

# **DANCING INSIGHT. HOW PSYCHOTHERAPIST USE CHANGE OF POSITIONING IN ORDER TO COMPLEMENT SPLIT-OFF AREAS OF EXPERIENCE**

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## **ABSTRACT**

In this paper we use the first ten minutes of an audiorecorded 28th psychoanalytic session between two female participants in order to detect and describe a new therapeutic procedure which we call “Dancing Insight”. The session is transcribed according to the standards of conversation analysis and is analyzed at three levels: first, a clinical analysis which leads to the interpretation that the analyst at two opportunities actively turns the table - speaking as if she were the patient. The clinical view can bring this observation in relationship to the concept of “model scenes” and “completing the scene” and some further findings from infant research. Second, the conversation analytic approach observes how the therapist does this maneuver and how the patient responds to it. A further analysis is directed to the “slots” where such a maneuver can be conducted with a natural flair and without any irony. Third, we complement the picture by an acoustic analysis of some prosodic features using PRAAT-software which shows some interesting patterns. At the beginning the patient speaks with a flat intonation, a prosodic property which we relate to affect isolation and its consequence, the lack of assertive commitment. The therapist manages to drag the patient out of this stance by assuming her role and she does this not only by the meaning of words, but also with prosodic means: She pronounces her turns at a “high plateau”, the basic meaning of which we tentatively describe as “projection of the assertion to the partner”. This is the procedure we call “dancing insight”: The conversational move which leads to a change of metaphorical concepts and to a change of positioning is achieved by a prosodic technique.

## **INTRODUCTION**

To talk of communicative dance has become a widely used metaphor in everyday conversation and even in psychotherapy research (Lippe et al. 2008). This metaphor projects

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the bodily image of a dancing pair onto the domain of verbal conversation. The result is an embodied imagination. How this projection works is somewhat unclear. Some have begun to propose a neurological perspective (Lakoff & Johnson 1999, Gallese & Lakoff 2005, Lakoff 2008). However, it takes two to participate in a dance. How do they synchronize their cooperative moves? How do they establish a common ground? How do they share emotional and other interests? An utterance “Let’s dance” is not a move in the dance. How is this scenario transferred to talk-in-interaction where one person sits behind the other who is lying on a couch like in a psychoanalytic session? Obviously one has to give up a model of communication termed the “conduit”-model (Reddy 1979) or a “message-in-the-bottle”-model. According to such a model words are containers of a coded message which a hearer has to decode. Two problems, at least, with such a conception of conversation should be mentioned: a) how ever does a hearer know which code to use? b) when words are only the outer “bottle” of the entire “thought” message it seems to follow that words and their precise formulations could be ignored.

Conversational success needs much more. It depends on using certain formats, of which context and situatedness are relevant aspects as well as time and synchronicity. Only recently psychotherapy process researchers have begun to study these elements (Ramseyer & Tschacher 2011, 2014, Weiste & Peräkylä 2013, 2014), although clinicians know very well that a good remark may come with a false tone or in the wrong moment. Thus, we feel to bring linguistic and clinical competence together might further psychotherapy process research. Hearers, participants, onlookers “see” a dance where no “dance” is but only conversation. Metaphorical expression crosses the senses (Cacciari 2008), a phenomenon that could be observed in early childhood studies, too. Babies feel a nubbed dummy in their mouth and then they spend more time to observe pictures of that kind than other dummies (Emde 1990).

This experience was termed multimodal or “transmodal” (Stern 1985). Thus, “seeing as” is considered to be one of the repeatedly used markers of metaphorical cognitive construction of social events (Berteau 1996, Shen 2008).

We want to begin with the exploration of a much more concrete interpretation of conversation as a dance. In this article, we want to describe a psychoanalytic session in terms of change of positioning and the prosodic means which achieve a joint conversational reality.

The co-production of “rhythm-and-blues” by the two participants of a psychoanalytic session could be demonstrated in a conversation analysis of a psychoanalytic “specimen hour”, session 152 of Amalie (Buchholz et al. 2014) and by further material considering the “musical” dimensions of empathy (Buchholz 2014). In this paper we want to go a step deeper into the prosodic level of a 10min beginning of a 28<sup>th</sup> psychoanalytic session of a young woman with obsessive-compulsive disorder treated by an experienced female therapist. We proceed in a three-step procedure.

We start with some observations from developmental psychology and clinical considerations about cognitive interaction representation in model scenes during individual development, then show the transcript of the 10min in order to analyze the conversation and then step deeply into the fine-grained analysis of prosody in the conversational exchange.

## MODEL SCENES AND THE STOCK OF INTERACTIONAL KNOWLEDGE – BRINGING CLINICAL AND CONVERSATIONAL OBSERVATIONS CLOSER TOGETHER

In 2008 Peräkylä et al. proposed to bring clinical thinking of psychoanalytic origin in a dialogue with conversation analysis (CA) and developmental psychology (Peräkylä et al. 2008). The following paragraphs follow this suggestion.

Modern psychoanalytic thinking of divergent origin agrees that the term “internalization of object relationships” can be thought of consisting of at least three elements: there is a baby-subject (driven by demands like hunger), a wish-fulfilling “object” (a mother) and an “affect” between the two.

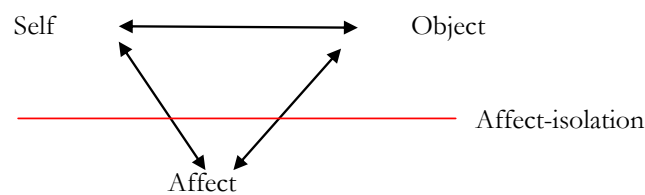


Figure 1.

Defense mechanisms can operate attacking the links between the three poles of the triangle. For our analysis the mechanism of “affect isolation” is of special interest. It operates by cutting off the affective experience. What remains is the conscious experience of a subject-object-relationship where the affective qualities are excluded from consciousness and from expression. This kind of description can be found in clinical literature (Freud 1936, Kernberg 1984, Green 1997, Kernberg 1979) and many others.

Now, let’s contrast this more general view by some observation from psychotherapy and interaction research.

Sociologists interested in micro-analyses (Scheff 1994) reason that affects not only like joy, but also negative affects like shame, depression, anxiety are of social origin and directed to other participants. Modern affect researchers (Fuchs & Koch 2014) come close this and describe an empirical based theory of interaffectivity. Research observes lack of emotional display on facial mimic in disorder; however, there are other social situations where reduced emotional display can be found ((Ellgring 2008, Adams et al. 2012, Beebe 2012, Benecke et al. 2005, Ellonen-Jequier 2009). More relevant to our topic of “dance” is another observation (Stanton & Schwartz 1954, Heller & Haynal 1997). These authors found that while interviewing suicidal patients the detailed analysis of the doctor’s facial expression could determine whether the patient will probably commit suicide or not - better than the therapists’ verbal reports (Merten 2005). It is only natural, that interactive regulation of emotions has attracted interest of conversation analysts (Peräkylä & Ruusuvuori 2012).

Taking clinical and research observations together we want to explore the hypothesis that in a case of reduced affective display the possibility exists that the affect appears in some

expression of the interactive partner. It is as if the partner completes what is lacking on the other side.

Conversation analysts (Goodwin 2011) expand the scope to inclusion of whole body movements (including voice and gesture) in a detailed analysis of young girls' mutual relationship by using the concept of "postural displays". The girls, Goodwin shows convincingly, cooperate in command-follower-roles. We want to use Goodwin's definition of cooperation:

"cooperation refers to the way in which subsequent (as well as simultaneous) action is built by performing systematic operations on the sign complexes made publicly available by others" (p. 183)

Others (Hutchins & Nomura 2011) analyze the semiotic field created by public sign use and direct their interest to multimodal utterances. Gesture and content, voice and facial expression are expected to correspond semantically and temporal. They hypothesize "that human minds are always looking for these kinds of correspondences." Indeed, clinicians partially orient their conclusions to these correspondences or the lack of it. When we go one step further into psychoanalytic theory of defense mechanisms we can see a similar hypothesizing.

Projection, within the conceptual framework of the triangle can be described as turning-the-table between S and O. Projection means that disavowed aspects of self's personality or actions are ascribed to O; the other person, then, is needed for self-regulation. Projection includes an evaluation process mainly concerning the origin of actions: "It is you who did it/who attacks/who is envious. Thus, your fault, not mine!". We mention the term of projection here because it describes a similar phenomenon: that something of one participant is *viewed as* (by one or both) if belonging to the other. Clinicians report how the sense of self changes under the influence of an unjustified accusation, of a long dull story or a seductive eye-glance. They are trained to take these changes of sense-of-self as tool to reflect the actual interpersonal scene in the treatment room. There is a long and sometimes weird debate about countertransference, a field into which we don't want to enter here. It is our opinion that the detailed analysis of multimodal interaction has the potential to disentangle that debate.

However, it is not the clinician's conclusion that is of interest here, but the operations.

In treatment therapists orient their strategies at prototypical model scenes where the process of both, isolation of affect and ascribing origins of action can be convincingly demonstrated to the patient. This is an economical measure because such a model scene serves as a reference point for other scenes where isolation of affect or projection happen in a similar fashion. By going from one scene to the next in order to cognitively compare their common features, the first effect is a kind of emotion arousing by this binocular view. Patients gradually detect the same patterning in it, although on another level these scenes belong to different times, different places and different persons. However, the patient doing the isolation and the projection can detect herself/himself as the constant variable in these different scenes. The cognitive process of comparing scenes of personal involvement detects a constant pattern, thus achieves at a very deep level where the reorganization of problematic defense can be set in motion. However, this process of enlarging self-recognition is not linear. Where intensive emotions are aroused the defense of affect isolation operates intensified what therapists describe as "resistance". Thus, therapists seek to include the manifest interaction into their thinking. Then, they try to show

that resistance attacks the therapeutic procedure. Meanwhile, this observation of resistance, originating in Freud's early descriptions, is found useful in non-psychoanalytic therapy orientations.

In our first hypothesis we reasoned that an isolated effect of one partner in an interaction might appear in an utterance of the other partner. Our second hypothesis is that here the concept of positioning becomes helpful. "Positioning" is used by Goodwin (2011, p. 184) in order to develop a local and situated interactive conception of role. "Role" is nothing a person "has". It is collaboratively constructed *in actu*. "To be a speaker is thus to occupy a particular position within a dynamically unfolding interactive field structured by public sign use". The position of a speaker needs the alignment of a listener who understands when a story is begun or ended and respects transition relevant points (Stivers 2008). In therapy misalignments can be used as a therapeutic resource (Voutilainen et al. 2010). Psychotherapy researchers of conversation analytic orientation have grasped the psychological concept of disaffiliation in order to bring in the affective quality (Muntigl et al. 2013, Muntigl & Horvath 2014). The change-of-the-table phenomenon now can easily be brought together with the change of positions in a microanalytic perspective (Salgado et al. 2013) and this phenomenon has been described as "dance" (Tateo 2014). Others (Rodrigues et al. 2010) have begun to study creative participation in early childhood by the music of conversation of "motherese" and so we want to go a few steps into developmental psychology.

## A SHORT LOOK INTO DEVELOPMENTAL PSYCHOLOGY

The term "model scenes" (Lichtenberg 1989) has been used by infant observers, too. In more recent observations of how children develop the term has lost its large scale meaning as in clinical talk; it is based on much more detailed observations. Human beings behave in a social world with relevant others. During infant development (Braten 2009) we learn the full interactional patterns when we come to preverbal role-reversal. One prototypical model scene is a baby being fed by the mother with a spoon. From 11 months on the baby takes the spoon handed over in order to feed her mother. She is turning the table, changes positions – which expression has an embodied and spatial meaning here. If this experience becomes expanded more and more the full interaction pattern of "being fed" is completed by "feeding".

This is a model scene prototypical for a developmental step: how to complement the whole interaction pattern. This means going beyond an "individualistic" approach of need-fulfillment to a more encompassing view including not only the other, but the interaction-with-the-other. Stern (1985) spoke of "being-with". The full circle of being-with is to handle the model scene from both sides.

Model scenes – others are e.g. pointing-and-viewing (Goodwin 2003, Kita 2000, Liszkowski 2006), pedagogic instruction and imitation (Hurley & Chater 2005, Gergely & Csibra 2006) and, violation-and-repair (Corrin 2010, Kitzinger 2013) - are composed of two parts, an active and a recipient side. Development means to precisely cognitively and affectively know how each side of the model scene is experienced. This is necessary to manage mutually expectations in order to intentionally prepare (be prepared for) next steps. Many other scenes follow in development with a huge consequence: It suffices to allude or prelude to such a pattern and the other knows what kind of scene will be played. By alluding to and anticipate model scenes the slow-motion mode of linear conversation – as compared to high-speed mode

of cognition – can shorten time with the effect that sometimes talk-in-interaction and thinking are somewhat more paralleled.

During development children acquire a rich set of model scenes enabling to behave adequately in their social and cultural worlds and add new model scenes to a dynamically unfolding repertoire of scenes and knowledge about scenes. This includes knowledge of one's own intentions and what can be expected from others. The general expectation is that the other aligns and affiliates in a complementary way. It was Morton Deutsch (Deutsch 1958) who assumed that there is more “cooperation” in human games than a Darwinian view only gives room to. This author described more than half a century ago that violations of the general expectation lead to two kinds of responses: retaliation and absolution. Retaliation aims to neutralize the rule violation, absolution promises forgiveness as soon as violation ends. What conversation analysts describe as “repair” has some proximity to these early ideas. Deutsch predicted, if violations can be repaired, there will be an increase of trust or otherwise suspicion.

There is a continuity from model scenes in preverbal early childhood to what conversation analyst describe as a *format* of an exchange. For illustrative purpose we use an example (Drew 2005) from an everyday talk observed and analyzed by Paul Drew (2005, p. 170). It is easy to accept an invitation for lunch but it is complicated to decline. “No” is an option that forces the participant with conditional relevance (Schegloff 2007) to provide a justification, an explanation, some kind of account why “not”. The *format* (put in square brackets) for an invitation refusal can be described by three conversation turns:

[Appreciation] + [(mitigated) Declination] + [Account]

When invited, a speaker will first respond with an appreciative remark, will then decline (more or less embedded in “softeners”) and will subsequently provide an account as to why it is impossible to accept the invitation. Here is an interesting example by Drew (2005, p. 170):

1. Emma: Wanna c'm do:wn 'av [a bah:ta] lunch w]ith me?=  
 2. Nancy: [°It's js] ( )° ]  
 3. Emma: =Ah gut s'm beer'n stu:ff,  
 4. (0.3)  
 5. Nancy: Wul yer ril sweet hon: uh:m  
 6. (.)  
 7. Emma: [Or d'y]ou'av] sup'n [ else ° ( )°  
 8. Nancy: [ L e t ] I : ] hu. [n:No: I haf to: uh call Roul's  
 9. mother, h I told'er I:'d call'er this morning .

Emma invites Nancy to come down “and have lunch with me” and while talking Nancy does not interrupt her. However, in line 2 is an overlap: she is immediately starting her (mitigated) refusal (line 2) with a quiet voice (transcribed by °...°) very early. One can conclude that she knows the “model scene”, knows what will follow and inserts her utterance thus in a very early moment.

Emma rapidly increases the attractiveness of her offer that she has “got some beer and stuff” (line 3) followed by a delay (line 4). Then follows Nancy's “appreciation” (line 5) addressed not to the invitation but directed to the person of her friend Emma. Then we have a

short pause at a transition relevant point. Emma takes the turn offering “or do you have something else” (line 7).

This is the interesting point here. Emma offers an alternative account for Nancy's refusal. Drew here makes an important comment:

“This is a ‘cognitive moment’, in a double sense: in order to make that move, before Nancy makes explicit her declination, Emma has to have *realized* that Nancy might be going to decline her invitation; she thereby *reads Nancy’s mind*, attributing that *intention* to her” (Drew 2005, p. 170)

Drew wants to point out here that “intention” is not a philosophical term but a practice performed by conversational participants in order to ascribe motivation<sup>1</sup>. In order to understand the process of mind-reading addressed here it is, of course, not necessary to assume telepathic abilities. Their voices have indicated declination and some repair activities. Nancy’s calm voice in line 2 is an embodied aspect of conversation here; although Nancy cannot know from what is being said to that moment she displays her early awareness of the whole format (model scene) and more, that her declination might hurt Emma and be followed by a change of state of her relationship.

The whole format is alluded to when Nancy in line 2 calmly begins to speak, followed by Emma’s offer of “beer’n stuff”. This must not be viewed as an intentional pressure on Nancy to come. It is an alternative account for the refusal Emma has sensed to come with Nancy starting to speak in line 2. There is a common format steering this conversation and, of course, this format is determined by a shared culture, which is crucial for the interactive construction of a “common ground” (Stalnaker 1974, Krifka 2007, Enfield 2006), not by cognition-in-one-mind (Cerulo 2002, Miller 2006). Part of these cultural practices is to organize conversation and talk around eating. It is this cultural habit that allows Emma to anticipate Nancy’s declination and try to get ahead by offering something better for the body. Several aspects of embodiment (quiet voice, attractive dinner and eating) and the use of distributed conversation formats functionally operate together, conversational flow and cognition operate in a timely parallel mode.

In “model scenes” both participants have knowledge of the standard format, e.g. how to refuse invitations among friends. This kind of knowledge is what psychoanalysts term “unconscious”. It’s a precise term for “the unthought known” (Bollas 1995). This knowledge is executed in the sense that one can reconstruct it. But you need a lot of experience if you want to “apply” it. Reconstruction is directed backwards, application (including all linguistic rules, grammar, turn-taking etc.) is directed in a forward manner. Here the topic of time comes in.

There is an interesting question: What might have been the evolutionary advantage of building this “stock of interactional knowledge” (SIK) (Peräkylä & Vehviläinen 2003)? Why do humans not simply react to interactional stimuli? Our answer: There is the time variable to be respected. Cognitive processes including anticipation are n-dimensional faster than conversational processes are. Conversation is ruled by linearity, cognition is not. In mind one can have a lot of thoughts at the same moment and these thoughts “dance” like a jack-o’-lantern invisible but influential around hearable conversation. To selectively learn how to bring

<sup>1</sup> Others Potter & Edwards (2013) refer to this example in order to convincingly demonstrate that “intention” must be considered a mundane term; “intention” is not something to *explain* conversational practice. It is used by participants themselves as “account”.

thoughts into conversation is a process of socialization (Wootton 2010). You can't tell a dirty joke at every opportunity (Sacks 1978). SIKs are an abstract result of model scenes if these scenes could be experienced in full – from, at least, both sides. If not, SIK is in one way or another incomplete. The result might be what clinicians call “dissociation” (Gullestad 2005). The question then arises which side of a complete model scene fed the SIK? Which side of the model scene, S or O, is to be heard in therapeutic interaction?

We conclude: what is described by clinicians as defense can be viewed as based on normal developmental processes. To develop participation via model scenes means to learn “dancing” in an interactive agenda: to change positioning following rhythm and music of conversation. The acquired competence can be used to disturb or distort the process by use of what clinicians call “projection”. The process of “healing” such a disturbed interaction we want to describe now paradigmatically.

### A CLINICAL EXAMPLE: BEGINNING OF A SESSION

The process of restoring a patient's only partial SIK by a skilfull therapist can be seen in the following opening 10 minutes of an 28<sup>th</sup> session conducted by a female therapist with a patient suffering from obsessive-compulsive ideas that overweight naked men might exhibit their penisses in front of her. We will present these 10 min nearly completely in segments with comments (English translation in *italics*)

- 1 ((Band läuft))  
((recording in progress))
- 2 (31)
- 3 ? : ((räuspert sich))  
? : ((slight cough))
- 4 (6)
- 5 P: ich hab den Tag gestern noch super rumbekommen (2) err:m (3) ich  
wüsste nicht dass (-) irgendwelche Zwangsgedanken noch aufgetaucht sind? (2)  
weder wo ich jetzt irgendwi:e nach Hause gefahren bin (2) und dann (2) <war ich  
auch ne zeitlang zu HAUse> und ähm (2) dann bin ich mit ner Freundin nach  
Landsberg gefahren (3) u:nd (-) wir haben da so zwei:: (1) alte Freunde von uns  
getroffen und sind `n bisschen ins Schwimmbad und (1) nachdem das Wetter dann  
nicht so gut war dann ähm (1,5) auch`n bisschen so in die Stadt >was Essen<  
gegangen und dann emm (..) n Eis hinterher un::d (1,5) ja und ich konnt wirklich  
(1) richtig gut wieder abschalten  
*P: I managed to while away the hours really well yesterday (2) and (3) I don't  
remember (-) having any obsessive thoughts? (2) nor when I was somehow driving  
home (2) and then (2) <I was at HOME for some time> and um (2) then I drove to  
Landsberg with a (girl)friend (3) a:nd (-) there we met two kind of :: (1) old friends  
of ours and went to the swimmingpool for a bit and (1) after the weather wasn't so  
good then um (1,5) went into town for a bit as well >got something to eat< and  
them um (..) an icecream afterwards an::d (1,5) yeah and I was really (1) able to  
unwind again.*
- 6 (4)



- 7 P: also mir is::  
*P: well, I::*
- 8 T: °>mhm<°  
 °>mhm<°
- 9 P: nicht aufgefallen, dass irgendwie was kam (2) sich irgendwas angeschlichen hat, das war alles  
*P: didn't notice, that somehow something was coming (2) something somehow was creeping up on me, that was all*
- 10 T: schön  
*T: °good°*
- 11 P: irgendwie ganz=ganz weit weg  
*P: somehow really=really far away*
- 12 (15)
- 13 T: eigentlich haben Sie den Tag nicht rumbekommen, sondern geNOssen!  
*T: strictly speaking you didn't while away the hours, you actually SAVOURED them!*
- 14 P: ja genau hehe ((lacht)) stimmt! das war falsch (h) form(h)ul(h)iert [ hehe ((lacht))  
*P: yeah exactly haha ((laughs)) that's right! that was bad wor(h)d(h)ing [ haha ((laughs))*

The tape starts and half a minute of silence, someone clears his throat. 8 sec silence. The patient starts telling how she got through the day somehow, adding in linear reporting mode episode after episode, linked by utterances of a “and then”-type. There is no narrative tension, no story preface, no climax of narration, no coda. Clinicians know this as “affect isolation”.

We want to know if this linear *reporting* mode (as opposed to *narration*) with its insipid and colorless voice is spoken by what phonological structure? See an example here in figure (1). The graphic representation projects syllables onto the fundamental frequency, which we perceive as *intonation* (or the melody of the utterance). It is the lowest frequency of the spectrum of sound waves in which human speech materializes and it is produced in the larynx, independently from other aspects of the speech signal: The sounds that make up words are produced by placing filters to this sound in the oral and nasal cavities, producing acoustic differences at higher frequency ranges (F1-4).<sup>2</sup> These facts already show us that the prosodic dimension of speech is independent from what we say with words.

Linguists who are familiar with the analysis of utterances in everyday speech might think that the signal has been manipulated, but it was not: The beginning of this session shows a remarkable absence of pitch accents of any kind. If we look on how linguists try to explain the motivation for pitch accents, we find an answer that fits: Gussenhoven (2002, 2004) describes a paralinguistic *effort code*, which relates the articulatory effort of a speaker to emphasis: “the informational interpretation [...] is emphasis, based on the speaker’s assumed intention to underscore the importance of the message. Affective interpretations are insistence, enthusiasm,

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<sup>2</sup> Surely, an introduction into acoustics lies way beyond the scope of this article. The reader is referred to Ladefoged 1996 or Reetz 2003, who help us to understand the physics of language. In order to establish facts for and represent them in this article, we will make use of the program for acoustic analysis PRAAT, Boersma & Weenink 2013, and provide first-aid-kits into the phonology and phonetics involved wherever we find it necessary.

and obligingness” (2004, 94).<sup>3</sup> In the clinical situation we outlined above, the isolation of affect rules out emphasis and, thus, reduces the effort the patient spends on her utterance. To put it simple: The patient asserts her statements without emotional commitment and we can hear this in the very form of the utterance’s prosodic shape.<sup>4</sup>

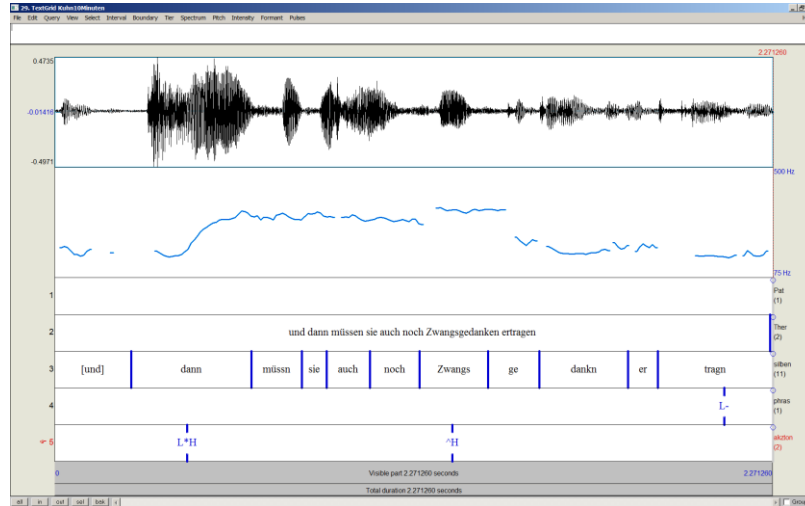


Figure 2.

Let us get back to the session. After a new silence the client tells that no compulsive thinking attracted her attention or creaked into her mind and the therapist calmly adds “fine”. These thoughts have been “far far away”, the client remarks. Then we have a “reformulation” (Antaki 2008, Deppermann 2011, Heritage & Watson 1979) by the therapist. She is (line 13) changing the verb-metaphor: the patient not only “got through the day”, she “enjoyed” it! Here, the therapist introduces affective experience and here we find the pitch accent indicating the contrastive focus on *genossen* (enjoy), introduced here as the asserted alternative to *rumbekommen* (get through):<sup>5</sup>

Without going too much into the phonological details (for which we would need more data anyway), we can see (and, of course, hear) the excursions on the accented syllables of *rumbekommen* and *genossen*. These are the pivotal (or, linguistically speaking, *focal*) verbs in this utterance: rising pitch accents with a dramatic span of up to 180 Hz tell the client of the urgent need to change the interpretation.

<sup>3</sup> Following Gussenhoven’s reasoning, phonological pitch accents are grammaticalized versions of this paralinguistic general interpretation.

<sup>4</sup> Similarly, in many languages we find flat F0-contours in stretches of speech that do not provide new information (givenness, see Baumann 2006), or in so-called “incredulous assertions”, Moraes 2008. Givenness, incredulity and affect isolation all share the lack of assertive commitment, be it because the content already is an active concept in discourse, be it because the speaker did not believe that the proposition be true or be it because of a defense mechanism which cuts off the affective experience.

<sup>5</sup> Note that we transcribe spoken language in the prosodic analysis, just as in CA.

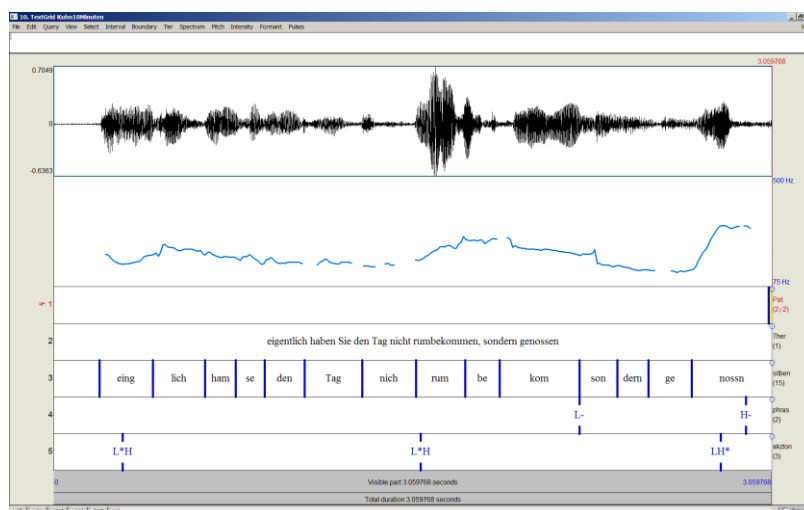


Figure 3.

Thus inducing a slight affective change the patient laughs as if entitled for this freeing affect: “allright!” is her response. This transformation of affective state can often be observed as an effect of reformulations by a therapist. The same event is framed by another verb metaphor and things get another meaning. This was termed as an “agenda transforming utterance” (Stivers 2007)

Some turns later plus after a pause of 10 seconds the patient continues:

21 P: aber dadurch dass es mir wirklich gra:d (..) echt gut geht und=und

*P: but because I'm feeling really good at the mo:ment (..) really good and=and*

22 T: mhm

*T: mhm*

23 P: >kann ich des wirklich< au: ch genießen (also) weil i mir denk °ss° ich hab Urlaub und ähm (1,5) es geht mir grad gut und (1,5) es is schönes Wetter und ich bin oft unterwegs und (4) u:nd's eigentlich=richt((ig)) genießen

*P: >I am really< enjoying to:°°(°anyway°) 'cos I think °ss° I'm on holiday and erm (1,5) I'm feeling well just now and (1,5) (the wheather is nice and I'm out and about a lot and (4) a::nd I'm actually=rea(ll)y enjoying it*

This is the very moment when the patient starts to join the therapist in the construction and management of content. To put it in our metaphor, she starts to dance with her. We can observe a pitch accent on the same verb (*genießen*):

The excursion of the fundamental frequency is smaller than in the therapist's utterance above, of course, but in the context of figure (1), the difference is notable. The patient makes the new verb (enjoy) her own and confirms that she could really enjoy her experiences followed by some accounts of why (nice weather *and* she is well *and* underway etc.). She still stays in the reporting link-mode. Then, in line 25, she makes a new move in a different way: she discovered that she could steer her (obsessive) thoughts (*italics*) and she pre-announces this self-observation with the remark: *was wirklich int[e]ressant ist* (what is really interesting, cf. figure 5), thus directing the therapist's attention to what will follow: her new discovered

competence to steer her thoughts. She has gained control or, at least, discovered that she could gain control.

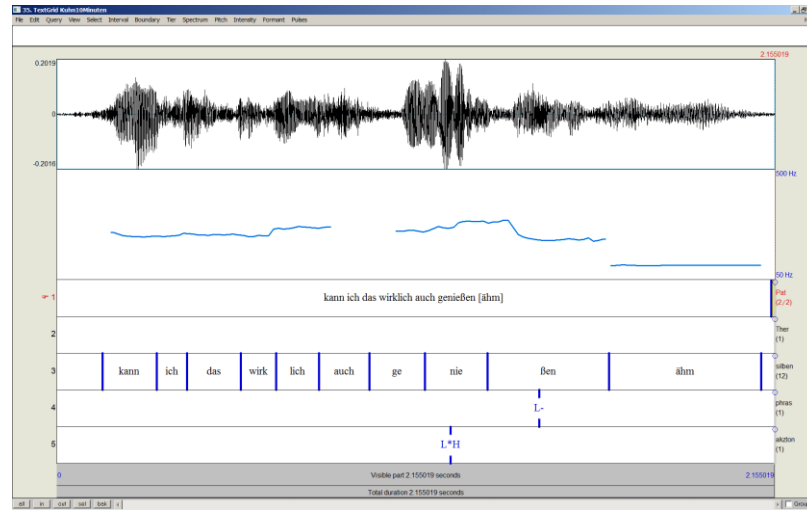


Figure 4.

Now we get bigger excursions of rising tones in the accented syllables of both content words:

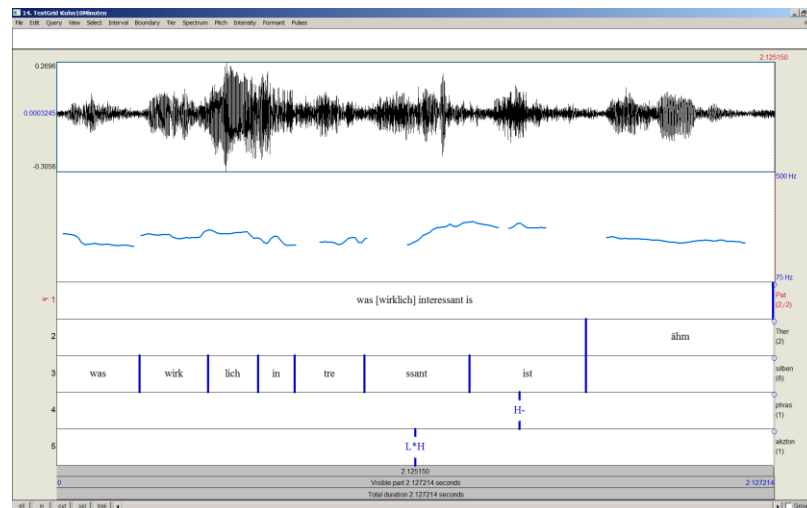


Figure 5.

The content of her narrative changes to having tormented herself: she did not like to leave the bed or go to work, and she discovers that these compulsive thoughts might come through again and “annoy me”. She attributes to her thoughts a personal property as if thought can come and go and annoy or not. She creates a conceptual metaphor THOUGHTS ARE PERSONS (Lakoff 1987). In clinical terms, this is a slightly dissociative mode of talk, not so divergent from everyday conceptions of mental events. Emotions (Kövecses 2008, Lakoff & Kövecses 1987) are often metaphorically conceptualized as persons. Feelings are ascribed independent

qualities. Sometimes they can gain power over the entire person – Clinically spoken: we have the model scene here. She cannot integrate her own thoughts and acknowledge them as her own.

She describes her experience from “yesterday” with no problems to leave the bed and the “thoughts” have not been present so vehemently like today where she hardly could leave the bed and was so tired. In this state she realizes that these “thoughts” come through. The patient presents for the first time her obsessive compulsion as a conflict dramatized between two persons. This is the entire moment where the question “Who is ‘who’ in dissociation?” (Gullestad 2005) has a chance for an answer. The patient fights against her thoughts, discovers how to steer them and then discovers them as her own.

24 (31), ((Verkehrslärm im Hintergrund))

(31), ((noise of traffic in the background))

25 P: aber was ich schon merk was (1) was w(h)i(h)rklich interessant is ähm, dass ich des schon selber auch err::m (1,5) steuern kann (..) teilweise (-) also wenn ich irgendwie errm (2) wie an dem letzten Tag err >an dem letzten Arbeitstag< wo ich irgendwie err::m (-) so mich so aus'm Bett gequält hab und errm (2) ((schluckt)) dachte öö:r ich bin so müde >>und ich hab kein Bock und am liebsten würd ich anrufen ich bin krank<< und err=

*P: but what I do notice which (1) which is re(h)al(h)ly interesting um, is that I can already er::m (1,5) control it as well (..) partly (-) so when I somehow um (2) like on the last day erm>the last day of work< when I somehow er::m (-) so like force:d myself to get out of bed and um (2) ((swallows)) thought uu:h I'm so tired>>I don't want to get up und I'd like nothing better than to ring in sick<< and er=*

26 T: =>mhmh<

*T: =>mhmh<*

27 (2)

28 P: da hab ich schon gemerkt err:m weil ich irgendwi:e (.) °ja:° (.) so überhaupt keine Lust und keine Motivation hatte err:m (2) dass ich err::m (..) KLAR dann hab ich ja irgendwie erm (1) von der Stimmung >geht's mir schon nicht so gut< und dann (1) dann is=es irgendwie au:ch (2) **einfacher dass Zwangsgedanken wieder irgendwie so durchkommen** (-) und mich so ärgern und erm (1,5) dass hab ich heut auch n bisschen gemerkt also gestern erm (..) >hat ich überhaupt kein Problem mit dem Aufstehen< und erm (2,2) >war auch guter Dinge und=so: und erm (2) da warn sie nicht so vehement da als wie heute wo ich irgendwie plötzlich so müde war

*P: I realised then er:m because I someho:w (.) °yeah:° (.) had like absolutely no inclination and no motivation er:m (2) that I er::m (..) OF COURSE then I did somehow erm (1) just 'cos of my mood >I don't feel so good < und dann (1) then it=is al:so somehow (2) easier that obsessive thoughts like are getting through again somehow (-) and bothering me so and erm (1,5) I've noticed that a bit today as well anyway yesterday erm (..) >getting up was absolutely no problem < and erm (2,2) >was feeling cheerful too and=so: and erm (2) they weren't so intense as today when I was suddenly so tired*

The prosodic form of the highlighted (bold) utterance is interesting, too. She takes out every effort in pronouncing the topic of all her conversations with the therapist,

*Zwangsgedanken* (compulsive thoughts) and therefore this word lacks again any pitch movement and it is even hard to understand, but we find high tones in the pronunciation of the words referring to her new observations about this topic:

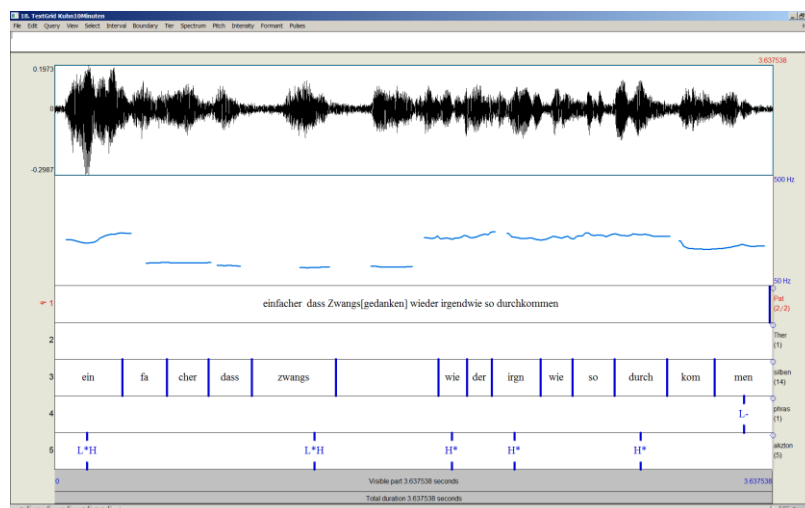


Figure 6.

The deaccentuation of given information, to be understood as the pronunciation of words which refer to active concepts in ongoing discourse without any phonetic realization of phonological accents, is a general feature of German prosody (Baumann 2006).<sup>6</sup> What is interesting for our purpose is its global paralinguistic motivation, the effort code (see above) with its universal interpretation of more or less urgent information: What we can observe is the rather dramatic lack of articulatory effort in all parts that contain given information. The whole stretch with given information is pronounced almost an octave below the tonal level of focal information, while we would expect far smaller differences. Again, we take this prosodic event as a sign for the isolation of affect that we explained above.

The patient continues (30) explaining emotional conditions for her compulsive thoughts to appear. She does this in a prosodic form that shows only a few small excursions in the intonation (30). In line 33 (*italics*) the therapist now starts to speak as if she continued the patient's talk. The therapist initiates a change of positioning. Within the patient's described two person drama the therapist joins the entire person suffering from the annoyance of intruding enemies called "thoughts". We see the therapist's *joining* practice executed in a very short but impressive role play. She says "I have holidays entirely" and this "I" means *the patient's ego*. The patient hears it this way, responds immediately with a calm laughter. As the therapist does it this is the part of her *ego suffering* from the problems caused by an opponent. This therapeutic utterance is a conversational move made up of four intonational phrases accompanied by the patient's prosodic two-stroke compliance tokens and a terminal sound that signals fatigue: a closed back vowel with a falling intonation. When the patients laughs loudly the therapist ends this interlude with a resolute "HM!".

<sup>6</sup> Of course, there is no qualitative difference in the prosody of therapeutic conversation with regard to other types of discourse. From a linguistic point of view, therapeutic conversations are determined by particular conditions of communication, just like other types of discourse (Koch & Oesterreicher 1990).

- 29 T: mh  
T: *mh*
- 30 P: und fast nicht aus'm Bett gekommen bin und erm (3) dan::n merk=ich dass die sich erm (2) ja:: (1) dass viel leichter is irgendwie ähm (2,5) dass die durchkommen erm (1,5) und weil=weil ich vielleicht auch so in dem (.) so mhm: und am liebsten würd ich jetzt wieder ins Bett [ und ähm so n  
P: *and could hardly get out of bed and erm (3) the::n I=realise that th:ey erm (2) yeah:: (1) that it's much easier somehow erm (2,5) that they erm (1,5) and as=as I'm perhaps also like in the (.) like mhm: and I'd like nothing better than to go back to bed again now [ and erm so n*
- 31 T: °mhm°  
T: [*°mhm°*]
- 32 P: bisschen bin erm:  
P: *am a bit erm:*
- 33 T: **mhm (.) .hh und eigentlich hab ich Ferien [ und <sup>7</sup>**  
T: *mhm (.) .hh and actually I'm on leave [ and*
- 34 P: [mhm  
P: [*mhm*]
- 35 T: **so wie ich gestern so err noch bemerkt habe oder dann (.) komm ich aber trotzdem extra zur Therapiestunde muss [°doch aufstehen, in=die=Stadt fahren°-**  
T: *as I err realized yesterday or then (.) I nevertheless come specially to the therapy session have to [°still get up, go=into=town°-*
- 36 P: [mhm  
P: [*mhm*]
- 37 T: **.hhhh Urrgh!**  
T: *.hhh Urggh!*
- 38 P: **ja ! °hehe°**  
P: *yeah! °haha°*
- 39 T: **erhr:**  
T: *erhr:*
- 40 (6,5)
- 41 P: also ((räuspert sich)) da merk ich (.) richtig wie die erm (2) mehr Macht wieder gewinnen und >auch so n bisschen aggressiver werden irgendwie hab ich so das Gefühl< (1) und dass die sich dann irgendwie wieder n bisschen mehr in den Vordergrund drängen  
P: *anyway ((clears her throat)) I really (.)notice how they um are gaining more power again and erm (2) and >are also getting just a bit more aggressive I have the feeling somehow < (1) and that they are then somehow pushing themselves a bit more into the fore again*
- 42 (30)

The prosodic form of the therapist's utterances in 33 to 35 is an important feature in the conversational dance which happens in this session: She jumps to a higher register (the base line of F0 starts some 50 Hz higher than other utterances of the therapist) and realizes high

<sup>7</sup> We type in bold when we want to attract readers' attention to these utterances

plateaus over a stretch of three syllables (*trotz, dem, ex*) followed by a slight downtrend and a second high plateau over three syllables (*pie, stun, de*). These two properties, the jump to a higher register and the plateau, characterize the prosodic shape of the four intonational phrases which constitute the turn from line 32 to 36. We show an acoustic analysis of one of them in figure 7:

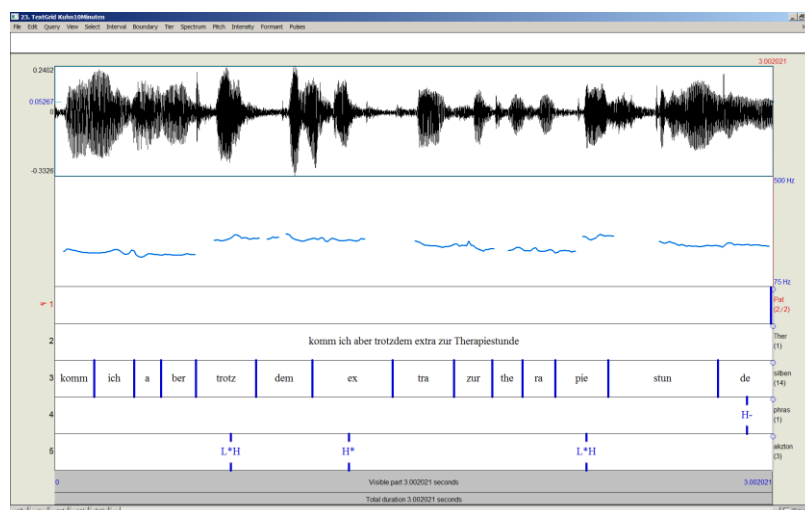


Figure 7.

The switch to higher registers has been observed also in infant directed speech (also called “motherese”, see Trainor et al. 2000) and we might advance the hypothesis that we face similar conversational functions of prosodic expression in these types of discourse that again can be captured as instances of another paralinguistic code of intonation: the frequency code. It associates the universal interpretations “submissive, vulnerable, friendly” to high frequencies and “authoritative, protective, not friendly” to low frequencies (Ohala 1983, 1996, Gussenhoven 2004). Speaking at higher registers, then, may be seen as a friendly packaging of content that invites to join the conversational intention.

But there is more to it: the central high plateau or maintenance of high pitch over a couple of adjacent syllables is quite unusual. Beside the call contour, in which the high plateau can be explained pretty straightforward by its need to be perceived far away, Niebuhr 2013 describes an interpretation for final plateaus which he calls “futile resistance”:<sup>8</sup> the speakers “eventually, but reluctantly, give in to a demand of the dialogue partner” (2013, 26).<sup>9</sup> On the grounds of the data we have, we can tentatively, but firmly propose a joint meaning for Niebuhr’s futile resistance and our change of positioning: in both cases, the speaker puts his own original communicative intention into the background and assumes the position of the partner. He projects the locus of the assertion of his own utterance onto the conversational partner: I say this but it is you who asserts it. The speaker thus constructs herself as the other and

<sup>8</sup> Note that Niebuhr’s data all show phrase-final high plateaus. This is not the case in our data, but the problem that arises lies within the theory of intonation and we cannot tackle it within the scope of this article.

<sup>9</sup> The most telling example is an adolescent who says *dann mach ich eben leiser* (okay then, I turn the music down). Germans can easily imagine the intonation of it, we believe.



complements him. We see this procedure now as a conversational dance driven by prosody in which meaning is constructed by joint linguistic movement.

It leads to new insight: This passage is followed by a now fuller description of the thoughts' power and influence. They are described as aggressive and urging into the foreground. The session goes on:

43 T: Aggressiver? (5) Was taucht auf?

*T: More aggressive? (5) What comes up?*

44 (2)

45 P: m:::m

*P: m:::m*

46 (5)

47 P: also: es war ja zum Beispiel irgendwie erm: (2,5) jetzt (..) err:m (2,2) das des err:m also wenn ich zum Beispiel err:m (3,2) ja eigentlich err:m (1,3) zum Beispiel jetzt erm DICKE ÄLTERE MÄNNER SEH

*P: well: there was, for instance, somehow um: (2,5) now (..) err:m (2,2) that the err:m so, when I for instance when err:m (3,2) yeah actually err:m (1,3) for instance now see erm FAT OLDER MEN*

48 T: hmm

*T: hmm*

The change of positioning of the therapist switches the effort code to “on”. The patient’s utterances now have changed its prosodic form. The “fat old men”, which are the concrete instances of the compulsive thoughts she named before with nearly no tonal event, now get a full intonational form that combines a rising late pitch accent and a high boundary tone, thus forming a continuation rise that signals that the turn will go on:

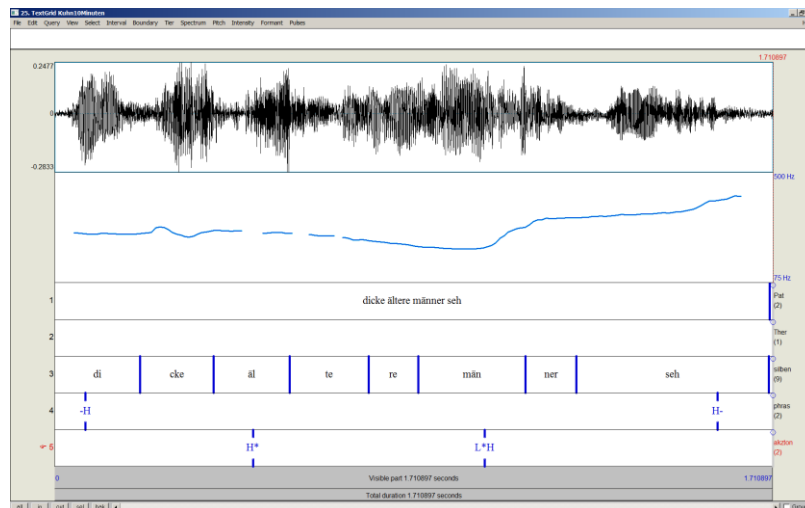


Figure 8.

We might want to say now that the change in positioning triggers a change in prosodic form that triggers a change in the affective constellation. But we think that this would be

misleading: rather, the three changes happen together to form a joint interactional unit. Basically, this is true also of the following turns in which the patient elaborates on her compulsive thoughts:

- 49 P: err:m:: (3) dann dass ich da irgendwie err:m (1) dass ich so des- (.) >Bild wieder so n bisschen aufdrängt< mit errm: (2) ja wie dieser Mann dasteht mit- erigiertem Penis [und

*P: err:m:: (3) that then I somehow err:m (1) that I somehow (see) hi- (.) >picture imposes itself again just a bit < with errm: (2) yeah how this man standing there with- an erect penis [and*

- 50 T: [mhm

*T: [mhm*

- 51 P: err:m (2) sich irgendwie >>vielleicht n KIND schnappen könnte<<=

*P: err:m (2) could somehow grab >>perhaps a CHILD<<=*

- 52 T: =ok

*T: =ok*

- 53 P: =So! (1) Also (1) ich seh jetzt- (..) nur so den Mann und erm (2) ja (4) und denk mir mmmm >>könnte passieren irgendwie

- 54 P: =Right! (1) So (1) I'm just looking- (..) at the man and erm (2) yeah (4) and think to myself mmmm >>could happen somehow

- 55 (7)

- 56 P: und was mi:ch- manchmal irgendwie (-) was mir irgendwie >>GAR NICHT in den Sinn kommt<< aber da irgendwie (-) wenn die dann: (1) ja so n bisschen (1,5) °aggressiver wieder da sind° err:m (1,5) dass so was zum Beispiel kommt

*P: and what sometimes somehow (-) what somehow >>NEVER crosses my mind << but somehow (-) then when they have: (1) yeah like a bit (1,5) °come back again more aggressive° err:m (1,5) that for example something like that comes up*

- 57 (16)

The therapist then takes the turn interrupting the pause asking for what appears in the patient's mind when talking of "aggressive". The patient responds with her thoughts of thick somewhat older men with erected penisses and that they could snap at a child, adding (line 50) that something could happen. After a pause of 16 seconds (line 53) the therapist again takes the side of the patient uttering that it is nasty that the patient has to leave the bed, come into the session and that she would have spent her time elsewhere and that she pulls herself together and THEN! she, the patient, has to bear the next torment of her compulsive thoughts. After a short self-addressed reflection about the difference between compulsive thoughts and compulsive images she leaves the side-stepping with the remark: as if there were something so make her life a burden more than necessary.

- 58 T: .hh Des ist doch geMEIN. Da müssen Sie aufstehen und errm (1) nen Termin wahrnehmen hier (..) und err wären viel lieber im Bett geblieben

*T: .hh That is really CRUel. There you are having to get up and errm (1) attend an appointment here (..) and err would rather have stayed in bed*

- 59 P: ((lacht leise))

*P: ((laughs quietly))*

60 T: und hätten viel lieber den Vormittag irgendwie err=errm mit °>was anderem verbracht<° .hhh und dann: (.) >reißen Sie sich zusammen und< °kommen hierher° (1) und DANN müssen Sie auch noch Zwangsgedanken ertragen

*T: and would much rather have spent the morning somehow err=errm with°>something else <° .hhh and then: (.) >you pull yourself together and< °come here °(1) and THEN you have to put up with obsessive thoughts as well*

This turn, the second change in positioning, lacks the use of the first person pronoun, but shows again the high plateau we already observed:

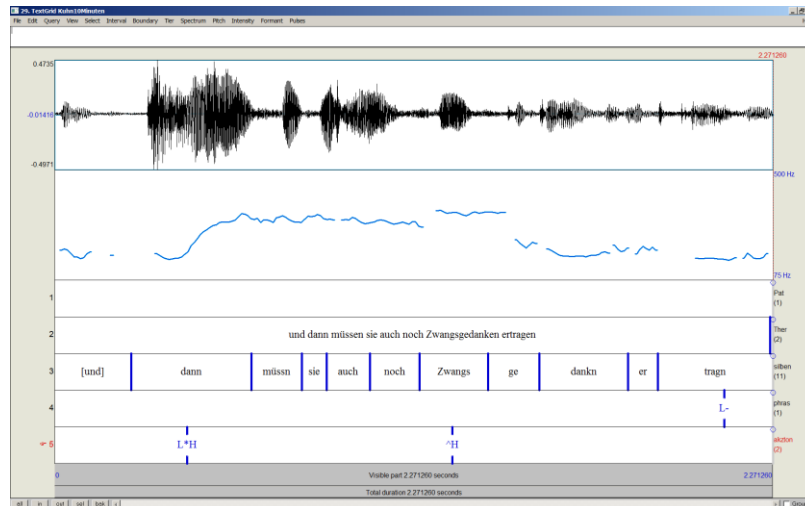


Figure 9.

The plateau is followed by a high pitch accent on *Zwangsgedanken*, showing again emphasis and affective commitment in this turn in which the therapist assumes the perspective of the patient.

61 P: mh mh

*P: mh mh*

62 T: °°Zwangsbilder find ich sind des immer bei Ihnen°°

*T: °°Obsessive pictures they are I always find with you°°*

63 P: mJA

*P: mJA*

64 (4)

65 T: als (1) .hh gäbe es >>etwas in Ihnen was es Ihnen dann noch! schwerer machen<< muss°

*T: as if (1) .hh there was something>>something in you that °has to<< make it° even more! difficult for yourself*

66 P: mh mh (räuspert sich)

*P: mh mh (clears her throat)*

67 (48)

Again, we find the two-stroke compliance tokens uttered by the patient and after clearing her throat again which might be heard as a kind of suppressed tears a pause of 45 seconds, then interrupted by the patient:

- 67 P: ja des is zum Beispiel auch wenn ich irgendwie .hh irgend so <unter Druck bin>  
err::m ? (2) des is ja auch oft so  
*P: yeah it's like that too for instance somehow when .hh like <I'm under pressure*  
*err::m ? (2) that is also often the case*
- 68 T: hmm  
*T: hmm*
- 69 P: oder wenn ich irgendwie was erm (2) machen muss erm (2)  
*P: or when I like erm (2) have to do something erm (2)*
- 70 T: was Sie nicht wolle[n]  
*T: that you don't want [to*
- 71 P: [genau was ich irgendwie überhaupt nicht will dann err:m (2) genau dann  
muss ich wieder err:m  
*P: [exactly, that I somehow don't want to do at all then err:m (2) exactly, then I*  
*again have to err:m*
- 72 T: mhm  
*T: mhm*
- 73 P: so n bisschen rebellieren erm  
*P: like rebel a bit erm*
- 74 T: mhm  
*T: mhm*
- 75 (7)
- 76 T: dann kommen Ihnen Bilder von Männern in den Sinn (.) DIE machen was sie wollen  
*T: then pictures of men enter your mind (.) THEY do what they want.*
- 77 P: ehm! Ehm  
*P: ehm! Ehm*
- 78 T: ((leises Lachen)) °verbotene Sachen°  
*T: ((quiet laugh)) °forbidden things°*
- 79 P: ehm ehm  
*P: ehm ehm*
- 80 (es folgt eine längere Pause von ca. 1 Minute)  
*(there follows a longer pause of approx. 1 minute))*

In line 76 the dance reaches its climax in the central change of concepts that is indicated prosodically by a beautiful full-fledged contrastive focus accent, realized by a high pitch accent on the focused constituent (*die*: they, the fat old men) followed by a low boundary tone:

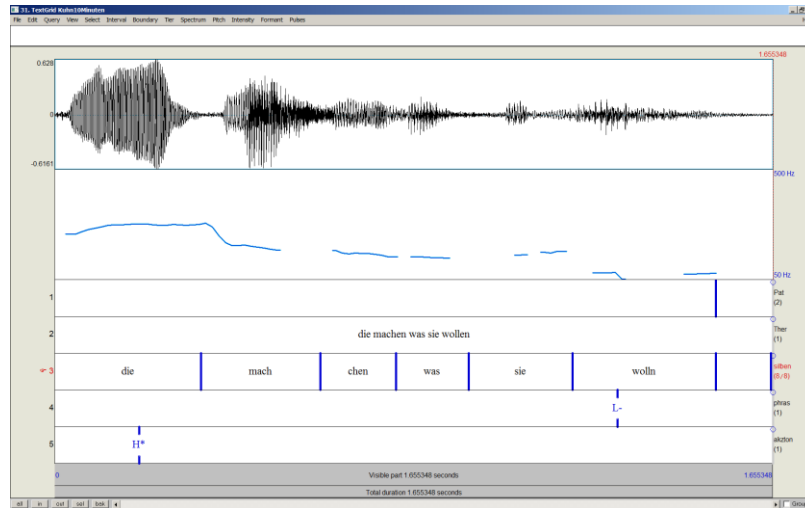


Figure 10.

Now, the picture has changed completely. It is no longer a suffering patient defending herself against intruding thoughts and pictures. We have the picture of a woman attributing power and the competence to do what one wants to men with erecting penises. In addition, these men appear on the stage no longer as if they were real enemies but as somewhat alienated parts of the patient's personality. This part of her personality is the one protesting and rebelling against unreasonable demands, e.g. to appear in the session.

In clinical terms one could speak of abolition of dissociation. However, this term is too global to observe precisely what is happening here in this part of skillful therapeutic operation.

## CONCLUSION AND PERSPECTIVES

We hope that we were able to show how clinical concepts like affect isolation or dissociation can be made accessible as objects for a multitude of research perspectives – clinical, conversational, linguistic-prosodic. And vice versa, we hope that to observe these phenomena precisely can help clinicians to expand their sensibilities to the rich informational scope of the human voice. We have seen that the patient's prosody changes during the session and that these changes relate directly to the dynamics of concepts involved in the way the participants look at the facts. We have seen how the therapist uses prosodic cues for a conversational maneuver that led to a new insight.

In a clinical perspective this analysis has discovered a “technique” of treatment that according to our knowledge has not yet been described. However, including other analyses we began to conduct one can see that this is more often realized than reported. This shows that treatment cannot be conceptualized as a prepared “intervention” for a “problem” of a predefined type. Obviously, what therapists do comes from another spirit of creative participation. This spirit often has found some “romantic” description but was never precisely described.

We believe that we could show in the analysis of these ten minutes that speaking in a conversation is much more than putting a message in a bottle called word and make it cross the distance between the speaker and the hearer who then takes the message out of the bottle.

Rather, communicative progress is achieved by a joint, complex construction of meaning in which all aspects of linguistic and paralinguistic events are involved. Only some aspects of the acoustic reality of linguistic utterances construct words with referential meanings, many prosodic cues rather work like instructions on how to relate meanings to a common ground that the participants are constructing and changing ceaselessly in a joint effort. The conversational moves sometimes lead to changes of positioning induced partly by tonal events, resembling thus a dancing pair performing a turn.

Much is left to be done. The biggest demand is the exploration of the rhythmic dimensions of the dance. In order to tackle the conversational function of rhythmicity, we will need much bigger data sets and will have to go back to controlled experiments in the lab before we can analyze spontaneous data like therapeutic conversations.

But we do believe that we have done a first step into a rich field of research from which both sides will profit: Therapists will gain insights into the prosodic reality of conversations and linguists will learn more about the conversational functions of prosodic forms. Our analyses already could show an important aspect of conversations in general and of therapeutic sessions in particular: The interactive management of content in conversational moves is as important as the content itself and prosodic means contribute decisively to this essential communicative task. Therapy, thus, is less an “intervention”, but a very subtle form of cooperation.

Further research of psychotherapeutic process should pay more attention to the conversational and prosodic elements that happen in a session. We feel that the acceptance of a therapist’s utterance severely depends more on these fine-grained elements.

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