RHYTHM AND BLUES
AMALIA'S 152ND SESSION
FROM PSYCHOANALYSIS TO CONVERSATION AND METAPHOR ANALYSIS - AND RETOUR

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Abstract: Conversation analysis and psychotherapy process research is an evolving field promising new insights for therapeutic practice. As the specimen case of Amalie, esp. her 152nd session has been investigated using various methods – of which we give a short overview – we offer a new analysis of session 152 based on a new transcription which allows for more detailed listening to the prosodic properties of this analytic dyad. Our findings show a) how analyst and patient co-create their common conversational object called psychoanalysis; b) how a lot of up-to-now not described analytical tools are applied, that can be described as "practices"; c) how a "dance of insight" is enacted by both participants in a common creation making patterns of interaction visible from "both sides"; d) how participants create metaphors as conversational and cognitive tools to reduce the enormous complexity of the analytic exchange and for other purposes; e) that prosodic rhythmicity and other prosodic features are best integrated in a threefold model for analytic conversation consisting of "interaction engine", "talking to" and "talking about" the patient. The study is presented as hypothesis-generating research based on verbal, not statistical data.

> "The qualitative explanation is that, though undescribed Nature certainly exists, scientific knowledge of Nature exists only in the form of logically organized descriptions. There are stages of our knowledge in which the descriptions that we realize at cognitive level become too precise that the fundamental features of cognition, that is to say of logic and of language, acquire the same importance as the features of what is being described." (Conte et al. 2009, S. 5)

INTRODUCTION

The use of specimen pieces of psychoanalytic work has been installed by Freud reporting on the so-called Irma-dream (Freud 1900). This material has been re-analyzed a number of times (for example Erikson, 1954). In the same vein, the Dora-case (Freud, 1905) has retained a prestigious pivotal position in availing itself to continuous re-elaboration and re-interpretation (Sachs, 2005). However, few detailed examples are available to extended scrutiny where "primary data" (Luborsky & Spence 1971) are at hand.

The Ulm study group on psychoanalytic process research in many details has analyzed a tape-recorded psychoanalytic treatment, the case of Amalia X (Kächele et al., 2006). The treating

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analyst himself considered the Session 152 as a specimen example of modern psychoanalytic technique when he presented this session to the participants of the International Psychoanalytic Congress in 2004. This session was debated by a fair number of experienced psychoanalysts (Wilson, 2004). Among those, the clinical evaluation by Akhtar (2007) was especially strong in pointing out the key features of the analyst's technique in this session: "Dr. Thomä's technique shows flexibility, resilience, and broad-mindedness. It is centered upon helping the patient achieve ego freedom though interpretation and transference resolution. However, it incorporates a variety of listening attitudes and a broad range of interventions that can be seen as preparatory for, as well as in lieu of, the interpretive enterprise" (2007, p. 691). To test this intriguing clinical evaluation Levy et al. (2012) analyzed the same session with the tool of the Psychotherapy Process Q-Set (Jones 2000): „ In this particular session,...., a specific set of interactions that serves the process well involves A allowing P some room to resist, minimal confrontation at these moments, before resuming productive inquiry and exploration." (Levy et al. 2012, p. 524)

It therefore seemed a fruitful enterprise to scrutinize this particular session again by taking an even more microscopic look by mean of conversational analysis.

CONVERSATION ANALYSIS (CA) AS A TOOL FOR PSYCHOANALYTIC PROCESS RESEARCH

A very short introduction to CA seems reasonable; readers with broader interests in CA are referred to the "Handbook of Conversation Analysis" (Sidnell & Stivers 2013). It is of great interest for psychoanalysts that in different places in the world psychoanalytic clinicians and CA-researchers have begun to bring their expertise together (Buchholz & Kächele, 2013; Peräkylä, Antaki, Vehviläinen, & Leudar, 2008; Peräkylä & Sorjonen, 2012). We start with what might have inspired this promising cooperation.

Freud adopted Anna O.'s term "talking cure" for psychoanalysis. However, to *analyse* "talking" and particularly therapeutic "conversation" is a complicated matter. CA describes and analyses types of talking practices with considerable relevance for everyday clinical practice. We will show this by some examples.

Take one observation like the "recipient design"; we give our talking a "design", which means we tell the same story in different ways when speaking with a child or with an adult person, with a man or a woman, with keen or anxious people, we talk with a softened impact with a depressed patient right from the start and we complete "automatically" the fragments of a stutterer. This comes close to what is framed by the interplay of "transference" and "countertransference". However, CA looks to the details and how it is "done". How people refer to each other, how they recognize each other as persons of a special kind has found profound attention in CA (Sacks & Schegloff, 2007).

Another example is the establishment of "common ground" by which shared context is established. Clinicians know this is enacted right from the start of an encounter. However, there is contextual update in every utterance by a wide range of possible continuations. Sometimes, the common ground appears torn. Then, CA observes a lot of "repair activities" which follow in a systematic way. This observation comes close to what psychotherapeutic process researchers (Safran & Muran, 2000) have described as "rupture-repair-cycles" (RRC). CA contributes here that RRCs are not limited to ruptures of the working alliance but to emotional processes of affiliation and disaffiliation (Muntigl & Horvath, 2014; Muntigl, Knight, Watkins, Horvath, & Angus, 2013).

Although further moments of approachment between CA and psychoanalysis could be described, one should mention that between CA and Psychoanalysis exist some methodological differences. CA looks very closely to the details of a conversation. The most famous example is a study in medical conversation (Heritage & Robinson, 2011). It could be shown that the doctor's alternative formulation of a question ("Any/some more problems?") at the end of a first diagnostic talk makes a fundamental difference in the amount of complaints delivered by patients. It is as if patients understand that the slightly aversive "any" indicates something like that the doctor has no time and patients conform to that unconsciously.

CA analyses (linguistic) *form* and (conversational) *function* of talking (Ginzburg, 2012). The general research question is not what something *is* but by which forms a certain function is accomplished. Function is revealed by the respondent's utterance. Thus, "turns" are the basic unit of construction (Schegloff, 2007). In order to achieve these aims of analysis CA directs attention onto the surface of talking, which is, of course, in no way "superficial". It comes close to the original Freudian observations of "slips of the tongue" by which he deepened his conviction that the unconscious must show up in one way or another. Otherwise we cannot know what the unconscious is in a given moment. There is an outstanding CA-essay on the "poetics of ordinary talk" (Jefferson, 1996) showing how "slips of the tongue" are coproduced by two or more participants. Unfortunately, in former years CA approaches were demonized as "behavioral", obviously today this error becomes corrected. CA brings back to psychoanalysis a way of reasoning that is less interested in debating what something (like transference, projective identification etc.) "is" but more, how it is "done". This accent on "doing transference", "doing projective identification" etc. is close to Roy Schafers "action language", it is close to the generic insight that by talking something is done in treatment, that words are not only representations but pragmatic actions (Lepper, 2009). "How" something is "done" by words was described in interesting details for anxiety disorders (Capps & Ochs, 1995) and for anorexia disorder (Hepworth, 1999).

Lepper (2009) proposed to make psychoanalysis an observational science with an eye for the details of conversation. This is no behavioral or behavioristic orientation! However, it takes justice to such trivial circumstances that there are empirical data in psychoanalysis and they are of a conversational type. Of course, "conversation" is not limited to words. Conversation includes everything participants make each other mutually hearable and viewable. Based on such observation of talking psychoanalysis was founded and Freud showed how from allusive observables unconscious ideas could be inferred. The rationale of this idea – that humans observe each other's "viewables" and "hearables" and conclude to invisible intentions – is the common ground between CA and psychoanalysis. It will be explained later.

The work of a conversation analyst and psychoanalyst, Annsi Peräkylä needs to be mentioned here. This author showed in CA-details how psychoanalysts make links in psychoanalytic interpretation (Peräkylä, 2004), how the patient's utterance after an interpretation is followed by a "shifting the perspective"-response of the utterance ("recipient design" and "repair") (Peräkylä, 2010) and how a psychoanalyst can reflect his own (type of) talk by means of CA-experience (Peräkylä, 2011). In an International Conference on CA and Psychotherapy in Gent (Belgium) in September 2014 Jörg Bergmann and Anssi Peräkylä presented a CA of session 152 of Amalie directing their attention to dream telling formats. We had formulated our contribution in the months before with an eye to rhythm and prosody of the talk as far as a normal human ear can hear. Our attention took another direction. But our conclusions do not contradict to what was presented in Gent.

THE SPECIMEN SESSION

In order to sensitize readers for the special CA-attention and for the rhythm of this specimen session we begin with the reproduction of a segment of Amalia's 152nd session in normal newspaper-like transcription:

(Start minute 32:55)

P: I did that perhaps sometimes while studying I had a time like that and it has now come back again triggered by you
T: hm hm
P. and so I feel just a bit like knocking a hole in the head in the head. Knocking a hole in the head in the head
T: mhm yes=
P: and sort of putting some of my own thoughts in there. It came to me the other day that I might be able to swop some of your dogma for my own
T: hm

With „normal transcription" newspapers inform readers about their talks with politicians, musicians, artists etc. It suffices because readers are not interested in the special mode of "talk-in-

interaction" but in content and information. However, in psychoanalysis we cannot the atmosphere of a session by just telling words-in-lines. More is required. To make the difference visible we now present the precise transcription including a small amount of diacritical signs which will be explained:

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P: I did that (1) perhaps sometimes while studying (-) I had a time like that (1,2)
T:                                          Yes                 Yes
P: and it has now come back again (..) triggered by you
T: hm hm
P: and SO! =I=feel=just a BIT (.) like knocking (.) a hole in the head (.) in the
T:                                                            °mhm°
P: head! Knocking a hole (.) in the head=
T:                       mhm yes=
P: = and sort of putting some of=of °my own thoughts in there ° °°so°°. It came to me
T:                                                            mhm
P: the other day (..) that I might be able to swop some of YOUR=dogma (.) for MY own
T:                                                            mhhhh.=mm    ((rising
    intonation))
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This is not the ultima ratio of skilled transcription (Hepburn & Bolden, 2013). Psychotherapists of every kind know that "tone makes music". But, as well-known researchers (Weiste & Peräkylä, 2014) wondered, hardly any psychotherapy researcher studying empathy paid attention to prosody which includes pitch, tone, rhythm, metrics and further aspects. We restrict ourselves here to a new (made by MBB) transcription according to standards of Conversation analysis (CA) with the aim to show what can be heard by an attentive listener without using special technical equipment beyond an audio recording (Mondada, 2013). Equipped with normal ears you can hear (and see in transcription) a lot. Reading transcriptions of that kind requires patience. One must have an eye to the details. We will give some explanation what we think is happening here.

The patient speaks in a rhythmic format. There are lengthy pauses, duration of which is indicated by seconds in brackets like (1). Micro-pauses of not more than 0.25 second are indicated by dots (.), pauses of half a second are indicated by (..), pauses lasting 0.6-0.9 seconds one uses (-).

For lengthening a syllable a colon is used, sometimes two or three. Speakers overlaps are indicated by square brackets [which indicate where both speakers begin. Another kind of talk-in-interaction is very fast turn-taking. One speaker ends and in just that moment the next one takes over. This is indicated by =. Nonverbal utterances like breathing or puffing are indicated by .hhhh for inhaling; and hhh. for exhalation. Other hearable utterances are written in brackets ((moaning)). And loudly spoken syllables are written in capital letters, accent or emphasis is indicated by under<u>lin</u>ing. °Soft voice° is indicated by the degree sign, very soft by °°double°° signs.

What makes rhythm more interesting is the synchrony of prosodic utterances in interactions, here they come from the therapist. One can differentiate a one-stroke utterance like "hm" from a two-

stroke utterance like "hm hm". Sometimes we hear utterances from both speakers increasing to "hm hm YES", whereby the final syllable is uttered with more loudness. Prosodic hms can be differentiated into *information received token* (equivalent to ok), *go ahead tokens* or *compliance token* (Yes! I agree!). These tokens contribute to rhythmicity of coproduced conversation, as they come by the listener often precisely in the minimal turn-internal pause of the speaker. The last utterance of the therapist here (with rising intonation) is a so called "change of state token" by which he indicates that his state of knowledge or understanding has changed; clearly this can be heard on the tape. There are more diacritical signs conversation analysts use.

The snippet is taken from the last third of the session when analyst and patient have been talking about the patient's wish to put a nice little hole into the analyst's head. And by the help of these diacritical signs you can now see that she does it – by repetition. She is hammering with her words. This practice does what she is talking about. In order to bring that out we extinguish all the semantic information and reproduce the same snippet again by showing the pure rhythmic course, where | indicates the accents, - indicates the unstressed parts of slightly longer duration. Faster rhythm is indicated by a series of dots: …[2]

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P: - - - (1)  - - -   | - - .-   (-) - | - -. . -- (1,2)
T:                      yes           yes
P: - - - - -  ..  (..) - - - | : .. -
T: hm hm
P: - |! …..| :  (.) - -| (.)- - ..  | (.)!  .. -!  ..-(.) -  =
T:                      ° mhm°              mhm yes=
P:- - - .. - .. °- - -|--- ° °°-°  . - - -
T:                      mhm
P: - -(..) …. - - | =.. (.) .. |… -
T:                    mhhhh.=mm ((rising intonation))
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What we find is, *first,* a rhythmic repetition of *"in the head"*, three times. This is committed as an *enactment* – what the words tell is done by the rhythm of just these same words. Enactments are not necessarily something *beyond* words. *Second,* we find that the therapist follows this rhythmic structure precisely, uttering his prosodic "hms" just in the small little pauses the patient provides. *Thirdly*, these small little conversational objects are very well modulated. They are spoken with a quiet voice, sometimes slightly, producing an air of vague consent and his last utterance expresses a kind of felt surprise and agreement. *Fourthly*, these utterances are structured rhythmically, too. This very individualized dyad has established an opportunity to express things like "hammering a hole into the other's head" and the analyst does not withdraw nor counterattack nor call for the police. No, this kind of interaction has a flair of tenderness. It is this special rhythmicity that has

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[2] We know that this is a rather simple way of describing rhythmicity of speech. We do not want to make things too technical here. See Uhmann (1996), Reich and Rohrmeier (2014).

the potential of transforming an assumed aggressive act into a kind of tender touching the other's head, entering the other's mind, leading to a very close exchange with each other.

THE INTERACTION MACHINE

Conversation analysts have turned their eyes to how this exchange is organized. Rhythmicity of turn-taking can be modeled (O'Dell, Nieminen, & Lennes, 2012). When Freud maintained (Freud, 1916) that in psychoanalysis nothing happened but an "exchange of words" he did not want to restrict psychoanalytic conversation to a semantic level only. Of course, he wanted to exclude nebulous things like mesmerism and hypnotism. Psychoanalysts remember Dora and her handbag and know how attentive Freud was for bodily utterances. In his correspondence with Ferenczi he debated the meaning of a farth on the couch, Freud was an "embodiment theorist" *avant la lettre* in his clinical observations. He was interested in whole of conversation.

Conversation analysts have paid a lot of attention to the *organization* of "talk-in-interaction" (Heritage, 1984) by rhythmicity. How comes that people do not interrupt each other permanently? How the next speaker or the next topic selected ? People produce their utterances according to "what is going on" and follow certain rules that can be described precisely. E.g., if someone poses a question there is some "conditional relevance" to answer – and if you don't conversation rules force for some account; you apologize, you declare the question will be answered a minute later etc. If you violate such rules other "repair"-activities begin to operate in order to reestablish the "normal state of affairs". Not greeting somebody who greeted you is a serious violation. The first who lifted his hat will think about if you are sad, mad or bad. Conversation analysts are convinced that these rules operate in various cultures in an universal shape (Stivers et al., 2009). Levinson (2006) has coined the funny term "interaction engine". It is meant not more mechanical than in psychoanalysis a word like "defense mechanism" or "psychic apparatus". "Interaction engine" is a term for some "mechanical features" *between* two persons, "defense mechanism" was originated for something "mechanical" *within* a person.

Levinson (2006) shows how the interaction engine emerged during evolution. Man is deeply dependent on cooperation. Interaction engine has been developed in order to make sure that an utterance was heard and responded, that a deictic gesture was eye-tracked, that a cry was heard as a need for, e.g. help, not as a noise only. Gradually, interaction was organized around cooperative principles. These included a response not only to (visible and hearable) behavior, but to understand (invisible) moment-to-moment intentions and, later, more abstract plans and images. "Interaction is by and large cooperative" (Levinson 2006, p. 45), it produces chains and sequences which can be learned by each newcomer of a culture and which make prediction of the

other's behavior easier. Chains and sequences are not governed by rules, but by expectations (Levinson 2006, p. 45). Interaction is, thus, not dependent on language, but language helps a lot. Interaction is the "deeper layer" than language is. However, interaction produces certain role-positions (Goodwin, 2011; Korobov & Bamberg, 2007; Salgado, Cunha, & Bento, 2013; Tateo, 2014)[3] in situated contextual production like questioner-answerer, giver-taker resulting in a turn-taking structure.

Although verbal conversation emerged from interaction, the interaction engine is independent of language. You can have an interaction with people from very strange languages like Chinese, you can interact with an aphasic man (Goodwin, 2000, 2003) or, on the other hand, you can have intellectual-symbolic exchange with ancient philosophers like Plato or Kant – but no interaction is possible. Here one can see the so-called "binding problem": Rhythm of speaking and other elements, like gestures, must fit to other multimodal signal streams. In interaction there is the same binding problem as we expect that our gestures and mimic "fits" to the "idea" we want to exchange with others. There is a bodily base for this binding (Dausendschön-Gay & Krafft, 2002; Franke, 2008; Vuust, Wallentin, Mouridsen, Ostergard, & Roepstorff, 2011). The example here is how the patient "hammers" with the rhythmicity of her wording while she is talking about just doing that. The therapist's co-rhythmicity produces a solution for the binding problem of the patient by softly transforming semantic aggressiveness into acceptance to be touched tenderly. In psychoanalytic terms: the aggressive wish to penetrate into the therapist's mind can come to words, it is made conscious. This theoretical formulation can be completed by observation of the rhythmicity of both participants..

There is an overall evolutionary line: from behavioral observation – to concluding invisible short-term intentions – to binding multimodal signal streams – to repair activities – to assuming long-term plans – to situated role – role-antagonist directed interactions – to role reversals – to the emerging level of "images". The findings of childhood observers neatly fit into the picture. Infant observers (Braten, 2009) show how a mother's early "repair"-activities towards her baby demonstrate how deeply children feel a violation of expectations. They operate on a rhythmic base (Mazokopaki & Kugiumutzakis, 2010; Osborne, 2010). Conversation analysts (Wootton, 1997, 2012) report similar observations. Mothers "read" their baby's intentions and babies become at the age of nine months (Meltzoff et al. 1999; Tomasello, 1999, 2003) being not only sensitive for the short-term intentions of others; more, they do understand that "being a subject" means to discover that people act upon (invisible) ideas they have and they learn it by playing role-reversal interaction games of the following kind: mothers feeds her baby with a spoon, in the

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[3] „To be a speaker is thus to occupy a particular position within a dynamically unfolding interactive field structured through public sign use" (Goodwin 2011, p. 184)

next moment the baby wants to take the spoon and feed the mother. The extended literature on "theory of mind" and "mentalization" (Allen & Fonagy, 2006) follows similar lines.

Charles Rycroft once wrote:

> „After the analyst has introduced the patient into the analytical situation, explicit, symbolic communication begins. The analyst invites the patient to talk to him, listens and, from time to time, he himself talks. When he talks, he talks *not to himself nor about himself qua himself but to the patient about the patient.* His purpose in talking is to extend the patient's awareness of himself…" (Rycroft, 1956, p. 472)

Rycroft shows that psychoanalytic conversation is a two-level endeavor: to talk *to* and to talk *about* the patient. Object level and meta-level of conversation is clearly differentiated. The "interaction engine" is a deeper level. Thus, psychoanalytic conversation can be described better, at least, by a three-level model. On the level of the interaction engine we find those phenomena as recently described by Peräkylä (2010): patients talk and, in a "first" turn psychoanalysts give an interpretation, the patient responds with small corrections and then, in the third turn the analyst re-adjusts his formulation, often mitigating the first formulation. The patient's talk, then, is operating on an object level which we could term the "narrative level" and the meta-level of "aboutness" then is implemented by psychoanalytic activities. But it would be an error to assume this as the entire psychoanalytic level of conversation. It is one level *added.* The whole of three levels constitutes psychoanalytic conversation.

The interaction engine makes secure that utterances "to" and "about" can be heard in a reliable way, that utterances are expected and, sometimes, can become completed or corrected (Peräkylä, 2010) and that each other's intentionality, plans, situated roles, role reversals and image are to be acknowledged "if things shall go on" to transformation and therapeutic change. Thus it can happen that a good analytic hour begins with something that impresses as a kind of mind reading.

CASCADES OF TURNS

The session of Amalia we study here begins with a very interesting exchange of next session arrangement:

    T: Perhaps I am allowed to remind you that Monday [then=
    P: [5 p.m.=
    T: =5 p.m. is the
    ?: ((whispering))
    (3)
    P: and we didn't make an appointment for Thursday
    (2)
    T: Thursday ?
    P: You didn't say anything because (1) I first thought I couldn't come but I don't have a lecture
    T: Yes (.) Yes (-) [So because there was no session [then Thursday (1) yes
    P: [°But then you have at midday   [and on Fridays°
    T: um (1,5) then 6.30 p.m. would be (.) best for me >or 5.30<?=

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P:                                              =whatever
T:                                                        e::hm=
P:                                                             =If it's all right with you
T: <5 p.m.> (.) >>5.30 p.m. then<<
P:                                          mm mh
T:                                          YES?
P:                                        mm mm
P: (°groans°)  (6) hhhhhhhh.
(59)
P: °hm°
(1:07)
P:.hhhhhh  (7) °Last night I dreamt…
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The therapist starts the session with a softly connotated remark („Perhaps, I am allowed to remind you of…") and not having finished his utterance the patient takes the turn ("5 o'clock") which is confirmed by the analyst. After 3 seconds the patient continues that Thursday is without agreement, the therapist remembers with a forceful ("Oh yes oh yes") und takes the turn again – accompagnied by the patient's calmly prompting voice. In a very fast "cascade" of utterances rapidly joining and completing each other they cooperate in concluding the next date.

Often enough conversation analysts have observed that interrupting another speaker is a violation of orderliness of turn-takings. However, we find what Hutchins and Nomura (2011) call "collaborative construction of multimodal utterances". These authors confirm what we feel reading this passage: "The acceptance by participants of a collaboratively constructed utterance is strong evidence for the establishment of common ground understanding" (p. 29). Speakers seem to share a common "project": to finish this forerunner of the entire analytic session. It takes approximately one minute. The patient can act like a prompter suggesting the analyst's appointments. This reminds one of the kind of "doctor-nurse"-games (Stein, 1967). The nurse in a back position suggests the doctor what he should propose and when he finally directs the nurse to do this it appears as if it were his original idea. His authority is protected – and this is an aspect operating here, too. The patient subjects herself to the analyst's timetable; he demands for her consent with a loud "YES?" and with a rhythmic "mm mm" this sequence is ended by a long pause of nearly two minutes. We do not know what happens in this silent moment, we hear the patient's moaning. But when she returns on the conversational stage we can assume that she has tried to reorganize her mind in order to tell her dream. Perhaps she was in the area of a "one-person"-psychology (Balint 1950). Stolorow & Atwood (1999) termed the "unvalidated unconscious"; the patient reorganizes her dream experience and how to tell it. The therapist waits.

Before we turn to the dream-telling let's have a look to other cascades in this session. The patient begins after another pause by acknowledging that the analyst wants to talk, she has read his intention to speak informed by his utterances like "mhm". She gives way.

((36:45))
P: You wanted to s s[ay something
T: [YES! Yes I wanted to say (.) well(.) is it(..) I think you have found a err solution for
   that (.) yourself because you would lik:e (1) you have brought yourself to credit me with so much
   stability that I would survive a small hole [wouldn't you and
P: [yes: hmhm
T: You put it in there but you want of course ummm >NOt a SMAll< hole (.) You don't want to put just
   a little but a lot in there
P: I supp:ose so(.) yes:
T: You have made a cautious attempt [to the stability of the head
P: [probably
T: to at_tempt_ with your thought [(..) how big a small hole (.) make
P: [hhhhhh.
T: isn't that the case   but you want to make a big one   and have easy ac[cess
P: mh   mh mh   [mhmh
T: not hard to reach you want to use your hand! umm be able to touch what's there not just see it with
   your eyes. One can't see good when there's only a small hole, can one? (3) Also one can't see much
   when there's only a small hole, can on:e=So [um err I think you want a
P: [mpf
T: bigger one=
P: =hh. I'd even like to be able to go for a walk in a err in your head=
T: = Yes mm =
P: =I want!=that=
T: = .hh=Yes mm=
P: =and I'd like a bench as well=tztz
T: = yes! yes!=
P: = like a pa:rk!
(3)
P: and (2) n:yes (1) I think it's easier (1,5) to understand what else I want
T: Yes! More quiet, too (.) of the [head err the quiet I _have_ here I have
P: [yes
T: quiet (.) or not? tha:t is what is being looked for, isn't it ?=
P: hhhhhh   = I was just thinking (2,5)   °when you _die_
   (2) then you can say (2) you had a wonderful place of work! Somehow funny°
T: With a view of the graveyard=
P: =YES! NO=O! (.) FUNNY! NO! (1) wasn't thinking of the graveyard=not
   at all [(1) but we've always had so beautifully
T: [YES
P: then (.) light! Und=and the leaves
T: hm hm=
P: =now it almost sounds so=so corny but (2) somehow (.) I thought (1,5) well anyway I can
   definitely say (3) °graveyard or so ((always so ?)) (5) straight
(27)

The analyst starts with a long utterance concerning what he thinks the patient wants. But observe
the format of this utterance.

We want to differentiate at least the following aspects:

a) He does not say: "You want this and this…", he accentuates his subjective position ("I think");
many of this analyst's utterances are introduced with such *mitigators;*

b) the analyst frames his utterance in a way as if he just repeats what the patient allegedly has
found out for herself ("found a err solution for that (.) yourself") although he goes far beyond
what the patient had formulated (Antaki, 2008); we call this *a practice of joining;*

11

c) from this starting point onward he gives credit to the patient's accomplishment to overcome herself ("you have brought yourself to credit me with so much stability …"); we call this a *practice of empowerment*;

d) these format properties are accompagnied by prosodic utterances of the patient who agrees with small interjections ("I suppose so yes") and again we find that they are clearly not followed by a struggle whose turn is it. Tacitly both agree that their contributions are uttered in a frame of meta-level interpretation which gives the analyst the right to formulate an interpretation which is not reacted to as if it were an attack on the patient's self-understanding. We call this a *shared organization of producing and hearing an interpretation*. Our unexpected observation: it is the patient who allows the analyst to make an interpretation;

e) the therapist chooses to expand the scope of the topic: to make a "big hole" in the analyst's head – but for what aim? He says that she wants to touch there with her hand, not only watch with her eyes and, thus, a closer sensual experience is addressed; we call this *a practice of expansion;*

f) the patient complements that "crazy topic" to make a "big hole", to touch the analyst's head and then to walk in there! This utterance comes as a forced turn-taking, she interrupts her analyst ("=I'd even like to be able to go for a walk in a err in your head =") and is immediately confirmed by her analyst's prosodic consent; we call this response *a confirmatory complementation;*

g) the consequence is a *mutually accepted reversal of roles*: it is now the patient who is initiative and leading and the analyst falls back to a follower; it is the same cascade-format generated by both as in our first example, only roles are reverted;

h) the patient's initiative adds another aspect: from "to go for a walk" into the analyst's head she is driven to her wish to sit on a bench in a park and she adds "what else I want" which is complemented now by the analyst adding: "Yes! More quiet, too…" and that she wants his calmness. Here it is the analyst who makes a *confirmatory complementation;*

i) again, she agrees with "yes" and extends her park-bench-phantasy to a daring association: that she has thought of when the analyst might be dead. This utterance is followed by a *self-critical comment (*"Somehow funny"). And again, the analyst responds with a confirmatory complementation ("With a view of the graveyard")

Both co-operate by taking up each other's ideas, expanding and complementing them und change roles of the leading-following type. When this cascade-dance comes to an end again we find a long pause of 27 seconds, the cascade run out, the topic seems exhausted.

Psychoanalytic empathy operates as co-production. Its components arrange around a commonly produced image-sequence leading from making a hole – to walk in the analyst's head – to sit on a bench – beside his grave – to enjoy calmness and silence. This is a remarkable role reversal: Now it is the patient sitting at the side of a lying (dead) analyst.

We return to the beginning of Amalie's dream telling after the first cascade of meeting-appointments and a long pause of more than two minutes. At the beginning of the session it was the lying patient with an analyst at her side.

AMALIA'S DREAM

After this pause Amalia starts with a deep inhalation and then tells her dream hesitantly:

((3:33))

P:.hhhhhh (7) °Last night I dreamt this morning (2) the alarm clock had just (1) gone off (1,4) I'd been mu̱rdered° by a dagger
T: °hm°
P: but it was (0,7) °like in a film (2,2) I had to lie quite straight (..) on my tummy and I had the dagger in my back and (2,2) then lots of people came (5) and (2) I don't know why anymore (-) keep my hands quite still as if I were dead somehow
T: °hm°
P: I was very embarrassed that my skirt had slid up so (h)high (.) behind me
T: °hm°
P: and then a colleague came along (.) qui:te clearly visible from XY that was my very first job (1) he pulled the dagger out of my back and took it with him erm (.) I don't know it was like a souvenir then (2) and then came a young couple I only know that he was a negro and they cut my hair off and really wanted to make a wig out of it I think (2) and I thought that was really awful (2) and they did begin to cut (3) and (2) I then got up (2) and went to a ((small laugh)) hairdresser (3) ((swallows)) I think that's when my alarm (-) ((swallows)) went off (3) °°and I woke up°°
(4)

The patient does not begin with a defensive phrase like that a dream came to her. She says "Last night I dreamt" in a calm voice. A dagger has made a hole into her. The analyst utters a calm *information-received-token* "°hm°" and the patient continues with disdramatizing her dream using a contrastive formulation: "but it was (0,7) °like in a film (2,2) I had to lie quite straight (..) on my tummy". The "but" builds up the contrast: in her first version it was "(dream)reality", she has been murdered. In this version it is "but like in a movie". She gives the all-clear. More important than the dagger might be that she has to lie. The analyst responds to this aspect of the story told so far with an utterance of *empowerment*:

T: You were able to get up [when you wanted to go to the hairdresser
P: [yeah, yeah also I was alive the whole (..) time
T: yes mhm mhm mhm   yes
P: I did know
T: yes
(1)

Although murdered by a dagger she confirms to have been alive all the time. This fits well to when the story oscillates between "reality" (within the dream) and "movie".
The analyst can draw on a common ground of shared contextual knowledge: the patient came to him because of the stigmatizing experience of *hirsutismus*, a malady when the whole body has an

unusual growth of hair influencing negatively her gender identity and self-esteem as a woman. Going to a hairdresser in the dream precisely reformulates her reason to go to analysis. In the dream it is a "young couple" cutting her hair trying to make a wig of it, but then she chooses to go to a hair dresser – he can remove her hair without making herself an object of mockery and transform it into a kind of souvenir of her pre-analytic life. So, the analyst is experienced as a kind of transformatory object (Bollas, 1979).

METAPHOR: THE ANALYST AS HAIR-DRESSER, THE ANALYSIS AS VIVSECTION

The patient dreams of a relationship to her analyst that happened in the past and she dreams it by generating a metaphor: "The analyst is a hair-dresser" (Glucksberg, 2008). Seen in this way she tells her analytic story to herself while dreaming. When telling the dream on the couch, to her analyst - but, of course, encoded (Bologensi & Bichisecchi, 2014).

Metaphors have found deep psychoanalytic interest (Aragno, 2009; Borbely, 2008; Levin, 2009) taking up topics from former psychoanalytic authors (Siegelman, 1990) and trying to integrate them with recent developments in linguistics, especially influenced by the work of Lakoff and Johnson (1980). What we sloppily term "imaginary equipment" can be more fully described as "metaphorical process" (Fiumara, 1995) producing a metaphor consisting of three parts: a) the metaphorical process and two components: b) a source domain (hair-dresser) and c) a target-domain (analyst). The metaphorical process is the entire unconscious creative act combining the other elements with the aim of satisfying logical and/or psychological needs. It is a process of deeply unconscious sense making by mapping the two domains. The metaphorical process can be observed in everyday language production as well as in dreaming. A metaphor created this way never "represents" a reality, it generates reality. This is valid, at least, for social, cultural, psychic worlds. The unconscious creative process can take up material of any kind. The metaphor created operates as a "hedge equation" (Borbely 2008). It opens a new perspective to see the world, but selectively pushes back other dimensions and meanings. Metaphors create categories (Glucksberg, 2008; Lepper, 2000) and omit others. A metaphor is a way of "seeing as". Metonomy in contrast operates in the mode of "stands for". Both, metaphor and metonomy, are indispensible cognitive and linguistic instruments of our orientation in the world. We will not come back to metonomy here.

In dreams one part of the three components is omitted making the metaphorical content invisible (Buchholz, 2003;Buchholz et al. 2008). The manifest dream presents the source domain, the sensual area from which the dream picture is taken and does not show the target area. An analytic

interpretation tries to link, better perhaps: re-link, these components with the aim of creating meaning based on the details of the scenario (Lakoff, 1987). These details here are:

- The patient came to analysis with a hair problem
- She understood that bearing this problem has something to do with psychic experience
- She meanwhile made the experience that analysis helped her in a certain way.

An important thing about metaphoric process relates to temporality and time. Conversation is very slow as compared to cognition. If speaker and listener rely on the same resources of contextual knowledge the abbreviated version of a metaphor is very often used. E.g., to retell a conversation to a third listener the conversation is comprised often by use of metaphor: "He talked like a machine gun", "my lawyer attacked like a shark", "His words were a bunch of flowers".

The metaphor "The analyst is a hair dresser" comprises the past experience of analysis for Amalia *and* creates a new meaning. This is the entire creativity of dreaming a metaphor. To let the target domain free, dreaming of a hair-dresser only, is in one move defense and creativity. Other target domains could be inserted. The method of metaphor analysis (Ahrens, 2012; Buchholz, 2003; Cameron & Maslen, 2010) contributes to understand the dream.

There are further allusions to the analytic situation. "I had to lie quite straight" has in German a double meaning: it means "a long time" and "outstretched". The dagger comes from rear (to which the analyst later refers: that he sits in her back, too) and she had to keep her hands calm. We take this as an illustration that she begins to realize how much she felt as an "object" of the analyst's interest. In the terms of metaphor analysis one could formulate the metaphor: "Analysis is a scientific investigation" with the corollary that investigation means: there is an object investigated and a subject doing the investigation. We want to stress here the point that the patient *realizes* this experience of being-investigated which made the dreaming possible. The dagger, understood within the frame of *"Analysis is a scientific investigation"* achieves a new meaning: it is not an instrument of attack, but an instrument of research like a surgeon's scalpel. We can conclude that she fears a kind of research that might kill her, she demonstrates her unconscious phantasy that "analysis is a vivisection". This operates as another metaphorical frame.

Metaphors create frames of new meaning and operate as hedge equations limiting other meanings and meaning frames. To experience analysis as vivisection means that she is the object of an operation done by a surgeon-analyst who can open *her* head guided by the interest what is in her mind. The limitation is that she cannot revert this relationship, she cannot make herself a research subject - as long as she is in the grasp of this metaphor. She is fixed to one of two positions created by the metaphor. Within this frame her unconscious wish might be formulated as becoming a *subject* of research, to change her *position* within that frame. This determines what

can be considered the analytic task for this aspect of the session's material. The therapist manages to open a reversion of this *positioning* of both participants. In the end the patient can with some pleasure talk about her interest to inspect the analyst's mind.

We want to study now *how* the analyst achieves this end of change of positioning by presenting the continuation.

THE ANALYTIC OPERATION – DANCING TO CHANGE POSITIONING

The patient offers some associations:

> P: I only have to (0.7) >I saw this Don Juan yesterday! By Max Frisch and there were some (1,8) dead bodies as well but(.) it was (.) was really like in the theatre (2) it=was also very (..) embarrassing und ve:ry (..) stupid! All the people that (2) kept on turning up. And at the beginning I had the sort of feeling it was real! But (2) I don't know anymore (..) how then (-) whether it hurt or (3) it could be the dagger in my back (1) and it was ((smiley voice)) really stuck in! °That was °°for sure°! °He just pulled it out
> (13)
> (Bells start to ring)
> P: °Like a rolypoly toy!°
> (53 secs, bell ringing, street noise)
> P: hm!
> (3)

Again, we find the distinction between „reality"-experience and „theater" resp. "movie".

> P: >>°I remember a few other things° that you perhaps expect from me<<(..) I don't care anyway
> T: hm!
> (2,3)
> T: That I expect about the d<u>ream</u>, [right?
> P: [yes::hhhh. It suddenly occurred to me
> T: yes!
> (4)

The patient makes a well-known maneuver in her attempt to produce what she thinks the analyst wants to hear. And she utters a sign of resignation ("I don't care anyway"), which can be referred to her not seeing how to change positions. Her next utterance informs the therapist that she has behaved like a scientific subject: she has read something – and in the next part of the sentence she wipes away her newly acquired knowledge ("I'm so muddled up"):

> P: I'm just afraid, °that recently I just don't know what I 'm [doing°
> T: [hm
> P: <u>not</u> about the dream °I 've read it! <u>In general!</u> I'm so (.) <u>muddled up</u> !°
> (2)
> T: Yes
> (2)
> P: °I consciously put on (1) the clothes, that I always wear° (.) and >s<u>mear</u> my lips<
> T: mhm
> P: so as not to get out of the habit, but for the moment I was sitting at the table (2) and >it gets worse and< (1) suddenly I thought now you'll sell your ca=r (1) don't need it anymore (3) and you don't need to go to the theatre anymore either

T: mhm

(2)

P: it's all the devil's work (1,5) in German lessons you don't give any proper thoughts either (2) you teach English and Geography (2) try to have nothing more to do with all that (-) it's exactly like it was 10 years ago (2) right down to the last detail (3) °° I don't <u>know</u>°° (3) °°((why do I dream in that time ??))°° ((3 secs, bells are still ringing)) °I don't care anyway°°

(20)

Adressing herself in a „you"-mode („now you'll sell your ca=r (1) don't need it anymore (3) and you don't need to go to the theatre anymore either") makes her voice of forbiddings and prohibitions hearable culminating in the phantasy to enter a monastery. This part comes with rare utterances from the therapist, he takes the position of a silent, but attentive listener while the patient develops another metaphor: "To behave like a reading and curious scientific subject is to have erotic and sexual interests". Turning positions acquires another meaning: showing interest for the analyst might be discovered as sexual curiosity. Curiosity makes her activate forbidding voices. All interests in higher education, visiting a theater or using a car or being a well educated teacher seems worthless. The best place to escape from the dangers of sexual curiosity is the monastery, by definition. And as background music to this defensive talk and program the tape has recorded the ringing of church bells. An alternative to the monastery is to perform one's job with a sense of duty, carefully and conscientiously:

(min 9:00)

P: >°if it carries on like this I'll do nothing else!° Won't be scared anymore

(3)

T: Like in the dream?

P: °yes!

(7)

P: Yes, I <u>must</u> somehow .hhhh psch::t (1) it seems to me like (1) it's really so far gone that I'm thinking about (1) .phh °°>>I mean<< what else can it be, it really is crazy°°, that in the last few days I've been thinking about (2) in which convent to go°°. I<u>diot</u>ic! So idiotic! And it doesn't help at all when I tell myself that

T: °°mm°°

(8)

P: am really glad when I can be at school in the morning (2) I don't have time for stuff like this there

(22)

P: I fight against it basically just with routine (4) >and with thinking about it too, of course< but as soon as I start mulling over it (1) I get everything mixed up °°I don't know! I <u>really</u> don't know°° (6) Sometimes I think I'm mad and then I think I have a guilty conscience and then I think°, °°I've hhhh. (1) the last (..) 6? years (..) not lived at all but instead? (3) I don't know that far (8) quite suddenly°°°.

(3)   ((10.23))

This enactment of her conflict between sexual aroused curiosity and defense is made completely hearable here. The analysis of the recording shows that the analytic surface (Krejci, 2009; Levy & Inderbitzin, 1990; Spence, Mayes, & Dahl, 1994) entails precisely all the elements needed for analysis. The methodological step that could make psychoanalysis an observational science (Lepper, 2009) is not to look *behind* the surface but *onto* the surface. The patient's conflict shows up on the surface, her defense, too and the way how she suffers.

But suffering is now ended by an utterance from the analyst who obviously sensed that she hides other associations:

```
T: What did you remember about your dream just now that you didn't
P:                                              °°ahh.°° ((murmers))
T: want to say?
P: °Shit!°
T: Pardon? Hm?
P: phhhhh. °°something or other I don't remember that's perhaps out of a [text [book °°
T:          °°mm°°                                                        [By?    [By?
P: Something or other out of a textbook maybe
T: Yes what does it say?
```

Having read in a „textbook" makes her behave like a researcher. This is another example of how to become a *subject* of research. However, still she hides this idea from the analyst; it is *he* who has to do the research job and detect what she read. In this way she conforms to being *object* of what she thinks are his research interests. Here begins a "dance of changing positions" which will make her take the position as a *subject* of research in her own right.

The analyst's question is very calmly but hearable responded with "shit!". Her intention to hide her textbook-association is uncovered and she responds as if being nabbed.

However - the analyst did not understand this little four-letter word. Immediately the roles turn around. First, the analyst is the detective-questioner, the patient a suspected person. Then the type of his questioning changes. He has to regain acoustic understanding and by this operation the patient gains the power of information-withdrawal. The analyst is very curious who might be the author ("By? By?"), he plays his role of a researcher very interested in what other people read. His last question is presented in a funny tone of having caught her. In German it is "erwischen", which means to catch somebody who did something not all right, somebody like a thief. But "erwischen" has another meaning, too. "Mich hat's erwischt" can mean to be fallen in love, which in English is that "somebody has got it badly". In this tone all these meanings can be heard. This segment has an air of playfulness.

Amalia responds with laughter:

```
P: hehehehe! You know! For [sure! You don't know what
T:                          [No! No!              °°no°°
P: textbooks I read ((not laughing anymore))
T: mph mph
P: Oh God! (2) °°no! I would've (.) I feel such (1,5) filth!°°
T: mhm
((20))
```

The culmination point of role reversal is achieved. Now, it is the analyst who is caught, he rhythmically inserts his utterance that he does not, cannot know what is in the patient's mind. *He* is dependent on the patient's knowledge and information. However, again the patient's negative

voice of self-criticism comes in. But this role reversal turns out as the first turning point where patient and analyst together made clear that it is not the analyst alone "who knows".

A TYPICAL DIFFICULT SITUATION

But this is no steady and stable result. After the 20-seconds she takes up the turn:

((11:16))

P: °oh well, do you yourself believe that the dream will help me? °°((is still so strange ??))°°
T: Well, it is an=[an (1) erm (2,2) mhm (2) inertia a (2) you have
P: [((°° ?? ?? °°))
T: just complained, that you're not getting anywhere, that you (5) it's represented in the dream um
P: >>°but I got up in the en[d°<<
T: [myes
P: As I [said to you like a rolypoly toy
T: [I do understand but (.)   to the hairdres<u>ser</u>
P: Just like a ROLYPOLY TOY that (.) shakes everything off and goes to the hairdresser
T: °mhm°
P: there's nothing better know what to do, nor to the police. But I'm not sure I think the police were there as well. Like on the one hand a film scene… and
T: YES
P: on the other hand (1) actually a real life street Then I hear the people coming and gawping. °.hhhh hhhh.° <u>HHHHHH.</u> mmmm.° Only I'm not getting any further now, getting deeper and deeper into it (1) °how everything happened ° (3) and first of all it was the clock and now it's the car, °° nothing's getting any further at all°°
(4,5)

Her question to ask the analyst if her dream helped her is disconcerting. Taken literally, it could be answered by herself only. This type of questions creates difficult situations. A helpful analyst follows the powerful rules of the interaction engine. Answering questions is "conditionally relevant" in conversation.

However, he wants to answer and realizes that one can't. Thus he begins stuttering and stammering. His to answer brings him for a moment into the position to hold the idea that he is the one knowing. This is the position of the researcher subject. However, the patient's question shows her own interest to become a researcher (erotic) subject. She reiterates the idea of going to the hairdresser like a skipjack and not to go to the police – what happened in the dream is not a murder! Silently she remarks that she does not get further, nothing goes on. Except "interaction engine" itself. What she could mean with her remark is that *changing positioning* does not go on. She presents an active part of self analysis in the form of observing her permanent self-observation. This is a step to achieve a meta-level.

CHANGING POSITIONS – A NEW OPERATION IN PSYCHOANALYTIC PROCESS

((min 13:15))

T: And then in your dream you are even (.) hit so um (-) so you're dead or not dead
(2)
P: But that is the way it is [(..) for the moment [! I don't enjoy anything! (..) I
T: [mhm   [mhm
P: do everything absolutely mechanically (4) and school doesn't take part either (1) everything mechanically
    (4) or when I am <u>somewhere</u>, I'm a bit hyper (4) what does hyper mean? °°That's a bit exaggerated or
    at least very lively°° (4) °°and there's always somebody in me observing (2) and censoring (2) and
    saying (..) Do you see what nonsense (2) <u>wrong</u>! (3) everything was <u>wrong</u>!°°
(13)
P: .hhhhHH HHhh.
(31)
P: At the moment I would believe any rubbish (1) Before two and two make four
T: mhm and (.) and when I sit behind you and say (.) Wrong
P: ((°° ??   ??   ??°°   hhhhh.   ))
T: Wrong !
P: °oh, do you know that sometimes (1) I feel as if (1) I have to throw myself at you (.) Grab your neck
    and hold on tight and then? Then
T: mhm
P: I think (.) he won't cope, he won't be able to stand it
T: mhm
P: then I see how you're (2,4) burning somehow, too, or=or mh I couldn't really say I don't know (2,5)
    what I see or feel then
T: That I couldn't stand it that I [äh (1) couldn't bear it you don't
P: [yes
T: bear it and:=
P: = yeah that I am <u>holding</u> you
T: mhm
(2)
P: that's asking too much of you somehow=
T: =mhm
P: .hhhh rather, (.) [<u>is</u> hhhhh.
 (4)
T: [mhm
(4)
P: and that (.) that (2,5) that °you somehow start to stagger and sway or so (3) or I sometimes really ask
    myself (2) is he so calm and detached at the moment (2) what effect that has on me°
T: °mhm°
P: because at the moment
(1,2)
T: well it really is [kind of a fight to the finish

She repeats the loss of pleasure and adds, how intensively her critical self-observation is. Her self-observation is a step upwards on the metaphorical ladder in constituting the full three-level analytic process and is now what the analyst takes up: that he sits behind her criticizing. He accepts being positioned in the role of the master-scientist who knows right or wrong. Although the analytic process now has achieved the meta-level of conversation the interaction engine still operates with influence. Within the meta-level operation the fight for changing position is expressed. And it is a "fight to the finish" as the analyst formulates knotting together the lines of the dream and the actual situation within the treatment room. Again cascades of turn-taking, the small but so important sighs and how the patient takes the initiative turn after short pauses. The analyst accepts the patient's definition of him as someone not being able to bear the patient's attacks, being pushed too hard, to be out of his depth. We repeat the last line of the analyst's utterance as there is a very interesting continuation:

T: well it really is [kind of a fight to the finish er (2) um (2) er then (1) so

P: [>>°°not at all<< a st(r?)a::in°°

T: to demonstrate °the stuff°=<u>dream</u> like that
(4)
P: Probably, yeah
(9)

Very calmly, fast spoken with rhythmic synchrony, the patient accompagnies the analyst's strong formulation of „fight to the finish" by a clear contradiction. In German this "strain" and "fight" are very similar words. It may be this similarity leading the analyst to a parapraxis when he talks, calmly too, of "stuff=dream" with an immediate self-correction. This Freudian slip is clearly to hear on the tape but has never been mentioned in former analyses of this session! The wording goes from "st(r)ain" *(Kram(pf))* to a similar phonem-particle "<u>dream</u>" *(Traum)* indicating the self-correction by the accent (underlined). After 4 seconds of pause the patient agrees to the analyst's manifest metaphor of "fight to the finish" which he uses as described before in order to comprise what was going on. After 9 sec the patient takes the turn:

P: and that is so (1) so bad because (5) yes why exactly? Because I have already seen him more or less like
    that (1,5) und erm (6) and the consequence was just that then I (5) left (5) and in all those years I've
    ready ((??)) left the convent=
T: mhm
P: =never never earnestly doubted that it was right somehow (1) and now after
T: mhm
P: such a long time °°a relatively long time comes that°° ((??)) really never in earnest
T: °°mhm°°
(1)
P :°>to[first° (°° ???°°))
T: [instead of the fight to the finish into the convent
P: Pardon?
T: ((more clearly and emphasizing every syllable)) instead of the fight to the finish=
P: =Yes=
T: = into a convent=
P: =Yes! Exactly! Nerve racking

She reflects about former experiences of fighting and that she has left and never seriously doubted her decision. The "fight to the finish" is interpreted as something to be replaced by her decision to join a monastery. On the base of this new meaning the analyst begins the operation of *extending the metaphor* again: to join the monastery ensures survival of the analyst. The implicit supposition is unspoken that it is the patient having a dagger in her hand. The *change of positioning* goes on in a very silent way, the new position making the patient an active part is introduced by implication.

T: and then it would also be ensured that yo:u would at least know that um I um >how shall I put it< bear
   it that I could en=endURe it that you that you erm (2) mh (.) that I have survived(.) you see >
   somewhere there is the worry< that I couldn't TAke it. Is he really so stable e:r that he[hm
P: [°no I never hoped that
T: °Not° (-) that nothing happens that erm (.) no:t=
P: =>>that I don't knock you OVER or so<<
T: =erm you don't knock me down
P: =[like trees when you then or break something off
T: mh mh yes yes mh mh
P: °I don't know°
(4)
T: yes
P: but you said a kind of backing off or so?
T: Yeah, yeah (-) but what umm (.) backing off (.)but first find out er whether something will break off or
   (..) able or bear it bear it (2) e:r >can he bear it<
(1)
T: or will a branch break break off? In some way (-) it is partly that you WANT to take something with
   you that you WANT to [tear a branch off=
P: [YES!
T: =break off a (.) piece
P: nYES! Your neck!
T: My neck (-) mh mh
(3)
T: mh mh (3) the head
P: mm! Mh mh!
T: mh
P:°I really like it (?) your head°

Being an active part who wants to make holes into other people has changed from implicit to
explicit. The patient takes over the idea to cut off something from a tree, to break off the
analyst's head from the neck – und the erotic meaning is not lost in all this: She likes the analyst's
head. Now, *she* behaves like a scientist: she measures the analyst's head, she surveys him when an
appointment is to be made and she confesses to really love the analyst's head:

P:°I really like it (?) your head°
T: will it stay ON
(2)
T: [does my head want a number of times yes (?)=
P: [° I am very cerebral at times°
T: What?
P: oh! hold it, I'll measure it in all DIRECtions=
T= Yes [mh
P: [good
(2)
P: a:and (1,5) erm (1) it's quite peculiar=
T: =hm hm
P: sometimes when you sit on your chair like that and I'm waiting for you till you make an appointment=
T: =Yes
P: .hhhhh (1,2) then he looks completely diff[erent every time (1,2) hhhh.
T: .hhh mhmh
P: Sometimes hhhh. and it was a different one every time=
T: =Yes
(2)
P: although I walk over every centimeter with my eyes
T: °mh°
P: °°from the back to the front and from the top to the bottom°° and sometimes really traipsed through
   town (1) your head so high=

T: = mh
(3,8)
P: I think I stay ((that I loved it a lot ??))
T: hm
P: Your head
(5,0)
P: Funny that °°(([ ))°°
T: [hm
(8)
P: I find it difficult to see what people are wearing for example=
T:= Yes
P: without staring at them
T: mm
P: just straightaway and with you (2) I sometimes ask myself afterwards (2) that I didn't see it
T: mh
P: but I prop up your head °°sometimes°°
T: mh
(5)
P: °°that interests me the most (19:22) °°
(2)
P: °°I find it fascinating
T: Yes
(8)
T: When y::ou >you keep it it stays put< and y:ou um then it's > you don't HAVE it and take it with you then (.) it's er=
P: =then it's come off
T: it's off, isn't it? And then er >the convent is a way OUT<, isn't it?

C O N C L U S I O N

We have described the analytic conversation as a three-level endeavour: the base is the "interaction engine", the system of turn-taking, of reading short-term intentions and long-term plans. On this level interesting rhythmic features could be described. They use forms of utterance practice in the contributions of one of the participants, but also between participants. The practice of small role-plays can be observed in pre-language children and in subhuman animals (Tomasello, 2006; Waal, 2007) as well as repair activities. They continue into the sphere of human language use.

This basic level of interaction engine has been described by CA-authors so basically, that psychoanalytic process analyses cannot leave it out. Psychoanalysis has to add something: there is a step from long-term plans that guide a subject's actions to more complex *images* of mutual organization of interaction and these images have the format of metaphor. There is pre-language metaphor-creation that can be described (Tomasello, 2008).

Out of these complex mutual organized pre-language formats of protoconversation evolve higher levels: an object level of narrating and verbal exchange as we see in the beginning of the session when making session appointments. Rhythmic structures organize synchronization in the service

of conversational acceleration. Talking is a serially organized format while thinking is operating in a format of simultaneity. The difference between seriality and simultaneity has to be worked off conversationally. Rhythmicity supports synchronicity. Object-level conversation thus is based on the interaction engine. The entire psychoanalytic level is built upon this object level as a meta-level of conversation producing the distinctive "sound" of psychoanalytic discourse: Talking "to" *and* talking "about".

In this session process evolves from rhythmic organized session appointment conversation to object-level dream telling. Our analysis shows in detail the procedures the two participants do in order to achieve the meta-level of talking "about". We could describe

- Mitigations as contributions for a "soft-conversational" environment
- Practices of joining the patient's view
- Practices of empowerment
- Shared organization of producing and hearing an interpretation
- A practice of expanding a metaphor and a metaphorical frame
- A confirmatory complementation of metaphor (by patient and analyst) and
- Mutually accepted reversal of roles within the hedges created by the metaphor

The following metaphors could be observed as operative:

- The analyst = hairdresser (as professional who protects the patient from being mocked and who can regain her hair as a memory of her pre-analytic life)
- Analysis = scientific research (the patient as a lifeless *object* subjected to the researcher-subject's interests)
- Curiosity = sexual interest (with the corollary of becoming a woman interested in men, e.g. the analyst and what is going on in a man's mind)

The hedge equations of these metaphors selectively created a focus of common attention. Metaphorically speaking this focus can be seen as the airstrip after equally hovering attention has come down. We could show how the described practices again prepare and organize this landing place and how both participants contribute.

The former described practices from mitigation via joining ("hm hm") and empowerment to expanding the frame and confirmation operate again and how a "dance of changing position" is performed. This dance results in a change of positioning: in the beginning during dream telling we see the patient as being attacked from a murderer with a dagger, in the end it is the patient who comes out with her wish to attack the analyst's head=mind. Both have changed their positions, based on the "interaction engine" procedure of role reversal.

To apply conversation and metaphor analysis to psychoanalytic process analysis seems to be promising for the discovery of process properties undetected up to now. The application of these methods, effectively initiated by Peräkylä et al. (2008) and other authors will help

a) to more deeply understand what psychoanalytic process (as a form of conversation) is,

b) how psychoanalysis can contribute with deep reaching examples to the treasure of examples conversation analysis has gathered and

c) how the analysis of metaphor as based in cognitive linguistics can be brought into the analysis of conversation and psychoanalytic process. The tripartite level model of conversation we proposed can be complemented by a tripartite methodological approach of psycho-, metaphor- and conversation analysis. The future will show how far we can come with this.

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