories, or life events took the place of the grammatical subject, and there was hardly any reference to the client-speaker with personal pronouns or first-person verb forms. Differing from the previous category, in this one the problem was not depicted as a situation existing "out there" but as a phenomenon or force, in the wide sense of the word, which acted in the client or in his or her life.

Inhibited Action

The problem entailed the client being unable to launch a desired action. Nonagency was primarily constructed with NAT4 (not initiating action), which is the first of those three tools in the 10DT model where the position taken concerns the clients' action (NATs 4 to 6). There is a qualitative difference between Formulation Categories 1 to 3 (based on NATs 1 to 2), where the client's problem becomes formulated as some outside actor or phenomenon, and Formulation Categories 4 to 8 (based on NATs 4 to 6), where the problem has to do with how the client acts.

Uncontrolled Action

The problem was that the client could not stop doing something. Nonagency was primarily constructed with NAT5 (not stopping or curbing action). The client's action was depicted as out of control with passive verb forms, a dramatic presence, or zero-person constructions, which in Finnish is an impersonal, nonspecific person reference type with neither an overt subject of the action nor explicit references to any persons (Jokela 2012; Laitinen 1995). Time was also

referred to using phrases such as "all the time" and "there wasn't a single day when I didn't (do something)."

Changing State

The client's state or condition was depicted as changing in an autonomous process. Nonagency was primarily constructed with NAT5, with which the client positioned oneself as not able to control the said process happening in him or her, instead of presenting oneself as doing something that he or she could not stop, as in the previous category. In the original Finnish expressions, reflexive verb forms were often used, that is, forms indicating that the action happens to the person enacting the action.

Nonconstructive Managing

The client was having trouble dealing with something such as side symptoms or nervousness. Nonagency was primarily constructed with NAT6 (not modifying action), and the client was displayed as not able to change his or her action to handle some situation properly or as wondering how to "survive" of a certain situation.

Pressured Action

The client displayed being faced with a difficult situation where the options for acting are limited, or where he or she feels pressure to act in a certain way. Nonagency was primarily constructed with NAT6, depicting the clients as not able to adjust their actions either because of their concrete situation or a psychologically experienced "must".

Not Knowing/Misconstructions as Problem

These formulations concerned the client's displayed lack of understanding or knowledge concerning a previous situation in life or a current one. Nonagency was primarily constructed with NAT7, which functioned to create a position of lacking knowledge or perception with regards to one's own experience or circumstances.

Poor Dealing with Problems

The clients' earlier, perhaps still undergoing, attempts at dealing with something or ways of relating to their issues had become part of the problem. Nonagency was primarily constructed with NAT8 (reflected dysfunction), with which clients took a critical stance towards their previously assumed way of handling their problems. This way was thus, at least implicitly, presented as in need of replacement with a better one in therapy. The difference between the previous category is that here, the clients look from a critical standpoint at a way of relating to their problem (NAT8), representing a sort of discursive metaposition, instead of merely presenting a belief or thought as not accurate (NAT7) as in the previous category.

> Extract 3, Tiina: Now one didn't really have enough strength to handle the problems or be with them alone (NAT8). [I thought one should try and fix one's head.] (T: um are you able to capture the feeling that came to you?) So [now I'm feeling a bit like perhaps even relieved but] one has been so horribly tired of this thing one has and of what has happened. One gets tired of going over these things again and again (NAT8).

Tiina's earlier way of relating to her problems—when she tried to "handle" them, "be with them," or "go over them again and again"—is presented as problematic because it led to her exhaustion. With NAT8, a nonagentic reflective position is constructed: the client is in an observing relation to her nonagency, not managing one's life crisis in an efficient way. As Tiina says that she has been alone with her problems, a new way to act is welcomed and the therapist invited as a companion in its creation. The parts within square brackets are displays of agency, as Tiina positions herself as wanting to get help from therapy. The objectifying verbalization "this thing one has" is part of the client's display of her way of relating to the problem as problematic.

Discussion

Summary of Results

In this qualitative multiple case study, we asked how clients discursively constructed for themselves nonagentic positions when formulating their problems at the beginning of their first session of psychotherapy. Using the 10DT model of discursive agency construction (Toivonen et al. 2018a, b), the nonagentic positions were identified and coded according to which nonagency tool was in use in constructing the positions. The nonagentic positions were taken within different problem formulations the clients gave in their problem accounts when responding to the therapists' initial questions. Sixty-three problem formulations were found and categorized to ten problem formulation categories based on which nonagency tool (NAT) from the 10DT model primarily contributed in constructing the nonagentic position and how, discursively speaking, this was done.

In the problem formulations, the nonagency tools from NAT1 to NAT8 were all in use at least once, but NAT9 and NAT10 were not in use in any. In most formulation categories, there were, in addition to the NATs, agentic and reflective tools in use in the formulations. Only in Formulation Category 1 (questioned issue), there were solely nonagentic

and nonreflective tools in use, thus, no agentic and/or reflective positions were constructed.

All nine clients gave formulations from at least two different categories, and one client gave formulations from five. Six clients gave at least one problem formulation where nonagency was primarily constructed with a reflective tool. Three clients did not give formulations where nonagency was constructed with a reflective tool. These three clients differed in age and background and presented different kinds of issues.

The semantic content of the problem formulations did not determine how the nonagentic position was ascribed. The clients could ascribe to themselves both an agentic and a nonagentic position, and a reflective and a nonreflective position in respect to the same problem. The variety of formulations given, in terms of topics, and of how the nonagentic position was ascribed by singular clients, was too large to allow any other classification of the clients according to these, except for the before mentioned group of three clients who only constructed formulations with nonreflective tools.

In the formulations constructed with nonreflective NATs, the clients seemed to merely report their experiences "with little sense of subject" (Kennedy 1997, p. 557) and without reflecting on them in a context. The formulations constructed with reflective NATs displayed the client's nonagency as stemming from not knowing or not understanding something and in them, the clients displayed having already done therapy-relevant work before coming to therapy. The nonagentic but reflective position afforded clients to present themselves as somehow failing in agency in some realm of their lives, but simultaneously as being observant of this.

In Formulation Categories 1 to 3 (nonagency primarily constructed with NATs 1 to 2), the problem became displayed as concerning some external factor or phenomenon; in Formulation Categories 4 to 8 (nonagency primarily constructed with NATs 4 to 6), the problem was displayed as concerning the clients' difficulty in managing their actions; in Formulation Categories 9 to 10 (nonagency primarily constructed with NATs 7 to 8), the problem was displayed as concerning the clients' own understanding.

Comparison with the Change Process Models

The notion that clients come to psychotherapy in an immersed, subjugated, or object position in relation to their problematic experiences does receive partial support in this study. The clients did occasionally position themselves as being overwhelmed by their issues. However, this occurred only in Formulation Categories 2 (circumstance) and 3 (active phenomenon) where, with NAT2 (other as actor) the problem was positioned as the actor who was "doing" things on its own, leaving the client in the position of an object or victim. Even in these formulations, though, the clients occasionally also used agentic and reflective tools that obscured the object position. Furthermore, such an object position was primary in only two formulation categories (2 and 3). Our findings do not support the implicit assumption that the client could not look at the problem from a distance or take a position that expresses active agency right from the beginning of therapy.

The Assimilation of Problematic Experiences Sequence and the Innovative Moments Coding System imply that there is mostly no reflectivity in a client's stance at the outset of therapy (Gonçalves et al. 2014; Stiles 2001), in line with the notion of an object position which implies that the client cannot look at the problem from a reflective position (Leiman 2012). In this study, however, reflective tools were used to construct positions in many problem formulations in several categories, starting from Formulation Category 2 (circumstance). In Formulation Categories 9 to 10, the nonagentic position was primarily constructed with a reflective tool, displaying the client as looking at the problem critically or ponderingly. These results suggest that the concept of object position is more multifaceted than has previously been acknowledged and could perhaps be best understood as an umbrella term, comprised of a multiplicity of nonagentic positioning that forms a situationally invited and useful discursive resource in psychotherapy.

The problem formulations and their descriptions of failing agency have convergences with how the client's initial stance is presented in the change process models. To mention a few resemblances, in the Assimilation model (Stiles et al. 2006) level 0 (warded off) implies that the client is unaware of the problem. It resembles Formulation Category 1 (questioned issue), where the client took a mitigating position and questioned the existence of a therapy-relevant problem. This formulation type appeared only once, in Anna's session, among her other problem formulations from altogether five different categories.

The Innovative Moments Coding System presents innovative moments as new intentional actions diverging from what the problematic narrative impels the client to do (Gonçalves et al. 2010). These notions resemble positions taken with ATs within problem formulations, as clients expressed things they have been able to think and do despite the problem. New understanding was often displayed also with reflective NATs, taking a critical or wondering position towards a problem.

Clinical Implications

The variation of nonagentic self-ascriptions in the problem formulations has implications for therapeutic collaboration. Formulation Category 1 (questioned issue), where clients mitigate their reasons for coming to therapy, is challenging, as the whole reason for coming to therapy

is dismissed. Formulation Categories 2 (circumstance) and 3 (active phenomenon) display the clients' problems as external and challenge the therapist to invite clients to describe them as psychological phenomena from a more experiential position. In Formulation Categories 4 to 8 the therapist is invited to work on the client's maladaptive action patterns. In Formulation Categories 9 (not knowing/misconstructions as problem) and 10 (poor dealing with problems), clients specifically identify what has not worked for them and thus, present a more advanced invitation for therapists to join them in finding more constructive stances to their problems.

Limitations and Future Directions

The limitations of this study include the preliminary nature of the 10DT model which prevents us from giving reliability and validity of the concept of NAT. The problem formulation categories found are small in frequency, and even though they were well differentiated from each other, the limited space allowed to describe them may compromise the reader's full appreciation of their differences. The limitations of the study also include the small data of only nine sessions and the fact that the clients were only one male and all were Finnish.

This study shows that the general idea of the client entering therapy in a demoralized state is more complex than has been previously understood. The 10DT model showed to be a fruitful method in revealing the richness of the positions the clients take in their early problem formulations. This study contributes to the approaching of the clients' initial problem formulations by showing them as more multifaceted and reflected upon than e.g. the process models seem to indicate.

We encourage clinicians to listen not only from the perspective of content (*what* the client is talking about) but also from the perspective of discursive presentation (*how* the client positions him- or herself in relation to various phenomena). Therapists are invited to pay attention to which of the clients' positions they address in their turn and how they do this, as their responses open up ways to construct and reconstruct the positionings in relation to the clients' problems.

Compliance with Ethical Standards

Conflict of interest The authors report no conflicts of interest.

References

Adler, J. M. (2012). Living into the story: Agency and coherence in a longitudinal study of narrative identity development and mental health over the course of psychotherapy. *Journal of Personality and Social Psychology, 102*, 367–389. https://doi.org/10.1037/a0025289.

Adler, J. M. (2013). Clients' and therapists' stories about psychotherapy. *Journal of Personality, 81*, 595–605. https://doi.org/10.1111/j.1467-6494.2012.00803.x.

Avdi, E. (2012). Exploring the contribution of subject positioning to studying therapy as a dialogical enterprise. *International Journal for Dialogical Science, 6*(1), 61–79.

Avdi, E. (2016). Positioning as embodied interaction: Commentary on Guilfoyle. *Journal of Constructivist Psychology, 29*(2), 141–148. https://doi.org/10.1080/10720537.2015.1034816.

Avdi, E., & Georgaca, E. (2009). Narrative and discursive approaches to the analysis of subjectivity in psychotherapy. *Social and Personality Psychology Compass, 3*, 654–670. https://doi.org/10.1111/j.1751-9004.2009.00196.x.

Avdi, E., Lerou, V., & Seikkula, J. (2015). Dialogical features, therapist responsiveness, and agency in a therapy for psychosis. *Journal of Constructivist Psychology, 28*, 329–341. https://doi.org/10.1080/10720537.2014.994692.

Barbosa, E., Couto, A. B., Basto, I., Stiles, W. B., Pinto-Gouveia, J., & Salgado, J. (2018). Immersion and distancing during assimilation of problematic experiences in a good-outcome case of emotion-focused therapy. *Psychotherapy Research, 28*(2), 313–327. https://doi.org/10.1080/10503307.2016.1211347.

Buttny, R. (2004). *Talking problems: Studies of discursive construction*. Albany: State University of New York Press.

Davies, B., & Harré, R. (1990). Positioning: The discursive production of selves. *Journal for the Theory of Social Behavior, 20*, 43–63. https://doi.org/10.1111/j.1468-5914.1990.tb00174.x.

Gonçalves, M. M., Caro Gabalda, I., Ribeiro, A. P., Pinheiro, P., Borges, R., Sousa, I., & Stiles, W. B. (2014). The innovative moments coding system and the assimilation of problematic experiences scale: A case study comparing two methods to track change in psychotherapy. *Psychotherapy Research, 24*(4), 442–455. https://doi.org/10.1080/10503307.2013.835080.

Gonçalves, M. M., Mendes, I., Ribeiro, A. P., Angus, L. E., & Greenberg, L. S. (2010). Innovative moments and change in emotion-focused therapy: The case of Lisa. *Journal of Constructivist Psychology, 23*(4), 267–294. https://doi.org/10.1080/10720537.2010.489758.

Gonçalves, M. M., Ribeiro, A. P., Mendes, I., Alves, D., Silva, J., Rosa, C., Oliveira, J. T. (2017). Three narrative-based coding systems: Innovative moments, ambivalence and ambivalence resolution. *Psychotherapy Research, 27*(3), 270–282. https://doi.org/10.1080/10503307.2016.1247216.

Gonçalves, M. M., Ribeiro, A. P., Mendes, I., Matos, M., & Santos, A. (2011). Tracking novelties in psychotherapy process research: The innovative moments coding system. *Psychotherapy Research, 21*(5), 497–509. https://doi.org/10.1080/10503307.2011.560207.

Heafner, J., Silva, K., Tambling, R. B., & Anderson, S. R. (2016). Client-reported-presenting problems at an MFT Clinic. *The*

Family Journal: Counseling and Therapy for Couples and Families, 24(2), 140–146. https://doi.org/10.1177/1066480716 628581.

Honos-Webb, L., & Stiles, W. B. (1998). Reformulation of assimilation analysis in terms of voices. *Psychotherapy, 35*(1), 23–33.

Jokela, H. (2012). Nollapersoonalause suomessa ja virossa: tutkimus kirjoitetun kielen aineistosta. [Zero person sentences in Finnish and Estonian: A study on data in written language]. Annales Universitatis Turkuensis C 334. (Doctoral dissertation, University of Turku, Finland).

Kennedy, R. (1997). On subjective organizations: Toward a theory on subject relations. *Psychoanalytic Dialogue: The International Journal of Relational Perspectives, 7*, 553–581. https://doi.org/10.1080/10481889709539205.

Laitinen, L. (1995). Nollapersoona. [Zero-person construction]. *Virittäjä 99*, 337–358. Retrieved from http://elektra.helsinki.fi.ezproxy.jyu.fi/se/v/0042-6806/99/3/nollaper.pdf.

Leiman, M. (2012). Dialogical sequence analysis in studying psychotherapeutic discourse. *International Journal for Dialogical Science, 6*, 123–147.

McLeod, J. (2006). Narrative thinking and the emergence of postpsychological therapies. *Narrative Inquiry, 16*, 201–210. https://doi.org/10.1075/bct.6.24mcl.

Mendes, I., Rosa, S., Stiles, W. B., Gabalda, C., Gomes, I., Basto, P., I., & Salgado, I. (2016). Setbacks in the process of assimilation of problematic experiences in two cases of emotion-focused therapy for depression. *Psychotherapy Research, 26*(6), 638–652. https://doi.org/10.1080/10503307.2015.1136443.

Montesano, A., Oliveira, J. T., & Gonçalves, M. M. (2017). How do self-narratives change during psychotherapy? A review of innovative moments research. *Journal of Systemic Therapies, 36*(3), 81–96.

Pérez-Ruiz, S., & Caro-Gabalda, I. (2016). Assimilation of problematic experiences in Brief Strategic Therapy: Olivia and her fear of dying / La asimilación de experiencias problemáticas en la Terapia Breve Estratégica: Olivia y su miedo a morir. *Estudios de Psicología, 37*(2–3), 311–343. https://doi.org/10.1080/02109 395.2016.1204785.

Stiles, W. B. (2001). Assimilation of problematic experiences. *Psychotherapy, 38*(4), 462–465. https://doi.org/10.1037/0033-3204.38.4.462.

Stiles, W. B., Leiman, M., Shapiro, D. A., Hardy, G. E., Barkham, M., Detert, N. B., & Llewelyn, S. P. (2006). What does the first exchange tell? Dialogical sequence analysis and assimilation in very brief therapy. *Psychotherapy Research, 16*(4), 408–421. https://doi.org/10.1080/10503300500288829.

Todd, N. (2014). Between subject and object: Using the grammar of verbs to enhance the therapeutic construction of personal agency. *Journal of Constructivist Psychology, 27*, 289–302. https://doi.org/10.1080/10720537.2013.843479.

Toivonen, H., Wahlström, J., & Kurri, K. (2018a). Constructing nonagency at the beginning of psychotherapy: The 10DT model. *Journal of Constructivist Psychotherapy.* https://doi.org/10.1080/10720537.2018.1433088.

Toivonen, H., Wahlström, J., & Kurri, K. (2018b). Discordances in ascriptions of agency and reflectivity given to clients in the first psychotherapy session. *Journal of Constructivist Psychotherapy.* https://doi.org/10.1080/10720537.2018.1515048

Wahlström, J. (2006). The narrative metaphor and the quest for integration in psychotherapy. In E. O`Leary & M. Murphy (Eds.), *New approaches to integration in psychotherapy* (pp. 38–49). London: Routledge.

Wahlström, J. (2016). Constructing the moral order of a relationship in couples therapy. In M. Borcsa & P. Rober (Eds.), *Research perspectives in couple therapy: Discursive qualitative methods* (pp. 149–165). London: Springer.

Wahlström, J., & Seilonen, M.-L. (2016). Displaying agency problems at the outset of psychotherapy. *European Journal of Psychotherapy & Counselling, 18*(4), 333–348. https://doi.org/10.1080/13642 537.2016.1260616.

Williams, D. C., & Levitt, H. M. (2007). Principles for facilitating agency in psychotherapy. *Psychotherapy Research, 17*, 66–82. https://doi.org/10.1080/10503300500469098.

III

DISCORDANCES IN ASCRIPTIONS OF AGENCY AND
REFLECTIVITY IN THE FIRST PSYCHOTHERAPY SESSION

by

Heidi Toivonen, Jarl Wahlström & Katja Kurri

Journal of Constructivist Psychology, *32*(4), 424-443.

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

Heidi Toivonen, Jarl Wahlström and Katja Kurri

University of Jyväskylä

Author Note

Heidi Toivonen, PhD student, Department of Psychology, University of Jyväskylä; Jarl Wahlström, PhD, professor emeritus, Department of Psychology, University of Jyväskylä; Katja Kurri, PhD, psychotherapist in private practice, Helsinki.

Correspondence should be addressed to Heidi Toivonen, Department of Psychology, University of Jyväskylä, PO Box 35, FI-40014, Jyväskylä, Finland. E-Mail: hktoivon@gmail.com

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 binging 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.

Table 1. The 10DT model

Nonagency tool (NAT)	Short definition
1. Dismissing (Accepting)	The issue is unrelated to oneself. Any meaningful personal relationship with a supposed problem is denied or mitigated.
2. Other as actor (Free to Act)	Some phenomenon/event is functioning as the actor. The client's position is either unverbalized/hidden or that of a victim, object, or stooge.
3. Exteriorization (Interiorization)	Experiences exist as their own entities and are not one's own creation.
4. Not initiating action (Initiating action)	Not being able to initiate action.
5. Not stopping or curbing action (Stopping or curbing action)	Not being able to stop what one is doing.
6. Not modifying action (Modifying action)	Not being able to make constructive choices.
7. Noncognizance (Cognizance)	Not understanding, knowing, noticing, etc. something about one's experiences.
8. Reflected dysfunction (Reflected function)	Having assumed a problematic way of relating to one's experiences or dealing with problems.
9. Discontinuance (Continuance)	The current actions/experiences are not meaningfully related to the past/future.
10. Presumptive positioning of others (Perspectival positioning of others)	Not taking truly into account another person's perspective.

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.

Table 2. Agentic/nonagentic and reflective/nonreflective self-ascriptions

	Nonreflective	Reflective
Nonagentic	Now there have come real binging attacks. NAT2[a]	And then I do actually have that goal that I should always survive with under 2,000 calories per day and it does happen on quite many days but then that is completely ridiculous because one needs at least 2,000 calories per day. NAT7
Agentic	For the past couple of weeks, it has felt good that I'm going to treatment. AT4[b]	Then I realized that social life could be kind of like a medicine for this. AT7

Note: [a]NAT = nonagency tool, [b]AT = agency tool

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.

Table 3. Discordances and discordance sequences on the agency and reflectivity dimensions

The Initial Discordance		Turn 3 (client)	Type of Discordance Sequence	Sum Total of Discordance Sequences
1: client's NAT[a]	2: therapist's AT[b]	3: client's NAT n = 16	Remains Nonagentic	
	n = 27	3: client's AT n = 11	Becomes Agentic	
1: client's AT	2: therapist's NAT	3: client's NAT n = 2	Becomes Nonagentic	
	n = 3	3: client's AT n = 1	Remains Agentic	according to agency n = 30
1: client's NRT[c]	2: therapist's RT[d]	3: client's NRT n = 14	Remains Nonreflective	
	n = 23	3: client's RT n = 9	Becomes Reflective	
1: client's RT	2: therapist's NRT	3: client's NRT n = 19	Becomes Nonreflective	
	n = 21	3: client's RT n = 2	Remains Reflective	according to reflectivity n = 44

Note: [a]NAT = nonagentic tool, [b]AT = agentic tool, [c]NRT = nonreflective tool, [d]RT = reflective tool

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.

Table 4. The distribution of the reflectivity discordance sequences among the client–therapist dyads

Dyad	Remains Nonreflective	Becomes Reflective	Becomes Nonreflective	Remains Reflective	Sum
A + Mari	2	1	1	0	4
B + Mari	1	0	0	0	1
C + Anna	2	2	6	1	11
C + Risto	1	1	1	0	3
C + Susanna	0	1	5	0	6
D + Arja	2	1	1	0	4
D + Helena	3	1	0	1	5
E + Tiina	2	1	2	0	5
F + Laura	0	0	1	0	1
F + Eija	1	1	2	0	4
	n = 14	*n = 9*	*n = 19*	*n = 2*	*n = 44*

Note: Therapists are identified by capital letters, clients by pseudonyms.

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 binging 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 binging 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, sniffling, 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 lead 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 psychometric methods for measuring 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 a relation and the qualitative one providing a detailed description of the process through which the relation 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.

References

Antaki, C. (2008). Formulations in psychotherapy. In A. Peräkylä, C. Antaki, S. Vehviläinen & I.

   Leudar (Eds.), *Conversation analysis and psychotherapy* (pp. 26–42). Cambridge: Cambridge

   University Press.

Avdi, E. (2012). Exploring the contribution of subject positioning to studying therapy as a dialogical

   enterprise. *International Journal for Dialogical Science, 6*(1), 61–79. Retrieved from

   http://ijds.lemoyne.edu/journal/6_1/pdf/IJDS.6.1.05.Avdi.pdf

Avdi, E. (2016). Positioning as embodied interaction: Commentary on Guilfoyle. *Journal of*

   Constructivist Psychology, 29(2), 141–148. doi:10.1080/10720537.2015.1034816

Avdi, E., & Georgaca, E. (2009). Narrative and discursive approaches to the analysis of subjectivity in

   psychotherapy. *Social and Personality Psychology Compass, 3*, 654–670.doi:10.1111/j.1751-

   9004.2009.00196.x

Avdi, E., Lerou, V., & Seikkula, J. (2015). Dialogical features, therapist responsiveness, and agency in

   a therapy for psychosis. *Journal of Constructivist Psychology 28,* 329–341.

   doi:10.1080/10720537.2014.994692

Coleman, R. A., & Neimeyer, R. A. (2015). Assessment of subjective client agency in psychotherapy:

   A review. Journal of Constructivist Psychology, 28(1), 1–23.

   doi:10.1080/10720537.2014.939791

Coutinho, J., Ribeiro, E., Hill, C., & Safran, J. (2011). Therapists' and clients' experiences of alliance

   ruptures: A qualitative study. *Psychotherapy Research, 21*(5), 525–540.

   doi:10.1080/10503307.2011.587469

Davies, B., & Harré, R. (1990). Positioning: The discursive production of selves. *Journal for the*

    Theory of Social Behavior, 20, 43–63. Retrieved from

    http://www.massey.ac.nz/~alock/position/position.htm

Dimaggio, G. (2011). Impoverished self-narrative and impaired self-reflection as targets for

    thepsychotherapy of personality disorders. *Journal of Contemporary Psychotherapy, 41*, 165–

    174. doi:10.1007/s10879-010-9170-0

Drewery, W. (2005). Why we should watch what we say: Position calls, everyday speech and

    theproduction of relational subjectivity. *Theory & Psychology*, *15*, 305–324.

    doi:10.1177/0959354305053217

Friedlander, M. L. (2012). Therapist responsiveness: Mirrored in supervisor responsiveness. *The*

    Clinical Supervisor, 31(1), 103–119. doi:10.1080/07325223.2012.675199

Georgaca, E. (2001). Voices of the self in psychotherapy: A qualitative analysis. *British Journal of*

    Medical Psychology, *74*, 223–236. doi:10.1348/000711201160939

Gonçalves, M. M., Matos, M., & Santos, A. (2009). Narrative therapy and the nature of "innovative

    moments" in the construction of change. *Journal of Constructivist Psychology, 22*(1),1–23.

    doi:10.1080/10720530802500748

Huber, J., Nikendei, C., Ehrenthal, J.C., Schauenburg, H., Mander, J. & Dinger, U. (2018): Therapeutic

    Agency Inventory: Development and psychometric validation of a patient self-report.

    Psychotherapy Research. doi:10.1080/10503307.2018.1447707

Kramer, U., & Stiles, W. B. (2015). The responsiveness problem in psychotherapy: A review of

    proposed solutions. *Clinical Psychology: Science and Practice, 22*, 277–295. doi:

    10.1111/cpsp.12107

Kurri, K., & Wahlström, J. (2005). Placement of responsibility and moral reasoning in couple therapy.

    Journal of Family Therapy, 27, 352–369. doi:10.1111/j.1467-6427.2005.00327.x

Kurri, K., & Wahlström, J. (2007). Reformulations of agentless talk in psychotherapy. *Text and Talk, 27*(3), 315–338. doi:10.1515/TEXT.2007.013

Leiman, M. (2012). Dialogical sequence analysis in studying psychotherapeutic discourse. *Interactional Journal for Dialogical Science, 6*(1), 123–147.

Leiman, M., & Stiles, W. B (2001). Dialogical sequence analysis and the zone of proximal development as conceptual enhancements to the assimilation model: The case of Jan revisited. *Psychotherapy Research, 11*(3), 311–330. doi:10.1080/713663986

McLeod, J. (2006). Narrative thinking and the emergence of postpsychological therapies. *Narrative Inquiry, 16*, 201–210. doi:10.1075/bct.6.24mcl

Mendes, I. Ribeiro, A. P., Angus, L., Greenberg, L. S., Sousa, I., & Gonçalves, M. M. (2011). Narrative change in emotion-focused psychotherapy: A study on the evolution of reflection and protest innovative moments. *Psychotherapy Research, 21*(3), 304–315. doi:10.1080/10503307.2011.565489

Mudry, T. E., Strong, T., Sametband, I., Rogers-de Jong, M., Gaete, J., Merrit, S., Doyle, E. M., & Ross, K. H. (2016). Internalized other interviewing in relational therapy: Three discursive approaches to understanding its use and outcomes. *Journal of Marital & Family Therapy, 42*, 168–184. doi:10.1111/jmft.12110

Penttinen, H., Wahlström, J., & Hartikainen, K. (2017). Assimilation, reflexivity, and therapist responsiveness in group psychotherapy for social phobia: A case study. *Psychotherapy Research*, *27*(6), 710-723. doi:10.1080/10503307.2016.1158430

Potter, J. & Hepburn, A. (2008). Discursive constructionism. In J. A. Holstein, and J. F. Gubrium, (Eds.), *Handbook of Constructionist Research* (pp. 275 – 293). New York: Guilford Press.

Rennie, D. L. (2007). Reflexivity and its radical form: Implications for the practice of

humanistic psychotherapies. *Journal of Contemporary Psychotherapy, 37*, 53–58.

doi:10.1007/s10879-006-9035-8

Rennie, D. L. (2010). Humanistic psychology at York University: Retrospective: Focus on

clients'experiencing in psychotherapy: Emphasis of radical reflexivity. *The*

HumanisticPsychologist, 38, 40–56. doi:10.1080/08873261003635856

Ribeiro, E., Ribeiro, A. P., Gonçalves, M. M., Horvath, A. O., & Stiles, W. B. (2013). How

collaboration in therapy becomes therapeutic: The therapeutic collaboration coding system.

Psychology and Psychotherapy: Theory, Research and Practice 86, 294–314.

doi:10.1111/j.2044-8341.2012.02066.x

Stiles, W. B. (2001). Assimilation of Problematic Experiences. *Psychotherapy: Theory, Research,*

Practice, Training, 38(4), 462-465. doi:10.1037/0033-3204.38.4.462

Stiles, W. B. (2009). Responsiveness as an obstacle for psychotherapy outcome research: It's worse

than you think. *Clinical Psychology: Science and Practice, 16*(1), 86–91. doi: 10.1111/j.1468-

2850.2009.01148.x

Stiles, W. B., Honos-Webb, L., & Surko, M. (1998). Responsiveness in Psychotherapy. *Clinical*

Psychology: Science and Practice, 5(4), 439–458.

Stiles, W. B., Leiman, M., Shapiro, D. A., Hardy, G. E., Barkham, M., Detert, M. B., & Llewelyn, S. P.

(2006). What does the first exchange tell? Dialogical sequence analysis and assimilation in very

brief therapy. *Psychotherapy Research, 16*(4), 408–421. doi:10.1080/10503300500288829

Suoninen, E., & Wahlström, J. (2009). Interactional positions and the production of

identities:Negotiating fatherhood in family therapy talk. *Communication and Medicine, 6*,

199–209. doi:10.1558/cam.v6i2.199

Sutherland, O. A., Sametband, I., Gaete, J. S., Couture, S. J., & Strong, T. (2013). Conversational

perspective of therapeutic outcomes: The importance of preference in the development of

discourse. *Counselling and Psychotherapy Research: Linking Research with Practice*, *13*(3),

220–226. doi:10.1080/14733145.2012.742917

Toivonen, H., Wahlström, J., & Kurri, K. (2018). Constructing nonagency at the beginning of psychotherapy:

The 10DT model. *Journal of Constructivist Psychotherapy*. doi: 10.1080/10720537.2018.1433088

Vehviläinen, S. (2008). Identifying and managing resistance in psychoanalytic interaction. In A.

Peräkylä, C. Antaki, S. Vehviläinen & I. Leudar (Eds.), *Conversation analysis and*

psychotherapy, (pp. 120–138). Cambridge: Cambridge University Press.

Voutilainen, L., Peräkylä, A., & Ruusuvuori, J. (2010). Misalignment as a therapeutic resource.

Qualitative Research in Psychology, 7(4), 299–315. doi:10.1080/14780880902846411

Wahlström, J. (2006). The narrative metaphor and the quest for integration in psychotherapy. In E.

O'Leary and M. Murphy (Eds.). *New approaches to integration in psychotherapy* (pp. 38–49).

London: Routledge.

Wahlström, J. (2016) Constructing the moral order of a relationship in couples therapy. In M. Borcsa

and P. Rober (Eds.), *Research perspectives in couple therapy: Discursive qualitative methods*

(pp. 149–165). London: Springer.