9 Conversation of emotions: On turning play into psychoanalytic psychotherapy

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This chapter is a collaboration between academic researchers and psychoanalytic child psychotherapists working in an economically deprived part of a large city in England. We explore the ways in which the psychotherapists' training and experience – what we refer to as their "therapeutic orientation" – are made relevant and consequential in their therapeutic interactions. We argue that such therapeutic orientation needs to be taken on board by analysts of interaction if they are to grasp the relevant sense of therapeutic activities carried out in and through talk.

The chapter presents an ethnomethodological case study. We examine four consecutive group psychoanalytic psychotherapy sessions – how they unfold and how children come to use what the situations afford. Alongside the audiovisual recordings, we scrutinize the therapists' own write ups of the sessions, which were produced after the event by the trainee sitting in on the sessions. These write ups display the therapists' professional orientation to the activities in sessions and consequently enable understanding of the interactions in terms of the "schooled experience" of the therapists. Moreover, in preparing this chapter, the "first pass analyses" of the video recordings have been discussed with the authors who acted as therapists. These discussions pinpointed misunderstandings, omissions, and errors, and made it possible to correct and extend the initial analysis and highlight the real differences of opinion among the authors as to what may be happening. We use transcripts of these discussions below to detail the issues that arise in using theories in the analysis of concrete therapeutic interactions – this turns out to be by no means straightforward.

Our aim is to document psychotherapists' practices, but not simply to duplicate their understandings of the events in the therapeutic sessions – we take advantage of the sensitivity to talk and interaction that ethnomethodology provides and this is where the psychotherapists profit from the cooperation.

Action under description and psychotherapy

Psychotherapy may be a "talking cure" but tell a psychotherapist that it is just talk! It is not difficult to imagine a piece of talk in therapy that can be described both as a "comment" and as an "interpretation," and another describable both as an "answer" and as a "defence." In general, the activities of the participants in psychotherapy can be described using the resources everyday language provides, such as verbs of communication, but also using terms such as "active listening," "unconditional positive regard," "defence," "projection," "transference," and so on. The former "stock of descriptions" is available to any competent speaker of English, but the latter are not available to the technically unprepared. Our list, moreover, indicates that we should not start by thinking about unified psychotherapy – there are very different schools and experienced practitioners within schools vary their practices[1] (Bongar & Beutler, 1995).

We start with a working assumption that each school of psychotherapy has an open-ended and mutable but (relatively) systematically organized and mutually dependent "stock of descriptions" (see Winch, 1972, pp. 95–97).[2] A stock of descriptions considered as a repository contains similar kinds of objects to Peräkylä and Vehviläinen's "professional stock of interactional knowledge" – theories, models, rules of thumb, concepts, etc. Peräkylä and Vehviläinen's strategy is to set up a dialogue between conversation analysis (CA) and the professional stock of interactional knowledge – in practice using CA to correct SIKs, describe them in detail, and to expand them. We are doing what Peräkylä and Vehviläinen left for another day – our aim is to study "the ways in which the practitioners' theories and concepts are actually referred to and made use of in the actual practice of their work" (Peräkylä & Vehviläinen, 2003, p. 729). The aims are complementary.

Any competent member of our society can understand a piece of psychotherapy as talk and most will no doubt also understand that it is psychotherapy. Only someone familiar with that variant of psychotherapy, however, could recognize innumerable instances of the therapeutic practice for what they are. An additional problem arises when one considers being in therapy as a client – can one participate simply as one does in everyday talk? That may be how a "novice" client starts, but is something more not required eventually? A preliminary: what is "going on therapeutically" often seems only asymmetrically recognizable – that is, not necessarily recognizable by either the client or the uninitiated investigator for that matter.

[1] Only the last three terms would be used by our psychotherapists.

[2] Winch stressed that the "stock of descriptions" is grammatically organized, and any new description can be added only if it fits into the conceptual grammar.

In part, this is a feature of the forms of therapy where the therapist is engaged in a kind of "unobtrusive leading" of the patient's activities.[3] The therapist's own participation is carried through actions which are readily identifiable under regular conversational descriptions – as questions, continuers, etc. – but which do not thereby reveal their form as therapeutic interventions (cf. Schegloff, 1963).[4] Working with two descriptive languages is then required to understand some asymmetries in therapy.

Labov and Fanshel (1977) distinguished "surface" speech acts from therapeutic actions and sought the coherence of therapy in the sequences of the therapeutic acts, requiring formal "translation rules" to map therapeutic actions onto surface speech acts (cf. Levinson, 1981). In our approach, no translation rules are required – the relationship between the "levels of description" is managed through broadening the contextual relations of an action in question (cf. Wittgenstein, 1958, §659). This approach to relating conversational and therapeutic practices is best explained by reference to Anscombe's notion of action as being identified "under a description," a conception which is very much akin to Ryle's idea of "thick description" or White's insistence that any one action can be of many different kinds (Anscombe, 1959; Ryle, 1949; A. R. White, 1979). Anscombe pointed out that any given action may be correctly identified in any one of an open-ended plurality of ways. The descriptions are not, however, rivals – in the way that, say, murder and accident would be – they differ in respect of the extent to which they provide only bare descriptions of the movements involved in an action or incorporate more or less extensive information about the context – in the way that, for example, shooting, fatally wounding, and killing can all be correct descriptions of the same actions. An identification of an action may include more or less extensive reference to the mechanics of the action's behaviour, reference to the intention with which the action is done, the consequences of the action, and the like.

There is no *a priori* limit to the range of circumstances that can be included in a description and in this sense talking about levels of description may be misleading. This notion of actions as identified "under a description" should dispel any impression that there must be some single description which provides the definitive identification of an action. There are potentially multiple correct descriptions, and a preference for one over the other is not dictated by correctness, but by the relevance of the

[3] In client-centred therapies, the therapist works within the client's frame of reference and uses their language. The degree of asymmetry between therapist and client may vary with different therapeutic schools.

[4] Schegloff describes the ways in which the psychoanalytic method equips therapists to build preparatory defences against the prospect that patients will – under transference – put words into their, the therapists', mouths.

information that the description provides. We are *not* proposing that the therapists' understandings provide *the* account of activities in therapy (though these are privileged with respect to formulating what the therapist is doing therapeutically). We are simply concerned with therapeutic activities "under a description" relative to the context of therapists' backgrounds, objectives, and tasks in hand. We are therefore concerned with the institutional character of therapeutic interactions. Our approach draws on the work of Hester and Francis (2000), who argued cogently that the distinct character of an institutional interaction is generated through the participants' orientation to the relevant institutional context and knowledge. A "stock of descriptions" must be prior to and independent of a concrete therapeutic engagement, even though when used descriptions are always realized in a specific and recipient designed form.

The psychotherapists organizing the groups that we study have previously worked with individual children but, for practical reasons, now find themselves working with groups.[5] Their work is exploratory because they have had little previous experience of group work. They do not regard what they do as "group therapy," but rather as psychoanalytic psychotherapy delivered through working with groups. Working with groups is, however, not an altogether radical departure for them – both modes of engaging children are informed by their psychoanalytic background, stemming from frameworks provided by Klein (e.g. Klein, 1975; 1988a; 1988b) and Bion (e.g. Bion, 1984). Let us briefly consider what Melanie Klein had to say about starting school, when children are separated from their parents and have to interact with strangers in unfamiliar circumstances:

> In the life of a child school means that a new reality is encountered, which is often apprehended as very stern. The way in which he adapts himself to these demands is usually typical of his attitude towards the tasks of life in general (Klein, 1988b, p. 59).

So whilst the transition to school seems to her a source of distress for most children, different children cope in different and variably consequential ways. The children, however, do not express their anxieties in ways that are conventional, immediately obvious, or deliberate. According to Klein, children's actions are symbolic of their anxieties.

> At any given moment we are confronted with one dominant trend of anxieties, emotions, and object-relations, and the symbolic content of the patient's material has a precise and exact meaning in connection with this dominant theme (Klein, 1975, p. 12).

[5] Our psychotherapists work with groups of six children in four to five sessions of approximately twenty-five minutes duration. The interactions take place in a regular classroom that is set aside for these occasions. The participants sit round a low table and each session is video recorded using two cameras.

We can formulate three Kleinian therapeutic "background maxims" (i) "new environments and separation are sources of anxiety," (ii) "children express the anxieties symbolically but without necessarily knowing that they do so," and (iii) "all children are different in how they cope and what they have to cope with." The question is, though, can we really read the background therapeutic maxims of our experienced therapist colleagues from books, even those they accept as the classics? The answer, based on ethnography, is cautiously affirmative. For instance, one therapist, in discussing a first pass analysis, formulated the following maxim consistent with Klein.

Extract 1 FPAD09/09.

513. Th4: I was just, I was thinking about what you were saying
514. about how conscious he is, of, I mean clearly *it's*
515. *a terrifying thing for any kid to go into an*
516. *institution and work out how the institution works*.

The next question is, though, when and how do the therapists use therapeutic maxims in concrete circumstances? As policies in politics, so these maxims cannot be applied dogmatically. It is very unlikely that our experienced psychotherapists would act as novices and follow therapeutic maxims like recipes (cf. Dreyfus & Dreyfus, 1985).

Their basic strategy is to be attentive to the ways in which the unconscious is expressed in the actions of individuals. Following Bion's formative *Experiences in groups*, however, it is clear that the psychotherapists also must treat the group as a unit, relate to it, and manage it. The practices of the therapists in this project are guided by understandings about working in groups that are meant to be both tentative and non-dogmatic – they are trying things out, seeing what, in their view, works, and what does not, with a wariness of making preconceptions about children into rigid expectations. This is their basic stance as they expressed it. Their participation in the group is intended to be responsive to what the children's behaviour reveals, rather than vigorously to pursue conceptions of what kinds of experience the children *must* be having. In their words, therapeutic maxims are somewhat like evolving maps of an unknown country (cf. Leudar & Costall, 1996, on acting with flexible plans).

A comment on method

Before embarking on the analysis of video recordings, we need to make clear the following guidelines. First, not every therapeutic maxim is likely to be relevant and consequential at any point in talk – as with other rules, its use in talk is occasioned and its "manifestation" is variable. Schegloff (1972) demonstrated that information external to a conversation affects

how places (and persons) are formulated. He also introduced a "consequentiality" criterion for the use of contextual information in analysis, arguing that such information should inform analysis when it has demonstrable local consequences. These ensure the relevance of contextual information and that participants' and analysts' understandings do not diverge (see Schegloff, 1972; 1991). The consequences in question for Schegloff are sequential properties of talk-in-interaction. Our own focus is on how background information allows the analyst to grasp the sense of professional activities done in and through talk.

Second, children can avail themselves of the opportunities a situation affords but they do not have to, and when they do, each can do so in a very different way. The aim, therefore, has to be not just to analyse how the psychotherapists inscribe their therapeutic maxims into the interactive environment, but also how different children make diverse use of what the therapist presents them with.

Third, the therapists provide children with things to play with – small figurines, playdough, crayons, paper – in a setting which is "safe" and in which the children's imagination is taken seriously (cf. Klein, 1975). Children can express themselves through play, but the therapists try to convert the play into therapeutic interaction. Our concern is with how they do this – how their therapeutic orientation is made consequential, making the interactions recognizably psychoanalytically psychotherapeutic, for participants and observers. The practice under investigation has two components, which are differently organized as social engagements. One is a turn-taking element which is sequentially organized and locally managed, (see Sacks, Schegloff & Jefferson, 1974; Schegloff, Jefferson & Sacks, 1977), but with the proviso that the occasion is not wholly or straightforwardly a conversation, and that sometimes several conversations are taking place around the table and sometimes just one. The other is imaginative play – all the children are playing more or less continuously, but with an eye and ear on each other and on the psychotherapists. What one child does affects other children by, for instance, distracting or inspiring them. As we shall see these two components are not independent, partly because the children talk to each other, but mainly because the therapists recruit the play and its products into sequentially organized therapeutic transactions.

Fourth, the present investigation is a case study. We examine four consecutive sessions of psychotherapy, and in doing so we focus on how the interaction becomes recognizably a Kleinian psychoanalytic psychotherapy. We also concentrate on the "psychotherapeutic career" of one boy, Abu. Our interest is in how the therapists find that he has responded to what the sessions afford him. Conversation analytic studies often draw on discourse from distinct therapy courses and from different types of therapy, and through

combining and comparing these, CA can demonstrate which discursive strategies are generic to psychotherapy and which are specific to a particular school (e.g. Leudar, Antaki & Barnes, 2006). Ethnomethodology's research strategy is complementary to CA – through case studies we investigate the sequential unfolding of specific courses of psychotherapy. Case studies provide information on how participants' conduct and engagement change (cf. Davies, Thomas & Leudar, 1999). Judiciously chosen series of case studies are useful in assessing in appropriate terms the changes in and the effects of a psychotherapy and can provide an alternative to quantitative studies of outcome (see Leudar *et al.*, 2005). This does not mean that case studies cannot provide information about generic aspects of psychotherapy – as we shall see, our own study suggests some candidates for generic devices used in psychoanalytic psychotherapy carried out in groups.

Psychoanalytic psychotherapy for children starting school

The occasion is novel for the children and so the therapists have to find ways of explicating it to the children. This they do by contrasting the occasion with regular schooling, acknowledging its potential strangeness for the children, and giving assurances about its privacy from teachers and parents. Every first session started with an introduction in which the situation is framed by the two psychotherapists (Extract 2).

Extract 2 Group 4, session 1.[6]

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1.  Th1:  Ye:s. and ↑you
2.        (0.5)
3.        Nora you were, weren't ↑you
4.        (0.6)
5.        But you are new. ((to Jack))
6.        (1.0)
7.        and that's hard and Ben is new and that's
8.        hard. And all the other kids know each other
9.        and you are in a new place
10.       (0.3)
11.       there's new teacher.
12.       (1.0)
13.       and you don't know all the other kids.
14.       (1.2)
15.       makes it really hard
16.       (1.0)
17.       °yes°
18.       ( 0.4)
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[6] In these extracts children are referred to by pseudonyms. Therapists are referred to as Th1 and Th2.

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19. Th2:  and you don't know us.
20.       (1.0)
21.       and you don't know what's happening here
22.       (2.4)
23.       it's very worrying.
24.       (1.0) What we want you to do
25.       (0.7)
26.       is we want you to te:- to tell us and teach us
27.       (0.8)
28.       by showing us, by using the playdough (0.3) and the (.)
29.       drawing equipment - paper, pen, and pencils
30.       (0.7)
31.       what it's like to be
32.       (0.7)
33.       five year old
34.       (0.4)
35.       and in a reception class.
36.       (2.4)
```

It is not difficult to read the three background maxims we started with into this introduction even though they are fitted to the circumstances. The problems for the children are

- being new in a novel situation with strangers (lines 1–19)
- not knowing the therapists or the purpose of the meetings (lines 19–23).

Th1 formulates a theme of anxiety about new situations (lines 3–23). She however does not attribute the anxiety to all children. In Extract 2 she divides the children into those who have been in the school for some time and those who are new. In specifying the problems of the latter individuals she displays to all the children her understanding and empathy. The second therapist, Th2 develops the theme by applying it to the therapeutic situation (lines 19–23). The school and the therapy session are thus unified in that both can engender the same problems for the children. In therapy, however, the problems can be made public and worked through (lines 25–36). The analogy between school and therapy could be thought of as a form of "transference." Discussing the sequence in Extract 2 the therapists, however, rejected that way of thinking, partly because the connection between the two domains of experience was explicit rather than unconscious.[7]

The play is specifically set up as the means of communication (lines 25–36), this being consistent with the use of toys in therapy by Klein (1975).

[7] Note, however, that in some aspects, the framing of the situation is not Kleinian – children are invited to "tell" and "teach" the therapists things about themselves (line 27) rather than expected to reveal themselves unconsciously. In this respect the interaction is framed more as an anthropological encounter than as psychotherapy.

Psychotherapists do not have to tell children what to do with the props they provide. Abu, like most of the other children, takes the ball of playdough out of the tub and starts banging it flat (Extract 3).

Extract 3 Group 4, session 1 (4.25).

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1.  Abu:  ((loudly banging his clay with his fist))
2.  Th1:  Abu has to be [ve::ry:: big and v:e:r:y: strong]
3.  Tam:                [((bangs her clay loudly))       ]
4.  Th1:  >and so has Tam<
5.        (1.0)
6.        so that they can feel in ↑cha:r:ge.
7.  Abu:  ((bang bang bang bang))
8.        ((Tam and Abu giggling hysterically))
9.  Th1:  <and Col is watching ↑q:ui:e:tly: and saying>
10.       I wonder what >this is gonna=be like<
11.       (1.2)
12.       I'm not sure I ↑like5it.
13. Abu:  ((bang bang bang bang))
14. Th1:  but Abu is still saying "I::'M: going to bang,
15.       I:'m=going=to m::a:ke my m:ark
16.       (0.5)
17.       I:::'m going to MAKE this the way=I: want=it to=be
18.       ((Abu, Tam laugh))
19. Th1:  I:'m not gonna=be sca::red.
20.       (1.0)
21.       yeah?
```

The therapist Th1 attributes a meaning to the banging in line with the anxiety theme – it is not an act of play alone, but Abu's way of coping with a scary situation (line 19) – he is asserting himself (line 6), taking control and changing the situation (lines 14–17).

Th1, moreover, does not deal with Abu's reaction in isolation. She generates a list of what different children are doing to cope – Abu is banging, another child, Col, is sitting and watching the happenings (lines 9–12). In this list, children's doings are grouped together so that both similarities and differences between them are made manifest (lines 6 vs. 9). This is one important way our psychotherapists produce "focused interactions" – in producing "lists" they draw the children's attention to family resemblances between what they do and make, and in doing so make therapeutic maxims relevant to the situation at that point. In working with a group in this way, the therapist displays orientation to all three therapeutic maxims we started with – children's actions have determinate symbolic meaning, the children are finding the situation scary, and different children cope differently. We have in fact two candidates for generic devices whereby individual symbolic play is converted into psychoanalytical psychotherapy. One is providing the

doings of group participants – in this case, the play activities of individual children – with meaning in accordance with developing therapeutic themes. The other is conjoining individual children's activities into a common or collective event through inclusion in a list .

None of these children have experienced therapy before and the question is how far they buy into this transformation of the play. Abu seems to bang notably more loudly following Th1's interpretations (lines 7, 13) and he and another child, Tam, seem to find the interpretations funny (line 18). The connection between interpretations and children's subsequent conduct is perhaps more obvious in what happens next. Abu not only bangs the play-dough, but starts roaring loudly (Extract 4, line 22), this with two consequences – two of the girls giggle (line 25) and Th1 proposes that he is now a big monster (line 26).

Extract 4 Group 4, session 1 (4.58).

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22. Abu:  ar=rar=RARGH
23.       (0.4)
24.       Ar-RARgh:::
25.       ((Tam and Sal continue to giggle))
26.       (1.0)
27. Th1:  you're being a B::I:G:: monster now.
28.       ((Abu bangs louder, and Tam and Sal join in))
29. Abu:  ArGH=H:::AR:GH::::=ha=ha ((holding plasticine up
30.       to his face))
```

Abu fulfils the therapist's interpretation by putting the mask to his face – he is indeed a monster now. (See also line 37, Extract 5 where he confirms this in words: "Yeah: a monster"). Abu therefore plays along with the therapeutic maxim implicit in the therapists actions – "the play is meaningful." The specific meaning is of course not pre-determined – it develops through his contribution and in collaboration with the therapist.

Just playing imaginatively with others is only the first step though towards participating in psychoanalytic child psychotherapy. Th1 continues the transformation by endowing "being a monster" with a specific psychological meaning – she accepts that Abu is a monster but asserts that he is also a frightened little boy, who is using the monster to hide behind (Extract 5, lines 40–43, 45–46). Th1's interpretation turns the interaction into one that is recognizably psychoanalytic – it is tangibly resourced by the concept of "psychological defence."

Extract 5 Group 4, session 1 (5.08).

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31. Th1:  Right between the5eyes you've got a mask now
32.       and I'm not allowed to see. (0.2)
33.       d'you know what I think's hiding behind that mask?
34.       (1.0)
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35. *((Sal and Tam giggling and Abu banging))*
36. Th1: Abu, you know what I think's=hiding behind
37. that B:::I::G:: fierce mask?
38. Abu: *((stops banging and looks at Th1))*
39. Yeah, a monster::, ARo::GHH:
40. Tam: *((giggling))*
41. Abu: ARoGHH::
42. Th1: A mon:::ster >Abu and behind that monster Abu<
43. °there's a small Abu who's=saying°,
44. (0.6)
45. [↑"Mon:ster Abu, keep me safe."]
46. Sal: [some people are coming down] stairs again
47. Th1: "keep me safe monster Abu cos I'm
48. [not sure I like=it here."]
49. Abu: [AERGHH] *((holds plasticine to his face))*
50. I'M=AERGHH:: I'M >AN::GRY::< A:R::GH::
51. I:::'M
52. (1.2)
53. >↑ANGRY<
54. Th1: a hungry monster?5
55. Th2: =angry monster
56. Th1: an an::gry: hun::gry:: mon::s:ter

Abu of course has no idea of what psychological defence is, but even so, does he accept that being a loud monster is a defence? Not obviously: going by the text, he *is* an "angry monster" (lines 48–51). About five minutes into the therapy, then, Abu accepts that play is meaningful in a way specified by the situation and so the therapists can in principle face him in public with different possible therapeutic meanings of his doings. This starts to indicate their therapeutic work.

Extract 6 shows Th1 trying to help Abu away from a "negative" way of coping with the situation, to enable a more personally constructive one. She puts it to him that he copes by trying to be big, strong, fierce, and wild (lines 11–13) and puts this into effect in the monster. In fact, like the other children present, he is big enough, she says. She also works directly on his feeling of insecurity – through stressing the group solidarity *vis-à-vis* himself (lines 2–4), which the little girl Sal beautifully demonstrates by putting her hand on Abu's shoulder (line 5).

Extract 6 Group 4, session 1 (9.38).

1. Abu: R::ER::::gh::::
2. Th1: I think that this monster needs somebody
3. to >put=her hand on his shoulder and say<,
4. "It's alright (.) Abu,"
5. *((Sal puts her hand on Abu's shoulder.*
6. *He goes quiet but turns toward her with*

the mask still over his face.))
Th1: °it's al::right.° You don't have to be a monster
here. You're safe.
(2.0)
It's=all=right you don't h::ave: to be big, you
don't have to be strong, you don't have to be
fierce, you don't have=to=be wi::l:d.
Abu: *((is almost cowering with his mask over his face))*
(1.0)
Th1: little boys are quite big=enough to be in this::=room
°with us.°
(1.0)
And little ↑GIRLs are quite big=enough,
(1.2)
because we like little boys and little girls h:::ere,
(0.2)
and we're not gonna=eat them up.
Sal: *((presents her plasticine and says))* ↑trou::sers.
Th1: trou::sers? (1.2) is that for a boy?
Sal: *((smiles and nods))*
Abu: >RIGH:T: I've broken=it<
(1.0)
the monster is bro:ked=.th:
((Abu breaks up his clay and Sal takes her hand away))
Th1: okay, so=are you going=to make something n:e::w::?
Abu: yep. ((*nods at Th1 slightly*))
((3 lines omitted))
Abu: WATCh this:::, >I am gonna=make=a<
(0.2)
sq::uare.

Abu's reaction is significant – he goes along with Th1's explanation and Sal's hand on his shoulder and publicly breaks the mask (lines 27–30). But how do we know that he does this in response to what Th1 had said so far? It is indicated by the activities immediately prior to the breaking of the mask. Whilst Th1 comments that he does not have to be strong and cope by being a monster (lines 8–9) he freezes and "looks" at Th1 through the mask (but since it has no holes he is in effect hiding). Sal is meanwhile holding her hand on his shoulder. Subsequently, (lines 14–23) Abu continues to be oriented towards Th1 but he is now not simply hiding behind the mask as she generalizes her point. He slightly lowers his mask and looks at Th1 over its top – he does this twice creating the impression of tentativeness which is consistent with the idea that the mask provides him a defence. What he also does is to show the therapist the face behind the mask. Th1's talk and Abu's movements of the mask, are finely coordinated – the first peek comes during the one second pause in line 18, the second peek coincides with the

word "he::re" and the pause in line 21. Then Abu lowers the mask altogether, during talk in lines 24–25, looking down at it. He tears the mask into pieces slowly in three jerky movements during 26; he is quiet but looking directly at Th1. Th1 also noted this as a significant moment and in discussing the first pass analysis commented that this was the first time she had an eye contact from the boy. Throughout this episode, the other children are quiet, all fiddling with playdough and listening, and some are looking. The episode is of some importance to the group.

What is Th1's reaction to the breaking of the mask? It is not to comment on his accomplishment, it is more constructive – the breaking the mask allows him to try something else. Going over the analysis with Th1 subsequently she commented as follows:

Extract 7: FPAD09/09.

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517.      Th1: I want these kids to have the freedom to have fun
518.           in school. To enjoy it. Yeah?
519.      IL:  yeah
520.      Th1: I want them to have the freedom of choice to sit down
521.           and concentrate or to be little buggers. Abu, at the
522.           point where he was being the monster, didn't
523.           have freedom of choice
524.      IL:  right
```

What Th1 asserted was that Abu was terrified and acted under compulsion. She explained that she was not trying to stop Abu from *ever* acting as a monster (there may be in his life situations where this is appropriate) but her aim was to enable him to stop and think if being a monster is necessary. The concept of compulsion is then important in understanding what Th1 is doing *vis-à-vis* Abu; but that she is using it, and how she is using it, is situation and child specific.

Note that Th1 does not assume that Abu's problem that turns him into a monster is gone. The problem is not with adopting the monster character, but with doing so as a compulsive reaction when it is unnecessary in the situation and not a good way of coping with new situations in general. In other circumstances, the monster part might be a good way of coping sometimes – the therapist's aim is to alleviate the compulsive aspect. She is momentarily successful, but Abu the monster returns later in therapy several times, though Abu also tries out other ways of coping that he observes in other children. Extract 8 from the second session documents this.

Extract 8 Group 4, session 2 (12.24).

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1.  Abu:  >look=at=me<
2.        (0.2)
3.        <what sha:pe is th:a:t?>
4.        (1.0)
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5.          >what shape is=it?<
6.   Th1:   I don't know what shape is it Abu?
7.   Abu:   >I don'=know<
8.   Tam:   ghe=Hehh=Hee::
9.   Th1:   it's a big pi::le it's=a
10. Abu:    a rectangle with that
11. Th1:    ah::: the same as- (.) that yes that's a rectangle
12. Th2:    you made an impression,
13. Abu:    y:ea::h=
14. Th2:    =and=of:=course you've made an impress:ion
15.         on u:s.
16. Abu:    y:ea:h:.
17. Th1:    you've=all made your mark (.) inside us,
18.         in our memories, in our hearts
19.         (0.5)
20.         there are sha::pes that jus:t fit ea:ch
21.         one=of=you::.
22.         (0.2)
23.         Yeah?
```

In this sequence, to begin with, Abu is not a monster. Inspired by another child, he makes a rectangle instead. A rectangle, made previously by another child was glossed by Th1 as a "safe place for everyone." Abu's rectangle, however, does not obtain the same meaning – what matters about it is that it is big (line 9), and the two therapists working jointly interpret it as designed to "make an impression" (lines 12–15 and 17–21 respectively). Note that Abu receives this interpretation with clear response tokens expressing his agreement. Note also that Th1 generalizes the meaning she accomplishes with Abu for all the children in the group. Making of an impression is something emotionally positive – each child leaves an individual mark in the therapists' hearts (17–21). Note that Th1 does not generalize just for Abu – she generalizes in focusing the interaction, moving from addressing Abu separately to addressing all the children collectively, and even though this does not show in the transcript, the children listen. This then is another instance where Th1 moves between working with individual children and the group, transforming children's play into group psychotherapy.

Our argument, that therapists' practice is resourced by their therapeutic maxims and familiarity with these is needed to understand the interactions, seems warranted. We have seen so far that Th1 and Th2 oriented interactions to therapeutic themes that are recognizably Kleinian and used concepts of "defence" and "compulsion" to understand children's activities. These activity descriptions were, however, not applied mechanically. It is not the case that therapeutic maxims dictate specific and fixed courses of action which the therapists follow like novice cooks follow recipes.

Applying maxims and concepts characteristic of a psychotherapeutic orientation (and ignoring them when need be) is open ended and non-deterministic, and requires skill, accumulated experience, and a cultivated sensibility. The implication for analysis of interaction is that noticing the parallels between what one sees in interactions and background theories and concepts is not enough – what matters is how a therapeutic orientation works itself into the particular circumstances. It is also important that therapeutic maxims are also regularly ignored. This is what we turn to next.

The therapists do not just see what fits in with their background therapeutic maxims. The question here is what did Th1 think Abu was so scared of to need to be a big loud monster? In Extract 9, Th1 provides children with her tentative understanding of their common problem (lines 1–6) that roughly parallels Klein's thinking on the matter – they, the children, are frightened because they are small with big strangers in a novel situation. Her body is turned towards Abu and in this way she makes him the target of her remark, but what she says concerns all the children ("everybody" has those feelings and "nobody" quite knows how to cope), and all the children are listening. She does not assume that every child feels like this, it is rather a possibility that her experience indicates – note her use of epistemic status indicator "think" in line 1.

Extract 9 Group 4, session 1 (7.35).

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1.  Th1:  but you ↑kno:::w:::? (0.6) I think everybody
2.        felt a little bit small and a little bit frightened.
3.        (1.0)
4.        and didn't want to feel like that. And didn't
5.        ↑qui::te=know how=to >stop=it< without
6.        being=a monster
7.  Abu:  ((is looking down and banging his clay
8.        furiously))
9.  Th2:  <Abu is seeing everything throu::gh
10.       mo:nster=eye::s: at the moment.>
11. Th1:  °yes:°
12.       (2.0)
13. Th2:  everything is monste[rish.
14. Abu:                        [I'm=a] big
15.       (ba::r::=of) stinky poo, ar:::GH::::
16.       RAeR::gh::=RAeRR::GH::
17. Th2:  >I think you're worried about us, what kind
18.       of monsters are we?<
19. Th1:  and whether we'll li::ke you,
20.       (0.4)
21.       or whether we'll think you::'r:e poo-ey.
22. Abu:  ((from behind the mask)) AERRGH
23. Th1:  and whether we'll see a b::eau::tiful boy
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24. *((Tam and Sal giggle loudly))*
25. Th1: a b::eau::tiful b:rown b:oy beh:ind a b:l:u:e ma:sk.
26. Tam: *((bang bang bang bang))*

She does not formulate the problem as definitely Abu's or uniquely his, but possibly as one in common to the children in the group. So can we conclude that Th1 presumes that Abu's problem, against which he defends, is that he is small amongst big strangers and just that? Excerpt 9 disconfirms this. Abu does not acknowledge Th1's gloss, except perhaps negatively by drowning it in noise and he is keeping Th1 at a distance by separating himself from the group (line 6). The therapist Th2 picks up Abu's disengagement, and comments on his mode of defence (lines 9–10) endorsed by Th1. Th2 also provides a comment that possibly makes a use of psychoanalytic idea of projection – Abu does not only act as a monster but "everything is monsterish" for him (line 13). Abu connects to this immediately, interrupting Th2, revealing a very different anxiety and one specific to him – his problem is to do with his colour (line 25). (He is hiding a brown face behind the blue mask). Th1 picks this up immediately and formulates Abu's dilemma for him. The way she does this is notable. Her formulation does not negate Th2's but instead is presented as an extension by being conjoined through the copula "and," thus speaking for both therapists (lines 19–21). The problem then is not just the therapists' size but their possible racism – "will they see me as I am?" or "Will they only seem me through my skin colour as a 'stinky pooh'?" The important thing is that Th1 formulates a positive alternative view of Abu – he is a beautiful brown boy – she later comments that this was said with the stress on beautiful' and as her "present to him." Th1 then started from a Kleinian maxim, but did not impose it on children, and was instead attentive to whether her "guess" was borne out or not. She dispensed with the maxim when the engagement indicated otherwise. Moreover, there is no background maxim in the therapists' school that would draw their attention to skin colour. Yet the therapists are not only conscious of, but motivated by the fact that they are working in a socially disadvantaged neighbourhood, where class and ethnicity are live issues. Th1 revealed the following in the discussion of the first pass analysis:

Extract 10 FPAD09/09.

525. WS: no, you put it in, yeah? Is it for him to pick up?
526. For them all to pick up?
527. Th1: It was for him. That was my gift to him. Because
528. I have an Asian daughter, and know what an issue it was
529. for her at this age, I gave that to him quite
530. deliberately. And as I remember I got eye contact.
531. WS: yeah, no but I say it's not for them all to hear that
532. you think brown is beautiful, it's for him to hear.

So, the therapists may ignore background therapeutic maxims, and the problem for ethnomethodologists is that they might read these into interactions too readily, ignoring the sensitivity of therapists to the situation and the children. This is what has in fact happened in the first pass analysis of the above episode. The ethnomethodologists IL and WS had to discover in a discussion with Th1 that she was in fact guided by her personal experience and not by her therapeutic orientation. Joint analysis is thus needed in addition to general ethnography to ascertain how therapeutic maxims are used on specific occasions.

Conversation of emotions

In this section we make use of the notes written up by the trainee therapist Th3. She is present as an observer – she sits in a corner and her task is to write a report on each session from memory. Her notes exhibit the forms of accountability in terms of which, amongst therapists, events in group therapy are to be understood. The "recordings" help us to understand how our therapists understand the events in therapy. Extract 11 points to some features of Th3's orientation.

Extract 11 Group 2, session 1, Th3's record.

The playdough was taken out of the tubs and people began flattening it into pancakes, smacking it down with their palms. This soon became noisy banging with an anxious edge; Abu and Tam leading. Abu. held his flat piece of dough up to his face, covering his eyes, and made roaring noises. Carl looked at him with dismay and lowered his chin, as if he'd like to hide under the table. It became very difficult to hear people and difficult to think with Abu seeming to have lost control of his impulses to terrify his peers in a way which had a sadistic edge to it and which he seemed to be enjoying in rather an unhinged way. Th1 spoke about the monster on the outside but the small Abu underneath, and said he needed someone to put her hand on his shoulder and tell him it was alright. The moment this was said, Sal put her hand onto his shoulder, and he began to quieten, with Sal watching him kindly and I thought very bravely.

The text is pertinent to our own analysis of Abu's conduct. Th3 accords with Th1 in perception that Abu was not just banging – the behaviour was compulsive (rather than spontaneous). Now we, the academics, did not pick this up ourselves even though we are familiar with the concept of "compulsion," its history and general use (seen e.g. Leudar & Thomas, 2000, Ch. 4). This means again that knowing the therapists' background is not enough – ethnographic engagement with the therapists is required to ascertain when the concepts are used. The crucial point is, moreover, that the therapist's perception of certain of Abu's actions as compulsive is not superfluous – it is

consequential to what happens subsequently in the therapeutic interaction. Certain of Th1's contributions to the interaction – calming Abu down and providing him with alternative means of coping – are predicated on Th1's perception that his behaviour was a compulsive result of an overwhelming fear. If Th1 had treated Abu's conduct as intentional, say as being badly behaved, the consequences would have been different.

Extract 11 in fact contains several technical *redescriptions*. Abu does not simply play at being a monster but he has lost "control of his impulses" (to terrify fellow children) and his behaviour has a "sadistic edge." Similarly, Abu and Tam's joint laughter is "hysterical." Some mundane terms acquire specialist meanings, as the word "containment" in "Sal made a tiny basket, which seemed a symbol of the *containment* given to the anxiety that was around." Most people will be familiar with these terms but not in their technical sense and with consequentialities used by the therapists. Moreover, the collective use of these terms locates the therapists in their field – cognitive behaviour therapists, for instance, would not use these terms.

Other recordings, e.g. of the children making playdough pancakes or Abu making the mask, are, however, straightforward behavioural descriptions and no technical background whatsoever is required to understand them. Or is it? Th3 does not record every movement of every child. We note that behaviours recorded are all psychologically annotated, done with certain emotions in them – e.g. "banging with an anxious edge" (line 3); done with "impulses to terrify." The psychotherapist, however, does not record all individual emotion filled actions (Extracts 12 and 13).

Extract 12 Group 4, session 2, Th3's record.

1. Abu had trouble getting his dough
2. out of the tub and began to panic,
3. taking a lot of talking down by Th1,
4. the panic rising out of him and spreading
5. to those who weren't having any trouble
6. themselves, putting people on edge.

Extract 13 Group 4, session 1, Th3's record.

1. Tam continually fuelled Abu's bubbling
2. hysteria and joined in while it was rising,
3. but then stopped when it got to its peak,
4. leaving him to take the rap for it.

Both of these extracts indicate that the recorded activities are significant in terms of its consequences for the group (Extract 12, line 6; Extract 13, lines 1–2). One recorded consequence of being a big monster and roaring loudly is that it terrified another child and what he did has an "element of sadism" in it. Abu created an emotional effect and enjoyed it.

What the psychotherapist sees then is *emotional interaction* that we might call, borrowing from G.H. Mead, a "conversation of emotions" and particular behaviours are noted not just because they are significant in themselves, but in terms of their psychologically expressive significance in group interaction (see Peräkylä, chapter 6, this volume). It seems then that the psychotherapist does not pick up just activities, but *activities done with emotions that stir up emotions in others* (see comments on "doing things with feelings" in Wittgenstein, 1980).[8] The Extracts 14 and 15 contain more examples of such emotional interactions.

Extract 14 Group 4, session 1, Th3's record.

1. When he was asked what he was making he said "A castle";
2. his hands were working, but his eyes were on the events
3. around him, he seemed ready to bolt if necessary.
4. *Things calmed down considerably once the blue monster had gone*.
5. People began drawing pictures of their families
6. and talking about parents and siblings.

Extract 15 Group 4, session 2, Th3's record.

1. The convenors talked about the break next week
2. and the two remaining sessions. They said it would
3. then be the turn of other children to come to group.
4. *The mood of the group sank*. Abu. pressed a rubber
5. into his dough to make an imprint,

Note that the activities described above are not locally circumscribed but cover longer stretches of interaction. In each description Th3 identifies a change in interaction that concerns the group and is distributed over, and emergent from, several local activities which are presumably both verbal and non-verbal. The question is again why the psychotherapist noted the happenings that she did and not others? The reply is that she identifies the global patterns in interaction in terms of their affective significance. So the focus on emotions we noted above applies to the descriptions of both group and individual activities and of global and local activities and is also an aspect of therapists' professional sensitivity.

Conclusion

We have documented the ways in which psychoanalytic psychotherapists convert children's play activities into psychotherapy. They did this by introducing therapeutic themes specific to their approach to frame the

[8] There is no reason to assume that CA, with its concerted focus on interaction, will not help psychotherapists to study emotional aspects of interactions. Some conversation analysts with anthropological backgrounds indeed study emotions in situated interaction (e.g. Goodwin & Goodwin, 1999).

interactions, and by topicalizing what a child's creations told them – in doing something a child was showing something else both to them and to the group. Through such comments, the play activities of each child were transformed into turns and shared in the group in therapeutically relevant ways. Moreover, individual children's ways of coping were joined by therapists in lists which highlighted both (i) family resemblances in children's experiences and (ii) differences in how they coped. Using these two devices – *topicalizing* and *joining up in lists* – the therapists were attempting to produce and sustain, using Goffman's term, "focused interactions" wherein therapists and children shared a single focus of attention (Goffman, 1963.) The sessions were, however, not constantly or comprehensively focused or in a simple way organized through turn-taking mechanism – many of the activities going on in the situation were done in parallel, all at the same time, but not by isolated individuals.

We have also documented, although not fully, one boy's recruitment into this unfolding therapeutic environment and its consequences. The recruitment converts the child's spontaneous play, into a display of therapeutically relevant themes and gradually transformed play to allow reflections on how the boy coped with anxieties arising from certain situations. Psychoanalytic psychotherapists tried to free the boy from responding to these situations compulsively. They did this by mediating through foregrounding alternatives and they seem to have had some success in effecting change. Individual therapy with the boy would, of course, be longer and much more thorough. In this respect the chapter documents how working with cases allows ethnomethodologists to study change in psychotherapy.

We have also provided initial documentation of the fact that child psychoanalytic psychotherapy is sensitive and intricate work, and that a trained therapist's capacity to recognize actions and occurrences are therapeutically relevant matters. Moreover, to identify the form that these matters take under their therapeutic orientation requires considerable apprenticeship. The work of therapy is embodied in psychotherapeutic talk but not necessarily in the form someone other than the therapist can immediately recognize. We started this research thinking that our most important task was to document the language that allows psychoanalytic psychotherapists to redescribe mundane activities in therapeutically relevant terms, thus shifting and focusing their consequentiality. This aspect of therapeutic orientation is indeed important – the therapists used a stock of technical concepts and therapeutic maxims in just this way. We observed that the therapists framed the occasion in terms of their professional concerns, introducing themes and offering interpretations as a way of getting the occasion going and bringing developments in the group together in therapeutically useful ways. One important observation was, however, that the

therapists used the stock of descriptions with care, strategically and flexibly and not as fixed recipes. Significantly, children's activities were professionally redescribed most often when they were carried out with therapeutically relevant emotions – then both were likely to be represented in language specific to the therapeutic orientation. Our conclusion is then that "stocks of activity descriptions" and the capacity to use them are embedded in a well-honed sensitivity to therapy relevant emotions with which individual and collective actions are carried out.

Our emphasis on the specificity of "psychotherapies" must not be misunderstood as an insistence that each therapeutic school is utterly distinct from all others, or that the form of group practice pursued by our therapists is entirely unlike all other practices because their every move must be understood technically. Insistence on uniqueness of some aspects of a practice does not preclude recognition that in other respects their therapeutic work resembles, and has formal similarities to, practices in other schools of psychotherapy, as other chapters in this volume amply document.