INTERSUBJECTIVITY IN PSYCHOTHERAPY: PERSPECTIVES OF SADOMASOCHISM AND CONVERSATION ANALYSIS

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ABSTRACT

INTERSUBJECTIVITY IN PSYCHOTHERAPY: PERSPECTIVES OF SADOMASOCHISM AND CONVERSATION ANALYSIS

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Sadomasochism as a personality organization is defined in terms of recurrent patterns of compulsion to hurt and to be hurt in interpersonal relationships. The relational and social constructivist views for both personality traits and psychotherapy relationship points out the importance of intersubjectivity. Thus, the literature on the relational manifestations of sadomasochistic properties in psychotherapy from this perspective informs us about the co-construction of some relational dynamics. However, information in the literature relies mainly on case studies or research from positivist paradigm and there is a need for closer examination of qualitative properties of aforementioned dynamics. As a result, this study aims to examine how psychotherapy clients with sadomasochistic features

and psychotherapists interact in their therapeutic relationship. In order to answer this question conversation analysis is utilized. It aims to reveal how meanings are constructed in social actions of individuals by analyzing conversations in terms of recurrent relational patterns and micro dynamics. Twenty four sessions conducted by four therapist-client dyads are analyzed with this method and the analysis suggested that collaboration, uncollaboration, and ambiguity of collaboration were three main patterns of interaction, which varied in different stages of process and among dyads. The findings are discussed from conversation analysis perspective related to psychotherapy research, transference-countertransference, and object relations literature. It is concluded that this study provides support for the intersubjectivity of psychotherapy relationship and explains some facets of how therapists and clients, as equally active agents, construct meanings in this relationship.

Keywords: Sadomasochism, Conversation Analysis, Transference and Countertransference, Social Constructivism.

ÖZ

PSİKOTERAPİDE ÖZNELERARASILIK:
SADOMAZOŞİZM VE KONUŞMA ÇÖZÜMLEMESİ YAKLAŞIMLARI

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Bir kişilik örgütlenmesi olarak ele alındığında sadomazoşizm kişilerarası ilişkilerde kendini tekrar eden zarar verme ve zarar görme örüntüleri ile tanımlanmaktadır. İlişkisel ve sosyal inşacı yaklaşımlar hem kişilik özelliklerinin hem de psikoterapi ilişkisinin öznelerarası eksende anlaşılmasının önemine işaret etmektedirler. Psikoterapi ilişkisinde sadomazoşist özelliklerin ortaya çıkışıyla ilgili alanyazın da kimi ilişki dinamiklerinin ortak inşasına dair bilgiler sunmaktadır. Ancak, güncel alanyazının bu alanda sunduğu bilgi temelde vaka çalışmaları ya da pozitivist paradigmaya dayalı araştırma bulgularına dayanmakta, yukarıda değinilen ilişki dinamiklerinin niteliğini anlamak için daha yakından bir incelemeye ihtiyaç duyulmaktadır. Sonuç olarak, bu çalışma sadomazoşist kişilik özellikleri olan danışanlar ve terapistlerinin psikoterapi ilişkisinde nasıl bir etkileşim kurduklarını

anlamayı hedeflemekte ve bu sorunun cevabını bulabilmek için konuşma çözümlemesi yöntemi kullanmaktadır. Konuşma çözümlemesi, kişilerin konuşmalarındaki tekrar eden mikro dinamikleri analiz ederek sosyal eylemleriyle inşa ettikleri anlamları ortaya çıkarmayı amaçlamaktadır. Dört terapist-danışan çiftine ait yirmi dört seans bu yöntemle analiz edilmiş ve "işbirliği", "işbirliğinin bozulması" ve "işbirliğinin belirsizliği" olarak terapinin farklı aşamalarında ve çiftler arasında çeşitli değişiklikler gösteren üç ilişki örüntüsü belirlenmiştir. Bulgular psikoterapi alanındaki konuşma çözümlemesi, aktarım-karşıaktarım ve nesne ilişkileri alanyazını çerçevesinde tartışılmış ve çalışmanın psikoterapi ilişkisinin öznelerarası özellikleriyle terapist ve danışanların bu ilişkide eşit derecede etkin taraflar olarak inşa ettikleri anlamlara dair açıklamalar sunduğu sonucuna varılmıştır.

Anahtar kelimeler: Sadomazoşizm, Konuşma Çözümlemesi, Aktarım-Karşıaktarım, Sosyal İnşacılık.

To all those who have the courage to open up

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LIST OF ABBREVIATIONS

APA	American Psychological Association
CA	Conversation Analysis
DSM	Diagnostic and Statistical Manual of Mental Disorders
ICD	International Classification of Diseases
METU	Middle East Technical University
PDM	Psychodynamic Diagnostic Manual
PDP	Psychodynamic Diagnostic Prototypes
T-C	Transference and Countertransference

CHAPTER 1

INTRODUCTION

Psychotherapy has a very fundamental aim and philosophy as the “relief of pain”. Those who seek for psychotherapeutic help may seem to be in a compatible motivation, as “resolving problems”, “amelioration of symptoms”, “having better relationships” or “increasing quality of life”. Similarly, people are generally believed to pursuit positive feelings, love, efficacy, and support in their intimate relationships, working life, and all other sorts of moments of encountering with others. Research shows that there are quite commonly observed occasions, e.g. self-injury or addiction, that people avoid from lasting positive affect and seek for painful affect, meaning that people are not necessarily motivated to optimize pleasure (Riediger, Wrzus, Schmiedek, Wagner & Linderberger, 2011; Tamir, 2009). These findings raise questions about the relationship of an individual with pain and pleasure or sadistic and masochistic aspects within him/herself. At this point, this study elaborates on the complex relationship between the pain and pleasure and tries to understand how that complexity is experienced in the psychotherapy relationship with a conversation analytic method.

This chapter begins with the introduction of literature about the concepts of pain, pleasure, and sadomasochism with a specific emphasis on relational viewpoint, and continues with how sadomasochistic dynamics take place in psychotherapy relationship. And then, the qualitative psychotherapy research and conversation analysis literature regarding psychotherapy issues are reviewed.

1.1 Pain, Pleasure and Sadomasochism

1.1.1 Definition and Background

1.1.1.1 The Concept of Sadomasochism

Pain and pleasure, both of which being simple but powerful, have long been conceptualized to be two incompatible motives of human beings in psychology as well as philosophy (Power & Dangleish, 2008). Aristotle's argument that when an emotion is evoked it is the experience of pain, pleasure or both and whether someone prefers to pursue pain or pleasure in a given condition is a matter of morals. Contemporary emotion theorists have a general consensus on the fundamentality of approaching beneficial goals and avoiding punishment, pain or loss, notwithstanding whether they have an evolutionary, existentialistic, behavioral or cognitive perspective (Strongman, 2003).

One of the most salient conceptualization that posits question marks comes from Sigmund Freud. Freud (1922) proposed that two distinct instincts as life and death operate to enhance or attack the welfare of self and others, and generate positive or negative feelings like love, trust safety or hatred and fear, respectively. In other words, human beings have tendency and wish to approach both. As fundamental phenomena of human psyche, he also pointed out pleasure and reality principles. Pleasure principle rests on the idea mentioned above, that is individuals are motivated to get satisfaction and avoid pain. On the other hand, reality principle underlines the necessity that gratification should be delayed, diminished, or given up for a functioning in correspondence with reality of external world (Freud, 1922). In Civilization and Its Discontents, Freud (1930) elaborated more about the destructivity in "savage" and "civilized" societies distinguishing drives related to self and related to objects. Among the latter drives he proposes sadistic drive. This drive is apparently in a close relationship with death instinct, yet with acculturation (starting from the experiences during the very first years of family group) the individual realizes that the sadistic drive is dangerous to satisfy so that it is attributed to others and self becomes the object of destructivity, leading to

development of superego. The intersubjectivity and constant dynamism of human destructivity is emphasized in the last words of Civilization and Its Discontents as:

> The fateful question of the human species seems to me to be whether and to what extent the cultural process developed in it will succeed in mastering the derangements of communal life caused by the human instinct of aggression and self-destruction...Men have brought their powers of subduing the forces of nature to such a pitch that by using them they could now very easily exterminate one another to the last man. They know this— hence arises a great part of their current unrest, their dejection, their mood of apprehension. (p.144)

Similarly and surprisingly to an extent, behaviorist theorists who strongly claimed that human behavior, emotion and motivation is shaped by reinforcement and punishment recognized that very few situations in complex social interaction is completely pleasurable or punishing leading to uncertainty and ambivalence in terms of behavioral and emotional responses in such situations (Sandler, 1964).

Despite originally named by the authors Marquis de Sade and Leopold von Sacher-Masoch from literature; two phenomena broadly studied from psychoanalytic point of view, as masochism and sadism; give considerable insight into such complexity of pain and pleasure (Socarides, 1995). Starting with masochism, it is defined as a character working against the self, conflicting with both pleasure and reality principle (McWilliams, 2010). Recently, researchers and practitioners view it as a relational phenomenon more and focus on complementary aspects within an individual's personality and his or her object relations (Claus & Lidberg, 2003). Sadism, with the simplest words, is gaining pleasure from inflicting pain and it is impossible that masochism can be thought without sadism and vice versa, meaning that the term "sadomasochism" is more appropriate to consider as Geltner (2005) puts forth that the key element of sadomasochistic dynamics are "the compulsion to hurt and be hurt" (p.83).

Sadomasochistic interactions have both sexual and relational forms. Although, they are not totally independent forms of relating, it is known that most of the individuals engaging in sadomasochistic sexual practices do not build up such interpersonal relationships in general or those who are sadomasochistic in social

relationships might have never been engaged in sexual sadomasochism (McWilliams, 2010; Zeitner, 2008).

There is also two more points that should be taken into account about why sadomasochism should be treated as an interpersonal phenomenon. Enrichment in the understanding of not only sadomasochistic dynamics but also other so called psychopathologies as relational phenomena is closely related to evolutions in personality theories and psychotherapy practice, two of which are affecting and transforming each other.

Firstly, the traditional view of personality presupposes that people can be regarded as being high or low in a trait as an inner essence (e.g., extravert or introvert); however, the *social constructionist view* of personality claims that personality is a socially constructed concept. Thus, one is not necessarily belongs to one category of personality domain, rather the person may exhibit behaviors opposite to each other as interpersonal interactions may require manifestation of various personality dimensions (Burr, 1995). In terms of sadomasochism, as Zeitner (2008) states specific aspects of sadomasochistic personality traits can be thought to manifest in one person depending on the context and to whom he or she is interacting. This possibility increases when the reversibility of sadism and masochism is taken into account as Rosegrant (2012) express that "...every overtly sadistic person is covertly masochistic, and every overtly masochistic person is covertly sadistic". (p. 936)

Secondly, the classical psychoanalytic theory and more specifically drive theory, which relies on the proposal that human behavior is motivated by two innate drives, has long been revised by Freud himself, approaches of object relations theory, self psychology, intersubjective psychoanalysis, and feminist and constructivist theory (Mitchell, 2009). The recent *relational view* in the psychoanalytic theory puts forth that the fundamental motivation is the desire or need to "establish relationship" so the desire and internal representations manifest in and are results of intersubjective interaction. Moreover, the human infant is not the passive receiver of the environment but an active agent in terms of regulating his/her internal reality and relationship with the external objects. For psychotherapy practice, the change is also

prominent. The client is also not a passive receiver of therapist's interpretation and therapist is not a totally neutral agent who interprets the unconscious and transference of the client (Mitchell, 2009; Mitchell & Black, 1995).

Parallel to mentioned change in psychoanalytic view, psychotherapeutic process today, according to Nitti, Ciavolino, Salvatore and Gennaro (2010), is seen as an intersubjective sense making of one's presuppositions, affective and/or cognitive features. Coutinho, Ribeiro, Hill and Safran (2011) exemplify the moments of tension between the therapist and the client in the therapeutic alliance and examine the affective experience of both by taking the ruptures of withdrawal and confrontation into account. Their results show that these breakdowns of alliance between the therapist and the client are repetitive in the process and depending on the reaction of the other. Another study searching the therapeutic collaboration in the dialogues between the clients and the therapists conclude that they adjust their interaction to fit each other's mental states (Sutherland & Strong, 2011). This conclusion reflects the relational perspective to transference and countertransference, which will be explained more broadly later while the sadomasochistic dynamics in psychotherapy is reviewed. In short, this perspective posits that psychology of only one person (i.e. the client) is not the case in the therapy room (Gelso & Hayes, 2007).

Conceptualizing sadomasochism as an intersubjective concept does not rule out the importance of intrasubjective experience of an individual. Yet, what is intended to emphasize is that viewing sadomasochism in a vacuum or the concepts of sadism and masochism apart from each other is incomplete, in any case. Additionally, efforts to identify classifying definitions and understand underlying mechanisms shed greater light to the phenomenon.

1.1.1.2 Classification Considerations

It has always been tricky to distinguish the psychopathology from ordinary or "normal" mental functioning including behaviors, intellectual capacity, personality, feelings, relationship patterns, thoughts, and perceptions. Consequently, classification systems and diagnostic manuals are constantly revised. That is due to

not only the fact that the boundaries between “normal” and “abnormal” is controversial but also the new understandings, research, and sociocultural changes requires to question already existing definition and categories (Hunsley & Lee, 2006). Regarding sadomasochism, these revisions and controversies are at the core. As a result, a number of definitions and classification considerations exist historically within a particular diagnosis system or contributions come from different perspectives.

Starting with the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) published by the American Psychiatric Association (APA), first three editions of DSM included sexual forms of sadism and masochism separately. In DSM-I, sadism was stated as one constitute of sexual deviations with homosexualism, transvesticism, pedophilia (APA, 1952). Masochism was added to this list of sexual deviations in DSM-II (APA, 1968). Following editions included sexual masochism and sexual sadism as two distinct psychosexual dysfunctions with broader definitions and specific symptoms or under the title of paraphilias (APA, 1980, 1987, 1994, 2000, 2013). In 1987, diagnostic proposition of sadism and masochism as personality disorders for further study was the case in revised version of DSM-III but not included into following editions as research on the validity of two disorders could not revealed totally consistent results. Yet, a number of researchers and clinicians claimed that the reason is dominantly related to sociopolitical issues. More specifically, these issues were about the possible misdiagnosis, labeling of victims, legitimization of the actors of abuse towards women, homosexual, and transsexual populations, and associating masochism with femininity (Finke, 2000).

International Classification of Diseases (ICD) also covered the sexual deviations and sexual sadomasochism since its sixth edition (Reiersol & Skeid, 2006). In the last edition which has not been finalized yet, only the sexual activities that are against one’s will and reported to be distressing are proposed to be considered as pathological. Thus, the consensual sexual sadism and masochism is expected to be excluded (ICD-11 Beta Draft, 2017). In other words, characterological and relational sadism, masochism, or sadomasochism have never been a part of ICD.

Moving to more specified considerations having both diagnostic and theoretical concerns, studies of Theodore Millon, Nancy McWilliams and Arnold M. Cooper deserves attention as they have illuminated the phenomena of sadism and masochism significantly.

Millon (2011) extensively researched on classification and diagnosis of personality disorders from an evolutionary perspective and at the core of his approach to personality lied the polarities of pleasure-pain, active-passive, and self-other. Based on his early theory, The Millon Personality Group now lists 15 personality spectra two of which are related to sadism and masochism separately (The Millon Fifteen Personality Styles/Disorders and Subtypes, 2017). While moved to sadistic end of the Assertive/Sadistic spectra, the individuals are identified as directing their anger towards others in order to gain gratification as a result of apparent position of power. At the behavioral level, they are expressively precipitate (e.g., recklessly reactive and daring) and interpersonally abrasive (e.g., coercing and humiliating). At the phenomenological level, cognitively dogmatic (e.g., close-minded and authoritarian), combative self-image (e.g., domineering and power-oriented image), and pernicious contents are widespread. At the intraphysic and biophysical level, the personality is characterized by isolation dynamics (e.g., detached from impact of destructive acts), eruptive architecture (e.g., overwhelming outbursts), and hostile mood. In Aggrieved/Masochistic spectra, the masochistic end identifies individuals with expressively abstinent (e.g., refraining from exhibiting signs of enjoying life) and interpersonally deferential (e.g., relating to others where one can be sacrificing) behaviors. At the phenomenological level, they are cognitively diffident (e.g., hesitant to interpret observations positively), perceive self as undeserving (e.g., self as worthy of being shamed), and focus on discredited contents (e.g., failed past relationships). Intraphysic structure is composed of exaggeration dynamics (e.g., repetitively recalls past injustices and anticipates suffering) and inverted architecture (e.g., repetitive undoing of affect and intention and transposing of channels of need gratification). Biophysically, dysphoric mood is dominant leading to a complex mix of emotions or anxiety, guilt, and discomfort.

McWilliams (1994), in her psychoanalytic diagnosis, classifies masochistic personality as one of nine personality structures. Starting with masochistic personality, it is emphasized that masochism is not "loving pain or suffering" but is consciously or unconsciously maintaining unpleasantness hoping that a future happiness is going to be achieved. This was called "moral masochism" in order to distinguish the sexual and relational forms of masochism. According to McWilliams (1994) the conscious sadness and unconscious guilt is characterizing. Anger, indignation and moodiness are also commonly experienced affects including complaintments about being a victim or having the worst fate. Defenses are mostly introjection, turning against the self, and acting out. The acting out mechanism is one of the features that distinguish masochism from depression. A masochistic individual's self-destructive behaviors might be an example in that sense. She also points out that denial is another defense that is displayed in the form of feeling nothing towards perpetrators of pain. In terms of object relations, hope is a key factor that pursues masochistic dynamics and distinguishes them from depressive forms of relating. The early object relations are characterized with neglect and abuse but receiving attention only a serious threat to the child or suffering is present, so that the love and intimacy are deserved to be expected through painful situations. Lastly, McWilliams puts forth that neglect and being rejected is so unbearable that pain or abusive relationship is preferred and is also the source of control and self-esteem.

Cooper (2009) acknowledges the masochism as being two-sided and closely related with narcissism by suggesting the Narcissistic-masochistic Character. He proposes that both masochistic and narcissistic personalities are related to similar childhood conditions, inadequate warmth and approval, excessive idealization, and efforts to repair them. Cooper's (2009) Narcissistic-masochistic character is composed of four main interrelated dimensions as (1) pursuit of victimization and defeat (object-relational aspects of masochism); (2) acceptance or pursuit of pain, and avoidance of pleasure (affective component of masochism); (3) guilt, flatness of affect, and depression after a positive achievement or excess of sadness in an aversive situation (superego portion of the masochistic syndrome); (4) self-centeredness, entitlement,

the satisfaction that accompanies the feeling that no one else suffers as much as the individual (the narcissistic component).

The dimensions or aspects, as Cooper states, are greatly in concordance with Millon Personality Group and McWilliams' viewpoint in terms of the inability to acknowledge pleasures or proclivity to guilt, for instance. The important contribution of Cooper is to describe the pattern of clinging to painful experiences as having a narcissistic and omnipotent meaning. He briefly puts the interaction of narcissism and masochism into the words by stating that one is "narcissistically mortified" and "masochistically gratified" p. 910 (2009). Cooper does not use the term sadism or sadistic personality; however, regarding sadomasochism Cooper's approach is important and relevant. Rosegrant (2012) in his article *Narcissism and Sadomasochistic Relationships* explains and illustrates that narcissistic individuals mostly build sadomasochistic relationships with others. Sadomasochistic dynamics are also identified in object relations of cases with schizoid (Baker, 2008) and multiple (Lerner & Lerner, 1996) personality disorder.

Psychodynamic Diagnostic Manual (PDM) which is the first complete assessment manual of healthy and pathological functioning that explicitly follows a psychodynamic model, based on the integration of clinical and research evidence (PDM Task Force, 2006), is one of the latest and comprehensive classification system specifically defining sadistic and sadomasochistic, and masochistic personalities in addition to eleven other personality organizations. What makes PDM distinctive from DSM and ICD systems are handling normal and disordered functioning in a spectrum, introducing formulations and ascribing meanings to mental functioning, being geared for treatment planning. As a result, the personality patterns and disorders (P) axis of PDM is composed of detailed descriptions of personality types with level and severity of personality organization, subjective experiences, core preoccupations and beliefs about self, others, world, clinical observations, therapeutic relationship, treatment prognosis, defense mechanisms and so on (PDM Task Force, 2006). Appendix A shows the diagnostic definitions of *Sadistic and Sadomasochistic Personality Disorders* and *Masochistic (Self-Defeating) Personality Disorders* as they appear in PDM.

In concordance with the argument of interpersonal nature of sadomasochism, diagnostic systems focusing solely on observable symptoms pose a limited consideration and reveal scarce or no information about sadomasochism. On the other hand, spectrum or continuum based understandings include relational, dynamic, multilayered, and therapy-related knowledge. Among the different systems and propositions, PDM seems to be the most comprehensive one referring to contributions of before mentioned theoretical point of views and the one in correspondence with social constructivism.

1.1.1.3 Mechanism and Etiological Explanations

There is a great body of literature dedicated to understand the mechanism of sadomasochistic dynamics. The early propositions that sadism and masochism is the result of loving pain due to "death drive" and females are innately more prone to masochism is strongly criticized and shattered.

Contemporary explanations suggest that hate and blame towards self function as reinforcement of negative self-image (Giddings, Christo, & Davy, 2003). According to Winnicott (as cited in Ghent, 1990), this negative self-image is thought to be related to early trauma (generally, childhood abuse or mother's withholding and engulfing without satisfying oral and tactile needs of the infant). Thus, hate and blame towards self is initially aggression towards other's infliction of pain and this painful experience hinders a narcissistic self development which leads to more mature autonomous sense of self. A false self with the influence of other is founded as a symbiotic extension. This dynamic were generally addressed as the pursuit of painful or abusive relationships and avoidance from pleasant experiences while describing sadomasochism.

Tendency to maintain the early symbiosis and negative self-image is suggested to have foundations in separation-individuation of the individual by Volkan and Ast (2007). They remark that, due to the fear of breakdown of the self, the person needs a continuous suffering dynamic. Consequently, pain of rejection or abuse is associated with both enduring ties with others and sense of control on the painful experience. Between the alternatives of no relationship and a hurting relationship

person chooses the latter one. Likewise, Grossman (1991) notes down that the acting out aspect of sadomasochism is the result of impairment of fantasy formation and wish for a witness, both of which play role in ego integration in case of object loss.

Thinking of maintenance of suffering in interpersonal relationships, the role of projective identification has been pointed out by many authors (Claus & Lidberg, 2003; Geltner, 2005; Novick & Novick, 1997; Volkan & Ast, 2007). Projective identification is a defense, which was mentioned in McWilliams' diagnostic consideration of masochism before, and used when the person is unable to tolerate a specific feeling, or fantasy or impulse, detaches it from his or her emotional experience, and induces to the other. Then, he or she identifies with the projected part of the self as if it belongs to the other (Klein, 1947). Vaslamatzis (2005) suggests that projective identification enables the connection between the intrapsychic and the intersubjective reality. He cites Bion's proposal that, projective identification has a communicative aim that facilitates a container-contained relationship which is originally in infant-caregiver (mostly mother) relationship and in psychotherapy relationship. The infant overwhelmed by ungratified desires and emotions, tends to project them to the mother who is expected to have a capacity to receive, contain and transform them to a degree that the infant can bear, and finally return them to be identified by the infant. By this way, infant's intrapsychic conflict is resolved in an intersubjective communication. However, in sadomasochism the communicative and regulative function of projective identification is replaced with constant maintenance of unpleasant states, according to Claus and Lidberg (2003). They further illustrate how "sado" and "maso" parts of self in sadomasochism function as an attempt to resolve the intrapsychic conflict of early trauma. Regarding sado part they propose that;

> Inflicting pain upon others gives a sense of being in control of one's own pain. It is a ''projective identification with the victim.'' The sadist has a fascination for pain as such. Sadistic affects (not instincts) have no purpose to harm, but to disavow an ''identification with the victim.''...'It is not my trauma—it is his. I am not vulnerable. I am in control of external pain.' (p.160)

Concerning the masochistic side, they clarify that;

> ...[T]here seems to be some misconceptions. Macgregor (1991) claims that an ordinary ‘‘identification with the victim’’ is the essential component of all masochism. But, if comprehended as a ‘‘projective identification with the aggressor,’’ it explains why masochists try to provoke the aggressor in others. It is to unburden their punishing superego guilt...‘‘As long as I feel pain, I do not feel guilt. I am innocently wounded and have the right to take revenge anytime.’’ (p.160)

Although these processes are aimed to regulate the conflict the individual suffers from, the projective identification contributes to a vicious cycle due to disavowal of authentic pain of early trauma (Claus and Lidberg, 2003; Novick & Novick, 1996).

The aggressive nature of sadomasochism also makes it a superego phenomenon, that is as Ramazani (1991) reveals that feelings and desires to dominate and be dominated, infliction of power towards self and other, reversibly occur and it is guilt that transforms sadism into masochism. In fact, there are some approaches to sadomasochism as explaining it being a manifestation of desire to destroy paternal universe, a struggle with superego. The paternal universe is represented as having the origins in traumatizing, rejecting and abusing early relationships (Claus & Lidberg, 2003).

The gender issue is associated with the asymmetry in infliction of superego and in complexity of separation-individuation between genders. Caplan (1984) asserts that power asymmetry should be considered as a prominent fact when linking the masochism with femininity and sadism with masculinity. Ruderman (2003) adds the differences in separation-individuation to the picture by positing that the family and society associate the aggression, mastery, power and ambition with masculinity and unfemininity leaving females with ambivalence about separation from mother and being an autonomous, adequate, and independent individual. Having both the feelings of anger as a result of disappointment, an urge to differentiate from others and needs of maintaining attachment females mostly end up with sacrificing the autonomy, which means that it is the culture not the mere existence of women that makes them be regarded as “masochistic” according to Ruderman (2003).

To sum up, literature shows that themes of pain and painful experiences in early object relations, destructivity, anger and guilt, need to establish a coherent sense of

self and to control the object loss and aggression, impairments in fantasy formation and ego boundaries, and acting out and projective identification defenses are voiced over and over again as they are intertwined processes operating regarding the mechanism and etiology of sadomasochism.

1.1.2 Sadomasochism in Psychotherapy Relationship

While moving from what the sadomasochism and underlying mechanisms are to the sadomasochistic dynamics in psychotherapy, the transference and countertransference (T-C) relationship can be thought to provide a theoretical guide. T-C reactions specific to sadomasochism also deserves attention for the purposes of this study.

1.1.2.1 Transference-Countertransference (T-C)

Characteristics of therapist-client relationship in psychotherapy retroject into the very first applications of psychoanalysis with a particular effort to understand transference of the analysand and the countertransference of the analyst. The focus on the relationship between the therapist and client extended not only to different aspects of the relationship (e.g. therapeutic alliance, therapeutic frame etc.) but also to varying theoretical approaches to psychotherapy (e.g. psychodynamic, cognitive-behavioral, existentialist etc.) historically (Gelso & Hayes, 2007).

A number of definitions and clarifications about T-C exist but what is common to all views is that the matter of subjectivity is at the core. Gelso and Hayes (2007) summarize the evolution of perspectives related to T-C. They state that the classical view sees the therapist as a totally neutral, "blank slate" that allows the client's transference (unconscious and conflicting internal states) to be projected. The countertransference of the therapist is mainly the result of unresolved unconscious conflicts of the therapist in reaction to the situations in psychotherapy and should be controlled. The totalistic view adopts an alternative perspective and proposes that not only unconscious and conflicting reactions are a part of T-C relationship but all reactions and behaviors can be regarded as transference or countertransference and utilized to be beneficial for the process of psychotherapy. Theoreticians with a

complementary view to countertransference of the therapist accept that T-C relationship is not irrational at all and add that it is the client's transference that triggers a complementing reaction from the therapist yet ignore the contribution of the therapist to the relationship (Gelso & Hayes, 2007).

Relational view to T-Cis closely related to social constructionist and relational perspectives to personality and originates from object-relations theory. It is emphasized that the T-C reactions are co-products of therapist's and client's unconscious conflicts, conscious needs and emotions, general relationship patterns, and external reality of both(Gelso & Hayes, 2007). In addition, the integrative relational point of view called "cyclical psychodynamics" towards psychotherapy relationship claims that the exchanges in the therapy room is dynamically reciprocal and both the psychological variables of the dyad and the key relationships including social context play an essential role (Wachtel, 2014). Relational psychoanalysis as Mitchell (2009) puts forth intends to soften the transference instead of totally resolve and allows communication of countertransference so that the relational conflict can be functionally enacted and examined in service of therapeutic goals.

In terms of T-C, Gelso and Hayes (2007) present that defenses like projective identification, acting out, projection, and splitting are among mostly operating ones in maintaining T-C relationships similar to the case with mechanism of sadomasochism. According to Clarkson and Nuttall (2000), who remind the communicative and regulating functions of projective identification, core conflicts and interpersonal needs and emotions can be understood and resolved only when reciprocal contribution of the dyad is considered. This results in a huge variability in terms of projections onto the therapist such as effects of past experiences, emotions, defenses, object relations, and different parts of self and therapists' countertransference might be complementary (similar to the client's original object) or concordant (similar to the client's feeling towards the original object).

1.1.2.2 Transference-Countertransference in Sadomasochism

When talking about the alternating ego states of sadomasochism it was stated that masochistic and sadistic parts are the case (Claus & Lidberg, 2003). Regarding

sadomasochistic T-C dynamics, these parts or roles can be shared by the therapist and client as expected. Countertransference studies provide more detailed insight into how these dynamics and parts are experienced in the therapy room.

Geltner (2005) describes the countertransference as like both foreign and real, so the therapist is more predisposed to lose control, say and do unanticipated things, and regret later with a sadomasochist. He also insists that most of the time client and therapist are on polar opposites, meaning that maso-maso and sado-sado dynamics are not typical and T-C relationship characterized by projective identification are very frequent and intense in the first sessions. According to him, the most common T-C dynamics are alternating states of being a tormentor or tormented, struggle for control, feeling like endlessly quarreling couple, struggle for emotional resources, and merger and separateness.

De Peyer (2002) describes a process in which the therapist is in a masochistic position with feelings of intimidation and fearfulness in response to the client's sexualized aggression. She concludes that such a countertransference is related to therapist's identification with the male client's disowned feminine and vulnerable sides.

In terms of T-C with masochistic clients, McWilliams (1994) suggests that the stage or timing in the psychotherapy process is noteworthy. She conveys that therapists typically have a tendency to exaggeratedly become sacrificing and empathetic, which signals a masochistic countertransference. This is mostly due to the effort to prove that he or she does not have a potential to harm. However, this masochistic attitude or depiction of intentions to help is always doomed to result in aggression and sadistic retaliations as the masochistic person seeks for a witness and resists changing. Waska (2008) and Alvarez (2009) in two independent case studies stress that the initial warm feelings and masochistic tendencies of the therapist turns into sadistic countertransference, and fueled by projective identification defenses in the therapy process. Debating with the therapist or presenting with the worst possible symptoms of the client receive therapist's anger, distancing, or ignoring developments of the client. Mangis (2007) illustrates a substance abuse case and

explains the T-C relationship with concordant and complementary countertransference. He relates his initial warm feelings and "ideal father" role with identification with the needs of the client, while he proposes that increasingly strong feelings of frustration, irritability, and anger leading to kicking the client's foot involuntarily were the manifestation of a complementary countertransference. By turning into "critical father" role, the therapist can resonate with client's internal reality.

Similar findings come from Gazzillo and his colleagues (2015). In their study investigating the therapist emotions in response to different personality types, they found that overwhelmed and disengaged responses such as desire to avoid the client, being distracted, bored and withdrawn are common with sadistic and masochistic clients. These responses are thought to have an avoidance function. They also identified that an initial desire to protect and nurture the client is followed by feeling that the therapist is unappreciated and devalued with masochistic clients. The initial parent-like emotions are discussed to be complementary and the second hostile feelings are claimed to be reactions to the client's inability to gain from therapeutic work.

Reed (1999) focuses on compliance dynamics of the clients from a viewpoint that some compliant attitudes of the clients may represent a chronic resistance or defense which leads to a sadomasochistic relationship with the therapist. As a countertransference the therapist may withdraw or give an adversive response. Feeling like trapped or controlled, sense of deadness in the session, and observing that interpretations are not fully regarded may be indications of such a relationship. Similarly, Slochower (2014) claims that emotional absence and withholding of the therapist is a typical sadistic countertransference.

1.2 Qualitative Approach in Psychotherapy Research and Conversation Analysis

This part will start with a brief explanation on utilization of qualitative research methods while answering questions related to psychotherapy and continue by focusing on conversation analysis (CA) and literature related to conversation

analytic studies of Turkish speaking individuals and in psychotherapy, in general. The CA studies with Turkish speaking sample provide guiding information about the exchange of power in daily interactions specific to the culture.

1.2.1 Qualitative Paradigm in Psychotherapy Research

Kuş (2007) and Tanyaş (2014) point out that the qualitative research in psychology should be envisioned as a part of the paradigm change in social sciences for the last 30 years. For psychology the shift and alternation go back to 1970s and 1980s for debates and to late 1990s for broader acceptance and establishment of centers for qualitative psychology, journals, textbooks, dissertations. For Turkey the paradigm change is even more current and difficulties in terms of publication and academic support are noteworthy and researchers are inclined to integrate qualitative methods with quantitative methods (e.g. for questionnaire development) (Kuş, 2007). Social psychology, cultural psychology, narrative psychology, discursive psychology, and psychotherapy research have constituted the major subdisciplines utilizing qualitative methods with new inclusions and variations (Arkonaç, 2012; Arkonaç 2014; Tanyaş, 2014). In counselling psychology, the considerations on the social constructivist approach are also the case in Turkey (Siviş, 2002).

Kuş (2007) points out that the epistemological and ontological alternatives to positivist scientific methods are not that novel in psychology. For instance, many therapeutic approaches, as Harper and Thompson (2012) express, have their roots in qualitative and subjective exploration. The idiographic case studies have had a considerable importance since the earliest emergence of psychoanalytic, psychodynamic, and humanistic approaches to psychotherapy.

Harper and Thompson (2012) associate the significance of personal experience and process over time and situations for therapeutic work with the essence of qualitative research. As qualitative research methods are interested mainly in the experience and process instead of causal relationships between variables, quantitative aspects of a subject such as prevalence, or objective measurements. This is also closely related to increasing ecological validity when the uniqueness of every psychotherapy process is taken into account.

In psychotherapy research, various methodologies with specific epistemological stances are possible. Starting with change process research, questions like what factors in terms of the client or therapist operate in therapeutic change, what are the significant events facilitating change, which therapist responses are important in the process can be investigated (Elliott, 2012). If a researcher has questions like how homosexuals, adolescents, or people with addiction problems make sense of their problems when they seek for help, or how therapists communicate their formulations about a group of personality disorder interpretative phenomenological analysis might be suitable. These questions mainly reflect the experiences and understandings of individuals in a particular context with a hermeneutic phenomenological epistemology (Larkin and Thompson, 2012). Having a social constructionist view and relativist or critical realist position in terms of psychotherapy research discourse analysis provides answers to questions like how attitudes to disability is transformed in psychotherapy with parents of disabled children, how therapists' negotiate the responsibilities of all parties in the process, or the role of cultural discourses in shaping clients' problems (Georgaca & Avdi, 2012). Discourse flow analysis is another method that is based on the assumptions and rationale of process research and discourse analysis and utilizes content and sequence analytic techniques as Nitti, Ciavolino, Salvatore and Gennaro (2010) proposes. One can realize that the integration of different approaches, possibilities and inventions every other day is quite possible when answering similar questions. Thematic analysis, q methodology, and conversation analysis are also among the commonly applied methods in mental health and psychotherapy research (Harper and Thompson, 2012).

Regarding relationship between the therapist and the client, examination of therapeutic alliance, in other words the quality of relationship, takes a substantial place in psychotherapy research. The study of Coutinho, Ribeiro, Hill and Safran (2011), which was mentioned before is an illuminating example. Moving to examination of T-C, empirical research date back to one of the earliest efforts to quantify T-C moments by Fiedler (1951) but the case studies had always been on the stage. Gelso and Hayes (2007) review the empirical literature on T-C and

summarize that T-C as a concept have been tried to be understood based on reports of affect, attitudes, timing, span of psychotherapy in addition to therapist and client factors like gender, socioeconomic status, religion. How some specific therapist factors like empathy, self-integration, anxiety management, or skills are related to T-C reactions have also been the topic of research. The effects of disclosing countertransference were also among the focus of studies (Gelso & Hayes, 2007). Besides the antecedents of T-C, to what extend the therapy outcome or preference of some techniques depend on the management of T-C have gathered attention from researchers in this field (Hirsch, 2008).

Not surprisingly, utilization of qualitative research methods is relatively new for the investigation of T-C. Hayes et al. (1998) carried out a qualitative study in which they analyzed post session interviews on countertransference experiences of therapists. Lepper and Mergenthaler (2007) used eight sessions of a brief psychodynamic therapy process and searched for cycles of therapeutic cycles by combining conversation analysis and computerized text analysis. Lawrence and Love-Crowell (2008) reports thematic analysis of interviews with therapists on their subjective experiences with couples engaging in consensual sexual sadomasochism. Hueso (2012) adopts a retrospective content and structure analysis of a past relationship dynamic characterized with emotional connection and disconnection with one of her clients.

In general, studying T-C issue with from a qualitative perspective seems to be escalating. However, for sadomasochism literature case reports are still dominants is the case with studies of Waska (2008), Alvarez (2009), Mangis (2007), Reed (1999), and Slochower (2014). Thus, the need for research that are methodologically advanced and detailed enough for interactional nature of sadomasochism is undeniable. The potential of CA in that sense is promising as Madill, Widdicombe, and Barkham (2001) reveals.

1.2.2 Conversation Analysis

1.2.2.1 Definition, Scope and Methodological Issues

Originating from Harvey Sack's elaboration of the idea that conversation is a social action providing subjectivity of participants, an ethomethodological point of view, and has an orderly organization within itself; CA is defined as the inspection of talk-in-interaction in naturally occurring conversations with the most broadly accepted terms (Schegloff, 2007). CA studies had started with Sacks' investigation of suicide helpline calls (ten Have, 2007) and been applied to in any kind of interaction including both daily life (pure CA) and institutional conversations (applied CA) (Sert, Balaman, Daşkın, Büyükgüzel, & Ergül, 2015). Application of CA in institutional context focus on patient-doctor, therapist-client, teacher-student pairs or conversations in law courts, schools, and news interviews. Heritage (1998) noted that interactions are restricted to many institution-specific roles, norms, and requirements in these environments.

Key features of CA are its *activity focus*, *turn-by-turn examination of utterances*, and *emphasis on participants' orientation* (Schegloff, 2007). Activity focus of CA is mainly related to the fact that people "do something" or try to "attain goals" with their actions in the conversation. How and what they do is the main subject of interest as the meaning about the others and the world is closely related to these actions (Arkonaç, 2014). Identification of adjacent turns which constitute sequences in a continuous fashion is also crucial due to the fact that actions of individuals systematically follow each other. This sequencing is dependent upon actions of each participant and allows the co-construction of interaction (Sidnell & Stivers, 2013). By examining these turns and sequences in detail, CA reveals displayed but unnoticed characteristics of the talk (Sert et al., 2015). One of the prominent strength of the CA is the fact that researcher can ground his or her findings to the proof derived from the data itself. The raw data is transcribed in the most possible detail so that audience of research can also independently investigate the data. Sert et al. (2015) suggest that this opportunity increases credibility of analysis process. The inference about the displayed but unnoticed, on the other hand, is dependent on

the elaboration of researcher (ten Have, 2007). Elaboration of transcribed data is based on the examination of turn taking organization, sequence organization, repair organization, and organization of turn-design in general. In institutional settings, Heritage (1998) suggests two more aspects of the conversation as lexical choice and epistemological and other forms of asymmetry are at the core as there will be asymmetries of participants especially in lay person-professional dyads inevitably. Emphasis on participants' orientation is significant in terms of how their roles or identities relevant to how they contribute to the current conversation (Heritage, 1998). An important distinction of CA especially from discourse analysis at this point is the analytic proof of a probable asymmetry as a result of power, gender, status, or ethnicity comes from the details of interaction itself like turn taking organization or lexical choice. Answer to the question of "why this is happening right now in this way?" is vital for CA in that sense (Madill, Widdicombe, and Barkham, 2001; Sert et al., 2015).

1.2.2.2 Conversation Analysis Studies in Turkish

The literature on the daily and institutional conversation is vast and guiding as they display the advancements in CA methodology but is beyond the scope of this study. On the other hand, the Turkish CA research can thought to be relevant as the participants of this study will include Turkish speaking individuals. In fact, the issues of asymmetry, gender roles, and cultural characteristics are identified in CA studies conducted in Turkey similar to the underlying mechanisms of sadomasochism and applied CA.

Tekdemir Yurtdaş (2010) in her study examining cultural meanings and functions of utterance repetitions in recordings of conversations between friends revealed that individuals were more prone to repeat the utterances of others rather than themselves. The repetitions are interpreted to have functions of acknowledgment, agreement, disagreement, rejection, request for clarification/confirmation and humor. Self repairment and listenership positions were primary meaning that individuals were mostly motivated to agree and comply with others in their social interactions. Humor was another frequently observed function of repetitions that is

consistent with effort to construct a positive relationship. These findings replicate her previous studies which determined a similar pattern of social action between people with hierarchically differing positions and daily life conversations in terms of turn taking organization two institutional contexts, family, and stranger contexts. Thus, conclusion is that individuals in various contexts in this specific culture prioritize the congruity, consistency and predictability in their conversations or the objectives of the task they are engaging in institutional settings (Tekdemir Yurtdaş, 2008).

Repairment is the other investigated means of action. Within CA terms, self initiated repairment or other initiated repairment is possible. A trouble in talk-in-interaction can be repaired by the party responsible for it or by another person in the interaction (Schegloff, 2007). Gürhanel (2012) points out that other initiated repairment is more common and the goals are to resolve the trouble as soon as possible, terminate the silence, and keep the turn longer for the repairing party. The findings of the study also showed that gender plays a role. In topics initiated by females, males tend to be interested less and maintain shorter turns.

Power asymmetries are generally analyzed through the overlaps and interruptions in CA studies as is the case with the analysis of a debate recording of Büyükgüzel and Gül (2015). However, Heritage and Clayman (2010) note down that question-answer organization and repairments might also be related. The composition of interacting individuals regarding gender, power asymmetries and gender roles as observed in constructing conversational interaction is studied by Yurtdaş, Atakan, and Tezerişir (2011) and Atakan and Yurtdaş (2013). It was found in daily conversations of university students that overlapping turns and interruptions of one's turn by another person are common to females and males. Females performed overlaps more when they are interacting with males, while they used interruption more prevalently with females. On the other hand, males tend to be using more interruptions with females compared to with males (Yurtdaş, Atakan, & Tezerişir, 2011). Replicating this finding in adolescent groups of female-female, male-male, and female-male groups the highest number of interruptions were observed in female-male groups with males' interrupting more (Atakan & Yurtdaş, 2013). To

conclude, individuals' social identities about their gender become a part of how they participate in the conversation when there is a gender discrepancy between them in Turkish culture.

Applications of CA in institutional contexts in are in early stages. There are language teaching, and media and medical interview analyses with CA but no psychotherapy interactions have been subject of interest in Turkey (Sert et al., 2015).

1.2.2.3 Psychotherapy Research Using Conversation Analysis

Similar to all other implications in institutional settings, CA is utilized in order to examine and identify specific interactional strategies operating in therapist-client dialogue (Madill, Widdicombe, & Barkham, 2001).

Perakyla (2012) informs about the importance of intersubjectivity in terms of interactional gaps, discontinuities, tensions and convergences in psychotherapy and CA. This is quite in accordance with the mutuality of T-C within relational perspective. He additionally emphasizes the inferential aim of the psychotherapy. That is, the communicative intentions and talk beyond its intended meaning is at the heart of psychotherapy. CA, at this point is promising by revealing unnoticed interactional actions of participants in psychotherapy relationship.

It has been emphasized that CA is not primarily concerned whether the treatment or the therapist is useful, competent or successful; because, from CA perspective the fundamental question is the "How" the subjectivity of participants of the talk interact with each other (Rapley, 2012). However, according to Madill, Widdicombe, and Barkham (2001), Streeck (2008), and Perakyla (2012) efforts to reconstruct psychotherapeutic concepts from a conversation analytic viewpoint to explicate how client and therapist co-produce therapeutic concepts can provide far-reaching insights. Perakyla (2004) further suggests that contrasting the successful and less successful sessions, interventions, or therapeutic processes might be promising. In fact, using CA for psychotherapy sessions started with investigating the linguistic characteristics, postures or gestures of therapists and clients (Pittenger,

Hockett & Danehy as cited in Perakyla, 2012; Scheflen, 1964). Perakyla (2012) suggests that these studies illuminated not much about characteristics specific to psychotherapy, although they pioneered qualitative understanding of therapist-client interaction. Subsequent research evolved into involving subjects specific to psychotherapy including psychoanalytic process (Buchholtz, Spiekermann & Kachele, 2015), comparing different approaches to psychotherapy (Kondratyuk & Perakyla, 2011), psychotherapy process with subgroups of clients (Falk, 2013; Shaw et al., 2017), online psychotherapy (Cipolletta, Frassoni & Faccio, 2017), problem formulation (Antaki, 2008; Korner, Bendit, Ptok, Tuckwell, & Butt, 2010; Madill, Widdicombe & Barkham, 2001; Weiste, Voutilainen, & Perakyla, 2016), mentalization (Keselman, Cromdal, Kullgard, & Holmqvist, 2016), interpretations (Bercelli, Rossano & Viaro, 2008), corrective experiences (Friedlander et al., 2012), and questions (Halonen, 2006; MacMartin, 2008) in settings embodying various approaches and modalities of psychotherapy.

Relational aspects of psychotherapy practices are also investigated by using CA in combination with some key practices listed above or alone. It is stated by Perakyla (2012) that therapeutic relationship or alliance is a common factor in any approach of psychotherapy and can be researched with CA whether the process is based on a cognitive behavioral, psychodynamic, humanistic or any other theoretical standpoint. Sutherland and Strong(2011) and Lepper and Merganthaler (2007) conducted CA studies on the collaboration as a common factor in therapy relationship and found that both therapists and clients make use of some specific conversational tools, such as mitigating disagreements or asserting preferences, in order to build alliance.

In detail, moments of resistance and affiliation have emerged as the most widely studied relational aspects. In terms of resistance, studies focused on what therapists and clients demand, ask for, and do at that particular sequence. Perakyla (2005), Madill, Widdicombe, and Barkham (2001) and MacMartin (2008) illustrate that therapists dominantly try to repeat their interpretations or comments and add new material to their previously resisted turn. Perakyla (2005) also found that avoiding the material and silence is a considerable sign of resistance in therapeutic

interactions. Similarly, Yao and Ma (2017) concluded that silence, minimal response, non-answer responses, and over-talking were the main ways to display resistance. Therapists in turn increased the number of their questions in order to manage the resistance according to Yao and Ma (2017).

Affiliation, as Bercelli, Rossano and Viaro (2008) show, is also characterized by some silence but completion of other's sentences, preferences of words like "yes" and "I agree", change in perspective with further interpretation, and lowering the volume of talk accompany. In their study, they also had chance to reveal that resistance might be toward a part of interpretation while another part is affiliated. Clark and Rendle-Short (2016) also identified that updates and time references in the talk had a function to facilitate a continuing relationship.

All in all, literature on sadomasochism, T-C, and CA intersect in the idea that construction of subjective reality of individuals is essentially depended on how they interact with others in a specific culture. Theoretical and empirical reflections on the intersubjective aspects of sadomasochism in early and adult relationships as well as in psychotherapy provide remarkable insight. However, Braakmann (2015) suggests that there seems to be a gap between the theory and therapy room reality; and the paradigm change, from quantitative to qualitative inquiry, in psychotherapy process research aims to fill this gap. Similarly, our knowledge about the relational facets of sadomasochism in psychotherapy mostly depends on case reports. CA studies in psychotherapy with their emphasis on micro dynamics of the interaction seem to be a good candidate to fill the gap, too. On the other hand, these studies mainly shed light on intersubjectivity of some specific aspects (e.g. problem formulation, affiliation) of the psychotherapy process and therapeutic alliance. There seems to be lack of CA studies inspecting the interactional process of dyads with specific characteristics in a holistic fashion. Hence this study intends to undertake the question of how individuals displaying sadistic, masochistic or sadomasochistic features and therapists interact with each other from a conversation analytic perspective. It is also aimed to understand whether this interaction has distinctive characteristics at different stages of the psychotherapy and between different dyads. The answers to these questions are envisioned to provide a holistic

picture about the intersubjectivity of sadomasochism and contribute to relational understanding of psychotherapy practice.

CHAPTER 2

METHOD

This chapter explains how the study was designed in order to answer the raised research questions in general. Information about the rationale underlying the selection of CA as the research method, bracketed theoretical assumptions of the study, the role of researcher, participants and recruitment procedure, ethical considerations, and main characteristics of the data analysis is included.

2.1 Reflexivity

The current study requires a qualitative investigation of how psychotherapy dyads interact based on three main rationales. Firstly, the exploratory nature of the study is thought to be quite suitable for a qualitative investigation. Secondly, the understanding of personality traits as intersubjective phenomena corresponds with epistemological standing of many qualitative research methods. In that sense, sadomasochistic characteristics further necessitate understanding the mutually constructed nature of underlying dynamics of control, merger-separateness, and projective identification. Lastly, the relational view of T-C and seeing the context of psychotherapy process as being a reconstruction of client's reality and meaning makes such a study ideal for an institutional conversation analysis that is mainly interested in how people make sense of the world in their talking interactions with others.

The aim of this study is exploratory in nature, yet the design and preference of methodology are guided by a number of fundamental concepts and information

coming from psychology, psychotherapy, and CA literature. Thus, the theoretical assumptions and information that can be summarized are as followed:

- Pain and pleasure experiences are dynamic and not mutually exclusive within a person and in his/her interaction with the world,
- Masochism is defined as a character working against the self and sadism is gaining pleasure from inflicting pain and it is impossible that masochism can be thought without sadism and vice versa,
- Sadomasochism best represent the dynamism of masochism and sadism and its interpersonal nature,
- Spectrum or continuum based diagnostic systems include relational, dynamic, multilayered, and therapeutic knowledge on sadism, masochism and sadomasochism as,
    - Central tension/preoccupation: Suffering indignity and self esteem, infliction of such suffering
    - Central affects: Hatred, contempt, pleasure, sadness, anger, guilt
    - Characteristic pathogenic belief about self: I am entitled to hurt and humiliate others or by manifestly suffering, I can demonstrate my moral superiority and/or maintain my attachments
    - Characteristic pathogenic belief about others: Others exist as objects for my domination and people pay attention only when one is in trouble
    - Central ways of defending**:** Projection, projective identification, enactment
- Pain and painful experiences in early object relations, destructivity, anger and guilt, need to establish a coherent sense of self and to control the object loss and aggression, impairments in fantasy formation and ego boundaries underlies the etiology of sadomasochistic ego states.
- In psychotherapy, relational dynamics are conceptualized with terms of transference and countertransference. The approach to T-C in this study is based on the information that exchanges in the therapy room is

dynamically reciprocal and both the psychological variables of the dyad and the key relationships including social context play an essential role.

- In a sadomasochistic T-C relationship, experiences of losing control, urge to destruct the relationship, withdrawal, starting with warm feelings leading to aggression, projective identification is frequent and parties of T-C are generally on polar opposites.
- Gender asymmetries are emphasized while understanding mechanism of sadomasochism in terms of separation-individuation and cultural factors, in T-C literature on sadomasochism, and in CA studies of casual and institutional interactions of Turkish speaking individuals.

In terms of personal characteristics, as the researcher I was a 29 year-old, female living in Ankara, the capital city of Turkey and was raised as the first child of a family belonging to middle socioeconomic status. I was carrying out my PhD education in clinical psychology program of Middle East Technical University (METU) and performed psychotherapy practices in Ayna Clinical Psychology Unit of METU, and in the psychological counselling department of a university in the same city.

My personal motivation for this research was related to a few matters. My theoretical framework of individual psychotherapy included schema and psychodynamic viewpoints. I also received education and supervision in practice of group psychotherapy based on interpersonal approach. The common thread to all of these practices was the emphasis on the primacy of desire to establish relationship with others and to communicate our intrapersonal reality in these relationships, in one way or another. During my education and supervision process, I was also fascinated by how paying attention to dynamics of T-C enriches not only my practice as a therapist but also my view about myself as a person. Yet, it was not a smooth journey to inspect myself as a contributing agent to the therapy relationship and to face my disavowed parts of self. I remember that I felt extremely guilty, ashamed, sad, and angry when I received feedback on “seen but unnoticed” aspects of my interpersonal style with my clients. But then, as I learned how to examine the relationship constructively and honestly, the journey turned into a stimulating

experience. Consequently, I got motivated to document and analyze the details of the relationship and common or distinctive reactions of the therapist-client dyads systematically so as to broaden my view and to inform other practitioners. In other words, this study might also be seen as the product of my attempt to communicate how I internalize the concepts of "therapist", "client", and "psychotherapy" in general.

Considering the theoretical and personal motivations, the audience of this study should bear in mind that abovementioned factors might inevitably be influential while I was exposing myself to the literature, designing the study, conducting the analysis, and elaborating and discussing findings, although some procedures (e.g., bracketing, data sessions) were applied in order to optimize the trustworthiness of the study. For instance, the fact that I and the therapists recruited as participants have a similar pedagogic and social background might have affected how I categorize or name the interactional projects they performed.

2.2 Participants and Procedure

Four therapist-client dyads participated in this study. The dyads were recruited from Ayna Clinical Psychology Unit of METU Psychology Department. All the necessary permissions are taken from university's Human Research Ethics Committee (see Appendix E) and Ayna Clinical Psychology Unit. The recruitment was based on (a) volunteerism, (b) therapists' having a perspective on relationship dynamics in terms of their psychotherapy approach, (c) being a terminated therapy process (in order to not to influence the therapy relationship as researcher so to get as much as naturally occurring data), (d) gender symmetry as female-female composition, and (e) the criteria that therapists indicate that the client has *sadistic and sadomasochistic*, or *masochistic* personality traits, consistently with theoretical assumptions of the study.

The procedure firstly included recruiting therapist and client dyads. The therapists in the clinical unit were announced that the study would include the exploration of therapeutic relationship. With those who volunteer, a short meeting was held, a

written informed consent was provided, and general information about the therapist (e.g., education, years of experience, psychotherapy approach) was taken. All therapists were practicing in the clinic and carrying on masters or PhD education in the psychology department. Therapists were asked to make an assessment of the possible clients using Psychodynamic Diagnostic Prototypes (PDP) and provided further detail about the distinctive features of the psychotherapy process with the specific client, and client information.

Appendix B shows the entire tool employed in information gathering and rating procedure, including PDP descriptions for sadistic and sadomasochistic, and masochistic personality patterns. The diagnostic labels for these personality patterns were not provided in the original form in order not to make the purpose of the study explicit at the stage of recruitment.

After the therapist ratings and determination of dyads, the researcher checked up whether clients had provided a written consent including research purposes as part of regular admission process of the clinic (For a sample consent, see Appendix D). Lastly, the audio recordings of the sessions held by the dyad were obtained. When the data collection process was completed therapists were provided an oral debriefing explaining the aim of the study in more detail. Table 1 summarizes the demographic information of the participants on dyad basis.

Table 2.1 *Demographic Characteristics of the Sample*

Dyad no	**Therapist**		**Client**		
	Age	*Education*	*Age*	*Education*	*Occupation*
1	26	MS degree	24	High school	University student
2	26	BS degree	22	High school	University student
3	26	MS degree	23	High school	University student
4	27	MS degree	25	High school	University student

The data was kept, analyzed and reported in confidentiality without matching the names or any other identifying information of the participants. When the presented

extracts included any identifying information such as names of people or places, they were anonymized in accord with guidelines of ten Have (2007).

2.2.1 Psychodynamic Diagnostic Prototypes

PDP is based on the personality dimension (Axis P) of PDM (PDM Task Force, 2006). It includes the jargon free descriptions of schizoid, paranoid, psychopathic (passive parasitic and aggressive subtypes), narcissistic (arrogant/entitled and depressive/depleted subtypes), sadistic and sadomasochistic (with an intermediate manifestation, sadomasochistic), masochistic (moral and relational subtypes), depressive (introjective and anaclitic subtypes, with the converse manifestation of hypomanic personality pattern), somatizing, dependent (with a passive-aggressive subtype and with the converse manifestation of a counter-dependent pattern), phobic (converse manifestation: counter phobic), anxious, obsessive-compulsive (obsessive and compulsive subtypes), hysterical (inhibited and demonstrative subtypes), and dissociative personality patterns. It was used by Gazzillo and his colleagues (2015) for research purposes. For the current study the diagnostic descriptions for sadistic and sadomasochistic, and masochistic personality patterns were translated into Turkish and back translation was performed by the researcher and two PhD level clinical psychologists with extensive knowledge about psychodynamic theory.

Three on a 5-point Likert scale (1: no match - 5: very good match) indicates clinically significant traits of the prototype assessed, and a score of 4 or 5 implying a categorical diagnosis of the disorder. PDP shows good face validity; the average interrater reliability when categorically implemented (disorder/no disorder) is kappa= .61, ranging from .45 to .75. The average intraclass correlation coefficient of the PDP dimensionally assessed is .74, ranging from .63 to .85. The PDP also showed good convergent and discriminant validity with analogous DSM disorders, at .62 and.05, respectively, and acceptable convergent validity with measures of antisocial behavior, health problems, and quality of close relationships (Gazzillo, Lingiardi, Del Corno, 2012).

2.3 Handling the Data and Analysis

Data of this study included (1) information therapists provided in general information form about their occupational experience, psychotherapy characteristics, their evaluations based on PDP, (2) researcher's personal encounter with and observations about the therapists while the dyads were being recruited, and (3) audio-taped recordings of the sessions dyads carried over. The CA approach was implicated to the session recordings and other information was consulted while discussing the results of the CA.

The whole corpus was composed of audio-taped recordings of sessions (6 sessions for each dyad; from the beginning, working and end stages of the psychotherapy process) of participants, meaning that 24 sessions were included in total, which was consistent with Creswell (2015) and Rapley (2012)'s suggestion that for ethnomethodological studies at least 20-30 interactions are needed to be observed. Two consecutive sessions in each stage were included. Content of the data was transcribed and analyzed using conversation analysis method. The transcription included talking, timing, and sequencing characteristics based on Jefferson's notation system revisited by ten Have (2007) as can be examined in Appendix C.

The data exploration and elaboration followed general strategies outlined by ten Have (2007) who revisited Heritage's guidelines for applied CA. The personal and theoretical assumptions were bracketed in order to establish an unmotivated looking as much as possible while conducting the analysis. Besides, feedback from Hacettepe University Micro-Analysis Network group, who extensively studies on social interaction issues including CA approach on the transcription and initial stages of analysis were received. Two data sessions were held with a group of graduate level clinical psychologists who had interest and experience in qualitative research in METU psychology department. Interactional aspects as turn taking organization, sequence organization, repair organization, and organization of turn-design were inspected. Next, institutional frames as lexical choice and epistemological and other forms of asymmetry were examined.

Turn taking organization basically refers to how turn taking right is distributed among the speakers (Schegloff, 2007). It was analyzed by identifying turn construction units, transition relevance places, intended action or action potential of the selected turn (e.g., requesting, asking, telling, and complaining). Next, how the turn is taken was analyzed by determining both the selection procedure operated by the speakers (e.g., self-select, other-select) and speech characteristics (e.g., overlap, no one taking the turn, repetitions, increase in volume of speech). Thus, who initiated some specific actions, how she did it, and what interactional action was performed in each turn could be inspected.

According to Schegloff (2007), turns are building blocks of adjacency pairs (e.g., summon-answer) which in turn constitute sequences so that an orderly continuity of the interaction is maintained. Ten Have (2007) proposes that in the second step, how the sequences are organized should be examined. Hence, pre-, insert-, and post-expansions in the ongoing talk were analyzed. This gave information about who initiated the sequences in general and how she did it when the multiple turns were the case. For instance, questions like how one prepared the talk when she was going to express disagreement or whether there were common responses in sequence closing was tried to be answered. Consequently, some characteristic patterns of interaction (e.g., other-directedness) could be determined and overall sequence structure of the sessions was inspected as ten Have (2007) points out.

How participants ensure the continuity of interaction is also related to how they manage the troubles like misunderstandings encountered in the talk (ten Have, 2007). This aspect of the talk was examined by identifying repair mechanisms. Are there some specific actions or content repaired commonly, whose action was repaired, whether the repairment was performed by the same person or the other speaker, in which turn the repairment was utilized were the main patterns inspected.

The organization of turn design is conceptualized based on the idea that all actions performed by the speakers are not equally valued, that is some actions are preferred and increases the alignment and some others are dispreferred and causes a misalignment between the agents of the talk (ten Have, 2007). Sert and his

colleagues (2015) emphasize that the terms preferred and dispreferred do not refer to positive or negative actions in nature, but whether the participants prefer it or not. Preferences might be based in sequence structure. For example, acceptance to a request is generally the preferred action. Some of them are also grounded in the design of the turn such as prosody, lexical choice or grammatically suitable responses (ten Have, 2007). For the current analysis, strategies used while the participants are expressing preferred or dispreferred responses were also noteworthy (e.g., mitigation, inter-turn gap, derailing).

Lexical choice and epistemological and other forms of asymmetry were proposed by Heritage (1998) and commented on as manifestation of the different roles (e.g., doctor-patient, teacher-pupil, and therapist-client) defined by the context of institution. In terms of lexical choice, whether there was some specific vocabulary like descriptive terms or organizational references like "we" utilized while some specific actions were being performed by the dyad was examined. The issue of asymmetry as ten Have (2007) summarizes included inspection of how the institutional "know how" was expressed and elaborated, how the interaction was influenced by the asymmetry of right to access knowledge, or who was positioned as possessing the knowledge.

Following these guidelines, some general observations, characteristics or rules were formulated at the end. The elaboration, allocating meaning to examination of data, was composed of single case analysis repeated with adding new cases. Deviant cases and comparisons between cases were also part of the analysis. Finally, a coherent summary formulation covering general characteristics of exchange, the variation among cases, and deviant cases was proposed.

Memo writing and keeping a reflexive journal in the analysis process served as important sources for data elaboration. Unbracketing the theoretical and epistemological assumptions was the case while commenting on what the overall patterns characterizing the interaction of dyads might infer.

CHAPTER 3

ANALYSIS

This chapter is devoted to the descriptive information about the psychotherapy processes of the dyads, firstly. Secondly, some sub- and superior categories of actions (e.g., agenda setting, information gathering) engaged in by the dyads according to the turn taking analysis will be summarized as the overall CA revealed that it was meaningful that some specific actions of the dyads were tended to be performed in a different fashion at the beginning of the process than at the end, for instance. Next, main categories of dyads' interaction according to conversation analysis (CA) are going to be explained in detail with extracts from the transcriptions of sessions. These categories include *collaboration*, *uncollaboration*, and *ambiguity of collaboration* in general and it can be observed in this chapter that organization of these ways of interaction varies in the process and between dyads.

3.1 Information about Dyads and Psychotherapy Processes

Psychotherapy dyads and the therapeutic process of each had some specific characteristics. Starting with therapist characteristics and experience, first two therapists reported that they adopted cognitive-behavioral and relational psychotherapy approaches. First therapist described her practice in general as focusing on the relationship between the emotions, thoughts, and behaviors with an emphasis on frequent ways of thinking. She stated that these ways of thinking were formulated to develop and be maintained as a part of the individual's patterns of relating with others. Second therapist told that her practice included assessment of and facilitating the awareness about family and social relations, boundary issues,

communication styles, and emotion expression specifically. She suggested that she also found it crucial to facilitate the development of a healthy adult mode as the schema therapy approach names. Yet, she did not identify her theoretical approach as schema therapy. Third therapist referred her practice as eclectic therapy. She stated that in addition to common relationship dynamics and emotional reactions of the client in different relationships and at different developmental stages of his or her life, she inspected T-C dynamic. She also reported that she utilized cognitive-behavioral techniques like Socratic questioning. Lastly, forth therapist named her practice as schema therapy. Her description included understanding schemas which developed in early stages of the individual's life, the link between these schemas and current difficulties, and the coping mechanisms individual used frequently. Their experience in terms of hours of psychotherapy and supervision at different levels of therapists' education and in total can be observed in Table 3.1. All therapists expressed that they found the supervision beneficial. For the first, second and third therapists the analyzed processes were part of their MS education, while the forth therapist and her client carried out the process during the therapist's PhD level experience.

Table 3.1 *Therapist Experience in Terms of Hours of Psychotherapy and Supervision*

	Therapist 1	**Therapist 2**	**Therapist 3**	**Therapist 4**
Hours of psychotherapy				
MS	66	27	70	84
PhD	24	-	30	134
Other	-	6	-	-
Total	**90**	**33**	**100**	**218**
Hours of supervision				
MS	80	26	30	56
PhD	26	-	18	84
Other	-	12	-	-
Total	**106**	**38**	**48**	**140**

Moving to the characteristics of the psychotherapy processes specific to dyads, table 3.2 demonstrates the main characteristics of the dyads. The client problems focused were based on the therapist reports. For the first client, anxiety about the academic performance accompanied by a generalized stress in other areas of daily life in less severity was reported. Eight sessions were carried out by the first dyad on a weekly basis and the process ended as a result of clients' not attending to the sessions with no prior notice. The therapist implied that the termination was due to client's drop-out of the therapy. The analyzed recordings for this study belonged to 1st, 2nd, 4th, 5th, 7th, and 8th sessions.

The second client had problems of excessive anger in relationships and difficulties of concentration and planning in daily tasks. The first and second therapists also reported that they applied cognitive behavioral therapy rather than relational approach for their clients' problems as their supervisors adopted this approach. Second process also lasted eight sessions and the 1st, 2nd, 4th, 5th, 7th, and 8th sessions were analyzed. Therapist conveyed that although the frequency of sessions were once a week, there were four-week discontinuance between seventh and eighth sessions. In the last session, the client told that she had thought about terminating the process for the last few weeks as she realized that the problems cannot be solved and she would leave the country for a few months in the next academic semester in terms of an exchange program.

According to the third therapist, her client was unable to get over the separation from her boyfriend and had difficulties especially in romantic relationships. Third process consisted of twenty sessions held once a week and 1st, 2nd, 9th, 10th, 19th, and 20th sessions were selected for the analysis. Termination was demanded by the therapist as she was about to graduate from MS program and continue with PhD education. She expressed that she wanted to end the process because she wanted to reduce the number of psychotherapy hours thinking that her PhD education would require much more academic responsibilities at that time. At the time of recruitment to the current study, she added that later on she realized that this decision was also related to the negative feelings she had towards the client.

The forth client had feelings of sadness and emptiness at the time of psychotherapy application. The last dyad conducted twenty five sessions on a weekly basis and therapist reported that the process had been terminated as planned due to the fact that the client was supposed to graduate and planned to move to another city. The analyzed recordings were that of 1st, 2nd, 13th, 14th, 24th and 25th sessions of the dyads psychotherapy process.

Table 3.2 *General Characteristics of Psychotherapy Processes of Four Dyads*

	Dyad 1	**Dyad 2**	**Dyad 3**	**Dyad 4**
Complaint	Performance anxiety	Anger, difficulty in concentration and planning	Relationship difficulties	Sadness, emptiness
Theoretical approach	Cognitive behavioral therapy	Cognitive behavioral therapy	Eclectic psychotherapy	Schema therapy
Number of sessions	8	8	20	25
Frequency of sessions	Once/week	Once/week	Once/week	Once/week
Reason of termination	Client's drop-out	Client's drop-out	Therapist's wish	Client's graduation and moving

Lastly, how each therapist evaluated her client in terms of descriptions of sadistic, sadomasochistic, and masochistic personality styles deserve attention. Table 3.3 shows the evaluation of each therapist and therapist's label refers to her answer to which terminology best explains the provided description and rating corresponds to which rating she would assign to her assessment of her client's in terms of this label. As the table depicts, the first client was evaluated as having the masochistic traits mostly (3 over 5), the second client was reported to have sadomasochistic (4 over 5) and masochistic (4 over 5) characteristics, the third therapist indicated that her client had sadistic traits (3 over 5), and for the forth client the therapist rated masochistic characteristics most (4 over 5) but also sadomasochistic criteria were met (3 over 5). While some therapists were totally accurate in identifying the

diagnostic labels of the descriptions based on PDP, naming the descriptions asnarcissistic and antisocial for sadistic personality, and borderline for sadomasochistic personality were found to be reasonable consistently with the literature and PDM. Alternatively, second therapist did not provide diagnostic labels but evaluated the main mechanisms she thought to be related with the descriptions. Her evaluation of worthlessness and punitiveness were also consistent with some facets of sadomasochism and masochism.

Table 3.3 *PDP Ratings of Therapists for Their Clients*

Dyad no	***PDP Definition***					
	Sadistic personality		**Sadomasochistic personality**		**Masochistic personality**	
	Therapist's label	*Rating (over 5)*	*Therapist's label*	*Rating (over 5)*	*Therapist's label*	*Rating (over 5)*
1	Antisocial personality	1	Borderline personality	1	Masochistic personality	3
2	Detachment from emotions	2	Feelings of worthless-ness	4	Worthless-ness and Punitiveness	4
3	Antisocial and Narcissistic personality	3	Borderline personality	2	Masochistic personality	1
4	Sadistic personality	2	Sadomaso-chistic personality	3	Masochistic personality	4

3.2 Results of Conversation Analysis

3.2.1 Categories of Actions Performed in Sessions

Although the main purpose of this study is to identify patterns and categories of how the dyads interacted, what action is performed in each turn or sequence is categorized as part of turn taking analysis and gives an idea about what the dyads do in the sessions. Figure 3.1 shows the categories of interactional actions of the dyads.As it is indicated in the parentheses for each sub-category of actions, some

actions are performed by all dyads while some others are specific to one or some of the dyads.

Information gathering/sharing about the client mostly includes therapists' asking or clients' telling about many aspects of their lives, relationships, current difficulties as well as their relationship with the therapy and the therapist.

Causal linkage refersto dyads' mutual investigation of why clients had current symptoms and difficulties, links between different psychological processes like their emotions, thoughts, how they relate to others in general including today and the past, and the relation of various specific reactions with the formulation generated in the psychotherapy process.

Therapy arrangements involved kind of actions that are aimed to organize the process such as negotiating on the circumstances specific to therapy (e.g., supervision, audio-recording), planning physical constituents, and ensuring the coherence and continuity of the sessions.

The last category is named as *therapist information* and emerges as distinctive mainly from therapy arrangements. That is, therapists generally give information about who they are and what is their profession while introducing themselves or mention their time schedule in terms of next sessionplanning. Yet, there are some occasions that clients ask or therapists mention about their personal life, which includes information like where therapist's family lives or whether she attended to a social activity. Information about the supervision context and therapist's other clients are also matter of subject. These actions also do not have a function of providing a point of view or causal linkage but serve to other conversational objectives which will be exemplified and discussed later in more detail.

In addition to variation among dyads in terms of engaging in some specific categories of actions as the Figure 3.1 indicates, the summarized actions are performed in different stages of the therapy process in different ways so elaborated to have different functions. Hence, it is crucial to move on with the overall analysis

- **Information gathering/sharing about the client**
  - Demographical information
  - History of previous psychological help
  - Symptoms/complaints
  - Family members
  - Education/internship
  - Friendship
  - Romantic relationship
  - Significant life events
  - Daily life
  - Others' view about the client
  - Emotions
  - Thoughts (of incompetence, mistrust, isolation)
  - Attitudes/emotions/thoughts about psychotherapy
- **Causal linkage**
  - Cause(s) of symptoms/complaints
  - Link between emotions/thoughts/behaviors and interpersonal relationships
  - Link between thoughts and emotions
  - Link between current thoughts/emotions and general formulation
- **Providing a point of view**
  - Alternative course of action
  - Alternative ways of thinking
  - Common emotions/thoughts/behaviors in different situations
  - Reframing
- **Providing a point of view*(continued)***
  - Evaluation about others' feelings and thoughts
  - Asking for empathy towards others
  - Psychoeducation
  - Possible thoughts/emotions not reported by the client
  - Evaluating the effectiveness of psychotherapy
- **Therapy arrangements**
  - Seating arrangement
  - Agenda setting
  - Length and frequency of sessions
  - Confidentiality
  - Supervision
  - Audio recording
  - Time and place of the following session
  - Continuity of psychotherapy/dyad
  - Agenda of the following session
  - Summary of the session
  - Summary of the previous session
  - Signing therapy contract
  - Payment of fee
- **Therapist information**
  - Personal information about the therapist
  - Information about the relationship between supervisor and the therapist
  - Therapist's other clients

Figure 3. 1 *Overall Categories of What the Dyads Did in Sessions*

and answer to the question of how the dyads engage in mentioned interactional actions with a deeper look into relational dynamics.

3.2.2 Categories of Pattern of Interaction

As a result of an extensive analysis of the corpus using strategies addressed in thesecond chapter, three categories of pattern of interaction are identified. First, dyads interacted in *collaboration* and this collaboration is displayed via engaging into tasks required by the psychotherapy context, facilitating means to carry out psychotherapy tasks, and seeking for proximity. Second, *uncollaboration* between two parties are categorized and observed to be displayed via topic change, disagreement/challenge, irresponsiveness to the other party's interactional actions, and expression of negative emotions. Third, in some interactions, the dyads are interactionally in collaboration but the content of their utterances indicate the opposite.The other way around is also the case. The dyads are in collaboration when the content (mostly the words they used) of their conversation is analyzed but the interactional tools they utilized point out an uncollaborated exchange. Hence, this third pattern of interaction is named as *ambiguity of collaboration*.

3.2.2.1 Collaboration

Collaboration, as the name implies, refers to the cooperation while the dyads carry out interactional actions in the most general terms. It is displayed and maintained via (1) engaging into tasks required by the psychotherapy context, (2) facilitating means to carry out psychotherapy tasks, and (3) seeking for proximity as stated above. How these interactions are determined to reveal the collaboration between the dyads is based on the conversational details of their exchange.

Starting with engagement into psychotherapy tasks, Extract 1 is selected from the beginning stage of the therapy process of Dyad 4. In this sequence, there are two main actions performed. Dyad basically talks about information on client's complaints in the first part of the extract (Extract 1a) and possible causes of her complaints in the second part (Extract 1b).

Extract 1a *Dyad 4, session 1(T: therapist, C: client)*

1	T:	evet .hh ↑sizi buraya getiren ne oldu? *Yes, what brought you here?*
2	C:	ı: (0.6) biraz kendine (.) güvensizlik var <biraz değil baya var (0.6) bir *Iı,there is a little lack of self-confidence. Not a little, there is more*
3		şeyleri başaramamak (0.6) çok fazla başarısızlığımın olduğunu *Inability to succeed, I have too many failures,*
4		düşünüyorum ◦orada vardı zaten öyle bir şey◦ *I think, there was already something like that.*
5	T:	◦hı hı gördüm onu◦= *Hı hı, I saw it.*
6	C:	=I:: (1) .h öfke: problemim var çok (.) çabuk (.) parlıyorum *Iıı,I have anger issues, I can easily get angry*
7		sinirleniyorum (0.6) ama çok çabuk sönüyor *But it goes out very quickly*
8	T:	◦hı hı◦ *Hı hı*
9	C:	ı:: (0.2) <Bİ de:: (.) işte (.) insanlara güvenememe var ◦biraz da◦ *Iıı,and there is something else, I don't trust people*
10		(5)

Extract starts with therapist's question about the reason of application to therapy and the client takes the turn with a brief hesitation mark ("ı::"). The hesitation mark here can be considered to function as holding the turn while thinking on the answer, because; client immediately provides the answer in response to therapist's first pair part and tells that she had difficulties in self-esteem and competency. Her answer to therapist's question is a preferred one and includes self initiated self repair to clarify her point ("Not a little, there is more"/"biraz değil baya var"). At the end of her answer, she produces an insert-expansion, most probably referring to a file or form she filled out, in line 4 ("there was already something like that"/ "◦orada vardı zaten öyle bir şey◦") in order to make sure that therapist acknowledged the information she provided. Therapist, in turn, articulates that she is aware of this information.

One function of expansions as Schegloff (2007) suggests are facilitating the clarity of surrounding main action. After therapist provides a preferred answer to client's insert-expansion, client ends the interactional action with two post-expansions starting in line 6 and 9 including additional information about her complaints related to anger and trust. These expansions are accompanied by therapist's utilization of acknowledgment token ("hıhı") functioning as expression of her understanding. Schegloff (2007) also classifies this kind of tokens as "go ahead" responses implying that the current action is preferred to be maintained, in terms of preference organization. After client adds two more problem areas, nobody takes the turn for 5 seconds meaning that the sequence (lines 1-31) has achieved the intended goal for the dyad.

Extract 1b *Dyad 4, session 1(T: therapist, C: client)*

11	T:	peki: ne zaman hani: bu problemlerin farkına varmaya başladı↑nız *So, When did you notice those problems*
12	C:	I:: .hh (1.8) YA kendine güvensizlik şeyle başladı (.) bu (.) sınav (.) hani *Iıı, lack of self confidence starts with an exam that is..*
13		(0.8) .h >nasıl desem<0(.8) ı: Lise: (.) sonda (.) hani (0.2) ↑Normalde *How can I say, ıı last year of my high school, normally*
14		ben hani (.) kendime güvenli bir insandım, sonra böyle bir şeyler oldu *I was sure of myself but later it changed*
15		de:ğiştim .hh mesela sınavda çok (0.2) >bi ya ist yani ottü de< iyi bir *I want to study in a better place such as İstanbul or Metu*
16		yer de hani (.) daha iyi bir bölüm (.) istiyordum (.) başka (.) hedeflerim *I wanted to study in a better department, I had other goals*
17		vardı, o olmadı, (0.8) onunla bera:ber (.) işte zaten sınav (BİIraz) öncesi *But it didn't, and with these kind of issues, like exam, before the exam*
18		stres başladı işte sınava girmeden önce (0.8) ı::uyuyamama: (0.2) *Stress started like ıı not sleeping, I mean before I entered the exam*
19		sorunları (0.4) o şekilde kendine güvensizlik ilk orada yan (.) çok *This was the first time that (I felt) the problems*

20 hissettim
I felt

21 (2)

22 T: Peki: (0.2) daha önceleri hani:: (0.4) böyle:: olduğunuz zamanlar
So, Was there any time you felt like this?

23 olmuş? muydu (0.4) Bu: sınav öncesinden
Was it?Before the exam

24 C: sınav öncesi Ya genel olarak (.) hani (.) KENdini seven kendiyle barışık
Before the exam, I mean I wasn't a person who loves myself

25 bir insan değilim zaten hani hiçbir zaman öyle bir insan olma↑dım (0.2)
I have never been such a person

26 ama hani daha öncesinden bu kadar yoğun hissettiğim (.) bir zama:n
But I haven't felt it before so deeply

27 olmamıştı
(*Haven't)*

28 T: yani sınavın bir tetikleyici olduğunu
In a sense we can think that exam is the trigger of the problem

29 (1.1)

30 C: eve[t (0.8) ay]nen
Absolutely, yes

31 T: [◦düşünebiliriz◦]
we can think

32 (5)

33 peki (0.2) ıı başkabu konularla ilişkili olabileceğinizi düşündüğünüz (.)
So, Are there any events or situations you think are related

34 olaylar falan ↑var mı durumlar,
with these issues?

35 (0.6)

36 C: .hh ı:::
Iıı

37 T: KİŞİle:r,
People

38 C: .hh<Ya zaten çocukluğumdan beri tırnak yeme problemim var (.) bunu
I already have a nail-eating problem since my childhood

39 hiç atamadım (0.4) ıı (2.4) ◦ay çok(.) şey oldum nasıl(.) de↑sem◦<Ya
I couldn't stop it. Oh I feel, how can I say

40 babamdandolayı olabileceğini düşünüyorum biraz (.)
I think, it is because of my father

41 T: ◦hı hı◦
Hı hı

42 C: Babamla ilgili sorunlar olabilceğini düşünüyo↑rum (2) <ama yani
I think, there might be problems related with my father

43 inanın nedenini b(h)en de bil(h)miyorum n(h)iye böyle yani (0.4) <e
Believe me, I don't know the reason, I mean why is it like that

44 küçüklüğümden beri (.) babambelki (.) onu çok düşündüm şundan
From my childhood, the reason may be my father. I think about it

45 dolayı ola- babam (.)sen çok şanssız bir insansın<annem babam ayrı
My father always says that I am unlucky, my parents divorced

46 hani(.) babam sürekli: bö- böyle bir üstüme gelirdi sen çok şanssızsın
I mean, my dad always pressured that kind of things like you're unlucky

47 biz ayrıldık, işte bak (.) işte kuzenlerin daha mutlu büyüdü ta:rzı (0.8)
We divorced, your cousins grew up happier than you

48 şeyler (dedi) (2) ◦bilmiyorum şu an on (0.2) lar başkadır◦ (.) öyle .h
I don't know may be they are different now. Just like that

49 T: hı hı<peki siz ne düşünüyosu↑nuz=
Hı hı, so what do you think about it?

50 C: =bence iyi: ki ayrılmışlar ya(h) be(h)n ba(h)bam babamla çok iyi
I think, it is a good thing. My dad and I don't get on well with

51 anlaşamıyoruz (0.6) bazen böy bana çok gü↓veniyor, (.) bazen böyle
We can't. Sometimes, he really trusts me,but

52 mesela bir başarısızlığımı gördüğü anda başka bir yagüvenmiyor geri
Sometimes he never trusts me,especially when he sees my failure

53 çekiyor güvencesini (.)falan. Hiç (.)tam olarak arkamda durduğunu
I have never felt like he really backed me up

54 hiçbir zaman hissetmedim.hh Hani belki sürekli (.) insanlara karşı
I never felt it, maybe the reason why I always feel

55 tedirgin olmamın nedeni o olabilir. he herşeyi babama bağladım sanırım
restless towards people is him.I guess I related everything to my dad

56 ↑a↓ma, bilmiyorum (.)◦o da olabilir:.◦.hh
But I don't know, itmight be

57 T: Bu ıı kendine güvensizlik, başarısızlık düşünce↑si (.) daha çok
you mean that problems like fear of failure and lack of self-confidence

58 babanızla ilişkilendirdiniz hani (0.8)[ola:]=
might berelated to your father

59 C: [Evet]
Yes

60 T: =bilir diyorsunuz?
You say

61 C: belki(.) çok(.) biraz(.) kendime göre başarısız olduğum için de böyle
Maybe , It is also because of me, I feel that I'm unsuccessful

62 hissediyorum, (0.8) a↑ma:: (.8) biraz babamdan dolayı olduğunu
I feel, but it is also because of my father

63 düşünüyorum
I think that

64 T: ◦tamam◦
Okay

Ongoing sequence starts with therapist's taking the turn via self-selection and asking another question related to client's problems. Although questions in line 11 and 22 are about the timing of the problems, therapist's summary of the information beginning in line 28 suggests that these questions were intended to find out about the causes of the problems. Consistently, client mainly talks about the examination

she took at the end of high school in the first place as source of difficulties. Therapist, in turn, moves on with questions explicitly asking client's perspective on the factors related to her problems in lines 33 and 49. In terms of lexical choice, therapist recurrently (in line 11, 22, 33, and 49) uses "peki" while taking the turn to ask a question. It can be translated into English in various ways but in this context the closest meaning is "so" referring to inquiry for inferences and causal connections as Bolden (2009) reveals. This supports the idea that all of the questions in this sequence were aimed to find a causal linkage between client problems and some factors. Bolden (2009) further states that "this marker is a resource for establishing discourse coherence and, more fundamentally, accomplishing understanding" (p. 974). Therapist in her first question of this sequence also makes a self initiated self repair ("Before the exam"/ "Bu: sınav öncesinden") increasing the chances to get the preferred answer.

Therapist's presentation of her inference beginning in line 28 can also thought to be an initiative to facilitate the collaboration. Therapist leaves her sentence unfinished with an emphasis on "is" ("olduğunu") and after a brief silence client responds with two approving utterances. The place of the pause and emphasis on a positively valenced verb can be conceptualized to be meaningful. Therapist engages in a double barreled action, which is she both makes an inference and checks whether client agrees by creating a transition relevance point. Schegloff (2007) identifies this kind of strategies as "positioning" and states that some turn transition relevance points can be utilized to shape the preference organization. He discloses that speakers may use conversational tools like inter-turn gap or delay and anticipatory accounts and tries to have an idea about the response of the other speaker. If, for example, the other speaker gives a clue about disagreement then the unfinished turn can be reformulated in order to increase the chance of agreement. In this case, client provides an agreement so the therapist finishes her turn in line 31. The overlapping preferred response of client can also be observed in line 59 in response to another inference of therapist. This pattern is also consistent with Ten Have (2007)'s explanation of preferred responses, that is they are mostly produced without pre-expansions and with little or no delay. The immediacy and even overlapping of

preferred responses also makes it clear that the dyad works together to facilitate the mutual understanding. Parallel to these actions, therapist's question in line 33 is accompanied by a post-expansion in line 37 while the client is thinking on the answer reflected by her hesitation and loud inhalation of breath. That is, she assists and provides clues about the contingent responses (i.e., events, circumstances, and people) with a raise of voice while articulating "people". In line with therapist's emphasis on people, client talks about her "father" and associates her problems with him. Therapist, in turn, produces an acknowledgment and "go ahead" response in the first subsequent transition relevance point and client further explains her idea. The lexical choice of therapist and client are also parallel in lines 56 and 58 ("might be"/ "olabilir"), therapist repeating the exact words of client and the overall sequence is also terminated by therapists acknowledgment token ("okay"/ "tamam").

After therapist's inference in lines 28 and 31 and client's approval in line 30, nobody takes the turn. In the extract, this pattern is observed more than once. Questions on the timing of the problems in line 11, 22 and 33 follow 5 and 2 seconds of silence. This transition relevance points might be expected to be suitable for client's taking the next turn as the principle of nextness in CA implies (Sidnell & Stivers, 2013). However, therapist's taking turn and posing questions can be thought to reflect the role asymmetry between the dyad. In other words, the therapist is in an interrogative role and the client is the one who answers rather than directing the trajectory of the talk, in general. In fact, the question-answer design can be observed in most of the conversation and it is the therapist who initiates the questions or new turns while client remains less active in turn taking organization. The asymmetry can also be inferred from the fact that therapist design her questions in a fashion that is less direct in lines 11 and 22 as if they are referring to time, but progressively becomes explicit in lines 33 and 49. Thus, therapist seems to have an institutional task in mind at the beginning of the second sequence, which is to investigate the cause of complaints yet the client becomes aware of this interactional project later on.

The interaction in Extract 1b is further conceptualized to reflect another dimension of the intersubjectivity between the dyad. CA also includes the investigation of answer to "Why this is happening now?" When the organization of turn taking organization and client's narration on the link between her problems and relationship with her father is examined together, an emotional collaboration can be elaborated on lasting from line 38 to the end of the extract. In response to therapist's question on the reasons of client's problems, client's narration starts with stating another problem experienced in the past so the second pair part to the question is delayed with a pre-explanation rather than a direct answer. Client's "Oh I feel, how can I say" ("◦ay çok(.) şey oldum nasıl(.) de↑sem◦") response is also outstanding and seems to be an indicator of emotional discomfort. After she receives a "go ahead" response she continues with her relationship with her father and 2 second-long pause can be noticed after the first turn construction unit ("I think, there might be problems with my father"/"Babamla ilgili sorunlar olabilceğini düşünüyo↑rum") and continuing speak includes laughter, lexical choice of "i don't know"("bilmiyorum"), and interruption of words with incomplete utterances ("ola-", "bö-"), pauses, lowering voice, and termination marks ("just like that"/ "öyle") as other signs of discomfort. Client at these moments seems to be struggling with the content of her speech and try to ease the discomfort. Just then, therapist initiates a turn and asks about client's thoughts. An alternative action might be asking about her emotions, but via opting for this question client is directed into "her thoughts" rather than "father's thoughts" and possible emotions father's thoughts elicit. Client's answer to this question also includes the abovementioned conversational elements and more explicitly includes the lexical choice of "restless"/"tedirgin" with an emphasis while labeling her emotions. Lastly, client comments on her narrative and states that she linked everything, by emphasizing "everything"/"herşeyi", with her father. Again, at this very moment therapist makes a summary and inference. The idea that client is anxious about linking her problems with her father can also be supported by her need to voice that her own thinking style might also have relevance with the problems of self-esteem and competence in lines 61 and 62. Therapist's timing of presentation of inference and terminating the sequence with a minimal post-expansion ("okay"/"tamam"), rather than additional

questions or non-minimal post-expansions, seems to serve for easing the emotional difficulty of client. Thus, it can be concluded that client gives signals of negative emotions about the material she mentions conversationally, without directly expressing them and tries to manage them in the interaction and therapist shapes her turn taking and sequence organization consistently.

In addition to information gathering in different fields of client's life and relationships, and investigating causal links of her symptoms, emotions, thoughts, and interpersonal relationships; CA revealed that dyad interacted collaboratively while therapists provided a point of view in terms of engaging into tasks required by the psychotherapy context.

Second way of maintaining a collaborative interaction was through facilitating means to carry out psychotherapy tasks. Below, an extract from the last sequence of first session conducted by Dyad 2 is presented. The therapist announces that it is the end of the session and actions of providing the summary of current session, and arranging time, place, and agenda of next session are performed.

Extract 2 *Dyad 2, session 1 (T: therapist, C: client)*

1	T:	hım:: (1.0) ◦o zaman şimdi◦ seansın sonuna yaklaşıyoruz bu (.) seanstan *Hımmm,then now, we are about to finish our session, after this sessio*n
2		sonra belki buraya: başka birisi de gelebileceği (0.6) *some other person may come here, so*
3	C:	hıhı= *Hı hı*
4	T:	=için bitirelim hatta *In fact,we should finish our session now*
5	C:	hı: hı *Hıı hı*
6	T:	ı::: (3.2) bu seansta daha ↑çok ı: sizin <u>şikayet</u>lerinizden <u>bahset</u>tik ı:: *Iıı, In this session, mostly, ıı we talked about your complaints ıı*
7		(2.1)>eğitim hayatınızdan da bahsettik bu arada<= *and also we talked about your educational life*

8 C: =hı hı
Hı hı

9 T: ◦biraz annenizden babanızdan da bahsettiniz◦ <ama biraz daha hani
And you talked a little bit your parents, but I also want to talk about

10 ailenizle olan iletişiminiz (0.3) ı: hem de normalde yaptığınız hobilerle
your communication with your family and ıı also about your hobbies

11 ilgili ı:: önümüzdeki seansta konuşmak istiyorum
Iıı,In our next sessionI want to talk

12 C: olur hh olur
okay okay

13 (1.5)

14 T: ı: o zaman sizin için de uygunsa önümüzdeki hafta bu saat size bu gün
Iı, If it is fine for you, next week this time

15 aynı saat aynı gün size uy↑gun o↓lu↓yo ↑mu
Same day, same time, is it okay?

16 C: dörtte ↑di ↑mi=
At four o'clock, right?

17 T: =hıhı [evet] ◦perşembe◦
Hı hı, yes, on thursday

18 C: [olur]
That is okay

19 T: >bi de< ((yutkunma)) bundan sonraki seanslar bizim beşeri bilimler
Also, ((gulping)) for next sessions,there is a human sciences

20 binası var, kütüphanenin [çapra(.)zında]=
building across the library

21 C: [hıhı biliyorum]
Hı hı I know

22 T: =bundan sonraki seansları orda yapacağız işleyişimiz gereği
We are going to do our next session there according to our procedures

23 (1.3)

24		ı: giriş katının? bi alt katın↓da o↓lu↓yo *Iı, downstairs of ground floor*
25	C:	hı hı (.) giriş katının alt katı *Hı hı, downstairs of ground floor.*
26	T:	hıhı evet, sizin için de uygun olur↑sa= *Hı hı yes, if it is okay for you*
27	C:	=uygun *Fine*
28		(1.3)
29		teşekkür ederi::m *Thank you*

Extract 2 starts with therapist's multiple usage of pre-expansions. Schegloff (2007) explains that pre-expansions, that are conversational tools utilized to prepare the receiver of the talk for subsequent interactional project, as part of sequence organization might themselves be anticipated by pre-pre expansions. The pre-pre expansions are also considered to be turn initials. In the current extract, with "hımmm" /"hım::" and "then now"/"◦o zaman şimdi◦" therapist signals that she is about to introduce a new action but does not engage in the action yet. After these preparation she makes two pre-mentions, stating that they come close to end of the session and some other person would use the room, by still not producing the intended action project which is the offer to terminate the session. These pre-pre expansions as Schegloff (2007) points out are generally followed by a "go ahead" response. In this case, client in line 3 provides this response and after this response therapist realizes the action project. "In fact"/"hatta" in her lexical choice also supports the idea that therapist's main project was to make this offer from the beginning. This pattern as it was interpreted in Extract 1 is another illustration of therapist's effort to ensure understanding and receiving preferred response to the offer, which is acceptance of her offer.

After client accepts therapist's offer in line 5, therapist summarizes the topics they talked about in the session, which is replied with client's acknowledgment token in

line 8. In lines 9 to 11, therapist engages in two actions in one turn. She continues her summary and then makes another offer including the agenda of next session. Thus, it can be inferred that therapist utilizes summary to facilitate not only the cohesion of the current session but also that of the next session, so that the continuity and mutual understanding of the dyad is maintained and the client agrees on again with repeatedly using "okay"/"olur". This continuity is also targeted and sustained while the dyad talks about the time and place of the next session in following turns. Therapist asks whether the arrangements match with client's circumstances twice (line 14-15) and repeats it in line 26. Client, in turn, responds with repetition of both therapist's and her own approving utterances ("downstairs of ground floor"/"giriş katının alt katı", "okay"/ "olur").

Issue of the role asymmetry comes to the forefront again in this interaction. When the whole extract is even briefly examined it can be observed that therapist is the one initiating new actions, self-selecting while taking the turns, and possessing the knowledge about operational procedures of the institution and client is the one who accepts therapist's interactional actions. In fact, therapist refers to these operational procedures in lines 2 and 22 while she introduces new turns that are aimed to terminate the session and arrange the place of next session. By doing so, she is thought to legitimize her actions and steer client's responses towards a preferred direction. This seems to secure that not only client responds in a collaborative way but also that the dyad come together in the next session. How therapist performs her institutional role vary through talk. Therapist makes use of both close-ended statements expressing her wish in lines 4 and 11, and less directive open-ended questions or statements inquiring client's wish in lines 15 and 26. By moving into less directive discourse, she seems to mitigate the asymmetry, not to be too directive, and to care for client's view as well. This idea takes the next aspect of collaboration category into the scene, which is conceptualized to be more closely associated with proximity in dyads interaction.

Before moving on with the next aspect of collaboration, it should be added that therapy arrangements not only included actions taking place at the end of the sessions, as it is depicted in Extract 2. Dyads, mostly initiated by therapists, also

made arrangements by summarizing the previous session and setting the agenda for the current session in the first sequences of sessions.

Third way of collaboration, as stated before, was via seeking for proximity between the therapist and dyad. This aspect is predominantly related to emotional dimension of collaboration as it was illustrated in Extract 1b. That is, the dyad is in harmony emotionally in addition to their being in collaboration conversationally. Also, institutional roles take a new look as they will be analyzed in Extract 3 and 4.Information about the client, therapist information and providing a point of view are three main actions in which dyads sought for proximity.

Extract 3 depicts the opening sequence of the second session, from the beginning stage of psychotherapy, Dyad 3 conducted. In general, dyad talks about information about the client and therapist.

Extract 3 *Dyad 3, session 2 (T: therapist, C: client)*

1	T:	ba:yramınız nasıl geç↑ti *How was your holiday?*
2	C:	hhh ah:: .h güzel geçti (.) anne:mler geldi (0.4)<ben bu sene eve çıktım *It was nice, my family came here, I moved to a flat this year*
3		da kardeşimle> kardeşim de ankara↓yı kazandı< .hhh *with my sibling. She entered university in Ankara*
4	T:	hı: hı *Hıı hı*
5	C:	ya:ni gitmedim tarsusa (.) dinlenebildim .hh çünkü sekiz saat falan *I didn't go to Tarsus, I rested because it nearly takes eight hours*
6		sü(h)rü(h)yo gidince↑ *to go there*
7		(0.3)
8	T:	H↑ı:: H*ıı*
9	C:	burda kalmak >da(h)ha iyi oldu zaten<(.) azdı süre

It was better to stay here, I had little time

10 T: evet ih hi hh
Yes, hi hi hi

11 (0.5)

12 C: <eve(h)t (0.7) çok güzel dinlendim (.) sizin nasıl geçti↑
Yes, I rested very much. How was yours?

13 (0.3)

14 T: iyi (.) ben de işte ailemin yanına gittim
It was nice. I went to my hometown to my family

15 (0.4)

16 C: sizne:rde oturuyosunuz?
Where do you live?

17 (0.5)

18 T: nevşehirde oturuyoruz biz ailem orda↑ (0.8) daha yakın (.) dört saat yani
My family lives in Nevşehir, it is closer, nearly four hours

19 biraz daha gidiş geliş (0.5) sıkıntı olmuyoda (0.8)
to go there. There is no problem.

20 C: .hh geçen görüşmeden<hayat hikayemi anlatmıştım
I talked about my life story in our last session

21 (1.1)

22 T: HAh evet (.) hatırladığım kadarıyla ı:: >yani temel olarak şeyde
Huh, Yes, as I remember, ıı I mean, basically we were in the thing

23 kalmıştık diye hatırlıyorum.....
as I remember

Sequence starts with question-answer pair initiated by therapist. Client's first turn construction unit ("It was nice"/ "güzel geçti") answers the question but then she

moves on with extra information, which can be regarded as post-expansion, in lines 2 and 3. She talks about her family. After, therapist responds with a "go ahead" mark in line 4 and client continues with narration of her holiday break including information about the city she spent her holiday and how long it takes to get there. In line 8, therapist expresses her feelings of surprise and interest as the increase in pitch of her voice implies ("Hııı"/ "H↑ı::"). It can also be observed that dyad uses laughter and preferred actions reciprocally in lines 6, 9, 10 and 12, which shows correspondence of their positive emotions.

In her turns located in lines 5, 6, 9 and 12, client enriches her previous post-expansion and the expansions she provides starts to gain new functions. Sidnell and Stivers (2013) propose that one action may serve for multiple actions; for instance, when someone pose a question he/she might be both "asking" and "making an offer" with one turn construction unit. As it was explained before, expansions are generally aimed to facilitate mutual understanding and clarity of the speech (Schegloff, 2007). However, in this exchange they also serve to progress the narrative by adding novel information and comments (line 9 and 12) that are no longer primarily aimed to answer the first pair part produced in the first line. As a result, it can be identified that the topic of the sequence starts to shift from "how" the client spent her holiday to "what" she did during holiday and some additional information about different aspects of her life. This shift, as the analysis shows, is initiated by the client and sustained by both parties. In other words, client can acquire the role of directing conversation and convert the role asymmetry. This conversion becomes more explicit in her asking about therapist's holiday in line 12. While client is in the role of "questioner", therapist acts in line with "answerer" position. Therapist's answer is designed in a similar way with client's turns in lines 14, 18, and 19. Starting with answer to client's question of "How was yours?"/ "sizin nasıl geçti↑" with no delay and adding that she was with her family, therapist gives a preferred response. Client further asks about place and therapist not only answers this question collaboratively, but also mentions the duration of headway and comments on it. Client, in the next turn, initiates a new action and reminds the previous session. This is also the beginning of another sequence. In the rest of the

data, the interactional project of “summary of previous session” is performed by therapists and this extract is the only exception where client makes a reference to the previous session in the opening phase of a new session. In turn, therapist makes an exclamation of “Huh”/ “HAh” indicating that she remembers and continue with referring to the previous session, collaborating with client and new sequence proceeds.

The conversion of roles adopted by the dyad can predominantly be observed to be result of client’s initiation. Yet, it should not be overlooked that therapist’s first question and increased emotional involvement also contributes. When this kind of exchanges are compared with the rest of the data, the interaction makes an impression that it might have belonged to a small talk of two friends. Client’s asking about therapist’s holiday and its meanings will also be discussed later.

Extract 4 is from the fifth session belonging to the working stage of Dyad 1. This extract illustrates actions of information gathering and providing a point of view about someone out of therapy relationship. Similar to Extract 3, conversational tools dyad utilize and specific actions they perform show that dyad construct and maintain emotional and mental proximity while doing so.

Extract 4 *Dyad 1, session 5 (T: therapist, C: client)*

1	C:	gitmeden (.) bi sormak istediğim bişey var *I have something to ask, before I leave*
2	T:	hı hı *Hı hı*
3		(.)
4	C:	<Bu e: haberi (.) son (.) ikigün (.) içinde öğrendim ya bun(.)<u>lave</u>: *I learned this umm news two or three days ago and I*
5		nası bi karşılık (.) vereceğimi bilemediğim için size sormak isteği (.) *don’t know how to react to this, that is why I wanted to ask you*
6		duydum (1.4) e:: (1.1) erkek arkadaşım bana (.) üçgün önce (.) yani (.) *Umm my boyfriend told me that, three days ago, I mean*

7		bö:le baya kötü bi durumda (0.6) >haniböle< (0.4) konuşuyoduk (0.6) *It is actually a bad situation, we were just talking*
8		em: küçükken tecavüze uğradığını söyledi (0.5) e: ↑ve (0.4) bunun bikaç *umm he told me that when he was young, he was raped and ee he told me, it was*
9		ke↓re olduğunu söyledi (.) bu yakın biri değilmiş (.) e:: (1.2) şey (.) bu *a few times, that wasn't a familiar person, ee well*
10		köyde biyerde bi sağlık ocağı tarzı biyer varmış orda bir adammış ya *There was a health care center in the village,that man was there*
11		hani (.) *You know*
12	T:	Hı hı *Hı hı*
13	C:	hani (1.8) ve baya raatsız olarak anlattı ve hani (0.6) bana herşeyini *So, he told me but he was very uncomfortable. He tells me everything*
14		anlatıyo >zaten ilk tanıştığımız günden beri herşeyini anlattı hatta bu *He has told me everything since the first day we met*
15		beni biraz raatsız< da etti .hhh işte geçmişte (.) biilişkisi olmuş dört yıl *But it also bothered me a little bit, he had a relationship for four years*
16		beraber olmuşlar (.)>böyle bişey var bi de bunu size sormak istiyorum *I also want to ask this*
17		((yutkunma)) dört yıl beraber olmuşlar (.) so::ra kız bunu heralde *((gulping)) they have been together four years, later the girl probably*
18		terketmiş ve (.) bu ona inanılmaz bir e: saplantı bu bi- (.) bilmiyorum *dumped him and I don't know, I guess, it was an extreme umm obsession*
19		sanırım şey varmış biteknik varmış (.) hafızasını↑mı sildiriyomuş *And I guess, there is a technic like deleting a mind*
20		↓yani o genel adı ↑da (.) böyle >bunu bi(h)liyormusunuz acaba *I mean a general name. I mean, I wonder do you know it?*
21		diyorum (.) araştırdım varmış böyle bişey ↑am↓a .hhh yani (.) *I searched it, there is actually something like that ,but I mean*

22 hipotalamısa elektrikler gönderip senin o geçmişte (.) ki hatta hatıraların
sending an electric to the hypothalamus, it helps to remember the memories

23 daha acısız bişekilde (0.6) yaşaman (0.3)yani ha daha e: hatırladığında
without feeling any pain. I mean umm If you remember anything

24 acı çekmeden (.) hatırlamanı sağlayanbir (.) yöntem ◦varmış (.) galiba◦
you don't feel any pain. I guess there is a technic like that.

25 T: .hh Yani ben bi: cerrahi bişey biliyorum hani bi <kısmını>aldırıp .hh
I know something like surgery. I mean, by taking a part of it

26 yada o kısma şuan ismi ismi aklıma gelmiyoda beyinde? .hhh e:: bi
or tothat part, I couldn't remember its name now but it umm

27 zarar ge- geldiğinde mesa- dış etkenler↑den .hh orda bi: geçmişte
or if something happen to that part because of external factors,

28 yaşadığını unu↑tabili↓yo insan ◦hani◦ (.) ve bunu aynı zamanda bazı e:
you can forget that what you lived in the past, you know, by the way it was also

29 ruhsal raatsızlıklar için de geçmişte uygulamış↑lar .hh ama şuan hani
used for mental illnesses in the past. But now, you know

30 benim bildiğim öylebişey (.) yok (.) hafızayı sildirmek gibi-
there is nothing like that such as deleting a memory as far as I know

31 C: <Yok hafızayı sildirmek değil bu zaten de şey hani [(.) şey anlamında=
No, it is not something like deleting memory, it's like

32 T: [daha acısız
without pain

33 (0.8)

34 C: aynen (.) varolabilir diyosunuz ya:ni (.) UF:: neden bö:le dediki BANA
yes exactly, you mean there should be something like that, but why did he tell me like that

35 T: varsa yada yoksa bile o DA belki başedemediğini düşünerek böyle bi
If it is or it isn't, maybe he couldn't cope with it by himself

36 yol aramış olabilir (.) hem de size anlatarak (.)HE:m (.4)<size bunu
That is why he tries to find a way like this, and If he speaks with you

37 açabildiğine göre?size çok değer veriyo>
He really cares about you

38 C: kesinlikle evet hh
Absolutely yes

39 T: hani bazı insanlar (1.3)ilk hani ilişkilerinde öyle olabiliyor (.) bu
Some people are like this, in their first relationship

40 konuyu ben↑ce e: size anlatmışsa size güvendiği(.)ni düşünerek (0.5)
I think umm he relies on you, if he tells like this

41 yani düşünüyo↑dur .hh
I mean he is thinking.

42 C: Zaten kimseye anlatmamış (.)birine anla- bikaç kişiye pardon birine
Actually, he didn't tell anybody, he told to a few, sorry only to one person

43 anlatmış ↑ama oda ayrın(.)tılarıyla anlat↓mamış sanırım .hh
but not in a detailed way, I guess.

44 T: Ya:ni siz kendiniz gibi olduğunuz ↓için (.) ◦bunu anlatmıştır zaten◦ yine
I think he talked with you because you behave like yourself

45 kendiniz gibi olmaya devam edin bu (.) bilmiyorum (.) hani (.) bişeyi
You should go on behaving like yourself, I mean, I don't know

46 değiştirmenize neden olmaz (1.1) e:: (.) ya:ni (.)be:lki farklı
this doesn't change anything, umm maybe, if you behave differently,

47 davransanız daha raatsız olabilir
He may get more uncomfortable

48 C: evet ◦anladım◦
Yes, I see

49 (1.2)

50 ◦o şekilde◦
So like that

51 (0.9)

52 T: .hh (.) e:m (.)bunun üzerine konuşalım ozaman
Umm let's talk about on this topic

53 C: tamam
alright

54 T: ◦(bi sonraki seans)◦
next session

In Extract 4, it is understood that dyad is about to reach to the end of session, so client designs her pre-asking ("I have something to ask"/"sormak istediğim bişey var") by stating "before I leave"/ "gitmeden" at first. After therapist's "go ahead" response, she produces a pre-mention telling of an event about her boyfriend in between lines 4 and 11. Therapist, in line 12, again provides a "go ahead" response and expresses her acknowledgment. Consequently, client continues with her own and her boyfriend's feelings which might be considered to still have pre-expansion properties. Then she asks whether therapist knows about a method used to intervene in memories. Therapist provides the answer. Until that point, their interaction is a typical collaborative exchange.

Client's way of asking (in line 20) and therapist's answer (in line 25-30) both are noteworthy and how their style of interaction changes in process might be meaningful in terms of institutional roles and emotional proximity. Firstly, client initiates an action as it was the case in Extract 3, yet she utilizes a number of pre-expansions in order to make herself as clear as possible. Besides, she seems to be anxious about the content as interrupted utterances, frequent pauses, variation in pace and volume of her speech, and directly expressing "it also bothered me a little bit"/"beni biraz raatsız< da <u>etti</u>" characterize her speech. Client's question of "I mean, I wonder do you know it?"/ "bunu bi(h)liyormusunuz acaba diyorum" in line 20 indicate that her discomfort might also be related to being the one who directs the conversation and asks questions. An alternative might be "do you know about such and such method?" Therapist's answer also reflects that she is not confident about both the content of her answer and the role of "answerer" as similar characteristics of her speech shows in lines 25 to 30. Similar to client, she uses pauses, lengthy explanations, incomplete utterances, variances in volume, and expressions like "umm" ("e::") or "you know" ("hani"). Thus, they are similar in their emotional expression that indicates a discomfort and the way they organize

their speech. But then, how they act in such kind of role distribution gradually changes. Client performs a self-initiated other-repair aimed to correct therapist's expression that the method erases the memories, in line 31. By doing so, she makes sure that they are in line with each other and fuels her active interaction. Therapist goes along with client's repair with an overlapping and adjunct self-repair, which is verified by client in line 34. Client continues with adopting her new role and asks another question about why her boyfriend might have behaved in the way she describes and therapist talks about her interpretations on client's boyfriend. She makes a guess and proposes evaluations about someone other than client. This is actually what client demands since the first turn she constructed, predominantly. She mentions her boyfriend's problem and solutions for him and therapist similarly expresses her knowledge and ideas about client's boyfriend and this pattern continues until line 43.

Starting with line 44, therapist further answers the quasi-question posed by client at the beginning of the sequence. In line 5, client expresses that she could not decide "how" to behave in response to her boyfriend's disclosure. Her expression seems to have two functions for therapist, first being the information sharing and second being a question, as therapist makes suggestions about the best possible behavior. In her suggestions, comments on feelings and thoughts of client's boyfriend can also be observed. Lastly, session ends with client's acknowledgement and termination marks and dyad's consensus on the agenda of the next session.

3.2.2.2 Uncollaboration

Uncollaborative exchanges were performed through (1) topic change, (2) disagreement or challenge, (3) irresponsiveness to the other party's interactional actions, and (4) expression of negative emotions by dyads. In general, this aspect of their interaction includes presence of a conflict or absence of cooperation.

Extract 5 is an example of uncollaboration via topic change. It belongs to first minutes of ninth session, from working stage, of Dyad 3. In this extract, interactional actions intended by the parties of conversation seem to be different. Therapist attempts to make the summary of previous session and set the agenda for

the current session. Her emphasis on relationships and more specifically romantic relationships indicates that she wants to talk about this topic. Nevertheless, client mentions about her absent mindedness and initiates a new topic about the relationship with her roommate.

Extract 5 *Dyad 3, session 9 (T: therapist, C: client)*

1	T:	geçen hafta:(.) ki şeyi özetli:m ben konuştuklarımızı birazcık *I want to summarize what we talked about last week,*
2		ilişki[lerinizden *your relationships*
3	C:	[AYY evet ben hatırlaya(.)madım ne konuştu:muzu (.) biraz hani şey *OhYes, I couldn't remember what we talked about, well*
4		unutkanlık başladı onu farklı-yani ben fark etmedim bana bikaç kişi *I start to forget everything, I didn't realize but some people*
5		söyledi (.) *told me*
6	T:	(ı::) *ıı ı*
7	C:	sen bu ara dedi söyliyceen cümleyi falan unutuyosun dediler (0.5) ben *they told me that I start to forget what am I going to say*
8		de böyle (.) bi fark ettim hakkaten unutuyorum böyle arasıra bilgiler *then I realize that, I really forget what I am going to say, and sometimes*
9		kafamdan Çat diye siliniyo böyle amaheralde çok fazla şey *a lot of things are erased from my memory, but I do not know if it is*
10		düşündüğümden mi oluyo acaba bilemedim onu[cüzdanımı unuttum= *because I think too much. I forgot my wallet for instance,*
11	T:	[e bişey dicem *I want to say something*
12	C:	=meselaASla yapmam cüzdanımı unutmuşum geçen bi yerden *For example,I forgot my walletwhile I was leaving somewhere, and I never did such thing that before*
13		çıkarken (0.2)>olur hani insanlık hali de<BEN yapmam öyle bişey *It can be sometimes, but I have never ever do that*

14 hayatta öyle bişey başıma gelmemişti belki yoğunluktan da olabilir
I have not experienced it before, maybe it is because of being busy

15 geçici bi durumdur ya ◦bilmiyorum böyle çok bi etkisi olucak mı◦
or it may be a temporary situation, I don't know, are there any effects

16 sınavlarıma falan
on my exam?

17 T: ◦tamam◦ ı:: geçen hafta baya: sizdenbahsetmiştik yani siz
okay, ıu we talked a lot of things about you, last week; I mean you

18 ilişkilerinizden bahsetmiştiniz biraz aşk konusundan bahsetmiştik
talked about your relationship and we talked about love a little bit

19 C: a[s::
act

20 T: [ı:: bikaç aşık olduğum zaman zaaflıklarım (.) oluyo demiştinizo
Iıı and you told me that "when I am in love, I have some weaknesses

21 yüzden biraz soğudum o duygudan ◦gibi konuşmuştuk◦
that is why I feel a little bit cold for love"

22 (3)

23 C: aslında ben size bişey anlatıcam (.) böyle konu daldan dala atlıyoruz ↑da
Actually, I want to tell you something, it is like jumping from one topic to another

24 >yaböyle< (1.5)BUşey bende takıntı haline geldi şimdiartık kafamı
but this thing is becoming an obsession, it starts to

25 kurcalamaya başladıyaböyle şey hani bu eski oda arkadaşımvar ↑ya.....
confuse me. You know, I had a roommate

When conversational properties of Extract 5 are examined more closely, some characteristics pointing out the uncollaborative fashion of interaction stand out. First two lines include therapist's pre-announcement that she is going to remind of some points and her prompting the topic of relationships. Client, with a self-select turn, interrupts therapist's turn and her action project. Although she gives a reaction of "yes" ("evet") with an exclamation, immediately after she articulates a

grammatically negative utterance (“I couldn’t remember”/ “hatırlayamadım”) and initiates a new topic (absent mindedness) indicating that her priority is not forgetting the previous session as next turns are not designed to recall. In terms of preference, Schegloff (2007) names this kind of turn organizations as “yes, but” utterances. Then, points out that they are “pro forma” positive reactions and are counted as unpreferred, because; they are almost always followed by an unpreferred turn design. In lines 3 to 5, client constructs a completely new turn and does not respond to therapist’s attempt to take the turn with an overlapping “ıı”/ “ı::” in line 6. Client enriches her narration with others’ feedbacks and examples. Recurring attempt of therapist aimed to take the turn in line 11 is also disregarded by client. Rather, they were replied with additional comments on the possible permanence and effects of absent mindedness.

Uncollaboration was not one-sided, obviously. Therapist’s not devoting attention to the topics proposed by client was also sign of uncollaboration. In subsequent turns, therapist articulates “okay”/ “tamam” functioning as a termination mark targeted to end client’s turn and does not respond to the content of client’s speech. In lines 17-18 and 20-21, she completes her action initiated in line 2. She further tries to increase client’s collaboration by reminding her own words from the first person (“when I’m in love, I have some weaknesses”/“bikaç aşık olduğum zaman zaaflıklarım (.) oluyo”). However, both client’s attempt of expressing her interactional project with interruptions and absence of preferred response in line 23 indicates that therapist’s action is unattended by client. Three-second delay in client’s response in line 22 also is suggestive of an impending unpreferred response and absence of alignment to the topic. In fact, this delay is also distinctive from the rest of the exchange. Dyad design their turns either with overlaps and interruptions or with no pauses between turns previously but here in this turn for three seconds client, selected by therapist as the next speaker, keeps silent. This misalignment can also be observed in client’s lexical choice. She pre-announces that she will talk about another topic by stating “it is like jumping from one topic to another”/ “böyle konu daldan dala atlıyoruz ↑da”. Her description of “obsession”/ “takıntı” also

serves to emphasize the importance of new topic and to ensure that she holds the turn, while she changes the topic.

Compared to collaborative exchanges, role asymmetry seems to blur in this extract. Although therapist tries to act like she holds the role to set the agenda, client does not comply and attempts to control both the turn design and the agenda. In other words, a mutual insistence on control of the interaction is present.

Uncollaboration via topic change was also observed while dyads are talking about thoughts of incompetence, emotions, attitudes towards family members and investigating the causal linkage between emotions, thoughts, behaviors and interpersonal relationships in the rest of the corpus.

Extract 6a and 6b belongs to last two sequences of 14th session of the forth dyad. This session belongs to working stage of their process. Extract 6a follows client's narration on her disappointment and anger in response to her father's rejection to buy a car for her. Between the end of Extract 6a and beginning of Extract 6b, there exists approximately sixty-line long narration of client. In the extracts, main action dyad's exchange in based upon is providing a point of view characterized by therapist's efforts to suggest an alternative course of action and reframe client's expressions. Regarding uncollaborative interaction, a disagreement/challenge exchange is the case.

Extract 6a *Dyad 4, session 14 (T: therapist, C: client)*

1	T:	peki babanızla paylaşıyo musunuz duygularınızı (.) yani ne *Sodo you share your feelings with your dad? I mean*
2		hissettiğini↑zi *what do you feel*
3	C:	paylaşıyorum diğer bissürü insan nasıl geliyo ordan <diyo (0.8) *I do share. He said how do all of those people come there*
4		bana> *to me*
5	T:	nası paylaşıyosunuz meselа?

How do you share, for instance?

6 C: paylaştım işte anlattım baba baba(.) baba böyle böyle bu da şimdi böyle
I said, dad like this, this is something like that ,I told everything,

7 ben(0.5) gitmekte gelmekte zorlanıyorum hanibana .hhh bu(0.5)
I have difficulties while going to or coming fromthere,

8 normal düzgün dille de söyledim .hh ı: işte haniBA::zen yurtdışını
I said in a normal way. I sometimes think about going abroad,

9 düşünüyorum(.) bana iki yıllık(.) hani kullanabileceğin bi araba alır
Can you buy me a car that I can use for two years?

10 mısın dedim .hhhhbaşta işte şey dedi işte gıda mühendisliğine yatay
First of all, he told me that if you can pass to the department of food engineering,

11 geçiş yaparsan alırım dedi(.) sonra bi dersle. yatay geçiş yapcaktım.hh
I can buy it. Then I was going to switch to that department with only one lesson,

12 ee şeyi a:lmadığım için >gerizeka::allaam onu da hiç unutamıyorum<
Umm I didn't take the course, idiot, oow God, I am not able to forget it,

13 şu. bilgisayar dersi hala (var ondan) geçemedim (0.8).hh sonra şimdi
There is a computer lesson, I have not passed it yet. And later,

14 diyo ki onla uğraşamam onun parasıyla uğraşamam,annen vericek
he told me that he can not deal with it, he tells me that my mom should give me

15 yarısını (0.5) >ya benim zaten< annemin kazandığı parayla annem nasıl
the half of the money, how can she give me such money with her earnings

16 versin. (.) benzinin yarısını.hh >sen zaten hiçbişey<yap?mıyosun.
half of the fuel expenses, besides you did not do anything.

17 .hhh bi de alsa ben benzini de ben vericem ben hiç istemiyorum benzin
If he buys me a car, I can pay fuel expenses, I do not want this

18 parası ondan (0.5)da işte (0.3) ne yazık ki öyle bi şansım yok
from him but unfortunately, I do not have a chance like that

19 T: Bu (.) durumu ifade etmişsiniz siz, yaşadığınız ağırlıkları amaO anda
You talked about the situation, how hard it is for you but at this moment

20 size ne hissettirdiğini (0.8) [yani]=
what were you feeling, I mean

21 C: [şimdi]
now

22 T: =babanız: (.) size böyle davranarak nehissettirdiğini (0.4) konuşmamış
as if,you have never talked about how was your feelings

23 gibisiniz
(*as if)*

24 (0.5)

25 C: söyledim (0.4) sen dedim gıda mühendisliğini>sadece dedim<
I told him. I said, you are just, food engineering is just,

26 tamamen dedim (.)şey oynuyosun dedim .hhh beni sevmiyosun
You are playing, you don't love me,

27 dedim.hh işte::şey (.) aa (0.5) hani eğer başarılı olursam (.) bana
I told. Well, I mean, If I succeed,

28 destekoluyosun başarılı olmazsam da başımın çaresine bakmamı
you are backing me up, If I do not, you want me to take care of myself

29 istiyosun dedim
I told

30 T: ama yani: (0.5) işte:: duygusal ihtiyacınız (1.0) var (.) sevilmiyor gibi
But I think, you have emotional need, as if you are unloved

31 hissetmişsiniz
You may feel

32 C: Ya:öyle de şimdi (.) açıkçası ben (.) bu okula geldikten sonra
Yeah it is true but honestly, after I came to this school

33 (0.5)>mesela bu okula gelmeden önceki< (.) arkadaşlarımın aileleri çok
For instance, before I came to here, my old friends' families

34 iyilerdi.....
were very good

Sequence starts with therapist linking, using "so"/ "peki" as depicted before in Extract 1a, her new turn with the previous turn and asking for whether client

engaged in a specific action which is expressing her emotions to her father. This question has double barreled function. Therapist not only inquiries about client's behaviors but also proposes a challenge and an action. In line 3, client states that she did and moves on with talking about her father's answer. Thus, therapist further asks and reformulates her question indicating how she expressed her emotions. Between lines 6 to 18, client reports her talk with her father.

The first turn construction unit, located in lines 6 and 7, of client's answer includes what thoughts she expressed. It is noteworthy that she describes her wording as "a normal way"/ "normal düzgün dil" immediately. This is thought be the initial manifestation of her need to defend her own side, in the conversation. Consistently, she continues with her father's rejection and her counter arguments in addition to her helplessness until line 18. The only emotional expression in the content of her speech is towards her own missing a course in line 12. Hence, therapist reflects on her answer and continues her challenge. Therapist's utterance of "but"/"ama" signifies that she is going to disagree with client's response and express her dispreferrence. In turn, client attempts to take the turn in line 21 by interrupting therapist's speech but therapist does not pause and completes her point of view. She states that client did not express her emotions. Client repeats that she did as it was the case in lines 3 and 6. Between lines 25 and 29, she reports about her expression of thoughts including her father's emotions towards her, not her emotions towards her father. In other words, her turn again does not represent a preferred action in response to therapist's interactional project. Yet, she reframes client's expression of "you don't love me"/ "beni sevmiyosun" and reflects that client feels "unloved"/ "sevilmiyor". A "yes, but" response comes from client in the form of "Yeah it is true but"/ "Ya:öyle de şimdi" and she initiates a long story-telling comparing how good her friend's parents were and how bad her father was until line 93, reflecting her effort to clarify her point of view. This part of client's speech is not presented for practical reasons. In extract 6a, it can be observed that therapist is in the position of challenging one with her questions, reframes, and reflections and client is in the position of the one who does not provide preferred answers. Moving to the Extract

6b, that is the progressive phase of their interaction; challenges of the therapist are replied with more explicit disagreements of client.

Extract 6b *Dyad 4, session 14 (T: therapist, C: client)*

93	T:	peki bu konuda (.) ı: bişey yapmayı (0.5) düşünüyo musunuz yani *So,do you think about ıı doing something, I mean*
94		babanızla (0.3) olan iletişiminiz *about your relationship with your father*
95	C:	Ya:: bişey yapamam yani n(.)napıcam ki (0.8) >ya babam öyle (.) *I cannot do anything, I mean what can I do, he is not like that,*
96		oturupkonuşulacak bi baba değil ◦yani◦ *not like a father you can sit and talk*
97	T:	bunun üzerinde biraz daha (0.4)duralım isterim ben terapide *I want to talk about on this topic more in the therapy*
98		(6.5)
99		peki: bugünlük bitirelim söylemek istediğiniz, sormak istediğiniz (.) *Well, for now, we should finish, Is there anything you would like to say or ask?*
100	C:	Yoo bişey yok (1.0) sadece bunun üzerinde nasıl durucaz: acaba onu *No, nothing. how will we focus on this topic*
101		düşünüyorum *I'm just thinking on it*
102		(2.1)
103	T:	ne geliyo aklınıza *what is on your mind*
104	C:	.hhh ya: çok çözebiliceğimi sanmıyorum ya *I don't think I can handle it*
105		(2.0)
106	T:	neden

Why?

107 C: yani:n:asıl çözülür ki böyle bişey (0.2) yani (.) çözülmiycek
I don't know, how can I solve it, it won't be solved

108 (2.4)

109 T: peki hh haftaya görüşüyoruz
Okay, see you next week

In line 93, therapist again links her question with client's speech and asks whether client considers the alternative action she suggests. Client states that she cannot and justifies her point with a reference to the kind of person her father is. Her statement also reflects her argument that in the relationship with her father she is helpless, similar to her point in line 18 of Extract 6a. After client's unpreferred answer, therapist reveals that she wishes to talk about the issue by using "want to"/"istiyorum" like therapists do when they were trying to direct the conversation, in the rest of the data (see Extract 2 and 7). For 6.5 seconds, client does not take the other-selected turn implying a misalignment when interpreted together with her subsequent turns. Then, therapist signals the end of the session and explicitly assigns client as the next speaker with her statements in line 99. In her turns starting in lines 104 and 107, client expresses her disagreement by framing the situation as unsolvable. In response, therapist finalizes the session with no further actions.

In addition to client's disagreements, therapist also interacts in an uncollaborative way in response to client's question posed in line 100 and 101. Although the question also had a function of giving voice to client's point of view, therapist uses a "counter" as described by Schegloff (2007) while answering it. Counters are related to question-answer organization in most of the cases. They basically include the repetitions of what the previous speaker told or answering the question with another question. Either way second speaker reverse the direction of the flow of the conversation (Schegloff, 2007). By this way, Schegloff (2007) claims, he/she also reverses the direction of constraint imposed by the other person. For instance, first speaker says "what is this" and second speaker replies with "you tell me what it is".

In line 103, therapist utilizes such strategy and refuses to align with client's constraint by asking "what is on your mind"/ "ne geliyo aklınıza".

Overall, analysis of two extracts together reveal that therapist tries to exhibit her role as the person who knows what is the correct behavior in client's relationship with her father. However, client's way of interaction indicates that she does not agree with such kind of role distribution in addition to the content suggested by therapist. Similar to Extract 5, both of the speakers insist on their point of view and how they prefer the interaction is carried out.

Providing a point of view and causal linkage are the most frequent actions dyads disagree on or propose challenges. They also perform this kind of uncollaboration while the attitudes towards psychotherapy, thoughts of mistrust, emotions, and agenda setting are being handled in the process.

Next aspect of uncollaboration is the irresponsiveness. Other aspects of uncollaboration also include instances that participants of the talk do not take some turns or keep silent; yet, irresponsiveness refers to a more prominent non-occurrence of an action *per se*. Extract 7 exemplifies such an interaction between therapist and client of Dyad 1. The extract is from the first sequence of their eighth session belonging to end stage. The main action intended is the agenda setting.

Extract 7 *Dyad 1, session 8 (T: therapist, C: client)*

1	T:	nası geçti haftanıs *How was your week?*
2	C:	HAf(.)tam iyi gibiydi, fena değildi (0.5) en son na::pmıştım (2.0) <YA *My week was nice, not bad. What was last thing I did?*
3		bu aralar çok boş geçiyo *Nothing much these days*
4	T:	tamam bugün gündemimizi siz belirleyin istiyorum hani ne konuşmak *Okay , I want you to decide today's topic, I mean, what do you want to*
5		is↑tersi↑niz bugün *talk abouttoday?*

6 C: hı: (0.5) bilmiyorum ya:: (.) <aslında (.) böyle acaba hayatımda konu
I don't know, actually i don't have too much topics to talk in my life

7 mu olmuyo diye düşünüyorum bazen
Sometimes I think like that

8 (2.4)

9 T: bence konu va:r.dır
I think we have things to talk

10 (5.6)

11 C: konu:: (1.0) bilmiyorum bulamıyorum (0.6) mesela bu hafta çok bişey
I don't know, I can't find, for example; I have nothing for this week

12 ◦yaşamadım◦
nothing happened

With self-selected first turn of therapist, sequence begins with a question-answer design. Therapist asks about the week of client. Client answers the question in the first two turn construction units as not bad in line 2, and then gives extra information about how empty it was. Therapist terminates client's turn with "okay"/ "tamam"; because, it is obvious that she does not continue with any action related to client's week, like it was the case in Extract 5. Then, she assigns a role to client by stating and asking "I want you to decide today's topic, I mean, what do you want to talk about today?"/ "bugün gündemimizi siz belirleyin istiyorum hani ne konuşmak is↑tersi↑niz bugün". In turn, client does not engage in the action and replies that she does not know and explains the reason in lines 6 and 7. Her response is neither a rejection, nor topic change (unpreferred action) or an acceptance (preferred action). Here, it can be conceptualized as the absence of a preferred action, which is the distinguishing feature of irresponsiveness. Same pattern is repeated in the next turn taking and turn design organization. Five point six second-long pause before client takes the last turn also indicates that dyad is not in collaboration in terms of therapist's demand.

Therapist's request of deciding on the agenda has different meanings. In the first glance, she can be regarded as giving up her institutional role and equalize the asymmetry while letting client set the agenda and control the direction of session. Yet, it is still the therapist who assigns when client will direct the exchange. Her verbalization of insistence in line 9 further indicates her directive style. Client, in response, refuses or hesitates to collaborate with therapist's assignment and interactional constraint.

Extract 7 mainly illustrates client's irresponsiveness. However, therapists' irresponsiveness to some materials and actions proposed by clients is no exception. Additionally, different aspects of uncollaborative patterns of interaction are observed to occur together very frequently. Extract 8 exemplifies therapist irresponsiveness and occurrence of topic change together. It is part of second dyad's forth session from working stage of their process.

Extract 8 *Dyad 2, session 4 (T: therapist, C: client)*

1	C:	Hani: (.) o arada zaten çok yalnız hissediyo(.)dum (.) yani var olan (0.4) *I was feeling lonely at that time. I mean,*
2		ne kızarkadaşlarım başka insanlarla da görüşmedi::m zaman (.) .hh hani *when I didn't see anyone neither my girlfriends nor my other friends*
3		(0.7) daha da içine kapanıyodum. (0.6) izin vermiyodu çünkü (0.5) <Ki *I was getting introverted day by day. Because he was not letting me.*
4		ben (.) yani çok böle (.) ne bilim (.) konuşmayı seven sosyal bi insanım *I mean, I don't know,I'm very social andtalkative.*
5		normal (.) hayatım böyleydi .hh (1.2) o da (.) çok ra:tsız etti beni *I was like that, in my ordinary life. This really bothered me*
6		(2.3)
7		HA: ama .hh ((öksürme)) pardon (0.3) *But, ((coughing)), pardon me.*
8	T:	( )

9 C: kendi isteğimle onun yanına gittiğim zamanlar (.) da hhh oldu AMA
Also,there were the times that I really wanted to meet him, but

10 (0.3) ya:ni (.) istemediğim zamanlar tehdit ediyodu (zaten) hani
I mean, when I didn't want, he was threatening me

11 istememek burda şey değildi ya:ni (..) o: (.) çizgiyi >tam çizemiyorum<
Not wanting that didn't mean that. I can not decide the line

12 (.) ne zaman istiyodum, (.) ne zaman tehdit ettiği için gittim (.) onu şuan
when I went because he threatened me or when I wishedto go

13 çizemiyorum (.) çün↑kü (.) .hh hani (.) ben zaten istemediğim zaman (.)
I can't decide the line because when I didn't want him,

14 na:pçağnı biliyodum ya::ni
I mean,I knew what he was going to do

15 (3.4)

16 ◦o yüzden◦ hani hhh .h (0.5) ne kadar istedim (.) bil↑mi(.) hh yo↑rum
So, I don't know how much I wanted him

17 ((ağlayarak burun çekme))
((sobbing))

18 (4.5)

19 T: ya:ni isteyip istemediğiniz [konusunda emin değil(in)
So you wasn't sure whether you want or not

20 C: [(e: ono) (.) emin değilim ((burun çekme))
Umm No, I'm not sure ((sniffing))

21 ↑çünKÜ (.) istediğim zamanlar da oldu hani şey değilim (.) çünkü hhh
There were the days that I wanted him, I mean, I'm not like that, because,

22 .hh .h (5.6) ha han- bu cinsellik için de hh geçerliydi (0.4) düzenli hani
It was valid for sexuality, I mean, after we had a

23 bi cinsel ilişkimiz:: olmaya başladıktan sonra (.) hani (0.4) olan şeyler
sexual relationship regularly, that is, what happens

24 belli h .h hh .h

is obvious

25 (2.4)

26 HAni (0.6) zaten siz de yapı olarak (.) o duruma alışıyosunuz ne bileyim
I mean, you are getting used to the issue naturally,

27 (0.4) korkuyosunuz evet yani (.) AMA (0.4) .hh şöyle (.) hh
yes you may be afraid but

28 >istemiyorum demek onun için bi cevap değildi< ya:ni (0.4) YOO öle
saying "I don't want", this wasn't an answer for him, I mean,

29 bişiy yok (.) sen tabi:kide benim istediğimi yapcaksın (.) Ha:yır (.)
There is no such thing, you have to do what I want. He doesn't accept

30 cevabı diye bişiyok hep onun istediği olcak (.) hep onun dediği olcak
the answer of"no". It always has to be what he want and say

31 yani (buda) sağlıklı bi ilişki olmuyo zaten hiçbi şekilde
And this is in no sense not a healthy relationship

32 (7.3)

33 T: iş olarak askerlik (.) mi yapıyodu
Is he doing military service as a job?

34 C: Yaiş (.) okuyodu (.) astsubay sonra mezun oldu
He was studying as a sergeant, later he graduated

35 (0.5)

36 T: hım (.) yani şuan yine asker olarak mı çalışıyo
Hım,Is he working as a sergeant now?

37 C: ◦evet◦
Yes

38 ( ): Hhhh .hhh hhh ( )

39 T: o zaman e::: (0.7) ya:ni (.) bunla ilgili (.) benim (0.3) hani soruca:m
And ummm so, I couldn't find anything to ask about this topic

40 başka: (.) şuan bişey aklıma gelmedi hani: sizde (..) hani çok (.)

I mean, there is nothing that comes to my mind. I mean,

41 irdelemek istemiyosanız <hani sizin konuşmak istediğiniz zaman> (.)
if you don't want to scrutinize it very much, we can talk when you want to

42 ◦hani [konuşabiliriz◦
I mean, we can talk

43 C: [<ha- olabilir (.) farketmez
Oh it doesn't matter, alright

With less details of the overall sequence, as they are already illustrated in the previous extract, some turn design characteristics will be underlined for Extract 8. There are two turn relevance points in client's speech that therapist leaves unresponded in the interaction. First is when client states "I mean, I knew that what he was going to do"/ "na:pçağnı biliyodum ya::ni" in line 14 and post-expansion in lines 16 and 17. Before this statement and expansion, client talks about her boyfriend's threatening involvement into her life and this statement is somewhat unclear. When previous sequences of the session are examined it is almost clear that dyad talks about details of this relationship for the first time. Thus, many potential actions in response to client's turn are possible according to nextness principle of conversation (Schegloff, 2007). Same pattern is observed in transition relevance pointing line 24 after client states "what happens is obvious"/"olan şeyler belli". After each point suitable for taking the next turn, client expresses strong emotions, crying and expressing her fear. With a 7.3 second-long delay, therapist takes the turn and asks about client's boyfriend's occupation indicating a derailment from the topic. Hence, no actions are designed related to the unclear content and emotional expression of client. Lastly, therapist declares that she could not construct a new action and offers to postpone the topic. Her wording is also noteworthy that she points out client is not willing to address the issues when there is not enough evidence for doing so. Consistently, client expresses her confusion and surprise in line 43.

In collaboration, it was analyzed that dyads were parallel in terms of their emotional engagement. Here in irresponsive uncollaboration, they are in very different

wavelengths emotionally. Therapist's question about the occupation of client's boyfriend changes the topic slightly but more importantly is laden with almost no emotion. It is quite neutral and concrete compared to the topics and emotional expressions client presents.

Information gathering/sharing about the client, providing a point of view and casual linkage are the most frequent actions in which dyads exhibit irresponsive interaction, in general.

Last aspect of uncollaboration is also closely related to emotional dimension of interaction and named as expression of negative emotions. Dyads in some point during their processes could express feelings of disappointment, anxiety, anger, discomfort, and so on towards each other. Extract 9 depicts client's exhibition of a number of negative emotions towards the therapist, therapy setting, and circumstances of psychotherapy. It is selected from the first session of Dyad 1. Before this sequence, dyad greets each other and client signs the written therapy contract. Thus, first two turns serve as terminating the previous interaction project.

Extract 9 *Dyad 1, session 1 (T: therapist, C: client)*

1	C:	buyrun (.) ayh hh *Here it is..*
2	T:	teşekkürler *Thank you*
3	C:	bu arada biraz geç kaldım .hhh Bulamadım burayı açıkçası sinir oldum *I'm late a little bit, I couldn't find here, actually this made me angry*
4		>ben dahafarklı bir yer bekliyordum da<yani teknokentin içinde [bir= *I was expecting a different place, I mean, it is a place which is in the Teknokent.*
5	T:	[hı hı *hı hı*
6	C:	=falan bir [yerde] *somewhere like that*
7	T:	[haa (.)] oraya mı gittiniz <tek↑nokente mi>

Did you go there? To teknokent?

8 C: evet (.) ben teknokenti daha küçük bir yer olarak hayal etmiştim[bir]=
Yes, I dreamed it was a smaller place

9 T [ha]
ah

10 C: =girdim (.4) kimse: hiç kimse bilmiyordu(.) O KADARyanlış yerleri
Nobody knew it. They gave such incorrect directions

11 tarifetti↑ler ki bana
to me.

12 T: ◦ha:◦
Ah

13 C: öyle hh
Such

14 (1.1)

15 T: neyse ilk sefer olabilir böyle şey↑ler(0.2)
Such things may happen for the first time

16 C. ben sizle devam edicem di↑mi görüşmelere
I am going to continue with you, aren't I?

17 T: evet tabi ben bu arada unuttum ı:: ben kendimi tanıtıyımı:: ismim alev
Yes, I forgot to introduce myself. My name is Alev

18 ekinci (.) ıı odtü psiko(.)lojide >klinik psikolojiprogramındayüksek
Ekinci. Iı, I'm doing my master's degree at clinical psychology program of Metu Psychology

19 lisans yapıyorum şim↑di<=
right now

20 C: =evet ben de farkettim za(h)ten daha(.) bü(.)yük biri olur ↑ama siz-
Yes, I also realized that. It is just generally somebody who is older than you but you're.

21 T: hı hı ma(.)stır(.) tez aşamasında↑yım (0.4) e:::m (0.6) ((yutkunma))
Hı hı, I'm at the dissertation stage. Uumm ((gulping))

22 görüşmeyle ilgili de biraz bilgi veriyi?mı: bu görüşme (bir) ilk görüşme

Let's start with giving information about our session. Iı, as the first session, this session

23 olcak yaklaşık olarak elli dakika(0.4) olmasını planlıyo↑rum (0.3)
will be nearly fifty minutes, I'm planning like that

24 C: <BU arada hep şikayet ediyo gibi oldumama ben(.) bu(.) programa ta::
By the way, as if I'm complaining everytime but , I had applied to this program at

25 şubat ayında başvurmuştum (.).h (.) Beni aramaları >çok büyük bir şok
the beginning of the February. I was shocked that they called me

26 olduçünkü umudumu tama:men kesmiştim< A (.) Şey (.) o ara biraz
because I had lost my hope completely. Well, I had more problems at that moment

27 daha: sorunlarım vardı şu anda (.) hani o kadar yok (.) o yüzden (.) ne
But now, I don't have a lot. That is why, I have no idea what am I

28 konuşcağıma dair hiçbir fikrim yok o yüzdensiz: bana söyle(h)yin
going to talk. So, you tell me.

In line 3, client initiates the next turn after signing the contract. Her turn includes four actions. She announces that she is late for the session and inform therapist about the reason. She adds that she was freaked out; because, she could not find the place. In her statement of "I was expecting a different place"/ "ben dahafarklı bir yer bekliyordum da" she reveals that her expectations about the place were not met. Last two actions seem to indicate that she was angry and disappointed. Therapist replies with acknowledgment token and expression of surprise in lines 5 and 7. Client further verbalize her disappointment with "I dreamed"/ "hayal etmiştim" and loud-voiced "such"/ "O KADAR" towards the place and people who misguided her. In line 15, therapist does not maintain the turns including client's complaints. Her statement consisted of a generalization signals her wish to end the turn and immediately after, client asks whether she will continue sessions with this therapist. Client's turn, in line 16, serves as both asking for an information and expression of a negativity when considered with her comment in line 20. Client also changes the subject of talk from herself to therapist. Primed by this action, therapist remembers that she did not introduce herself and talks about herself in lines 17-19. When client expresses a negativity with a sarcastic laughter ("just"/"za(h)ten"), she adds that she

is in the dissertation phase of her education with a hesitation marker (“Uumm”/ “e:::m”) and swallowing reaction. These reactions give an impression about therapist’s discomfort as well as those of the client. Next, she changes the topic and moves on with informing client on session setting. However, client interferes with therapist’s turn and directly verbalize that she invariably complaints. Client’s comment on her own interaction further supports that all the previous turns she constructed were aimed to express her dissatisfaction. Consistently, in the last turn she further renders about how late she was given appointment and how shocked and hopeless she was.

In general, client directs the turn taking and turn design constraint while she expresses a series of negative emotions in Extract 9. Therapist, in turn, is predominantly withdrawn from the conversation and turn taking distribution especially when client expresses them. She also prioritizes the tasks her institutional role requires and dyad continues with therapist’s questions about demographic information about client in the following sequences. However, it is crucial that this action is also determined by the client. She is the person who demands that therapist directs her; similar to therapist’s assigning a role to client in Extract 7. Other actions during which clients express their negative emotions are investigating common emotions/thoughts/behaviors in different situations, asking for empathy towards others’ feelings and thoughts, and evaluating the effectiveness of psychotherapy. Therapists also express their negative emotions towards clients when they are evaluating the effectiveness of psychotherapy and providing a point of view about clients.

Overall, the uncollaboration aspect includes topic change, disagreement/challenge, irresponsiveness, and negative emotions. Different types of uncollaborative ways of interaction are exhibited in conjunction very commonly, during their exchanges. For instance, in Extract 9, most of the new turns are taken via topic change or Extract 8 illustrates therapist’s irresponsiveness and topic changing. Misalignment in role distribution and emotional involvement is also evident.

3.2.2.3 Ambiguity of Collaboration

Third pattern of interaction is ambiguity of collaboration which can be defined as manifestation of collaboration and uncollaboration in an intertwined manner, reflecting different dimensions of interaction. Ambiguity of interaction is observed in two ways. Extract 10 demonstrates that how (1) dyads built their interaction indicated collaboration, while the content of their speech indicates an uncollaboration. In Extract 11, the second way of ambiguity of collaboration is identified. It is the (2) uncollaboration in the design of conversation accompanied by collaborated wording. Similar to uncollaboration, dyads also utilize these two types of ambiguity together in the same sequence and Extract 12 illustrates such interaction.

Starting with exchanging uncollaborated content in a collaborated way, following extract is sectioned from ending stage of the third dyad. It includes therapist's providing a point of view about possible thoughts and emotions not reported by the client.

Extract 10 *Dyad 3, session 19 (T: therapist, C: client)*

1	C:	...zaten dershane geçmişim de yok yani kendim ezberleyerek çalışmışım *I didn't already go the courses, I studied on my own by memorizing*
2		hhh (.) kendime oturttuğum çalışma sistemi çok yanlış bi sistem (.)çok *My study program is actually wrong, it is very*
3		yannış yani hani hiç↑bi şeyin. sebebini BİLMİYOsun (.) *very wrong. I mean, you don't know the reason of anything*
4	T:	◦hıhı◦ *Hı hı*
5	C:	nası olduğunu biliyosun (.) e adam biliyo basit bişey .h aslında ↑ama *you know how it is, he knows, actually it is easy for him, but*
6		biliyo yani çünkü temelden beri alıyo ↑onu o matematiği şeyi (.) *because he has been taking since the beginning like math etc.*
7	T:	◦hıhı◦ *Hı hı*

8 C: hani bize ↑hoca (0.4) yani doğru düzgün (.) saçma sapan (.) şeyler
I mean,The teacher teaches us silly topics

9 anlatıyo hani onlar yok bile (.) ben kendim çabalamışım öğrenmişim
which I don't know, I studied and learned most of things on my own

10 bi↑çoğunu (.) yani başından beri (0.3) okursan oKU ya da (.) bi yerde
since the beginning it is like that, I mean. If you want to study, you do study

11 böyle çok (.) olmuyo ya denk (.)>ben onu ilerde çocuğum olursa çok
Such things don't come up to. If I had a child one day, about this issue

12 dikkat etçe(h)m<
I would be careful

13 T: yani bi süre böyle onlardan biri olamamış gibi mi hissettiniz öyle bi (.)
I mean, have you ever felt as if you are not like them for a while?

14 oldu mu ya::ni hani onlar kolejli ve ilk baştan beri öyleler (.)[benim=
Have you ever? You mean, they are students at a private college and they are like that since the beginning, and my

15 C: [benim
My

16 T: =öğrenme şeklim farklı onların ki [farklı
my learning style is different from theirs

17 C: [>İÇİMDEN gelmiyo aslında ama<
In fact, I am not willing to but

18 gene bi çevre şeyi: (.)>öyle olmak gerekiyo yoksa rezil olurum(her
I have to be like that, If I don't, I will be disgraced

19 seferinde bilmiyorum) bişey bilmiyorum ↑kadın da nerden bilsin yani
(everytime, I don't know) I don't know anything, how can she knows

20 benim (.) kitaptan ezberlediğimi şey yaptığımı oda beni böyle başarılı
I memorize everything from the books, she thinks that I'm successful

21 çalışkananlayan biri sanıyo bi de beni rezil ediyo yapamayınca (.) soru
and hardworking. If I don't know something, she humiliates me

22 soruyo şey yapıyo: işte o elime çizdiği şeyler biliyo sunuz
She is asking me question, you already knew that she draw on my hand

23 T: evet (.) evet: ama şim↑di (.) ehe heo öyle yapıyo ↑ama bence hani .hh

Yes, yes I know, but I mean ehe he she does that kind of things, but I

24 bu (.) şey önemli bişey (.) gibi sizin hayat[ınızda=
think this is an important thing in your life

25 C: [evet
yes

26 T: =yani belli dönem baya bi beklentiler varmış sizden gibi duruyo: (.)
I mean, it seems to me that there were some expectations from you at some specific period

27 hani: hep iyi olmaya alışmışsınız (0.4) her gittiğiniz yerde de tepeye
I mean, you have always been accustomed to be good, you are also trying to reach at the top everywhere you go

28 çıkmaya çalışıyosunuz, ama bu da her zaman kolay olan bişey de[ğil=
but this is not very easy all the time.

29 C: [çok
It was so

30 yordu
tiring

31 (.)

32 T: Hı:hı tabi yorucu da bişey
Hıı hı, of course, it is also very tiring

33 C: artık çalışmıyorum hiç çalışmıyorum
I don't study anymore, never ever

34 T ↑bunların da ↑ilginç bi yansıması var bugün yani tamamen
There are reflections of these things which are very interesting, I mean as if you are

35 zıt(.)la(h)şmış(h) gibi [(artık gibi)
completely opposed to (like now)

36 C: [artık bıraktım başarısızlık (.) seviyorum
I quit it now, I like failures

37 T: konuşabiliriz güzel bi bağlantı oldu gibi geldi bana
We can talk about it, this seems to me that it is like a good connection.

38 (1.3)

39 ı::: şu an için nasılsınız no-ne nası geldi ne düşünüyosunuz
Iıı, How do you feel right now? What do you think?

40 C: geçmişe gittim biraz fenalık ge(h)ldi(h) >işte böyle salak gibi
I remembered the past a little, it makes me uncomfortable like an idiot

41 geliyorum< yani şu an geçmişte keşke o kadar şey yapmasaydım ↓yani
I mean, I wish I didn't do such many things in the past. I mean,

42 rahat ↓olabilirdim (.) çok sıkmışım kendimi onu fark ettim (.)↑ama
I would have been more relaxed. I realized that I had forced myself a lot but

43 küçüktüm işte kafam çalışmıyodu
I was young, I wasn't smart.

44 T: ◦hıhı işte öyle bi yönü de var◦↑şimdi ama bir de üstün olma merakı da
Hıhı here, there is such an aspect as well, but also whim of being superior

45 di(h)mi hihi
Right? hihi

46 (0.5)

47 C: ya(h)ni
In a sense

Extract 10 also belongs to a longer sequence about the client's thoughts of incompetence so she talks about the discrepancy between her study style and education system, between lines 1 to 3. Until line 13 the pattern of client's narration and therapist's "go ahead" responses in a collaborated fashion can be observed. In line 13, therapist takes the turn and provides a point of view by making a guess about the possible emotions and thoughts of client as "as if you are not like them"/ "onlardan biri olamamış gibi". With an overlapping repetation and completion of therapist's utterances, client elaborates on the topic. Yet, the content of her comments in lines 17 to 24 shifts from her own feelings to her teacher's attitude and behaviors, pointing out an uncollaboration with therapist's interpretation. In turn, therapist produces "yes, but" utterance, laughter and approving statement ("she does that kind of things"/ "o öyle yapıyo") mitigating the

following disagreement consisting the client's attitudes present in lines 26 to 28. Therapist's "yes, but" responses are repeated in lines 32 and 42 which are followed by disprefered responses.

Laughter in therapist's disagreement becomes prominent in this extract and in many ambiguous interactions of dyads regardless of the perpetrator. In line 23, 35 and later on in 45 therapist utilizes laughter when she articulates dispreferred, negative or potentially conflicting material including labels and generalizations like "you have always been accustomed to be good"/ "hep iyi olmaya alışmışsınız", "you are also trying to reach at the top everywhere you go"/ "her gittiğiniz yerde de tepeye çıkmaya çalışıyosunuz", "completely opposed to"/ "tamamen zıt(.)la(h)şmış(h)", and "whim of being superior"/ "üstün olma merakı". Client also uses laughter in line 12, 40, and 47 while she discloses negatively laden content (e.g. "it makes me uncomfortable"/ "fenalık ge(h)ldi(h)"). Jefferson (1985) distinguishes laughter with humor and without humor. Attardo (2015) similarly proposes that laughter functions as expression of some kind of negative emotion such as embarrassment or anxiety especially for covering the delicate content, besides being an indicator of positive feelings and humor. The reactions of laughter in this extract can be elaborated in that sense as the content of speech implies.

Next extract illustrates the second way of ambiguity, which is when dyads engage in uncollaborative way of interaction while they utilize positive wording. In Extract 11, dyad 4 talks about possible emotions of client towards psychotherapy and therapist in their 24th session. Before the depicted sequence, client talks about her decision to see a psychiatrist and dyad talks about client's need in terms of her complaints, ongoing symptoms, daily difficulties. Therapist offers to examine this decision from another perspective in her first turn taking organization and rest of the sequence is aimed to understand the relational meanings of client's decision.

Extract 11 *Dyad 4, session 24 (T: therapist, C: client)*

1	T:	ı:: aslında: bu konuya bi ↑de başka taraftan bakalım ↑mı *Iıı, in fact, shall we look at this issue from another side?*
2		(2.4)

3 ben biraz böyle bi (.) sürecimizi gözden geçirdim hani acaba:: ı::>han-
I have reviewed our process a little, I wonder about, ıı I mean,

4 yannış giden bişeyler mi var benim farkında olmadığım< diye ı hani bu
are there any problems that I am not aware of, ı, you know

5 şema formu da aslında paylaşmıştım ama siz .hh pek hoşunuza
I also shared this form with you, but you didn't like it much

6 gitmemişti bu memnuniyetsizliğinizi (.) de söylemiştiniz bu da güzel bi
You also said your dissatisfaction, and it was also a good

7 noktaydı hh (0.5) bunu belirtmeniz de çok hoştu ama (0.8) ı:: ben
point. Saying this was also very nice but ıı

8 burdan biraz hani:: size bi özetliyim=
I mean, let me summarize it a little

9 C: =neYİ
What?

10 (0.6)

11 T: düşündüklerimi (.)siz de katılı↑yo musun.uz
My ideas, do you agree?

12 C: hh neden çok anlamadım. ama (0.3) tamam.
I don't understand why but it is okay

13 T: sizinde görüşleriniz neler ((öksürme)) onun (.) üzerinden gidelim.
What are your thoughts? ((coughing)) I want to go over them.

14 ◦istiyorum◦

15 C: hı:hı
Hıı hı

16 T: bu sizin (.) hani değe:rsiz hissettiğiniz üzerinden konuşmuş?tuk (.)
You know, we talked about you feel like as if you are worthless,

17 biraz çok (.) hayatımın bi çok alanında yayıldı (0.4) gibi demiştiniz be:n
and you told me that this expands to many things of your life

18 de ha:ni düşündüm ı: (.) daha çok ilişkilerinizden hh ve okul
I mean, I thought that ıı we just talked about your relationships and your

19 hayatınızdan bahsettik burdaki GÖrüşmelerde de (.) bu değersizlik
school life in our sessions too. This feeling of worthless

20 hissini .hhh sanki oralarda da ı:: sizi engellediği yönün↑de yani
I mean this is as if ıı it blocked you

21 ilişkilerinizde e: biraz sizi feda:kar olmaya (.) kendisini (.) nizi.hh biraz
this pushes you to be um a little self-sacrificing in your relationships

22 daha hh >arka planda tutmaya sevk ediyo gibi<
and also as if this prompted to keep you in the back

23 (0.9)

24 C: olabilir hh
maybe

25 T: AM↑a okulda↑da (.) işte bu yetersizlik hisleriniz (0.4) daha: iyisini
but , those feelings like inadequacy or the thoughts like I should do better

26 yapmalıyım. gibi düşünceleriniz BAşarısız olmakla ilgili .hh
These are all related to the fear of failure

27 ((öksürme)) ◦korkunuz üzerinden yani◦ (1) burda da bu ikisini hissetmiş
((coughing)) you may feel both of them at the same time here

28 ola.bilirsiniz (.) ama >çok ↑da ele almadık gibi geliyo< bana terapide
maybe. I think, it seems that we didn't handle them deeply

29 (0.3) ı: hani sanki terapide de bu ↑mu çıktı acaba dedim .hhhh
ıı I mean, I ask myself, does it emerge in the therapy too

30 (0.7)

31 C: nasıl ◦gibi◦=
like how?

32 T: =YAni acaba anlaşılmadığınızı (.) düşündü:nüz yada (0.5) ı:: başarısız
I mean, have you ever considered you aren't able to express yourself or

33 (.) hissettiğiniznoktalar mesela:: oldu mu
ıı feel you are not successful, for instance?

34 C: H↑ı::: sizle ↑mi
Oh, with you?

35 T: hıhı (.) bu süreç[te
Hı hı, within this process

36 C: [YOOYANİ ni niye kendimi DEĞERsiz hissediyim ki
Of course, No. Why would I feel like I'm worthless

37 (0.5) hatta: dedim pisiko(.)loğum benimle. ilgili negüsel (.) yorumLAR::
I even think that my psychologist made good comments about me

38 yaptı dedim
I said

39 T: şö:yle ı:: düşünüyo.rum ı: hani sizle ilgili atlamış olabileceğimiz
ıı I think, ı there are some points about you that we have skipped over

40 noktalar olabileceğinidüşünü↑yorum ben bu süreçte HAni burda da
in this process, I think. Here, I mean

41 acaba: yük olmaktan mı korktunuz ve başka bi destek daha arama-
I wonder, were you afraid of being burden, and looked for another support

42 C: y↑oo öyle düşünmedim sizden değil ↑deben genelde kendimle ilgili
No, I didn't think like that. I mean, I'm not good at

43 şeyleri çok kolay aktaramıyorum sanırım (0.5) yani mese↑la atıyorum
expressing myself easily. That is to say, for instance

44 biri ge- biri aşık olur (.) KArşısındaki insana böyle >hani bi< anlatırken
someone falls in love. When a person tells about his/her feelings to another person

45 sen de hani o aşkı hissedersin (.) ve mesela bu örnek (.) başka bi duygu
you can feel really that love, I mean this is just an example; maybe

46 da olabilir .hh ((tık)) ↑ay pardonhhh sen de mesela: (.) o insana aşık
This can be different feelings ((knock)) pardon. lets say; you also fall in love with that person

47 olursun falan (0.8) mesela ben o şeyde anlatamam kendimi (.) çok iyi
and so.For example I can't express myself like that,

48 ifade edemeyebilirim. bazen belki o yansımış ola↑bilir buraya hhhhh
I cant express very well, sometimesthis may reflect on here

49 T: as(h)lında çok güzel ifade ettiğini↑zi de düşünüyorum ben e:: hani (.)
In fact, I think you expressed yourself very good, umm you know
50 anlatımınız açısından yaniama hh [kendinizden çok=

with regard to your discourse but I mean as if you don't talk about

51 [hhh ama .hh
but

52 T: =konuşmuyosunuz gibi sanki ben de burda ıı hani böyle (0.3) diğer
yourself too much. I mean, in a manner, here ıı, maybe

53 dışardakiler gibi sizi anlamayan kişi konumuna düşmüş de ola↑bilirim
I may seem like a person who does not understand you,like the others

54 (.) hadi daha in o merdivenden dedim (.) ama nasıl inceksin, hani bunu
I said lets come down the ladder, but how can you, I mean

55 nasıl (0.5) yapıcaz .hh çok da üzerinde durmadım
how can we do, I didn't focus on too much

56 C: e- evet (.) aynen=
Y-yes exactly

57 T: =benim de pay[ım-
my contribution

58 C: [YOk hayı::r aynen derken ON(h)A demedim de: (.) işte
No, I didn't mean that saying "exactly". I mean,

59 konu hakkında na:pabilirim onu h↑iç bilmiyorum.
what can I do about the issue, I have no idea

After therapist's offer in line 1, client does not provide a typical "go ahead" response or any rejection for 2.4 seconds. Yet, therapist continues with her point explaining that she thought some trouble (e.g. "your dissatisfaction"/ "memnuniyetsizliğinizi") in their relationship exists by additionally referring to a previous interaction. In her comment, her positive description such as "it was a good point"/ "güzel bi noktaydı" and emphasis in "this was very nice"/ "çok hoştu" are remarkable. Client expresses her difficulty in understanding in lines 9, 12, and 31 but then accepts that therapist further explains her point. During therapist's explanations, client poses some clarifying questions. When therapist's turn is complete in line 35, client takes the turn with an interruption and increase in her voice while she disagrees with therapist's point. However, her disagreement is followed by a quick comment on how beautiful therapist's interpretations were.

Therapist does not align with client's positive comments and initiates a new turn in lines 39-41, which is interrupted by client again with a disagreement.

Client's example in lines 42-48 is also meaningful that she declares that she might not enounce her positive feelings even she loves someone. Additionally, she states that this might be happening in her interaction with therapist. In other words, she indirectly states that she has positive feelings or attitudes towards therapist unlike therapist's conceptualization of the relationship. In turn, therapist sticks to her point, although client attempts to interfere in line 51. Finally, client verbalizes an agreement with "Y-yes exactly"/ "e- evet (.) aynen" in line 56. Immediately after, she makes a repairment in line 58 indicating that she does not approve that therapist contributes to the trouble. However, it remains unclear what client means with her approval in line 56.

With abovementioned type of ambiguity, dyad seems to facilitate and make sure that they have a positive attitude towards each other when they are exchanging some conflicting material or unpreferred content of speech.

Before moving on with an integration of all dyads and stages of their psychotherapy, last extract deserves attention. It illustrates the interplay of two types of ambiguity in one sequence and has relevance with the issue of role asymmetry. One part of the first session conducted by Dyad 4 is excerpted. In this extract dyad negotiate on the therapy frame regarding the written contract, audio recording, and confidentiality. As the ambiguity of collaboration has been explained in detail, turns that are significant for the institutional roles will be examined.

Extract 12 *Dyad 4, session 1 (T: therapist, C: client)*

1 T: ı:: Bu (.) bilgi formu(.) var
Iu there is an information form

2 C: hıhı
Hıhı

3 T: isterseniz bir okuyun (0.2) imzala[manız] gerekiyor başlama↑dan
If you want, you can read.You should sign this before we start

4 [tamam]
okay

5 (31) ((kağıt sesleri))
((paper sounds))

6 C: ◦tamam◦(.8) şunla (0.2) [d]oldursam olur? mu
Okay.Is it okay to full in with this?

7 T: [hı]
hı

8 (0.8)

9 ben de bir açıklama yap↑im >hani görüşmelerde ses kaydı Alıyoruz?<
Let me make an explanation, I mean we're going to take voice recording

10 (0.2) Bu benim eğitimim (0.2)>için< gerekli?(0.2) e:: [ama
This is necessary for my education umm but

11 C: [<keşke onu
I wish

12 söylemese(h)y yani(.) söylemeden yapsa(h)ydınız [(ama)
I mean you didn't tell me, but

13 T: [Maalesef:bunu
Unfortunately,

14 yapamıyo↑ruz (.) bilgilendirmek gerekiyor çünkü ba:zen
We can not do that. Giving information is required because sometimes

15 istemeyebiliyor danışanlar?
clients don't want it

16 C: hı hı ((boğaz temizleme))
Hı hı ((throat cleaning)

17 T: .hh ı:: Bu ses kayıtları sadece eğitim ve araştırma amaçlı: (0.2)
Iıı, this recording is just used for education and research purposes

18 kullanılı↑yor .hh ı:: süperviz::örüm var benim hani görüşmelerde
Iıı, I have a supervisor, for the sessions

19 süpervizyon (0.3)
supervision

20 C: (◦anladım◦)
I got it

21 T: alıyo↑rum[.hh] ıı onlar dinleyebilir gör(.)hani ses kayıtlarını=
I receive it. Iı, they may listen the voice recordings

22 C: [hıhı]
hıhı

23 T: =ya da:?ıı benbi:r (.) vaka sunabilirim sizle ilgili ↑ama sizin
Or ıı I can present a case about you but

24 tamamen [ı::(0.6) bilgileriniz gizli]=
your information is ıı completely confidential

25C: [Bilgilerim gizli olucak hı hı]
My information will keep confidential, hı hı

26 T: =tutulacaktır?
will be kept

27 (0.8)

28 T: ◦bu kadar◦ [hı hı
That's all hı hı

29 C: [tamam olsun ZAten (.) herhalde (.4) ses kaydı almayın
Okay, then. Probably, even if I say "don't take the voice record"

30 desem yine de alıcaksınız yani öy- zorunlu:: herhalde ◦bu◦
you will get it, I mean. I guess, it probably has to be done.

31 T: ı:: Ya::ni almam gerekiyor açıkçası
Iıı, I mean, I have to take it actually.

32 C: tamam (.)◦sizin için nasıl kolay olacaksa
Alright, if it is easy for you.

33 (3.4)

34 >ay o kadar çok tarih yazdım ki bugün bir [ekim değil mi]
I wrote lots of date today. It isfirst of october, right?

35 T: [biri (.) hı hı]

36 (12)((yazma sesleri, kapı çarpma sesi))
((writing sounds, knock sound))

37 ◦(tamam) teşekkürler?◦
Right, thanks.

Firstly, therapist's lexical choice of "If you want"/"isterseniz" in line 3 is meaningful as it seems to function in two ways. Although it is the therapist who offers and wants the client read and sign the contract, she verbalizes it as if it was client's wish or she wants to know whether client wants to accept the offer. In any case, first function of the utterance seems to check for client's agreement with the offer. Via positioning client as an agent who might or might not want to sign the form or indirectly asking her preference, she mitigates her therapist role and directive manner of interaction. This also indicates that she expects some kind of negativity from client when she engages in the action. Secondly, therapist's informing client about the audio recording in lines 9-10 is designed with a reference to her education and necessity of the procedure, again as a sign of her expectation of uncollaboration. Client's indirect reaction with an anxious laughter, dispreferred grammar and lexical choice ("I wish"/ "keşke") in conjunction with repairment indicates an ambiguity in her interaction, too. Thus, therapist's ambiguous introduction of conduct of therapy is replied with an ambiguity by client. Therapist introduces a possibly conflicting material in a collaborative fashion with utilizing her therapist role and client intimates her discomfort in a collaborated way.

Exchanges of the dyad in subsequent turns are designed in the exact way. In lines 13 and 14, therapist replies client's comment by stating "unfortunately"/ "maalesef", so she indicates that she is aware that how she presents the institutional frame is not ideal for her as well. How client collaborate with therapist's directive role in her turn beginning in line 29 mimics the abovementioned exchange. The content indicates an uncollaboration as it can be inferred from her statement of "even if I say don't take the voice record/"ses kaydı almayındesem". In summary, both parties agree on the compliance to an external institutional conduct, while their interaction indicates negativity towards it.

Both types of ambiguity of collaboration are observed to occur in all types of actions listed in Figure 3.1 at some phase of process. Additionally, the majority of sequences in sessions were identified as being ambiguous in terms of collaboration. The distribution and organization of different patterns of interaction in the process and among dyads is explained in more detail in the next part.

3.2.3 Overall Organization of Collaboration, Uncollaboration, and Ambiguity of Collaboration

Collaboration, uncollaboration and ambiguity of collaboration are observed to occur in all stages of therapy and among all dyads. However, there are some variations in terms of which actions are collaborated, uncollaborated, or exchanged in ambiguity both in the process and among dyads. Furthermore, the dyads show some specific characteristics in terms of how these three patterns are organized in their sessions.

3.2.3.1 Process

Starting with collaboration, an overall summary of collaborated actions in different stages of therapy and which dyads performed the specific actions can be examined in Figure 3.2.Accordingly, dyads collaborate while they are engaging in information gathering/sharing about the client, making causal linkages and therapy arrangements, providing a point of view, and talking about therapist information in the beginning stage of the therapy. Moving into working stage, they are observed to collaborate in the same interactional aspects except for therapy arrangements. At the end stage, only information gathering/sharing, causal linkage, and therapy arrangements are the actions dyads were in collaboration.

The areas they gather/share information about client are mostly related to demographical characteristics, different aspects of client's life, and psychological circumstances (see Extract1a) in the beginning. In the working and end stage, symptoms/complaints or daily life information are also exchanged but psychological processes like emotions and thoughts are added. Moreover, reflections on the therapy process emerge as a novel action collaborated in the working stage.

Regarding causal linkage, in the beginning stage, dyads examine causes of symptoms (see Extract 1b), links thoughts and emotions, and their roots in interpersonal relationships in a collaborative way. In the subsequent stages of therapy, they are observed not to focus on the causes of symptoms but investigate the causes of specific emotions/thoughts/behaviors. At the end stage, a new aspect of causal linkage is observed, that is the link between current thoughts/emotions and general formulation.

Providing a point of view is not a predominantly collaborated action in the beginning stage except for evaluation of someone out of therapy as it was analyzed in Extract 4. In the working stage, dyads are in collaboration in terms of a number of subcategories of providing a point of view. Yet, at the end stage they do not seem to collaborate in this kind of interactional project.

Collaboration in terms of therapy arrangements are the case in the beginning and at the end stages. As Extract 2 illustrates, dyads collaborate when they are summarizing the session, arranging the time, place and agenda of the next session, and setting the agenda for current session in these stages but not in working stage.

Lastly, therapist information emerges as a collaborated action in beginning and working stages as it was examined in Extract 3.

Uncollaborated actions are the information gathering/sharing, causal linkage, providing a point of view, and therapy arrangements in the process (see Figure 3.3).

Dissimilar to collaborated actions, dyads uncollaborate while exchanging information about psychological processes, emotions, thoughts, close relationships, and details of their problem areas (e.g. incompetence in education) in the beginning in addition to the subsequent stages (also see Extract 8). In terms of emotions, it is observed that client's emotions towards therapist are frequently exchanged in an

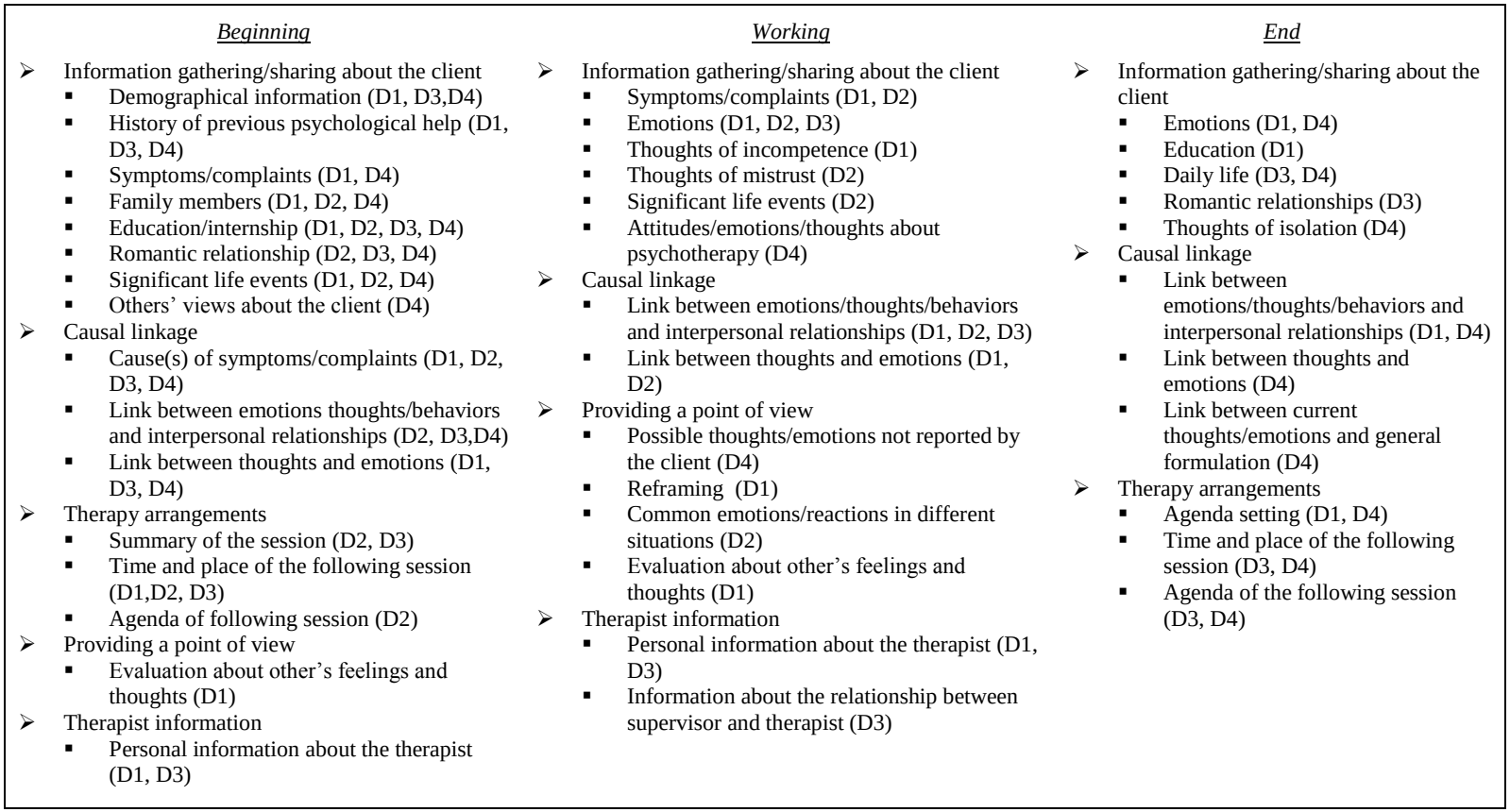

Figure 3.2 *Collaboration in Different Stages of Process and Among Dyads*

uncollaborated fashion. Attitudes/emotions/thoughts towards psychotherapy are also the distinctive actions dyads uncollaborated on in all stages of the process compared to other patterns of interaction (see Extract 9).

Link between emotions/thoughts/behaviors and interpersonal relationships in all stages, as well as causes of symptoms in working stage are also uncollaborated by dyads while they investigate the linkages between different psychological processes.

Therapy arrangements are also among the uncollaborated content dyads negotiated on in working and end stages. Agenda setting and summary of previous session are exemplified in the previous part of this chapter with Extract 7 and Extract 5, respectively. Dyads also disagreed with each other or remained irresponsive while the agenda of the following session are discussed in mentioned stages.

Many subcategories of providing a point of view are determined to be emerging in uncollaborative interaction. Extract 6 exemplifies proposing an alternative course of action in the working stage. Alternative ways of thinking, reframing, possible

thoughts/emotions not reported by the client, common emotions/thoughts/behaviors in different situations, alternative ways of thinking, asking for empathy towards others' feelings and thoughts, psychoeducation, and evaluating the effectiveness of psychotherapy are the other actions dyads uncollaborate on. These actions are not also performed in collaboration in the beginning and end stages of the process.

The final pattern, called ambiguity of collaboration, is observed while the dyads engage in information gathering/sharing about client, causal linkage, therapy arrangements, providing a point of view, and therapist information.

Information gathering/sharing about the client, causal linkage, and therapy arrangements are identified to be exchanged in ambiguity in all three stages of psychotherapy. Compared to collaboration or uncollaboration patterns, the existence of wide range of subcategories of actions grab attention. In terms of therapy arrangements, new issues also emerge such as continuity of the dyad, meaning that whether or not and how long the process will be continued are talked about.

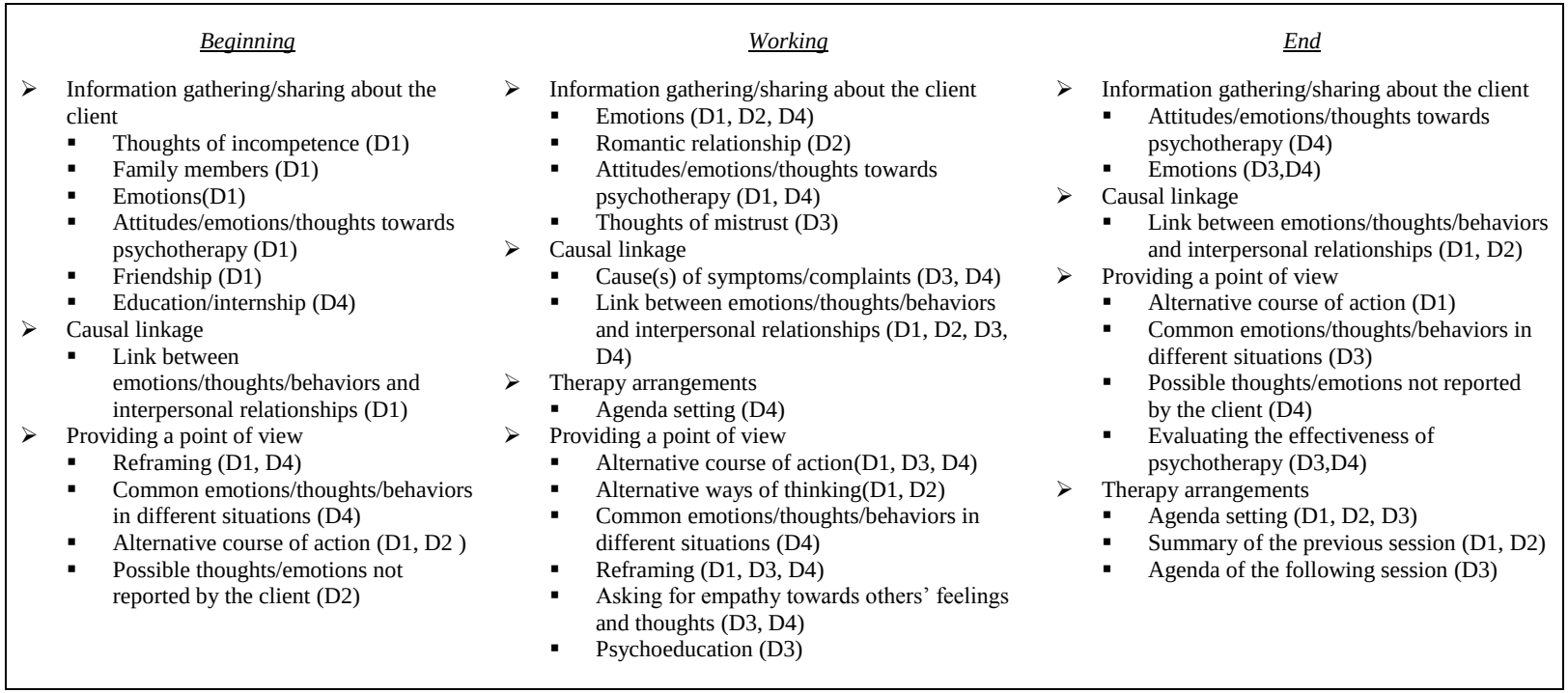

Figure 3.3 *Uncollaboration in Different Stages of Process and Among Dyads*

Payment of fee at the end stage and many specific topics relate to therapy (e.g. Extract 12) in the beginning are also specific to ambiguity of collaboration.

Providing a point of view and therapist information are distinguishable regarding different stages of therapy when the dyads were in ambiguity. Extract 10 and 11 depicts examples of providing a point of view in the end stage. In working stage, dyads also collaborated in ambiguity but no cases are identified in beginning stage for providing a point of view. Therapist information is the other action that is exchanged only at the end stage of therapy. It means that, issues like therapist's other clients or personal information about the therapist become matter of subject in a different pattern than the case presented in Extract 3 for collaborative interactions of dyads.

Figure 3.4 provides a summary of abovementioned actions involved in ambiguity of collaboration between different stages and corresponding dyads.

3.2.3.2 Dyads and Sessions

Dyad-wise comparison of interaction patterns can also be observed in figures (Figure 3.2, Figure 3.3, and Figure 3.4) as indicated by dyad numbers following the specific actions. Furthermore, the session composition for each dyad is examined and distinguishing features of session composition is analyzed in terms of overall structural organization analysis of guidelines suggested by Ten Have (2007).

*Dyad 1.*In the beginning stage of Dyad 1, sessions start with ambiguity and characterized by alternating sequences of collaboration and uncollaboration in the first session. In the second session, ambiguous interactions increase. What is also noteworthy is that dyad terminates their interaction in collaboration, although rests of the sessions are dominantly uncollaborated or ambiguity of collaboration is the case, in the beginning stage. Extract 9, from their first session follows an uncollaboration and resolved with collaboration of dyad. Thus, dyad seems to aim to reach collaboration when both their last sequences in the first two sessions and such kind of structural organization repeated more than once indicate, in the beginning stage.

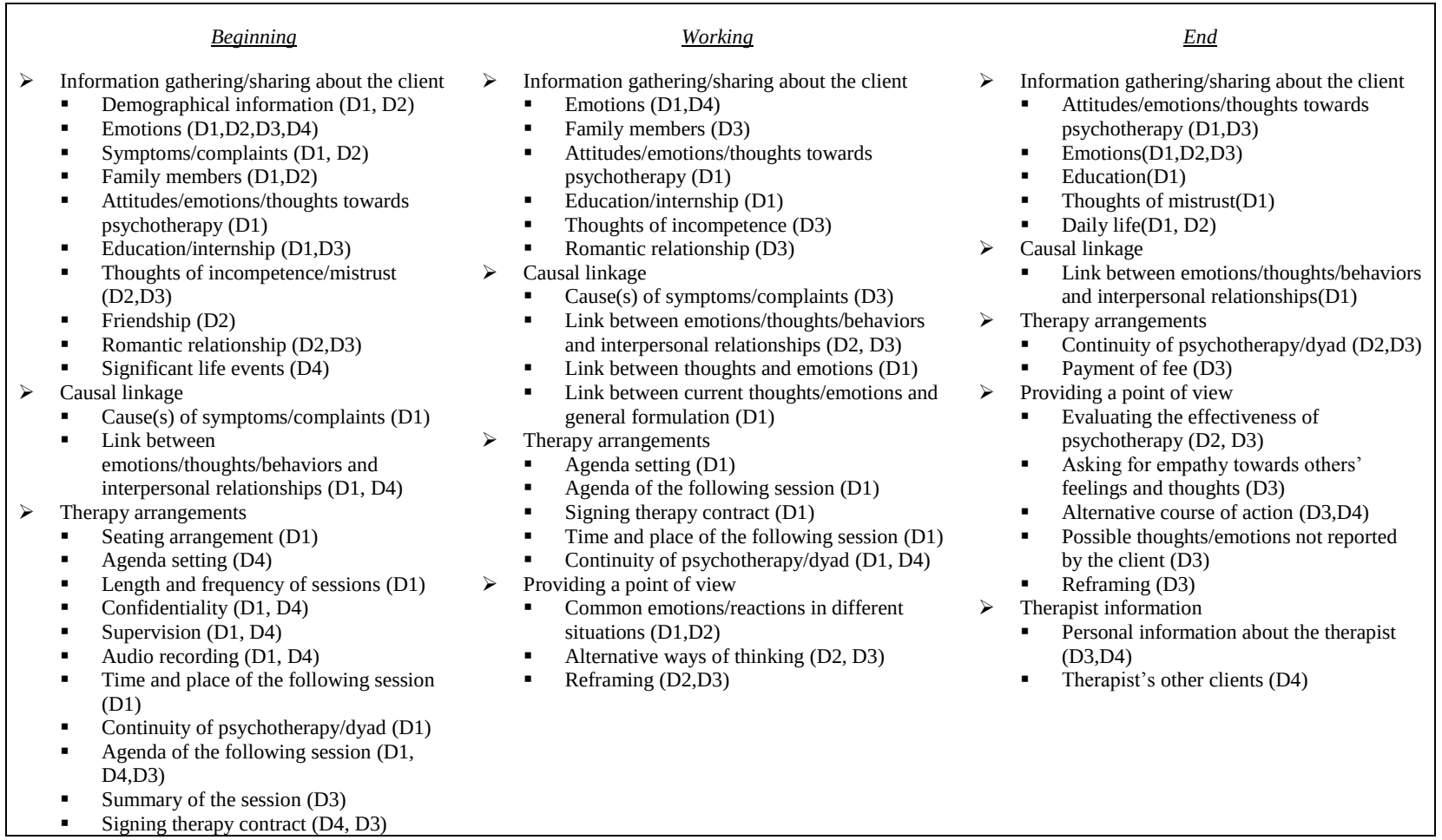

Figure 3.4 *Ambiguity of Collaboration in Different Stages of Process and Among Dyads*

Moving to working stage of Dyad 1, alternating sequences with different patterns of interaction is observed. Especially, in their fifth session a long ambiguity-uncollaboration alternation is terminated with the collaborated exchange presented with Extract 4, which serves for facilitating the proximity between the dyad.

In the end stage, first dyad engages in a series of collaboration-ambiguity of collaboration-uncollaboration sequences with uncollaboration while terminating the session 7. Next session, starts with an uncollaboration (see Extract 7) and similar organization is observed with the previous session. No collaborated interaction happens and this session becomes the last session of the dyad. Uncollaborated exchanges generally include irresponsiveness or disagreement/challenge, and ambiguity manifest through the collaborated interaction-uncollaborated content.

What is specific to this dyad is the extensive expression of uncollaboration or ambiguity via therapy arrangements for client and seeking for proximity via sharing therapist information for therapist. Moreover, when the structure of whole process is examined it can be summarized that dyad interacts in an ambiguous fashion when they first met and tries to establish a collaboration. However, what therapist's actions aim is to fulfil the therapeutic tasks in a directive manner and what client's actions aim is to expand her control and initiation in the conversation. Yet, when the collaboration decreases in the working stage it can be observed that therapist becomes more and more ambiguous about her directive role and dyad engages in irresponsive uncollaboration more frequently.

*Dyad 2.*For the second dyad, the beginning stage of therapy was predominantly in collaboration with a few sequences of ambiguity and one uncollaboration when therapist provides an alternative course of action and possible emotions of the client. Extract 2, belonging to their beginning stage, also depicts collaboration in terms of therapy arrangements.

In the working stage of Dyad 2, ambiguity in collaboration stands out especially in client's lengthy narration and interaction while she disagrees with therapist. Uncollaboration is predominantly observed via irresponsiveness as Extract 8 illustrates.

Similar to the working stage, last two sessions of the dyad includes long sequences of ambiguity with short instances of uncollaboration. No collaborative interaction is observed in this stage. In the last session, where client verbalizes her intention to terminate the process, the ambiguity (collaborated interaction-uncollaborated content) and uncollaboration via irresponsiveness and topic change attract attention.

All in all, the characteristic structure organization is in question-answer form and inflexible imposition of role asymmetry in Dyad 2's interaction. Dyad maintains such exchange in collaboration in the beginning; but then, the interaction becomes ambiguous. Second feature specific to this dyad is the limited emotional involvement of the dyad compared to other dyads. This is concluded due to fact that dyad did not seem to show parallelism with each other in terms of emotional expression neither in collaborated actions nor in uncollaborated actions. No exchanges of expression of negative emotions and seeking for proximity patterns are identified.

Dyad 3.The beginning stage of Dyad 3 involves no uncollaboration and alternating sequences of ambiguity and collaboration. Collaboration is observed to be organized through long sequences of client's storytelling and therapist's acknowledgment tokens. Specific to this dyad, ambiguity of collaboration is expressed through therapist's sarcastic responses in the form of collaborated interaction-uncollaborated content. Also, the extensive utilization of seeking for proximity via talking about therapist information is the case specifically for this dyad (see Extract 3).

In the working stage, collaboration-ambiguity of collaboration-uncollaboration sequences is observed to follow each other. In this stage, the collaborative exchanges as proximity seeking are identified to follow the uncollaborated actions. Similar to Dyad 1, these exchanges always followed uncollaboration between the dyad. For instance, the uncollaborated interaction in Extract 5 is continued with therapist's sharing personal information about her dormitory life.

End stage of this dyad witnesses an increase in ambiguity of collaboration and uncollaboration. Long sequences of client's story telling stands out as it is the case

in beginning stage and therapist's uncollaboration via expression of negative emotions or ambiguity of collaboration responds to these narration. In the 19th session therapist offers to terminate the process and in the following session, dyad mutually expresses negative emotions or attitudes towards the process differently from other dyads. Consistently, their interaction ends with ambiguity in their last session.

In general, third dyad's interaction includes an initial lack of uncollaboration and presence of ambiguity and collaboration in preliminary sessions. This interaction turns into a conversational effort to expand each party's influence and direct the speech. When they openly uncollaborate with disagreement/challenge or expression of negative emotions, the conflict is attempted to resolve via proximity seeking and ambiguity as it is depicted in Extract 10. Finally, the interaction is permanently terminated reflecting an overall uncollaboration between the dyad similar to Dyad 1 and Dyad 2.

Dyad 4. Interaction of Dyad 4 starts with ambiguity as depicted in Extract 12 in their first session and the beginning stage portrays patterns of collaboration (see Extract 1) and uncollaboration in successive manner. However, the openings of their sessions are with ambiguity of collaboration. Both uncollaboration and ambiguity of collaboration sequences are characterized with client's discomfort with the topic or therapeutic intervention of therapist (e.g. reframing, link between thoughts and emotions) and therapeutic frame of the process (e.g. agenda of the following session). Therapist also seems to be in ambiguity while introducing therapy arrangements as a part of her institutional role.

In working stage, diversification of collaboration-ambiguity of collaboration-uncollaboration sequences comes to forefront similar to other dyads. Uncollaborated patterns of interaction remain unresolved or followed by ambiguous exchanges unlike Dyad 1 and Dyad 3 in this stage of their process.

The end stage mostly includes ambiguity and collaboration of the dyad. A distinctive sequence of Dyad 4 in their last session reveals that dyad exchanges therapist information in a different manner. That is, client asks for personal contact

number of therapist in case she returns to the city and wants to continue the process and therapist responds with collaborated interaction and uncollaborated content. She refers her to the institutional communication channel. Seemingly, client's attempt functions as seeking for proximity but not replayed with the same purpose by therapist.

Overall, for the last dyad the process depicts an ambiguity and uncollaboration in initial and working stages of therapy, moving into ambiguity and collaboration in their interaction. Actions involved in ambiguity and uncollaboration are generally related to client material and therapy arrangements. No sharp distribution of institutional roles is the case unlike Dyad 2. The subcategory of collaboration as proximity seeking is not observed to be engaged in the process, but the emotional involvement of the dyad is mostly in parallel or becomes the agenda of their exchange (see Extract 11).

3.3 Summary of the Analysis

In summary, collaborative aspects of engagement into therapeutic tasks facilitate means to sustain therapeutic process, and seeking for proximity reveals that dyads predominantly make considerable effort for mutual understanding and check whether the other party clearly understands and engage in preferred actions. The interactional projects are accomplished using insert- and post- expansions, self initiated self repairments, providing preferred answers and acknowledgment via overlapping with and completing other's turn, and related lexical choice by both the therapist and the client. In terms of asymmetry of institutional roles, therapists seems to own the information about the agenda of the interaction and clients have the role of possessing the information about their problems. Therapists direct the conversation by initiating turns and utilizing strategies to guarantee the concordance. Clients consistently provide preferred answers, do not initiate new turns or topics but perform post-expansions even if they initiate a turn, and comply with other-selected turn initiation. It can be concluded that this mutuality is the sign of the fact that dyads are interactionally in collaboration while maintaining the institutional roles, too. For the last aspect of collaboration it can be stated that the

agreement is not only related to the course of conducting psychotherapy but to a more personal connection. While doing so, dyads use strategies to increase mutual understanding and preferred responses. In addition, they are parallel in their emotional involvement (similarity of emotional valence and degree of the extend they express their emotions), utilization of conversational tools, and adoption of institutional roles.

Uncollaborated sequences are typically characterized with misalignment with the action in question via topic change, disagreement/challenge, irresponsiveness, and expression of negative emotions. Conversationally, dyads utilize dispreferred responses, utterances like "yes, but", reversing the constraint of direction of speech, unattended other-selected turns violating the nextness principle, absence of preferred answers, terminating other's turn with minimal responses or interruptions, and conflicting lexical choice while they uncollaborate. These interactional tools serve for defending one's point of view, ignoring other's content and emotional reactions, refute other's argument, and express mostly disappointment. Regarding role distribution, blurring of role asymmetry and reversing institutional know how are noteworthy in uncollaborated patterns of interaction. It is also identified that especially for disagreement/challenge and topic change dyad mutually insists on the control of conversation flow.

In ambiguity of collaboration, conversational strategies engaged in collaboration (e.g. preferred answers) and uncollaboration (e.g. counters) are utilized in conjunction. Dyads either express dispreferrence, negativity or change topic in an collaborated way of interaction or their interaction project involves an uncollaboration like terminating the turn but their lexical choice or utilization of acknowledgment responses give an impression of collaborated interaction. Both patterns of interaction points out a conflict or misalignment between therapists and clients, yet they do not express them directly. Ambiguity in imposing and adopting the institutional roles is also observed for therapists and clients.

There are not strictly marked differences between beginning, working, and end stages of therapy in terms of presence of collaboration, uncollaboration, and

ambiguity of collaboration. Yet, some trends of characterizing exchanges could be identified when the session organization and dyad-wise diversity are added to the picture.

In the beginning stage, the collaboration is maintained when the actions are aimed to get to know the client or her complaints, emotions, thoughts without providing a point of view. In the beginning, therapists' examination of links between different processes, especially interpersonal roots of problems, or proposition of alternative ways of thinking or acting is generally responded with uncollaboration and ambiguity. This lack of collaboration continues in the subsequent stages of the process for some actions as the length of uncollaboration and ambiguity of collaboration is examined in sessions.

How therapy arrangements are exchanged is additionally thought to be significant. In the beginning dyads, except for Dyad 1, are mostly in collaboration while negotiating the institutional rules of conduct. No uncollaboration is the case in the beginning. However, in the working and end stages uncollaboration and ambiguity are observed while dyads talk about therapy arrangements for all dyads.

There are some aspects of interaction patterns that are not performed by some dyads and are typical of some others. For Dyad 1 and Dyad 3, making use of proximity seeking is frequent following uncollaboration and ambiguity and not for Dyad 2 and Dyad 4. Moreover, Dyad 3 is never in uncollaboration in the beginning stage and Dyad 2 does not collaborate at the end.

Synthesizing the specific properties of dyads in the process and overall structural organization some summarizing descriptions can be assigned. First dyad's conversation points out an interchange of "control-proximity" as the uncollaboration-ambiguity in turn initiation and topic selection, and proximity seeking implies. For second dyad, it can be claimed that their interaction is predominantly "control-ignorance" as the client builds long story-telling sequences with an uncollaboration or ambiguity towards therapist's interventions and therapist responds many material consisting high emotionality with irresponsiveness and imposition of institutional rules. The third dyad exemplifies a "negativity-

proximity" pattern, with a high collaboration in the beginning (especially with emotional proximity) turning into ambiguity and uncollaboration. The uncollaborated or ambiguous actions mostly include expression of negative emotions. Lastly, overall interaction of the forth dyad is named as "negativity-intervention" as the initial uncollaboration in actions like causal linkage and providing a point of view is transformed into collaboration regarding these actions at the end.

CHAPTER 4

DISCUSSION

In the previous chapter, findings of the analysis are presented and this chapter includes further elaboration on the meanings of the categories of patterns of interaction and variations in the process and among dyads. While doing so, perspectives of conversation analysis research in psychotherapy and T-C literature are revisited with a closer look. Explanations about why might the dyads interacted in these ways are also discussed. Moreover, strengths and implications of the study in terms of psychotherapy practice and conversation analysis method are speculated about. Limitations and future directions are also discussed and a general conclusion about the findings is presented by integrating major perspectives which inspired this study.

4.1 Answers to Research Questions

4.1.1 Conversation Analysis Perspective

As it was proposed before, this study firstly aimed to answer the question of which patterns of interactions characterize the interaction of individuals displaying sadistic, masochistic or sadomasochistic features and therapists. The analysis revealed that the interaction was comprised of collaboration, uncollaboration, and ambiguity of collaboration. These patterns are named according to the specific interactional characteristics of this sample and fundamental strategies suggested by CA methodology.

Although terminology and definitions show some variations, the findings exhibit correspondence with concepts investigated in many studies on the relationship between clients and therapists with CA. It is important to underline that this correspondence is not specific to sadomasochistic T-C dynamic. The following CA literature only sheds light on the recent findings about how collaboration and uncollaboration are interchanged in psychotherapy context, in general.

Starting with collaboration, Turkish CA studies pointed out that conversational tools like repetitions, repairments, and listenership tokens are among the frequent manifestations of facilitating understanding, congruity, consistency, and predictability of the talk (Gürhanel, 2012; Tekdemir Yurtdaş, 2008; Tekdemir Yurtdaş, 2010). Thus, the aspect of collaboration with specific conversational properties imitates these findings in general. CA studies on psychotherapy also focused on many aspects of collaborative interaction. Some of them examined the conversation solely with purposes of understanding the alignment or collaboration. Some others shed light on the strategies to maintain collaboration while another project, like elaborating formulations, is the primary objective.

Affiliation, alignment, cooperation, collaboration, continuity, and alliance are among the concepts that are studied with CA perspective. Although the terms refer to various facets of therapeutic relationship, they coincide in the idea of "moments of meeting" (p. 567) as referred by Perakyla (2012). This definition integrates a broad understanding about the quality of relationship in the psychotherapy and perfectly corresponds with the functions of collaboration in terms of emotional similarity, continuity of process, and fulfilment of therapeutic interventions. Yet, the last aspect of seeking for proximity points out a "meeting" of the conversational strategies, emotions, acquisition of institutional roles, and minds of the dyads that are not necessarily "therapeutic" or aimed to fulfil therapeutic tasks. This last aspect cannot be explained with CA literature and requires another viewpoint from T-C and sadomasochism perspectives, which will be discussed in subsequent parts of this chapter. For now, first two aspects of collaboration will be focused on.

First of all, analysis of the corpus reveals that the collaborated interactions are aimed to facilitate the mutual understanding, coherence, continuity and emotional resemblance between dyads. These interactional objectives has been investigated by Lepper and Mergenthaler (2007, 2008) and they proposed that collaboration mainly refers to the agreement on the subject and in order to establish topic coherence, repairments and time references, as well as mitigation of emotionally intense exchanges are frequently utilized. Clark and Rendle-Short (2016) more recently suggested a similar finding that emphasizes the role of updates and time references notwithstanding they are retrospective or prospective. Time references verbalized in a number of instances in the process as depicted in different extracts for facilitating the continuity of talk or sessions, irrespective to they are responded with collaboration or not. In terms of collaboration, therapist's summary of the current session with a recent update and agenda setting for the following session in Extract 2 illustrates such an attempt to ensure coherence. Mitigation of emotionally intense reactions is also observed as analyzed in Extract 1b in a collaborative way via therapist's summary and inferences.

How interpretations and formulations are communicated are other subjects that are studied in relation to maintaining collaboration. Heritage and Watsons (1979, as cited in Perakyla, 2012) stated that interpretations and formulations mainly have aim of suggesting a meaning to client's material. In detail, Perakyla (2012) puts forth that links between different aspects of experience and commenting on manifest and non-manifest psychological processes identify interpretations and formulations. In this study, actions of providing point of view and causal linkage have these functions and can be observed in both collaborative interactions and ambiguous interactions with an effort to ensure alignment by therapists.

Bercelli, Rossano, and Viaro (2008) researched on the issue of affiliation and specifically tried to understand the organization of interpretation exchange in psychotherapy. They concluded that especially therapists put significant effort to elicit preferred answers and maintain the affiliation of clients. They found that therapists used phrases like "you mean" or "you say "and mirror the content of client's talk. This strategy is also encountered in Extract 1b in therapist's causal

linkages with “you say” in line 58. Bercelli, Rossano, and Viaro (2008) further proposed that clients also engaged in affiliation with acknowledgment tokens, minimal responses, and extended agreements. The latter refers to providing further consistent information, which is the case in collaborated exchanges of clients in this study in addition to confirmation responses in Extract 1 and 2. Their analysis also suggested that therapists’ enrich their interpretations as a response to clients’ affiliation leading to a deepened understanding. Hence, Bercelli, Rossano, and Viaro (2008)’s conclusion that such an interaction communicates momentary meeting of clients’ and therapists’ minds applies to the current study findings.

In terms of mirroring client’s talk, Perakyla (2004) also emphasized the repetitions of same words in therapist’s lexical choice in order to make links between different material presented by the client and his/her point. Similarly, Vehvilainen (2003) postulated formulations that are designed with repetition of client’s words and adding a minor alteration serves for increasing the chances of confirmation. This strategy is also observed in collaboration attempts of therapist as Extract 6 illustrates in line 19, although client do not align with therapist’s interpretation. Additionally, in this study it is identified that clients repeat therapists’ utterances while they agree with the therapist and explicate their point of view when the collaborative interaction is present in ambiguous exchanges like Extract 10.

Another concept investigated in CA literature related to collaboration is empathy. Consistent with the analysis of collaborated actions in this study, Rae (2008) suggests that interactional strategies aimed to encourage client’s affiliation shows emotional attentiveness of the therapists so that client further increases emotional attunement such as sharing his/her feelings more. Wynn and Wynn (2006) also disclose that therapist’s resonance with client’s experience can be thought to indicate empathy expressed through asking for clarifications and assertions. Clients respond with answering questions, agreeing with assertions, demonstrating understanding, and appropriate showing of feelings. Lack of proper empathy is expressed through conversational failure, pausing, and change of topic (Wynn & Wynn, 2006) as it is the case with uncollaborated interactions in this study.

The dimension of role asymmetry as elaborated in collaborated interactions also coincides with Bercelli, Rossano, and Viaro (2008). They also identified a uniform asymmetric pattern in terms of institutional role distribution in their data. Firstly, they pointed out that therapists asked questions about clients' personal events at any transition relevant place in the sessions, and they asked lot of questions in one session. This pattern is not only present in the extracts belonging to collaborative interaction in this study, but also belongs to especially second dyad's beginning stage that is largely composed of question-answer organization while they are mostly in collaboration. Secondly, Bercelli, Rossano, and Viaro (2008) stated that clients almost never asked questions except for repair initiation. For the first two aspects of collaboration, the exact same pattern is identified in this study. Thirdly, they noted that therapists were in the role of stating formulations and interpretations and clients responded to these elaborations produced by therapists, apart from question-answer organization. Extract 1 and 2 also illustrates such a role distribution. Cipolletta, Frassoni, and Faccio (2017) consistently revealed that therapists made use of "therapist role" while arranging the circumstances of therapy and directing the conversation in videoconference sessions, too.

Next interactional pattern is the uncollaboration between dyads. There is a growing literature addressing the issues of misalignment and resistance from CA perspective. Vehvilainen (2008) noted that some mismatch in the psychotherapy process is inevitable. In parallel, Antaki (2008) asserts that more or less "combative" interaction is possible and not rare in client's reactions in psychotherapy corresponding to disagreement/challenge aspect of uncollaboration in this study. He lists that challenges, corrections, extensions, and reinterpretative statements are the indicators of therapist misalignment ranging from the most combative to the least. Halfhearted agreements or responses of "do not know" from clients are also commented on by Antaki (2008), which are also observed in pro-forma responses of clients in many instances and client's irresponsiveness in Extract 7.

Madill, Widdicombe, and Barkham (2001) also points out patterns of withdrawal from the topic, topic change, rejections, refutations, and justification of one's side

with commenting on others' personality signal uncollaboration for the client. All of these patterns apply to Extract 6 and 7. Therapist's responses and flow of conversation in Madill, Widdicombe, and Barkham (2001)'s study integrate a number of issues related to resistance of a client and therapist's reactions and is related to some aspects of ambiguity in collaboration. Thus, other properties discovered in their study will be embraced in detail when findings about this pattern are discussed.

MacMartin (2008) additionally shows that there are some ways of manifestation of client resistance specifically towards optimistic questions. Downgrading the optimistic content of the question, focusing away from therapist's contents, or joking about them is among them. Topic change, complaintments, and emotional disinvolvement of clients in extracts displaying uncollaboration provide support for these kinds of responses. In turn, as MacMartin (2008) demonstrates therapists redesigned their responses including a more neutral content and reframing client's resistance.

Voutilainen, Perakyla, and Ruusuvuori (2010) identifies signs of mutual emotional misalignment as focusing away from emotion, detailing the emotional experience in a detached way initially in the analysis of a session. Although therapist attend to this misalignment, she questions emotions of client towards the topic and therapist, which facilitates taking focus on the current interaction and client's mindset in this interaction. There are similar patterns of interaction in Extract 6 in which therapist tries to facilitate client's expression of emotions and in Extract 11 that includes investigation of client's attitudes towards psychotherapy and therapist. In both interactions therapists face with a misalignment, yet dyad fail to cooperate.

In parallel with analysis of role asymmetry in uncollaborated interactions in this study, Perakyla (2012) comments on findings of Voutilainen, Perakyla, and Ruusuvuori (2010) and MacMartin (2008) and suggests that clients' uncompliance with therapist restrictions indicate his/her attempt to dismiss the therapist's role of possessing knowledge and indicate that client is the primary agent who owns the information about him/herself. Turkish CA studies also pointed out that

uncollaborative conversational tools like overlaps and interruptions, encountered in many misalignment studies, point out a power asymmetry both in daily conversations and in institutional settings (Atakan& Yurtdaş, 2013; Büyükgüzel & Gül, 2015; Tezerişir, 2011).

Vehvilainen, Perakyla, Antaki, and Leuder (2008) review the psychotherapy studies conducted with CA analysis and claim that majority of research focus on therapist initiated actions and client's responses. Specifically for misalignment, they underline the fact that studies primarily aim to analyze patterns of interventions therapists engage in while they respond to clients' resistance. Findings presented by Antaki (2008), Voutilainen, Perakyla, and Ruusuvuori (2010), Madill, Widdicombe, and Barkham (2001), and MacMartin (2008) generally illuminate this part of the picture. However, they propose that understandings about client initiated actions should be deepened and therapists' contribution to misalignment should not be overlooked, like Voutilainen, Perakyla, and Ruusuvuori (2010) exemplifies with dimensions related to distancing from emotions. Consistently, the uncollaborated actions identified in this study give considerable insight about how clients initiate the misalignment (e.g. Extract 5, 7 and 9). Yet, there are some exchanges (e.g. Extract 5, 6 and 8) in which therapists either actively participates in misalignment or initiates it.

For therapist initiated and maintained misalignment, Voutilainen, Perakyla, and Ruusuvuori (2010) and Madill, Widdicombe, and Barkham (2001) discuss that one function of therapist misalignment is it's being a therapeutic intervention. Their idea echoes Weingarten and Cobb (1995)'s claim that elaboration can be possible without cooperation between therapy dyads and sometimes uncollaboration is a must for providing a new perspective. In both studies, therapists do not accompany with clients' resistance to and denial of their emotions, contributions to interpersonal relationships, and attitudes towards the current therapy relationship. By doing so, they direct the talk to a more fertile ground. Similarly, in the moments of therapist initiated uncollaboration in this study therapists seem to aim to direct the topic for therapeutic purposes or challenge clients in order to facilitate an insight

(e.g. Extract 6). Nevertheless, their withdrawal in response to continuing resistance hinders kind of elaboration Weingarten (1995) mentions.

Although Voutilainen, Perakyla, and Ruusuvuori (2010) states that therapist should observe their own misalignment and shape their interventions accordingly instead of treating it solely as a threat to collaboration with the client, their discussion exclude cases in which hostile feelings or attitudes of therapists are operating at the same time. Their conceptualization also falls within the frame of complementary view of countertransference as categorized by Gelso and Hayes (2007). In other words, there is still room for addressing mutuality of misalignment taking the therapist factors into account. Despite the fact that CA studies do not aim to explain majority of these factors by itself, a couple of implications touch the issue partially by emphasizing the role distribution asymmetry in conversation. Korner, Bendit, Ptok, Tuckwell, and Butt (2010) claims that a very strict and inflexible commitment to and presentations of formulations might mean that professionals reject to acknowledge that client is also an independent agent in the psychotherapy relationship. More recently, Bonnin (2017) postulates that therapists' adherence to a fully structured interview results in dominance of client's agenda and deepens the role asymmetry.

The last interactional pattern proposed in this study is the ambiguity of collaboration. While there is considerable research on collaboration and uncollaboration with special references to these concepts, ambiguity is not independently identified or researched. Instead, some findings especially in resistance studies give insight about ambiguity in therapeutic relationship.

Many studies show that mitigation is a common strategy therapists use in order to increase collaboration when their content of speech actually includes confrontation, alternative view, and reinterpretation of client's point or focuses on a delicate topic misaligned by the client previously (Antaki, 2008; Bercelli, Rossano, & Viaro, 2008; Muntigl & Horvath, 2016; Rae, 2008; Sutherland & Strong, 2011; Yao & Ma, 2017). In general, they are evaluated as being means to therapeutic intervention.

More specifically, in MacMartin (2008) it is underlined that some characteristics of misalignment with optimistic questions involve rejection to agree with some part of speech but an acceptance of another part at the same time. She also informs that jokes and sarcastic responses reflect a superficial positivity in the orientation of participant but serves for a misalignment in total. Her elaboration on sarcasm reflects the ambiguity of collaborated content-uncollaborated interaction identified in this study. For instance, In Extract 10 therapist uses a number of laughter in a sarcastic manner while uncollaborating with the client. Although MacMartin (2008) discusses these patterns as client misalignment, in this sample therapists also engaged in sarcasm or partial agreement/disagreement. For the utilization of humour in psychotherapy, Jeffrey (2009) compatibly puts forward that one of the functions of humour is to express uncertainty.

Regarding partial agreement/disagreement responses, Perakyla (2012) provides an elaboration on Bercelli, Rossano, and Viaro (2008)'s analysis of an extract as an affiliation. He shows that client shows resistance to some aspects of therapist interpretations indicating momentary mismatch in dyad's understandings. In this study in Extract 11, therapist asserts that there are some points that are not understood about the client in their relationship and as the therapist she might contribute to this phenomenon. Client accepts that there are some points that are not clear about her in general but disagrees with therapist's interpretation that it also happens in therapy and therapist is also responsible. Rather, she argues that it is due to her inability to express herself.

As stated before, Madill, Widdicombe, and Barkham (2001) in their analysis of a client's resistance to therapist's formulations also say a lot about the ambiguity in dyad's interaction via partial agreement/disagreement. Their analysis illustrates a couple of sequences in which client misaligns with interpretation of therapist, and then therapist responds with strategies to align the client to some aspects of his interpretations while ignoring some rejections of the client. Client further shows incompliance with withdrawal. The same pattern applies to the sequence examined in Extract 6. Client uses the same strategies such justifying her point with generalizations and constructing identity of another person (i.e., her father).

Therapist, in turn, acknowledges some aspects of her explanations but insists on the fact that client did not express her emotions to her father with an effort to align the client. Client also expresses partial agreements with the therapist but does not fully align with therapist's viewpoint. While explaining these patterns, Madill, Widdicombe, and Barkham (2001) states that "these devices serve the useful function of enabling the participants to maintain the appearance of collaborative accounting and thus to avoid overt conflict in the interaction while pursuing their own rather different projects" (p.425). Consistent with this study, they also added that the role of therapist changes as the interaction progresses. The initial collaborator role of therapist accompanied by vagueness turns into less ambiguous role of "the one who knows" in their study. For ambiguity, this study also showed that role asymmetry is flexible and bidirectional in such kind of exchanges.

To summarize, first two aspects of collaboration are consistent with CA literature on affiliation and empathy, but there seems to be no interactional pattern documented with CA that therapy dyads utilize some interactional tools to facilitate a proximity that is not necessarily therapeutic, that is the third aspect of collaboration in this study. For uncollaboration, different aspects such as disagreement or irresponsiveness are parallel with many CA studies on resistance of clients. CA literature in general aims to identify these moments and how therapists intervene to resolve the misalignment but in this study it is found that uncollaboration was not one-sided phenomenon. Therapists also actively constructed mismatch or expressed negativity in addition to using misalignment as a therapeutic resource. This dimension is not primarily documented in CA research, although it is not excluded and denied altogether. The third pattern, ambiguity, is also not the major research topics in CA literature but especially in misalignment studies there are a number of moments displaying ambiguity. This fact not only validates that therapy dyads sometimes interact in ambiguous ways, but also supports the idea that they reflect an underlying mismatch between dyads. But literature seems to have a bias towards partial agreement/disagreement patterns which are designed to facilitate re-alignment eventually. Investigation of interactions implying negativity as demonstrated with sarcasm or laughter is rare

but seems to be closely related to ambiguity via collaborated interaction-uncollaborated content.

All in all, there are also some other points that needs to be undertaken like the second research question related to the variation in the process and among dyads or further explanations for the properties of interaction that are not explained by CA literature sufficiently. Hence, returning to psychoanalytic literature and issues of T-C seems to be necessary in order to account for these matters.

4.1.2 Sadomasochism and T-C perspectives

Sadomasochism and T-C literature account further for three patterns identified in this study. Additionally, indications of answers to second research question can be interpreted in the light of these perspectives.

For collaborative patterns, two issues are needed to be addressed in addition to CA explanations: submission and ego boundary. These issues are thought to be related to dynamics of role asymmetry characterizing collaborated interactions and proximity seeking aspect. In sadomasochism literature there is immense information on the presence of dominance and loosened interpersonal boundaries as reviewed in chapter 1.

For collaboration, it has been elaborated that engagement into psychotherapy tasks and facilitating means to carry out them are characterized by an apparent role asymmetry. Reed (1999) remarks that the line between cooperation and compliance is difficult to determine, so the relationship between client and therapist might fall into any side of the line momentarily. Sadomasochism is also claimed to have a submission dimension (Alvarez, 2009; Gazzilo et al., 2015; Mangis, 2007; McWilliams, 2010; PDM Task Force, 2006; Waska, 2008). In this study, the general interactional dynamic of Dyad 2 as a control-ignorance gives rise to thoughts of presence of such a phenomena. The fact that Dyad 3 does not engage in any uncollaborated interaction also signals the possibility of a submission dynamic. This possibility can also be grounded to the dynamic that following phases of the therapy is predominantly uncollaborated and ambiguous. In fact, no collaborated

interactions are identified in the last two sessions of Dyad 2. Thus, the collaboration is a superficial one rather than a therapeutic alliance. This superficial alignment can also be explained with the nature of this stage of therapy that includes the attempts of commitment as de Rivera (1992) suggests. However, when the next aspect of collaboration is added to the picture, the possibility of a superficial submission increases especially for Dyad 3.

The third aspect of collaboration named as seeking for proximity in this study can asserted to be closely related to dominance-submission dynamic and boundary challenges. Interactions depicted in Extract 3 and 4 correspond to moments of uncertainty about therapist roles and dyads engage in actions that are not prototypically therapeutic. Epstein (1994) comments on professional boundaries in psychotherapy as they are the extensions of the therapist's own ego boundaries. In fact, it can be observed that therapists submit to a new role that includes sharing their personal information or ideas, so their ego boundaries are violated by clients and by themselves as described by Claus and Lidberg (2003). Geltner (2005) states that this is widespread in sadomasochistic T-C that therapists might find themselves doing unanticipated things that are not common to their general practice. More importantly, there seems to be a need to violate these interpersonal boundaries in order to facilitate collaboration and proximity consistently with Geltner (2005), Slochower (2014) and Claus and Lidberg (2003). They propose that such relationship patterns as merging and enmeshment indicates under-developed boundaries in interpersonal relationships and T-C dynamics of sadomasochistic individuals. Claus and Lidberg (2003) also associate this boundary permeability with disavowal of some traumatizing material.

Disavowal of negative emotions and destructivity in this analysis are also conceptualized to be related with ambiguity and some aspects of uncollaboration. Hate, anger, and blame towards self and others dominantly play a role in being the actor of destructivity in sadomasochism(Slochower, 2014).They are represented in disagreement/challenge sequences and clients' expressions of negative emotions. Therapists also seem to initiate and engage in destructive means of relating in their sarcastic attitude, irresponsiveness and withdrawal, and expression of anger not

necessarily triggered by client's transference. Zeitner (2008) and de Peyer (2002) illustrate such aspects of countertransference. Slochower (2014) suggests that it is not a "sin" therapist falls into but a tool to be utilized to understand T-C dynamic.

How therapists can manage such a T-C relationship is illustrated in many case studies and proposed by some theoreticians (Clarkson & Nuttall, 2000; Waska, 2008; Winnicott, 1949; Vaslamatzis, 2005). They show that emergence of this negativity is the key to develop awareness about them in psychotherapy, yet both clients and therapists might fail to recognize and tolerate them. With projective identification terms, these parts of clients' self needs to be projected into the interpersonal field of dyad's relationship so that therapist can interpret and reflect on or initiate another intervention and client, in turn, can identify with this part of self in a renewed way so that integration of sadist and masochist dynamics is facilitated. This process corresponds to Winnicott (2005)'s concept of "good-enough" parenting and therapist's role of container for a healthy self-differentiation as described in chapter 1. Clients, as expected, have difficulties in containing their negative emotions like hatred, anxiety, or anger indicated by their ambiguity in exchanging them with the therapist or by uncollaboration. Especially, the interactions depicting irresponsiveness, topic change, and expression of negative emotions by therapists point out that the same is applicable to therapists when the mutuality of these interactions is taken into account.

Guilt is also thought to be closely related to the inability to contain the destructivity and interpreted to result in ambiguity in collaboration largely in this study. Both therapists and clients indirectly and in a vogue fashion exhibit their negativity. Ramazani (1991) underlines that this is a superego phenomenon again indicating that destructive urges in interpersonal relationships is inhibited and most of the time projected to the others. In other words, projective identification process operates in these interactions, too. Extract 12 is a good example for this process, in which client positions the therapist as dominating her by stating that she wishes that therapist recorded the session without informing her and making a guess that even if she rejects therapist will penetrate her boundaries. By doing so, she tries to mask her own discomfort and rejection but it must be the guilt and her submission to

superego that hinders presentation of authentic self. This also explains the frequency of ambiguity and uncollaboration while therapy arrangements are negotiated in the process.

In sum, issues of compliance, dominance, merger, consistency of boundaries, destructivity, and negativity seems to be related to how the dyads interacted in the process. These issues and theoretical reflections point out those interactional patterns are mainly related to the fact that the dyads could not adopt a "good enough" position towards conflicting aspects of themselves and of their interaction in moments of abovementioned dynamics. Such position is theorized to increase the capacity of tolerating to their needs of dependence and destructivity, in other words relatedness and control, for both parties as projective identification and T-C views put forward.

The patterns and their functions as well as issues related to role asymmetry share considerable similarities with sadomasochistic mechanisms and were assumed to do in the beginning consistently with the idea that personality traits are not only categorically exhibited but intersubjectively constructed. Still, there is not enough evidence that participants were solely sadomasochistic during the whole process and patterns were not related to some other personality features but specific to sadomasochism. CA studies also point out they are common to psychotherapy relationship in one way or another. However, it is noteworthy that most of the dyads interactions included abovementioned features and very rarely displayed the resolution of misalignment as suggested in CA studies and T-C literature.

4.2 Limitations and Future Directions

Although the findings have consistency with abovementioned literature and gives insight about the relational dynamics of therapy dyads, there are some limitations and suggestions for future studies that aim to expand the knowledge on the topic. Furthermore, it is crucial to examine some factors specific to this sample because they might have also shaped their interactions.

First, some considerations can be raised about relating the interactional patterns with sadomasochism as stated before. Although the research questions of this study did not primarily aim to identify the sadistic and masochistic parts-suggested by Claus and Lidberg (2003) - of therapists and clients, the findings might have added new perspectives to our knowledge about sadomasochism. If further research predominantly aims to distinguish these patterns in talk-in-interaction, some other inclusion strategy might be preferred in order to make more confident generalizations. For instance, researchers or third-party experts might independently examine the relational patterns of dyad for diagnostic purposes. The processes in which such a diagnosis has already been done can also be recruited. For this study, the voluntary nature of the study and constraints about the convenience of candidate participants whose process had already included assessment of sadomasochistic personality features precluded such recruitment. Also, the retrospective evaluation of personality organizations of clients might have created a gap between therapist perspectives at the time of conducting therapy and making evaluations due to memory bias.

Some limitations related to the design of the study are also important and might have operated in the organization of interaction between dyads. Gender was conceptualized to be determinative on the power exchange and utilization of conversational tools and was controlled in order to exclude its possible effects. Similar to gender, therapist experience, therapy and supervision modalities, length, and reason of termination can be thought to have direct or indirect effect on how the dyads interacted.

Starting with therapist experience, there might be some differences or distinguishing factors that influenced how dyads organized their conversation. In this study, speculations on the possible effects of therapy and supervision experience depended on quantitative reports of therapists which might not fully represent the quality of conducted sessions and received supervisions. Thus, again for future research it can be suggested that therapist experience be determined with a set of criteria including many facets of their experience. It is also noteworthy that all therapists conducted the sessions as part of their psychotherapy training, so how

the dyads engaged in interactional dynamics can be argued to be closely related with this circumstance and can be generalized to this population. For instance, the ambiguity in role asymmetry, therapists' referring to supervision relationship, or one client's commenting on the age of therapist might be due to such a property of therapists. This corresponds to the idea that any factor related to the social context operates in the dyads interaction and is expected, but in order to determine in what ways they influence their conversation, therapist experience can be controlled or experienced and inexperienced therapist-client dyads can be compared. Lastly, it can also be suggested that examination of interactions of one therapist with different clients might be illuminating and shed another light on the co-constructed aspects of dyad-specific patterns.

The same can be argued for qualitative aspects of the supervision therapists received. Supervision is thought to be one of the building blocks of therapy planning and casting on countertransference (Gelso & Hayes, 2007). For this sample, issues of dominance, compliance, disavowal and guilt might also have roots in supervision experiences of therapists. Three out of four therapists reported, in information form, that they thought the pace of supervision did not match with client's pace of change. There is no information about whether this is true or not but it seems that in therapists' minds there is some unmet needs in this relationship.

Supervision further seems to be a good candidate to reflect upon for another reason. Among dyads, Dyad 2 and Dyad 3 seem to exhibit sadomasochistic features which cannot be resolved in their relationships most. Actually, the process of Dyad 3 is parallel with McWilliams (2010) and Mangis (2007)'s description that initial alignment and empathic feelings turn into anger and rejection. For Dyad 2, the subsequent negativity in the dyads relationship is displayed through irresponsiveness and Dyad 3 mutually engages in uncollaboration and ambiguity in working and end stages. Although not a direct relationship is implied, therapists of these dyads received less hours of supervision compared to other therapists or in proportion to therapy sessions. Hence, therapists' comments and information related to supervision might be enriched with multimodal data sources or the interactional aspects of their relationship with their supervisors might also be analyzed and some

comparisons might be generated analyzing the interactions of therapists with their clients and supervisors.

Psychotherapy modalities adopted in the processor theoretical orientations of therapists might be another factor shaping the interaction patterns and how they handle the specific situations or engage in specific roles. Vehvilainen, Perakyla, Antaki, and Leuder (2008) underline that some therapy modalities are question driven (e.g. solution-focused) and some others are response driven (e.g. psychodynamic). In this study, the modalities processes were based on did not show a considerable variation but might have affected the interaction. For example, beginning stage of Dyad 2 was dominantly composed of question-answer sequences. Their overall process also reflected a less flexibility in the display of role asymmetry. That might be related to the fact that their process included application of cognitive behavior therapy, identified to be one of the question-driven therapies by Vehvilainen, Perakyla, Antaki, and Leuder (2008). Future research accounting for such differences inherent to psychotherapy modalities can also be guiding. In fact, conversation analysis research on specific modalities of psychotherapy like occupational therapy (Weiste, 2016), cognitive psychotherapy (Voutilainen, 2010), psychoanalysis (Buchholtz, Spiekermann & Kachele, 2015), and on comparisons between different modalities (Kondratyuk & Perakyla, 2011) gradually increases recently.

The number of sessions and reason of termination could not be taken into account due to the limitation of convenient candidates for participation. Differences in these properties of the process among dyads are also thought to be another limitation of this study as the selection of sessions belonging to beginning, working, and end stages had to be restricted by the total number of sessions conducted by the participants. For all dyads the first two sessions were considered as the beginning but for subsequent stages an enforced selection was the case. As a result, in shorter processes the working stage included initial sessions compared to longer processes, which might not belong to a phase that dyad really and efficiently worked on the problems. Same applies to the end stage. Dyad 4 and partially Dyad 3 in the last two sessions terminated the process in a planned fashion but first two dyads did not as

their process ended due to client's dropout. Still, the stage-wise analysis on variation of interactional patterns depending at least on time revealed some meaningful findings. However, future studies designed to examine conversational aspects of psychotherapy in different phases might consult some guiding conceptualizations on stages of psychotherapy like de Rivera (1992), Rogers (1958) or Norcross, Krebs, and Prochaska (2011) suggests.

4.3 Strengths and Clinical Implications

As it was put forward before, the patterns of collaboration, uncollaboration, and ambiguity of collaboration with subcategories of each and variation among dyads and in process are not mere indicators of sadomasochism. On the other hand, this does not rule out the fact that the identified patterns and details of dyads interactions correspond to issues such as withdrawal, control, anger and so on, which are chief processes in sadomasochistic T-C and can be explained from a projective identification perspective. Actually, such an outcome coincides with epistemological standpoint of social constructivist view and conversation analysis and main assumptions of relational understandings of T-C, psychotherapy, psychopathology, and personality as explained in chapter 1. To put it more explicitly, it can be asserted that these patterns would inevitably be intertwined with a number of social and interpersonal factors in addition to intrapersonal mechanisms and the aim of this study was to enlighten the explored phenomena from these perspectives. From this viewpoint, it can be concluded that this study strongly supports the view that any kind of human interaction including psychotherapy is not independent and isolated from the context and as human beings we construct and maintain meanings in the company of others.

Employing the conversation analytic method particularly promoted the exploratory nature of the study and maximized ecological validity as the subject of analysis was the naturally occurring conversation transcribed with the best possible details of dyads' speech. Accordingly, this study proposes conceptual and methodological contributions to the existing CA literature on psychotherapeutic conversations.

Firstly, this study is the first psychotherapy process research embodying CA perspective with a Turkish speaking sample so it informs about the method and intends to stimulate further research interested in micro and relational dynamics of application of psychotherapy in Turkish.

Secondly, the fact that data included an extensive amount of interaction belonging to multiple sessions of more than one dyads is thought to contribute to the CA methodology. CA studies draw a very detailed and complicated picture about how therapeutic dyad interacts but most studies investigate selected excerpts on specific domains of psychotherapy interaction (e.g. formulations), which detaches the focused interaction from the context and process it is engaged in. Some researchers have recently focused on the analysis of whole sessions (Buchholtz, Spiekermann & Kachele, 2015; Voutilainen, Perakyla, and Ruusuvuori 2010) within CA framework but not the whole process.

Thirdly, majority of CA studies depicts the so-called "successful" cases and tries to understand how dyads reached the goals of psychotherapy. However, as the T-C literature extensively emphasizes the importance of moments of conflict or obstacles encountered in the process which might not be and not necessarily must be resolved. Similarly, ten Have (2007) states that deviant cases in CA are as important as the general patterns. So the fact that this study documented untypical patterns (e.g. proximity seeking) of therapist-client exchanges is another strength of this study. Thus, applying CA strategies to different scales of dyads' interaction and not to necessarily to "successful cases "is thought to increase the ecological validity of the study.

The untypical pattern for CA literature is not untypical or novel for psychoanalytic theory so the findings are explained in integration with this theoretical framework. Utilization of CA in T-C studies is relatively new in general and there is no studies investigating the sadomasochistic aspects of therapy relationship. Our knowledge about T-C in sadomasochism is based on limited empirical studies and case reports. Most case studies are the product of therapists' mind who is also the participant of interaction. Therapist reflects upon the interaction and audience of the study has

little or no chance to independently examine it. With the emic perspective and specimen tradition CA adopts (Sert et al., 2015); this study overcomes such a drawback. Moreover, Perakyla (2004) and Buchholtz and Kachele(2013) claim that CA has a considerable potential and a powerful tool in order to understand concepts of psychoanalytic and psychodynamic therapies. Buchholtz and Kachele (2013) emphasize that conversation is in the core of these modalities and issues like transference, regression, slips of tongue are the perfect candidates to be analyzed in terms of conversational properties in a new light. Hence, this study also falls within this viewpoint and contributes to this branch of research with its theoretical background-C perspective and corresponding findings of this study further add to the picture in terms of underlying the importance of mutual participation of therapists and dyads. Findings specific to this study fills the gap, to an extent, in CA studies reviewed by Vehvilainen, Perakyla, Antaki, and Leuder (2008) about the fact that designs focusing on client-initiated actions are scarce.

The major conceptual contribution and distinctive application of this study is the demonstration of how ambiguity in displaying negativity and blurring of boundaries originating from both of therapists and clients, and therapist-initiated uncollaboration takes place. When the conversational dynamics and theoretical explanations are taken into account together, some implications for psychotherapy practice can be suggested.

First of all, these patterns as discussed before indicate a disavowal of some parts of self for both clients and therapists. As theoretical explanations show, these parts of self like all other intrapersonal dynamics are communicated in the way they are organized within the individual's psychological processes. Thus, if clients and therapists have an ambiguity, hostility, and ignorance towards their "dependent" and "destructive "needs, emotions, or interpersonal styles, they will be observed in the therapy relationship. For therapists, as literature indicates degree of therapist's self-differentiation is key to how he or she will relate to the client and the therapeutic process will be shaped. Keeping an eye on the countertransference of the therapist with a specific client in a specific social context and increasing awareness about the enduring psychosocial background of the therapist is

suggested. Professionals can do that regardless of their therapeutic modality, in line with pan theoretical understandings of T-C relationship (Gelso & Hayes, 2007; Parth, Datz, Seidman, & Löffler-Stastka, 2017) and use them as a tool to facilitate therapeutic alliance and conceptualization of their clients. Future research can also be designed accordingly. Related to therapist reflectivity, Jeffrey (2009) suggests that;

> The therapeutic relationship as evidenced in his research by engagement was most successful when "there is a demonstrable flexibility of the therapist" (Roy-Chowdhury, 2006; p. 168), or the ability to be able to shift conversational strategy. Roy-Chowdhury (2006) argued that this engagement was necessary before specific therapeutic interventions could be deployed. The absence of such flexibility resulted in resistance. This resistance was conversationally speaking described as the repeated reemergence of unrepaired trouble sources in the conversation, which served to subvert therapeutic aims. (p. 91)

Avowal of disavowed parts of self and displaying a flexible attitude might be hindered by many factors for therapists and needs a specific investigation but as the reports of therapists and their need of referring to supervision relationship in sessions imply that supervision and training circumstances might be influential how T-C relationship is shaped in the therapy. This study does not give extensive information about how such influence is experienced in this sample but the vast literature determined to examine such effects and provide guidelines for supervisors, therapists, and institutions might be illuminating.

4.4 Conclusion

Buchholtz and Kachele (2013) quote William Blake's saying that "There is a world in every grain of sand" in their conclusions about using CA in psychotherapy context. This quotation resonates with the main idea underlying this study which aims to provide vast information about the complexity and uniqueness of psychotherapy relationship. In other words, this study aimed to understand the relational reflections of sadomasochistic dynamics with a focus on qualitative aspects of therapist-client interactions. Theoretically and methodologically it was assumed that investigation of dyads interaction would inform us on the meanings they produce about themselves and others in the intersubjectivity of psychotherapy.

Findings supported this view and indicated that patterns of collaboration, uncollaboration, and ambiguity of collaboration with all the psychosocial circumstances discussed above might have been shaped by their needs for "dependency" or "relatedness" and "destructivity" or "control", blurring the distinctions between normal and abnormal, intrapersonal and interpersonal, and objectivity and subjectivity. Thus, this study shows that social actions both influence our internal processes and are influenced by them and by examining these social actions many facets of how individuals construct their selves can be understood. Practitioners with such a point of view might find new ways to introspect and integrate seemingly conflicting parts of themselves and their relationships with their clients. As the last word, Winnicott (2005) highlights the importance of tolerating to paradoxes of internal and external worlds we encounter for an authentic growth. This is true not only for the clients but also even more substantially for the therapists.

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APPENDICES

APPENDIX A: Definitions of Sadistic and Sadomasochistic Personality Disorders and Masochistic (Self-Defeating) Personality Disorders in PDM

P105. Sadistic and Sadomasochistic Personality Disorders

Sadistic personality disorder is characteristically borderline and is organized around the theme of domination. Internally, the sadistic person may experience and affective sterility that are relieved by inflicting pain and humiliation, in fantasy and often in reality. The diagnosis of Sadistic Personality disorder was listed as a provisional category in DSM-III-TR but disappeared in DSM-IV;yet, as Meloy (1997, p. 631) has observed, "burning the map does not eliminate the territory." The reasons for the removal of this syndrome from the DSM are not clear, but may include concern that there is a close relationship between sadistic and antisocial psychologies. The authors of DSM-IVmay have felt there is insufficient reliability or validity in a diagnosis that overlaps significantly with another category. But despite the fact that sadism and psychopathy are highly correlated (Holt, Meloy, & Strack, 1999), they are not identical. Not all psychopathic people are notably sadistic, nor are all sadistic people psychopathic.

Except for studies of criminal sexual sadism, there has been very little empirical research on sadistic personality disorders. Because sadistic individuals rarely come voluntarily to therapy, they are seen mainly in forensic settings, where clinicians confront numerous patients whose overriding motivation involves controlling, subjugating, and forcing pain and humiliation on others. Despite the paucity of professional description, however, sadistic personality disorder is readily

recognizable. Meloy (1997) cites the wife-batterer who smiles broadly and shamelessly while recounting his abuse and the child "who does not angrily kick a pet, but instead tortures animals with detached pleasure" (p. 632). In the search for total control over another, a project Fromm (1973, p. 323) called the turning of "impotence into omnipotence," the sadistic person always chooses as a target those who are subordinate, weaker, comparatively powerless (Shapiro, 1981).

Only a fraction of those who abuse others are characterologically sadistic. While many people strike out when they feel provoked or attacked, sadistic people tend to inflict their tortures with a dispassionate calm (probably originally a defense against being overwhelmed by rage). The hallmark of sadistic personality disorder is the emotional detachment or guiltlessenthusiasm with which the individual pursues domination and control. This detachment, which may include the systematic, step-by-step preparation of a sadistic scenario, has the effect (and probably expresses the intent) of dehumanizing the object of sadism. Although it is likely that all individualswith sadistic personality disorder are sadistic in their preferred expressions of sexuality, many people whose sexual fantasies and/or enactments involve sadistic themes are not sadistic generally or in their nonsexual behavior. They thus cannot be considered to have the personality disorder.

Professionals interviewing a sadistic individual typically report feelings of visceral disturbance, vague uneasiness, intimidation, "creepiness." Meloy (1997) mentions goose bumps, the feeling of one's hair standing on end, and other atavistic reactions to a predator/prey situation. Because sadisticindividuals are mendacious (Stone, 1993) and may enjoy tormenting the interviewer by lying or withholding verbal descriptions of their sadistic preoccupations, such counter-transferences may be a prime indication of the underlying sadism. Therapists should always take seriously disturbingreactions of this sort as indicating the need for more thorough diagnostic testing and a treatment plan that takes into account the patient's possible dangerousness.

We know of no reports of successful psychotherapy for characterological sadism. Stone (1993), who has carefully analyzed biographical accounts of murderers, considers all the sadistic individuals he has studied to be beyond the reach of therapy. The attachment disorder manifested by treating otherliving beings as objects to be toyed with rather than subjects to be respected may preclude developing the capacity for therapeutic alliance. In addition, the pleasure in sadistic acts, especially orgiastic pleasure in sexual sadism, may be so reinforcing that efforts to extinguish or reduce the sadistic pattern are doomed to failure. Still, accurate diagnosis of characterological sadism has significant implications for making recommendations to judicial officers, reducing opportunities for harm, helping people affected by a sadistic person, and allocating resources realistically.

• **Contributing constitutional-maturational patterns:** Unknown
• **Central tension/preoccupation:** Suffering indignity/inflicting such suffering
• **Central affects:** Hatred, contempt, pleasure (sadistic glee)
• **Characteristic pathogenic belief about self:** I am entitled to hurt and humiliate others
• **Characteristic pathogenic belief about others:** Others exist as objects for my domination
• **Central ways of defending:** Detachment, omnipotent control, reversal, enactment
• **Subtypes**:

P105.1 Intermediate Manifestation: Sadomasochistic Personality Disorders

Some individuals alternate between sadistic and masochistic attitudes and behaviors (Kernberg,1988). Patients with this psychology are much more emotionally alive and capable of attachment than those with primary psychopathic, narcissistic, or sadistic personality structures. Their relationships,however, are intense and explosive. Sometimes they let themselves be dominated to an extreme extent, and sometimes they viciously attack the person to whom they previously capitulated. They tend to see themselves as victims of others' aggression whose only choices are to surrender their will entirely or to fight back belligerently. The "help-rejecting

complainer" described by Frank and his colleagues (Frank, Margolin, Nash, Stone, Varon, & Ascher, 1952) is one version of this psychology.

In psychotherapy, such patients tend to alternate between attacking the therapist and feeling insulted and demeaned by him or her. Because sadomasochistic personality disorder is found at the borderline level of severity, treatment considerations include those for borderline patients generally.

P106. Masochistic (Self-Defeating) Personality Disorders

Individuals with a masochistic personality disorder find themselves repetitively suffering. Toothers, they appear to keep putting themselves in harm's way. Like "sadism" (named for the Marquis de Sade), the term "masochism" (for Leopold von Sacher-Masoch) originally denoted a sexual psychology in which orgasm is achieved via pain or humiliation. By analogy, the terms became applied to personalities in which some valued experience (e.g., self-esteem, closeness) has become intrinsically associated with necessary suffering. Many prefer the term "self-defeating," which avoids sexual overtones (people with masochistic personalities are not necessarily masochistic in their sexual behavior) and is less associated with "blaming" the victims of abuse for their mistreatment (Herman, 1992).

Self-defeating individuals often strike interviewers as simply depressive, but eventually their masochistic patterns become evident. One indication of characterological masochism noted by many clinicians (but not yet researched) is that psychological and pharmaceutical measures that typically relieve depression tend to be ineffective with masochistic patients. Many self-defeating individuals repeatedly complain to practitioners, sometimes with a faint smile, that their latest intervention has failed. Because depressive and masochistic psychologies share several central dynamics (sensitivity to rejection and loss, inferiority feelings, unconscious guilt, inhibition of conscious anger at others), many people may be regarded as encompassing both. Such patients are aptly diagnosed with a

depressive-masochistic personality (Kernberg, 1984; Laughlin, 1956; Westen & Shedler, 1999b), a configuration usually found at the neurotic level of severity. Kernberg (1988) uses this term for persons with neurotic-level depressive and self-defeating dynamics who use faulty ways of processing grief and sadness, have excessive but disavowed dependency needs, and make unreasonably critical demands on themselves.

The more an apparently depressive patient seems aggrieved rather than sad and self-critical, the more masochistic traits may be assumed to predominate. Self-defeating patients typically enter psychotherapy seeking sympathy for their misfortunes and may seem more invested in demonstrating the magnitude of the injustices they have suffered than in resolving their problems. This attitude characterizes people once labeled "moral masochists" (Freud, 1924; Reik, 1941), whose suffering expresses unconscious guilt and who subtly convey a sense of moral superiority through pain or through seemingly altruistic submission to others. Some people who act self-destructively on the heels of every success or victory fit in this group. Cooper (1988) has argued that the narcissistic function of characterological masochism is so inseparable from the self-defeating behaviors that identify masochistic personality disorder that the concept of a "narcissistic-masochistic character" is warranted.

Another version of self-defeating personality structure, one more likely to be at a borderline level of personality organization, is a more relational masochistic pattern located closer to the anaclitic pole (Berliner, 1958; Menaker, 1953). The behavior of some individuals suggests an unconscious belief that attachment requires suffering; that is, that others are there for them only if they are not doing well. Patients who self-mutilate, binge on substances, or become sexually involved with strangers whenever the therapist is on vacation exemplify a borderline level of a masochistic way of revenging themselves (not necessarily consciously) on the absent therapist.

Clinicians working with characterologically masochistic patients initially may feel a strong sympathy for them, which sometimes evokes their own masochistic

tendencies (e.g., seeing the patient at inconvenient hours, lowering the fee drastically), but they soon find themselves feeling irritated and even sadistic. A therapist's warm acceptance in response to hearing the patient's troubles (an attitude that is usually vitally helpful to depressive patients) may, by reinforcing in self-defeating people the conviction that it is their suffering that brings connection, unwittingly invite increasing selfdestructiveness rather than growth toward self-care. Hence, masochistic patients must eventually be tactfully confronted about their own contributions to their recurrent difficulties, and clinicians confronting them must be prepared to tolerate their resulting anxiety and anger.

• **Contributing constitutional-maturational patterns:** None known

• **Central tension/preoccupation:** Suffering/losing relationship or self-esteem

• **Central affects:** Sadness, anger, guilt

• **Characteristic pathogenic belief about self:** By manifestly suffering, I can demonstrate my moral superiority and/or maintain my attachments

• **Characteristic pathogenic belief about others:** People pay attention only when one is in trouble

• **Central ways of defending:** Introjection, introjective identification, turning against the self, moralizing

• **Subtypes:**

P106.1 Moral Masochistic

Self-esteem depends on suffering; unconscious guilt disallows experiences of satisfaction and success (cf. Reik, 1941).

P106.2 Relational Masochistic

Relationship is unconsciously believed to be dependent on one's suffering or victimization. Existence outside of one's current relationship, however abusive it may be, may seem unimaginable (cf. Menaker, 1953).

APPENDIX B: Informed Consent and Information Form

Değerli Katılımcı,

Bu araştırma Orta Doğu Teknik Üniversitesi Klinik Psikoloji Bütünleşik Doktora Programı'na devam etmekte olan İlknur Dilekler tarafından, Prof. Dr. Faruk Gençöz danışmanlığında doktora tez çalışması kapsamında yürütülmektedir. Araştırma psikoterapi ilişkisinde ortaya çıkan çeşitli ilişki dinamiklerinin anlaşılması amacını taşımaktadır. Bu çalışmada AYNA Klinik Psikoloji Destek Ünitesi'nde gerçekleştirilmiş psikoterapi seanslarının ses kayıtları kullanılarak terapist-danışan etkileşimi analiz edilecektir. Alınan ses kayıtları ve kimlik bilgileri kesinlikle gizli tutulacak, elde edilen bilgiler ile kimlik bilgileri eşleştirilmeyecektir. Araştırma rahatsız edici ya da stres kaynağı olabilecek unsurlar içermemektedir. Ancak, araştırmanın herhangi bir aşamasında rahatsızlık duyduğunuz bir durumda çalışmayı yarıda bırakabilirsiniz.

Çalışmaya katıldığınız için şimdiden teşekkür ederiz.

İletişim için: İlknur Dilekler
e147837@metu.edu.tr

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman çalışmayı yarım bırakabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı kullanılmasını kabul ediyorum.

Ad, Soyad:
İmza:

Ad, Soyad (başharfleri):

Yaş:

Cinsiyet:

E-posta adresi:

1. Aşağıda, AYNA Klinik Psikoloji Destek Ünitesi'nde yürttüğünüz psikoterapileri düşünerek yer aldığınız farklı aşamalardaki uygulamalarınıza ait bilgileri doldurmanız istenmektedir. Eğer söz konusu aşamayla ilgili her hangi bir nedenle deneyiminiz yok ise ilgili alanı boş bırakınız.

Yüksek lisans, süpervizyon

☐ tamamladım ☐ devam etmekteyim

Toplam psikoterapi seans saati:

Toplam süpervizyon seans saati:

Süpervizyon sıklığı:

Süpervizyonu genel olarak (yalnızca birini işaretleyiniz),

☐ faydalı buldum ☐ faydalı bulmadım

Terapi formatı (Birden fazla işaretleme yapabilirsiniz):

- ☐ Bireysel çocuk ve ergen
- ☐ Bireysel yetişkin
- ☐ Aile/çift terapisi
- ☐ Grup terapi
- ☐ Diğer (belirtiniz):

Uyguladığınız psikoterapi yaklaşımı/yaklaşımları:

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Psikoterapi sürecinde değerlendirdiğiniz ve ele aldığınız unsurlar nelerdir?

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.....

Doktora, süpervizyon öncesi gönüllü

☐ tamamladım ☐ devam etmekteyim

Toplam psikoterapi seans saati:

Toplam süpervizyon seans saati:

Süpervizyon sıklığı:

Süpervizyonu genel olarak (yalnızca birini işaretleyiniz),

☐ faydalı buldum ☐ faydalı bulmadım

Terapi formatı (Birden fazla işaretleme yapabilirsiniz):

- ☐ Bireysel çocuk ve ergen
- ☐ Bireysel yetişkin
- ☐ Aile/çift terapisi
- ☐ Grup terapi
- ☐ Diğer (belirtiniz):

Uyguladığınız psikoterapi yaklaşımı/yaklaşımları:

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.....

Psikoterapi sürecinde değerlendirdiğiniz ve ele aldığınız unsurlar nelerdir?

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Doktora, süpervizyon

☐ tamamladım ☐ devam etmekteyim

Toplam psikoterapi seans saati:

Toplam süpervizyon seans saati:

Süpervizyon sıklığı:

Süpervizyonu genel olarak (yalnızca birini işaretleyiniz),

☐ faydalı buldum ☐ faydalı bulmadım

Terapi formatı (Birden fazla işaretleme yapabilirsiniz):

- ☐ Bireysel çocuk ve ergen
- ☐ Bireysel yetişkin
- ☐ Aile/çift terapisi
- ☐ Grup terapi
- ☐ Diğer (belirtiniz):

Uyguladığınız psikoterapi yaklaşımı/yaklaşımları:

.....

.....

Psikoterapi sürecinde değerlendirdiğiniz ve ele aldığınız unsurlar nelerdir?

.....

.....

Doktora, süpervizyon sonrası gönüllü

☐ tamamladım ☐ devam etmekteyim

Toplam psikoterapi seans saati:

Toplam süpervizyon seans saati:

Süpervizyon sıklığı:

Süpervizyonu genel olarak (yalnızca birini işaretleyiniz),

☐ faydalı buldum ☐ faydalı bulmadım

Terapi formatı (Birden fazla işaretleme yapabilirsiniz):

- ☐ Bireysel çocuk ve ergen
- ☐ Bireysel yetişkin
- ☐ Aile/çift terapisi
- ☐ Grup terapi
- ☐ Diğer (belirtiniz):

Uyguladığınız psikoterapi yaklaşımı/yaklaşımları:

.....

.....

Psikoterapi sürecinde değerlendirdiğiniz ve ele aldığınız unsurlar nelerdir?

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2. Psikoterapist olarak AYNA Klinik Psikoloji Destek Ünitesi dışında, daha önce gerçekleştirdiğiniz ya da şuanda devam eden psikoterapi uygulamalarınız var ise;

Kurum/ofis adı:

Çalıştığınız/çalışmakta olduğunuz süre:

Toplam psikoterapi seans saati:

Terapi formatı (Birden fazla işaretleme yapabilirsiniz):

- ☐ Bireysel çocuk ve ergen
- ☐ Bireysel yetişkin
- ☐ Aile/çift terapisi
- ☐ Grup terapi
- ☐ Diğer (belirtiniz):

Uyguladığınız psikoterapi yaklaşımı/yaklaşımları:

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Psikoterapi sürecinde değerlendirdiğiniz ve ele aldığınız unsurlar nelerdir?

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Süpervizyon aldıysanız,

Toplam süpervizyon saati:

Süpervizyon sıklığı:

Süpervizörünüzün uzmanlık derecesi:

Süpervizyonu genel olarak (yalnızca birini işaretleyiniz),

☐ faydalı buldum ☐ faydalı bulmadım

Danışanın;

Yaşı:

Cinsiyeti:

Şikayet(ler):

Terapinin;

Hangi aşama(lar)da gerçekleştirildiği:

- ☐ yüksek lisans, süpervizyon
- ☐ doktora, süpervizyon öncesi gönüllü
- ☐ doktora, süpervizyon
- ☐ doktora, süpervizyon sonrası gönüllü

Teorik yaklaşımı:

Seans sayısı:

Seans sıklığı:

Sonlandırma sebebi:

Bu danışan için aldığınız süpervizyonla ilgili memnun olduğunuz/faydalandığınız ve memnun olmadığınız/eksik bulduğunuz neler vardı?

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Yukarıda terapi sürecine dair bilgi verdiğiniz kişiyi düşünerek aşağıdaki prototipler açısından hastanın her bir prototipe ne kadar uyduğunu 5'li ölçeği kullanarak değerlendiriniz:

1 = hastanın klinik görünümü prototiple eşleşmemektedir, kategorik olarak tanı almaz
2 = hastanın klinik görünümü prototiple düşük düzeyde eşleşmektedir, kategorik olarak tanı almaz
3 = hastanın klinik görünümü ile prototip arasında orta düzeyde eşleşme vardır; hasta bozukluğa dair bazı özellikleri göstermektedir, kategorik olarak tanı almaz
4 = hastanın klinik görünümü prototiple önemli ölçüde eşleşmektedir; hasta bozukluğa sahiptir ve kategorik olarak tanı verilebilir
5 = hastanın klinik görünümü prototiple çok yüksek düzeyde eşleşmektedir; hasta bozukluğu gösteren prototip bir vakadır ve mutlaka kategorik olarak tanıyı almalıdır

Prototip 1

Bu kişilikler hor görme ve nefret hislerini gösterir, diğerlerine acı çektirmek ve aşağılamaktan keyif alırlar. Kişi içsel olarak donuk, hissiz ve duygusal olarak izole hisseder ve bu durumun yarattığı gerilim hayal dünyasında ya da gerçekte acı çektirme ve aşağılama ile azaltılmaya çalışılır. Kendilerinde diğer insanları incitme ve küçük düşürme hakkını görür ve diğerlerini baskınlık kurabilecekleri nesneler olarak düşünme eğilimindedirler. Diğerleri üzerinde tam bir kontrol kurma arayışındaki kişiler bunun için sıklıkla zayıf ve görece güçsüz kişiler seçer. Soğukkanlı ve sakin şekilde acı çektirme eğilimindedirler ve duygusal olarak kopuk ve merhametsiz bir kararlılıkla baskınlık ve kontrol kurma peşindedirler. Sistematik şekilde, adım adım bu olumsuz durumu yaratarak, diğerlerini saygı duyulması gereken özneler olarak görmektense, onlara önemsiz ve oyuncakları olan nesneler olarak davranarak ilişki kurduklarını insan gibi görmekten uzaklaşırlar. Yalan söylemeye yatkındırlar ve belirsiz bir rahatsızlık, gözdağı ve "tuhaflık" hislerine eşlik eden tüylerin diken diken olması, saçların dikleşmesi ve benzeri reaksiyonları tetikleyebilirler.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Sizin bu kişilik özelliklerini gösteren biriyle ilgili klinik izleniminiz ya da koyacağınız tanı ne olurdu?

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Prototip 2

Bu kişilerin ilişkileri yoğun ve tahrip edicidir. Bazen kendilerinin aşırı derecede domine edilmesine izin verirken bazen de önceden boyun eğdikleri kişiye karşı agresif olabilir, kimi zaman saldırıya geçebilirler. Kendilerini ya tamamen boyun eğmek zorunda olan ya da diğerlerinin tahakkümüne karşı saldırganca meydan okuması gereken mağdurlar olarak görme eğilimindedirler. Çoğunlukla şikayet eder durumdadırlar ancak herhangi türden bir yardımı da reddederler. Psikoterapide bu tarz hastalar terapiste hücum etmekle, onun tarafından hor görülme ve aşağılanma hisleri arasında gidip gelirler.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Sizin bu kişilik özelliklerini gösteren biriyle ilgili klinik izleniminiz ya da koyacağınız tanı ne olurdu?

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Prototip 3

Bu kişiler kendilerini sistemli şekilde acı çekerken bulurlar ve kendilerini sürekli olarak zarar görecekleri durumlara soktukları görülür. Kendilerine güvenlerini ve/veya kendileri için önemli olan ilişkileri kaybetmekten korkarlar. Sıklıkla depresif, rahatsız ya da dertli görünürler. Üzüntü, öfke, utanç, suçluluk ve aşağılık

hisleri baskındır. Reddedilme ve kayıp deneyimlerine karşı hassastırlar, diğerleriyle duygusal yakınlık kurmaları ve özgüvenlerinin acı çekmeleriyle ilişkili olduğunu düşünürler. Diğerlerine bağımlı olmaya ihtiyaçları olmasına rağmen bunu kabul etmezler ve kendilerini fazlaca eleştirirler. Ahlakçı bakış açısına sahiptirler, acı çekmelerini kendilerinin ahlaki olarak üstünlüğünün göstergesi olarak kabul ederler. İnsanların, birine ancak o kişi bir zorluk içindeyse ilgi göstereceklerine inanırlar. Bir başarı ya da zafer sonrasında genellikle kendi kendilerini sabote etme davranışları görülür. Kendilerini cezalandırmak için kendilerini kesebilir, madde kötüye kullanımı olabilir ya da yabancılarla cinsel ilişkiler yaşayabilirler. Bunu kendilerini reddeden, terk eden ya da yalnız bırakan birini cezalandırmak/intikam almak (bilinçli olmayabilir) için o kişiye karşı hissettikleri öfkeyi kendilerine döndürmek suretiyle yapabilirler. Kendilerine ait kabul edilemez buldukları duygu ya da dürtüleri diğerlerine atfetme eğiliminde olup, kendi hislerini de diğerlerinin duygu ve dürtülerini haklı çıkaran tepkiler olarak değerlendirirler. Terapide maruz kaldıkları haksızlıkları ortaya koymaya yaptıkları yatırım, sorunlarını çözmeye yaptıklarından daha fazla görülmektedir. Kendileriyle ilişkide olan kişilerde de benzer mağdur olma hisleri, öfke ve agresyon tetikleyebilirler.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Sizin bu kişilik özelliklerini gösteren biriyle ilgili klinik izleniminiz ya da koyacağınız tanı ne olurdu?

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APPENDIX C: Transcription Notation

Sequencing

[ ]	Overlapping speech
=	No gap between two lines (*latching*)

Timed intervals

(.)	A notable pause less than 0.2 seconds
(0.2)	Length of silence (in tenths of a second)

Characteristic of speech production

Word, word	Emphasized utterance/part of utterance
WOrd	Loud talk
◦word◦	Quieter or softer talk
:	Elongated speech*
.	Fall in tone
,	Continuing intonation (like one is reading items from a list)
?	Rising intonation
-	A cut-off in speech
↑↓	Sharp rises or falls in pitch/intonation
>word<	Quickened talk
<word>	Slowed down talk
<word	Jump started talk (like it starts with a rush)
(word)	Unclear to transcribe/ guess of the transcriber
((word))	Contextual information
( )	Untranscribed talk (in the speaker designation column, indicate inability to identify the speaker)*
w(h)ord	Laughter within the talk
.h	Inhalation of breath*
h	Exhalation of breath*

***Multiple notations indicate that the specific characteristic of speech is observed for some time. Each extra notation corresponds to 0.2 seconds of maintenance.

Ten Have (2007)

APPENDIX D:Information Sharing Consent Form

ODTÜ
Psikoloji Bölümü
AYNA Klinik Psikoloji Destek Ünitesi

AYNA Klinik Psikoloji Destek Ünitesi

Bilgi Paylaşımı Mutabakat Formu

AYNA Klinik Psikoloji Destek Ünitesi'nde yapılan görüşmelerde elde edilen bilgiler ünite içinde ve dışında eğitim amacıyla gizlilik ilkesi koşullarına uyarak kullanılabilir. Lütfen aşağıdaki eğitim amaçlı bilgi kullanabilme koşullarını okuyunuz ve bu koşulları onaylıyorsanız, isim ve tarih belirterek formu imzalayınız.

Ünite-içi bilgi kullanımı:

AYNA Klinik Psikoloji Destek Ünitesi'nde yapılan görüşmelerde elde edilen bilgiler ünite personeli tarafından ünite-içi eğitim faaliyetlerinde (örn; vaka toplantılarında) kullanılabilir.

Ünite-dışı bilgi kullanımı:

AYNA Klinik Psikoloji Destek Ünitesi'nde yapılan görüşmelerde elde edilen bilgiler Ünite öğretim üyeleri tarafından ünite-dışı eğitim faaliyetlerinde (örn; derslerde ve/veya bilimsel yayınlarda) bilgi kaynağı (isim, adres, kurum) gizli kalmak kaydıyla kullanılabilir.

Yukarıdaki koşulları okudum ve onaylıyorum.

Tarih İsim İmza

APPENDIX E: Ethics Committee Approval

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
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Sayın Prof.Dr. Faruk GENÇÖZ danışmanlığını yaptığınız doktora öğrencisi İlknur DİLEKLER'in "Acı ve Haz: Psikoterapide Sadomazoşistik dinamikler (Pain and Pleasure Sadomasochistic Dynamics in Psychotherapy)" başlıklı araştırmanız İnsan Araştırmaları Komisyonu tarafından uygun görülerek gerekli onay **2015-SOS-184** protokol numarası ile **10.01.2016-31.12.2016** tarihleri arasında geçerli olmak üzere verilmiştir.

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APPENDIX F: Turkish Summary/Türkçe Özet

PSİKOTERAPİDE ÖZNELERARASILIK:
SADOMAZOŞİZM VE KONUŞMA ÇÖZÜMLEMESİ YAKLAŞIMLARI

1. Giriş

Psikoterapi çiftlerinin birbiriyle etkileşimlerinde sadomazoşist özelliklerin izlerini görmeyi amaçlayan bu çalışmanın ilk bölümünde sadomazoşizmin bir kavram olarak psikoloji ve psikoterapideki yerine değinilecek, ardından psikoterapi etkileşimini anlama ve araştırma yolu olarak nitel yaklaşım ve en özelinde konuşma çözümlemesi (KÇ) yöntemine dair bilgi, epistemolojik arka plan ve bulgulara yer verilecektir.

1.1 Acı, Haz ve Sadomazoşizm

Acı ve haz hem çok temel hem de oldukça güçlü motivasyonları içeren kavramlar olarak felsefe ve psikoloji alanında uzun süre boyunca birbirinin zıttı olarak anlaşılmıştır (Power & Dangleish, 2008). Psikoloji içinde hangi teorik yaklaşımdan bakıldığından bağımsız olarak pek çok çağdaş bakış açısı da kişinin ona fayda sağlayacak hedeflere yönelmesi ve acı ve kayıp gibi deneyimlerden kaçınmasının temel olduğu görüşünü taşımaktadır. (Strongman, 2003). Ancak Freud (1930)'un Uygarlığın Huzursuzluğu adı çalışmasında belirttiği gibi acı ve hazzın birbiriyle bir dinamizm içinde oluşu ve saldırganlık gibi dürtülerin bu dinamizmle ilişkilendirilmesi söz konusu olduğu gibi bugün pek çok davranışçı teorisyen de sosyal etkileşimin karmaşıklığı içinde tamamen ödüllendirici ya da tamamen

cezalandırıcı deneyimlerden söz etmenin mümkün olmadığını ortaya koymaktadır (Sandler, 1964).

Acı ve haz arasındaki bu dinamik ve karmaşık ilişkiyi anlama çabaları içinde sadizm ve mazoşizm kavramları önemli yer tutmaktadır (Socarides, 1995). İlk olarak yazar Marquis de Sade ve Leopold von Sacher-Masoch tarafından dile getirilen bu kavramlara yönelik özellikle psikanalitik teori pek çok fikir öne sürmüştür. Cinsel ve ilişkisel formları olan sadizm ve mazoşizm bu çalışmada ilişkisel açıdan ele alındığından odaklanılacak alanyazın bu formdaki sadist ve mazoşist örüntüleri içerecektir. Mazoşizm, temelde kişinin kendine karşı işleyen bir kişilik olarak, sadizm ise acı vermekten hoşnut olma örüntüsü olarak tanımlanmaktadır (Geltner, 2005; McWilliams, 2010) ve ilişkisel birer kavram olarak kişilerin diğerleriyle etkileşiminde sadistik ve mazoşistik yönlerin karşılıklı oluşu, birbirini tamamlayışı, bir kişinin kendi kişilik örgütlenmesi içinde de birlikte görülebileceği düşünülmektedir. Bu da esasında sadizm ve mazoşizm şeklinde iki ayrı kavramın yerini sadomazoşizmin almasını gerektirmiştir (Claus & Lidberg, 2003).

Bu çalışma için sadomazoşizmin ilişkisel düzlemde anlaşılması ayrıca iki ek ve ilişkili sebepten dolayı da önemli bulunmaktadır. Bunlardan birincisi kişiliğin sosyal olarak inşa edilen bir olgu olarak görülmesi, diğeri ise psikanalitik teori içindeki klasik dürtü kuramının gözden geçirilmesi sonucu ileri sürülen görüşlerden biri olarak ilişkisel bakışın ruhsallığa dair söyledikleridir. Sosyal inşacı bakış bireylerin bir kişilik özelliği açısından yüksek ya da düşük olması ya da sadece belirli kişilik özellikleri göstermesi görüşüne karşıt bir görüş olarak, farklı kişilik özelliklerinin sosyal koşullar gereği belirli bağlamlarda değişkenlik gösterebileceğini savunmaktadır. Böylece birbirinin zıttı gibi görülen kişilik özellikleri sosyal koşullar ve bireyin kiminle etkileşim içinde olduğu gibi faktörlerin etkisiyle aynı kişide gözlemlenebilmektedir (Burr, 1995). Rosegrant (2012) her sadistik kişinin aynı zamanda mazoşist olduğunu, her mazoşist kişinin sadistik özellikler taşıdığını ileri sürmektedir. İkinci görüş olarak benlik psikolojisi, nesne ilişkileri kuramı, ilişkisel psikanaliz, feminist ve inşacı teoriler gibi görece çağdaş psikanalitik yaklaşımlar insan davranışını ve kişiliğini doğuştan gelen belirli

dürtülerce yönlendirilen olgular olmaktan çıkarıp, temel insan motivasyonun diğerleriyle ilişki kurmak olduğunu işaret etmektedirler. Buna göre insan yavrusu pasif ve yalnızca dışsal etkilerce şekillenen bir gelişim göstermekten ziyade diğerleriyle etkileşimde aktif roller alabilen ve bu yolla içsel ve dışsal gerçekliğini düzenleyebilen bir eyleyen olarak görülmektedir. Benzer şekilde psikoterapi de danışanın terapistin müdahalesine maruz kalan pasif bir rol edinmesindense bu ilişkiyi yönlendiren, dönüştüren ve müdahale eden bir birey olabileceği fikri öne çıkmıştır (Mitchell, 2009; Mitchell & Black, 1995).

Psikopatoloji ve kişiliğe yönelik Mental Bozuklukların Tanısal ve Sayımsal El Kitabı (DSM) gibi sınıflandırmalar sadizm, mazoşizm ya da sadomazoşizme dair kısıtlı bilgiler sunarken, özellikle Theodore Millon, Nancy McWilliams ve Arnold M. Cooper'ın çalışmaları kişiliği ve bu çalışmanın odağında yer alan yukarıdaki kişilik yapılanmalarını hem ilişkisel etmenler çerçevesinde hem de süreklilik gösteren bir düzlemde ele almışlardır. Sadomazoşizm alanında bu çalışmaları göz önüne alan, aynı zamanda temel olarak idiyografik (bireysel farklılıkları araştıran) bir kişilik tasarımına dayalı psikodinamik bir sınıflandırma olan "Psychodynamic Diagnostic Manual" (Psikodinamik Tanı Elkitabı) Sadistik ve Sadomazoşistik ile Mazoşistik Kişilik Bozukluğuna yer vermektedir (PDM Task Force, 2006). Bu kişilik örgütlenmelerine ait kriterler Ek A'da (Appendix A) detaylı şekilde incelenebilir.

Sadomazoşist örüntülerin öznelerarası birer olgu olarak ele alınmasını gerekli kılan bir başka sebep de mekanizması ve gelişimde kişilerarası ilişkilerin önemli bir rol oynaması gerçeğidir. Kişilik ve psikoterapiye yönelik yaklaşımlarla ilintili olarak, sadizm ve mazoşizmin ölüm dürtüsünün bir sonucu olduğu düşüncesi önemli ölçüde eleştirilmiştir. Öncelikle, Giddings, Christo ve Davy (2003) sadomazoşizmin kişinin kendi benliğine yönelen nefret ve suçlama gibi duyguların altını çizerken, aynı zamanda bu duyguların bakım veren-bebek ilişkisindeki travmatik kökenlerine işaret etmektedirler. Buna göre temel olarak Winnicott'ın (Aktaran: Ghent, 1990) tarif ettiği, bebeğin beslenme ya da dokunma gibi ihtiyaçlarını karşılamayan, ihmal eden ya da bu ihtiyaçlara yanıt vermemesine rağmen bebeğin ego sınırlarını oluşturmasına da izin vermeyen bir bakım verenle kurduğu ilişki temel rol

oynamaktadır. Böyle bir ilişki sonucunda hissedilen öfke, nefret, suçlama, saldırganlık gibi hisler bebeğin bu deneyim ve hislere rağmen bir ilişki kurma ihtiyacından dolayı kendine doğru yönlendirilmekte ve bir "sahte benlik" örüntüsüne dönüşmektedir. Sadomazoşizm için bu süreç acı veren ya da acı çeken olma rollerinin sürdürülmesi şeklinde ortaya çıkmaktadır (Claus ve Lidberg, 2003). Benzer şekilde, Volkan ve Ast (2007) süreçte ayrışma-bireyleşmenin zorluklarına, Vaslamatzis (2005) yansıtmalı özdeşim yoluyla sadomazoşist ilişki kalıplarının sürdürülmesine, Ramazani (1991) ise süper ego ve güç dinamiklerinin sadomazoşizmde gözlenen saldırganlık ve baskınlıkla ilişkisine odaklanmıştır.

Toplumsal cinsiyet rollerinin de sadomazoşist özelliklerle ilişkisine dair fikirler ortaya atılmıştır. Bu görüşler mazoşizmin kadınlara özgü bir yapı olduğu ve bu yolla yapılan damgalama, ayrıştırma gibi yaklaşımları eleştirip yeniden gözden geçirmiştir. Caplan (1984) ve Ruderman (2003) özellikle mazoşist özelliklerin kadınların kadın olmalarıyla değil, toplumsal yaşamda saldırganlıklarının kabul görüp, bağımsız birer birey olmalarının engellenmesi yönündeki ataerkil tutumlarla ilişkili olduğunu ileri sürmüşlerdir.

1.2. Sadomazoşizm ve Psikoterapi İlişkisi

Gerek etiyolojisi, gerekse kişinin gündelik yaşantısında diğerleriyle kurduğu ilişkinin sadomazoşist özellikler açısından önemine yapılan vurgu düşünüldüğünde kişilerarası bir etkileşim olarak psikoterapide de bu örüntülerin varlığını sürdürmesi şaşırtıcı olmaz. Aktarım ve karşıaktarım kavramları psikoterapi ilişkisindeki dinamiklere ışık tutmada önemli görülmektedir (Gelso & Hayes, 2007). Bu kavramlar tarihsel olarak daha önce de değinilmiş olan, psikoterapinin tek bir kişinin yani danışanın psikolojik süreçlerine dayandığı, psikoterapiste dair öğelerin yok sayıldığı ya da kontrol edilmesi gerektiği düşüncesinden gitgide sıyrılmakta ve karşılıklı ilişkisel rollerin önemine ışık tutmaktadırlar. Bu çalışmanın amaçları ve varsayımlarına uygun olarak, aktarım-karşıaktarım (A-K) ilişkisi en temel şekilde danışan ve terapistin her türlü (bilinçdışı, bilinçli, sosyal, ilişkisel) deneyim, düşünce, duygu, ihtiyaç ya da özelliklerinin ikilinin ilişkisindeki yansımaları olarak tanımlanabilir. Clarkson ve Nuttall (2000) A-K ilişkisi içindeki ikiliye özgü

yansımaların özellikle danışanın zorluklarını bir başka yolla iletmesi olarak görmenin ve hem danışanın hem de terapistin ilişkiye yansıyan özelliklerinin terapinin tamamını kavramsallaştırmada yol gösterici olduğunun altını çizmektedirler.

Sadomazoşizm özelinde ele alındığında A-K'a özgü pek çok çalışmadan söz edilebilir. Claus ve Lidberg(2003) sadomazoşist bir kişilik yapılanmasında olduğu gibi psikoterapide de sadist ve mazoşist yönlerin açığa çıkacağından ve bu yönlere dair rollerin terapist ve danışan tarafından paylaşılabileceğinden söz etmektedir. Geltner (2005)'e göre yaygın olan terapist ve danışanın zıt rolleri edinmesidir ve terapistler için ilişkide kendine yer yer yabancılaşmış gibi hissetme, kontrolü kaybetme, beklenmedik şeyler söyleme ya da yapma, sonrasında hissedilen pişmanlık hisleri sadomazoşist karşıaktarımın göstergesi olabilir. Ayrıca, aynı yazarlar kimi zaman eziyet edilen kimi zamansa eziyet eden olma ya da zihinsel olarak iç içe geçme ve tamamen uzaklaşma hislerinin de yaygın olduğundan bahsetmektedirler. Slochower (2014) ise terapistlerin ilişkiye ve psikoterapiye yönelik yatırımlarını azaltmaları ve geri çekilmelerini de sadistik bir karşıaktarım olarak değerlendirmektedir.

De Peyer (2002) ise terapistin kendini tehdit altında gibi hissetmesi ya da korku gibi mazoşist duygularının danışanın cinselleşmiş saldırganlığıyla ilişkilendirildiği bir vaka çalışmasını örneklendirmektedir. Bunda danışana ait kırılgan ve kadınsılıkla ilişkilendirdiği mazoşist yönlerinin terapiste yansıtılmasının söz konusu olduğuna değinmektedir. Benzer şekilde Reed (1999) terapistin yorumlarının boşa düşüyor olduğu, köşeye sıkıştığı ya da kontrol ediliyor gibi hissettiği durumlarda sadistik bir aktarımın düşünülebileceğini iletmiştir.

Mazoşizm üzerine çalışmalarıyla dikkat çeken McWilliams (1994) mazoşist kişilerle yürütülen psikoterapi süreçlerinde A-K dinamiğinin süreç içinde farklılaşabileceğinden bahsetmektedir. McWilliams'a göre süreç ilkin terapistin aşırı empatik, kendini feda eden, terapi sınırlarını esneten ve bu yolla mazoşist kişinin acısını gördüğünü ve ona zarar vermeyeceğini kanıtlamaya çalışan tutumunu içerirken zamanla terapiden fayda görmediğini gözlemlediği ya da açıkça duyduğu

danışanına yönelik hayal kırıklığı, öfke, misilleme gibi sadist karşıaktarımlara dönüşmektedir. Gazzillo ve arkadaşları (2015) farklı kişilik tiplerine yönelik terapist duygularını araştırdıkları çalışmalarında mazoşist kişilerle çalışan uzmanlar için benzer bir bulguya ulaşmışlardır.

Waska (2008), Alvarez (2009) ve Mangis (2007) ise sadomazoşist ya da yalnızca mazoşist örüntülere dair özellikleri gözlemledikleri psikoterapi süreçlerine dair tutarlı bilgiler vermekte, terapistlerin öncelikli olumlu duygularının zamanla sadistik karşıaktarımlar halini almasında tıpkı sadomazoşizmin kökenlerinde olduğu gibi yansıtmalı özdeşim savunmalarının öncül rolünden bahsetmektedirler.

1.3. Psikoterapi Araştırmalarında Nitel Paradigma ve Konuşma Çözümlemesi

Psikoloji, sosyal bilimler alanının tümünde olduğu gibi son 30 yılda bir paradigma değişimine tanık olmaktadır (Kuş, 2007; Tanyaş, 2014). Nitel araştırma sorularının sorulması ve bu soruları yanıtlamaya yönelik yöntemlerin geliştirilmesi olarak tanımlanabilecek bu değişimin temelde sosyal psikoloji, kültürel psikoloji, söylemsel psikoloji gibi alt alanlar çerçevesinde geliştiği ve psikoterapi araştırmalarını da içerdiğini söylemek mümkündür (Arkonaç, 2012; Arkonaç 2014; Tanyaş, 2014).

Harper ve Thompson (2012) psikoterapiye dair ilk bilgilerimizin de nitel ve idiyografik vaka çalışmalarına dayanmasını bir tesadüf olarak görmediklerini iletmekte, dolayısıyla nitel paradigmanın özünde var olan bireysel deneyimi anlamanın önemini psikoterapinin kişiye özgü yapısıyla yakından ilişkilendirmektedirler. Sonuç olarak, bugün psikoterapi sürecine dair pek çok farklı nitel araştırma yönteminden söz edilebilir. Örneğin, bağımlılık problemleri olan bireylerle yürütülen psikoterapi süreçlerinde danışan ve terapistlerin ele alınan problemleri nasıl ele aldıkları, ne gibi anlamlar yükledikleri yorumsamacı fenomenolojik analiz yöntemi ile anlaşılmaya çalışılabilir (Larkin & Thompson, 2012) ya da engelli bireylerin aileleriyle yürütülen çalışmalarda kültürel söylemlerin psikoterapide nasıl ortaya çıktığına yönelik söylem analizi yaklaşımından faydalanılabilir (Georgaca & Avdi, 2012). Bu yöntemlere ek olarak tema analizi, q metodu, anlatı analizi ve KÇ ruh sağlığı ve psikoterapi

araştırmalarında sıklıkla başvurulan yöntemler olarak sıralanabilir (Harper and Thompson, 2012).

Psikoterapi ilişkisi dair psikoterapi çalışmaları incelendiğinde çoğunlukla terapötik ittifak, bir diğer değişle terapist ve danışan arasındaki ilişkinin kalitesini anlamaya yönelik araştırmalar, A-K ilişkisine dair ise nicel ve vaka çalışmaları ön plana çıkmaktadır. Özellikle A-K çalışmaları içinde odaklanılan araştırma sorularını ise terapi içinde açığa çıkan duyguların ve tutumların anlaşılması, bunların terapinin hangi aşamasında ortaya çıktığı, ne kadar sürdüğü ya da A-K tepkileriyle ilişkili olabilecek cinsiyet, sosyoekonomik statü, dindarlık gibi terapist ve danışan faktörleri ile empati, kaygıya tolerans, terapi becerileri gibi terapist özellikleri oluşturmuştur (Gelso & Hayes, 2007). Kimi araştırmacılar ise A-K dinamiğinin terapi içinde nasıl ve hangi yöntemlerde yönetildiği ve ele alındığına odaklanmışlardır (Hirsch, 2008).

Tüm bu çalışmalar içinde nitel paradigmayı takip eden çalışmalar diğerleri kadar yaygın olmamakla birlikte göze çarpmaktadır. Hayes ve ark. (1998), Lepper and Mergenthaler (2007), Lawrence and Love-Crowell (2008) ve Hueso (2012)'nin çalışmaları bu anlamda birer örnek olarak düşünülebilir. Ancak sadomazoşizm özeline baktığımızda terapi sürecine ve A-K ilişkisine dair edindiğimiz niteliksel bilgiler vaka çalışmalarından ibaret görünmektedir. Bu da hem metodolojik olarak daha ileri düzeyde ve etkileşimin detaylarına dair bilgi veren yöntemlerin kullanılmasına ihtiyaç olduğu söylenebilir. Bu anlamda Madill, Widdicombe, ve Barkham (2001) psikoterapi araştırmaları için KÇ'nin önemli potansiyelleri olduğunu dile getirmektedirler.

KÇ, etnometodolojik bir yaklaşıma dayalı, kendiliğinden oluşan günlük ve kurumsal konuşmaların mikro özelliklerinin analizinden oluşan bir nitel araştırma yöntemidir (Schegloff, 2007). Kurumsal ya da uygulamalı olarak adlandırılan KÇ hasta-doktor, öğretmen-öğrenci, psikoterapist-danışan ikilileri ya da mahkeme, okul gibi kurumlardaki her türlü etkileşime odaklanabilir (Heritage, 1998).Bunu yaparken eylem odaklı, sıralı şekilde ilerleyen ve konuşmacıların konuşma içindeki konumlarına odaklanan bir bakış açısına sahiptir (Schegloff, 2007).

Bu çalışmanın arka planında göz önünde tutulması gerekli olabilecek KÇ alanyazınını Türkçe konuşmalar ele alınarak yapılan çalışmalar ve psikoterapi bağlamında yapılan KÇ araştırmalarının oluşturduğu düşünülebilir. Türkçe konuşmalar için edinilen bulgular konuşmacıların anlaşılırlık, tutarlılık ve uyuma öncelik verdiğini (Tekdemir Yurtdaş, 2008; Tekdemir Yurtdaş, 2010)ortaya koymanın yanında bunun için özellikle onarım araçlarının kullanıldığına dikkat çekmektedir (Gürhanel, 2012). Ayrıca gerek cinsiyetler arası, gerekse hiyerarşik olarak farklı pozisyonlarda bulunan konuşmacılar arasındaki güç eşitsizliğinin Türkçe konuşmalarda gözlemlenebildiğini bilmekteyiz (Büyükgüzel & Gül, 2015; Yurtdaş, Atakan, & Tezerişir, 2011;Atakan & Yurtdaş, 2013). Türkçe konuşulan psikoterapi etkileşimlerine dair ise yapılan herhangi bir çalışmaya rastlanmamıştır (Sert ve ark., 2015).

Psikoterapi alanında uluslararası çalışmalar gitgide gelişim ve çeşitlilik göstermektedir. Perakyla (2012) psikoterapinin hem öznelerarası bir süreci içermesi hem de ima edilen bir takım anlamlara ulaşmayı hedeflemesi açısından KÇ ile ortaklaştığına dikkat çekmektedir. Bir diğer değişle etkileşimde var olan ancak fark edilmeyen mikro dinamikleri anlamanın bir yolu olarak psikoterapi ve KÇ birbiriyle kesişmektedir. KÇ'ni kullanan psikoterapi araştırmalarının diğer psikoterapi süreç ve sonuç araştırmalarından önemli bir farkı öncelikli olarak ne yapıldığına değil nasıl yapıldığına odaklanılmasıdır böylece bireye özgü özellikleri yakından incelemek daha da mümkündür (Rapley, 2012).

Psikoterapi uygulamalarına dair kimi özel konu ve durumlar KÇ araştırmalarının konusunu oluşturmuştur. Bunların bir kaç tanesi farklı psikoterapi yaklaşımlarının karşılaştırılması (Kondratyuk & Perakyla, 2011), belirli danışan gruplarıyla yürütülen süreçler (Falk, 2013; Shaw ve ark., 2017), formülasyon ya da yorumların üzerine nasıl konuşulduğu (Antaki, 2008; Korner, Bendit, Ptok, Tuckwell, & Butt, 2010; Bercelli, Rossano & Viaro, 2008; Madill, Widdicombe & Barkham, 2001; Weiste, Voutilainen, & Perakyla, 2016) gibi sıralanabilir. İlişkisel özellikleri anlamaya yönelik çalışmalar ise terapötik ittifak (Lepper & Merganthaler, 2007; Sutherland & Strong, 2011), ortaklık (Bercelli, Rossano & Viaro, 2008; Clark & Rendle-Short, 2016) direnç (MacMartin, 2008; Madill, Widdicombe, & Barkham,

2001; Perakyla, 2005; Yao & Ma, 2017) gibi etkileşimlere dair detaylı bilgi sunmaktadır.

Alanyazındaki yukarıda özetlenen bilgilere dayanarak sadomazoşizmin ve psikoterapinin ilişkisel ve karşılıklı bir öznelerarası sürece dayanıyor oluşuna ek olarak KÇ yönteminin benzer metodolojik varsayımlar taşıması söz konusu gibi görünmektedir. Psikoterapi odasında sadomazoşist örüntülerin ne şekilde ortaya çıktığına dair bilgimiz, özellikle A-K penceresinden bakıldığında çoğunlukla vaka çalışmalarına dayalıdır. Diğer taraftan, hem metodolojik olarak daha detaylı hem de Türkçe konuşan terapist ve danışanlar arasındaki etkileşimin özelliklerine dair bilgi verecek bir çalışmaya ihtiyaç olduğu görülmektedir. Dolayısıyla bu çalışmada sadistik, mazoşistik ve sadomazoşistik özellikler gösterdiği düşünülen danışanlarla yürütülen psikoterapi seanslarında terapist ve danışanların nasıl etkileşim kurdukları incelenecektir. Aynı zamanda bu etkileşimin çiftler arası ve süreç içindeki değişimine dair bilgi edinilmesi amaçlanmaktadır.

2. Yöntem

Bu bölüm çalışmanın teorik ve araştırmacının bireysel varsayımlarına dair refleksivite, katılımcılar ve prosedür, etik konular ve datanın nasıl ele alındığıyla ilgili bilgiler içermektedir.

2.1 Refleksivite

Bu çalışma keşfedici bir araştırma sorusu olması, hakkında bilgi edinmeyi amaçladığı sadomazoşizm ve A-K dinamiklerini ilişkisel bir çerçeveden ele alıyor oluşu ve KÇ yöntemiyle örtüşen ve daha önce de değinilen epistemolojik özellikleri dolayısıyla bir nitel araştırma olarak kurgulanmış ve ele alınan olguların KÇ prensipleri ile incelenmesi uygun görülmüştür.

Teorik refleksivite açısından alanyazından edinilen bilgiler doğrultusunda aşağıdaki varsayımların var olduğu göz önünde bulundurulmalıdır:

- Acı ve hazzı içeren deneyimler birbirini dışlayan durumlar değildir. Kişinin kendi içinde farklı yönler olarak ortaya çıkabileceği gibi sosyal etkileşimlerde farklı roller edinmesi olarak da gözlemlenebilirler.
- Sadomazoşizm kişinin kendine karşı işleyen bir kişilik olarak mazoşizm ve diğerleriyle ilişkide acı verme dinamiklerini içeren sadizm özeliklerini taşıyan bir fenomendir.
- Sadomazoşizmin dinamik, çok katmanlı ve ilişkisel özelliklerini en iyi şekilde açıklayan tanısal değerlendirmelere göre sadomazoşizm, sadizm ve mazoşizm genel hatlarıyla şu özellikleri taşımaktadır;
    - Merkezi gerilim/meşguliyet: Acı çekme, küçük düşme, özgüvenin zedelenmesi, acı çektirme
    - Merkezi duygulanım: Nefret, aşağılama, haz, üzüntü, öfke, utanç, suçluluk
    - Kendilikle ilgili patojen inanç: Diğerlerini incitmeye ve aşağılamaya hakkım var. Açıkça acı çekerek diğerlerinden ahlaki olarak üstün olduğumu gösterebilirim ya da ilişkilerimi ancak bu şekilde sürdürebilirim.
    - Diğerleriyle ilgili patojen inanç: Diğerleri benim üstünlük kuracağım nesnelerdir. İnsanlar ancak başıma kötü bir şey gelirse benimle olur ve ilgi gösterirler.
    - Merkezi savunmalar**:** Yansıtma, yansıtmalı özdeşim, eyleme koyma
- Sadomazoşist kişiliğin temelinde erken dönem ilişkilerdeki acı içeren deneyimler, öfke, suçluluk, nesne kaybını kontrol etmek ve bütünlüklü bir kendilik oluşturmak ihtiyacı ile bu ilişkilere tutunma, fantazi kurma ve kendilik sınırlarıyla ilgili zorluklar önde gelmektedir.
- Psikoterapide ilişkisel dinamikleri anlamada A-K kavramları yol gösterici olabilir. İlişkisel A-K kavramsallaştırması terapist ve danışanın kendine ait pek çok psikolojik ve sosyal malzemeyi karşılıklı olarak psikoterapi ilişkisine taşıdığını işaret etmektedir. Sadomazoşizm özelinde bakıldığında kontrol, saldırganlık, ihmal, yansıtmalı özdeşim, yakınlık ve mesafe gibi konuşlar A-K'ı belirleyen önemli temalar olarak ortaya konmuştur.

- Toplumsal cinsiyet farklılıkları sadomazoşizm ve psikoterapi alanında olduğu kadar Türkçe konuşmalarda güç ve dominasyon ile ilişkilendirilmiştir.

Araştırmacının bireysel özellikleri açısından göz önünde tutulabilecek özelliklere bakıldığında, araştırmanın yürütüldüğü sırada 29 yaşında, Ankara'da yaşayan, orta sosyoekonomik sınıfa dahil bir ailenin iki çocuğundan ilki olarak yetişmiş bir kadındım. Doktora eğitimimi sürdürürken bir yandan üniversite öğrencileriyle çalışan bir psikolojik destek biriminde klinik psikolog olarak çalışmaktaydım. Bu çalışmaya yönelik şahsi motivasyonum özellikle bir psikoterapist olarak teorik yaklaşımım ve eğitimim sürecinde geçirdiğim aşamalarla yakından ilişkili olmuştur. Öncelikle, uygulamakta olduğum psikoterapi modaliteleri ve teorik altyapıları açısından bakıldığında şema terapi, psikodinamik terapi ve kişilerarası grup süreçlerine yönelik çalışmalar yürütmekteyim. Tüm bu uygulamalar ilişki kurmanın ve içsel psikolojik temsillerin bu ilişkiler tarafından şekillenmesinin kilit olduğu varsayımına dayanmaktadır. Karşıaktarım özelinde kendi süpervizyon süreçlerim de terapist olarak kendimi tanıdıkça hem kendime hem de her bir danışanla yürüttüğüm psikoterapi yolculuğuna daha dürüst yaklaşmamı kolaylaştırmıştır.

Değinilen teorik ve kişisel faktörlerin bu çalışmanın tasarımı, araştırmacının kendini alanyazına hangi yönlerde maruz bıraktığı, analizin seçimi ve sonuçların yorumlanması noktalarında kaçınılmaz olarak etkili olacağı göz önünde tutulmalıdır.

2.2 Katılımcılar ve Prosedür

Bu çalışmaya 4 terapist-danışan çifti katılmış, katılımcıların tümü ODTÜ Psikoloji Bölümü'ne bağlı Ayna Klinik Psikoloji Ünitesi'nde yürütülen psikoterapi uygulamalarından seçilmiştir. Çalışmanın yürütülmesi ve veri toplanması için gerekli izinler üniversite ve kliniğin etik komitelerinden alınmıştır. Çiftlerin seçilmesinde bir takım kriterler gözetilmiştir. Buna göre gönüllülük, yürütülen psikoterapinin sona ermiş ve ilişkisel öğelerin ele alınmış bir süreç olması, katılımcıların kadın olması ve terapistlerin danışanlar için sadist, mazoşist, ve sadomazoşist özellikler taşıdıklarına dair bir tanı yapmaları çiftlerin dahil

edilmesinde belirleyici olmuştur. Tanılama amacıyla Psikodinamik Tanı Elkitabı'ndaki kişilik özelliklerinin araştırma amacıyla terim ve teorik bilgilerden arındırıldığı versiyonu olan Psikodinamik Tanı Prototipleri kullanılmıştır (Gazzillo ve ark., 2015). Öncelikle terapistlere psikoterapi ilişkisini anlamayı amaçladığı bilgisi verilen çalışmayla ilgili bir duyuru yapılmış ve gönüllü olanların terapist olarak kendi deneyimlerine ve değerlendirme yaptıkları danışanları ile yürüttükleri psikoterapi ve aldıkları süpervizyonlara dair çeşitli bilgiler vermeleri istenmiştir. Bilgilendirilmiş onam verilmiş ve katılım sonrası bilgilendirme yapılmıştır. Danışanların kliniğin işleyişi gereği, bilgilerinin araştırma ve süpervizyon amaçlı kullanımına vermiş oldukları yazılı iznin kontrol edilmesinin ardından çiftler belirlenmiştir. Buna göre yaşları 26-27 arasında değişen, yüksek lisans ve doktora eğitimlerini sürdüren 4 terapist ve yaşları 22-25 arasında değişen lisans eğitimlerini sürdüren 4 danışan katılımcıları oluşturmuştur.

Katılımcıların belirlenmesinin ardından yürütülen seanslara ait ses kayıtları edinilmiştir. Edinilen bilgi, sesli veriler ve her türlü yazıya dökümüyle ilgili döküman kimlik bilgileri ya da belirleyici bilgiler açığa çıkmayacak şekilde gizlilik içinde analiz edilmiş ve saklanmış, aynı zamanda yazıya dökümde kişi, şehir, kurum gibi adlandırmalar ten Have (2007)'nin önerdiği anonimize etme prensipleri çerçevesinde yeniden düzenlenmiştir.

2.3 Verilerin Analize Hazırlanması ve Analizi

Çalışmanın verileri terapistlerden alınan bilgiler, çalışmaya dahil edilmeleri sürecinde terapistlere dair araştırmacı gözlemleri ve seansların ses kayıtlarını içermiştir. Ses kayıtları KÇ yöntemi ile analiz edilmiş, terapistten edinilen bilgiler ve gözlemler ise analiz sonuçlarının anlamlandırılması ve tartışılmasında yardımcı olmuştur. Yazıya dökme ve analiz öncesinde çalışmaya ait sıralanan varsayımlar paranteze alınmış, belirli aralıklarla KÇ ve psikoterapi alanından uzman gruplarla veri analizi seansları gerçekleştirilmiştir.

Creswell (2015) and Rapley (2012)'in etnometodolojik çalışmalar için önerdiği etkileşim sayısı dikkate alınarak her bir çift için terapi sürecinin başı, ortası ve sonundan alınan ikişer seans, toplamda ise 24 seans veri setini oluşturmuştur. Seans

kayıtları KÇ'ne özgü yazıya dökme semboller (ten Have, 2007) ile yazılı hale getirilmiştir.

Verilerin analizi temel olarak Schegloff (2007), ten Have (2007) ve Heritage (1998)'in KÇ alanındaki ilkeleri kılavuz alınarak gerçekleştirilmiştir. Sıra alma düzeni, dizisel düzen, onarım mekanizmaları, söz sırası tasarımı şeklinde sıralanabilecek ve tüm KÇ araştırmalarına özgü adımların yanında kurumsal etkileşimlerin analizine özgü sözcük seçimi ve rol asimetrileri incelenmiştir. Bu adımların sonunda genel gözlemler, etkileşimsel örüntüler ve kurallar formüle edilmiştir. Bunun için her bir ilişkisel kategori hem kendi içinde hem de diğer kategorilerle karşılaştırılarak, olağandışı olgular da ele alınarak analiz tamamlanmıştır. Memo yazımı, refleksif günlük gibi nitel araştırmaların genelinde izlenen adımlar da analizde başvurulan yöntemler olmuştur.

3. Analiz

Bu bölümde çiftlerin psikoterapi süreçlerinin temel özelliklerine dair tanımlayıcı bilgiler ile başlanacak, ardından çiftlerin seanslar boyunca neler yaptıkları ya da başka bir değişle etkileşimsel projelerinin hangi eylemleri hayata geçirmeyi amaçladığı tarif edilecek, bu eylemlerin nasıl gerçekleştirildiği ve son olarak da çiftler arası ve sürecin farklı aşamalarındaki farklılaşmalar açıklanacaktır.

3.1 Çiftler ve Psikoterapi Süreçlerine Dair Bilgiler

Terapist deneyimi ve genel özelliklerine bakıldığında ilk iki terapistin bilişsel davranışçı ve ilişkisel psikoterapi yöntemlerini kullandığı, üçüncü terapistin eklektik psikoterapi uyguladığını ve bu uygulama içinde ortak ilişki kalıpları ve A-K dinamiğini incelediği, ayrıca Sokratik sorgulama gibi bilişsel terapinin tekniklerinden faydalandığı, dördüncü terapistin ise şema terapisi yaklaşımını benimsediği öğrenilmiştir. Tablo 3.1 terapistlerin eğitimlerinin farklı aşamalarındaki psikoterapi uygulama ve aldıkları süpervizyona dair saat bazındaki bilgileri özetlemektedir (bkz. Sayfa 37).

Çalışmaya katılan danışanların psikoterapi süreçleri incelendiğinde ilk danışan temel olarak akademik kaygı ve hayatın geneline yayılmış bir stres şikâyetiyle

başvurmuş ve haftada bir sıklıkta 8 seans yapılmıştır. Danışanın habersiz şekilde seanslara devam etmemesi sonucunda süreç sona ermiştir. Mazoşist kişilik özellikleri terapisti tarafından birinci danışan için en uygun örüntü olarak belirlenmiş ve bilişsel davranışçı terapi uygulanmıştır. İkinci danışan ilişkilerde aşırı öfke ve konsantrasyon problemleri ile başvurmuş, bilişsel davranışçı terapi çerçevesinde 8 seans yapılmış ve danışanın terapiyi sonlandırma isteği ile süreç sona ermiştir. İkinci danışan için terapisti sadomazoşist ve mazoşist örüntülerin eşit derecede ve ön planda olduğu yönünde bir derecelendirme yapmıştır. Üçüncü danışan romantik ilişkisinin bitişiyle yaşadığı duyguların üstesinden gelmek amacıyla psikoterapiye başvurmuş, terapistin eğitimiyle ilgili yapacağı değişiklik nedeniyle süreci sonlandırmayı teklif etmesiyle biten 20 seanslık bir süreç gerçekleştirilmiştir. Terapist yaptığı derecelendirmede sadistik özelliklere en yüksek puanı vermiştir. Dördüncü danışan ise mutsuzluk ve boşluk hisleri ile terapiye başlamış, terapisti tarafından sadomazoşist ve mazoşist özellikler değerlendirilmiştir. Üniversite eğitimi sonrasında yapacağı şehir değişikliği nedeniyle haftada bir sıklıkta 25 seanslık bir terapi planı oluşturulmuştur ve uygulanmıştır

3.2 Konuşma Çözümlemesi Sonuçları

3.2.1 Etkileşimsel Proje Kategorileri

Bu çalışmanın asıl amacı seans içinde neler üzerine konuşulduğu ya da neler yapıldığından çok nasıl bir etkileşim kurulduğu olsa da etkileşimsel araçların hangi projeleri gerçekleştirmeyi hedeflediği sıra alma düzeni açısından anlamlı olabileceğinden bu projelerin alt ve üst kategorilerle ayrıştırılması söz konusu olmuştur. Şekil 3.1'de incelenebileceği üzere çiftler danışanla ilgili bilgi paylaşma/edinme, sebep-sonuç ilişkisi kurma, terapi düzenlemeleri yapma ve terapiste dair bilgilerin gündeme gelmesi olarak sınıflandırılmıştır (bkz. Sayfa 42). Şekilde görülebileceği gibi bu kategorilerin kimi tüm çiftlerin süreçlerinde gözlemlenirken kimi bazı çiftler için söz konusu, diğerleri için ise hiç görülmemiş olabilmektedirler. Ayrıca yazının devamında değinileceği üzere terapinin farklı aşamalarında farklı şekillerde ve işlevlerle hayata geçirilmeleri mümkün görülmektedir.

3.2.2 Etkileşim Örüntüleri

Yöntem bölümünde açıklandığı üzere etkileşimsel KÇ adımları uygulanarak tamamlanan analizin sonucunda çiftlerin etkileşimlerini betimleyen üç etkileşim örüntüsü saptanmıştır. Bunlardan birincisi işbirliği, ikincisi işbirliğinin bozulması, üçüncüsü ise işbirliğinin belirsizliği olarak sıralanabilir. Bu bulgular çalışmanın ilk araştırma sorusuna yönelik verilebilecek cevapları içermektedir: çiftler birbirleriyle nasıl etkileşim kurmaktadırlar?

İşbirliği ile başlamak gerekirse, çiftlerin etkileşimleri içinde birbirleriyle uyum ve anlaşma içinde oldukları anlar belirlenmiştir. Bu anlarda işbirliği psikoterapi bağlamının gerektirdiği görevleri (örn. Danışanın şikâyetleriyle ilgili bilgi edinme, problemlerin sebeplerini araştırma, duygu düşünce ve davranışlar arasında ilişki kurma) yerine getirme, bu görevlerin gerçekleşmesi için gerekli koşulları kolaylaştırma (örn. Gelecek seansın zamanını belirleme, seansı özetleme) ve yakınlık arayışı (örn. Terapistle ilgili kişisel bilgilerin paylaşılması, terapistin diğer danışanları ile ilgili bilgi edinme) yoluyla kurulmuştur. Bu etkileşimler mikro özellikleri açısından incelendiğinde çiftlerin büyük çoğunlukla karşılıklı anlama ve anlaşılma amacını taşımakta ve konuşmacılar bir diğerinin kendisini anladığını kontrol eden ya da diğerini anladığını gösteren konuşma araçlarına sıkça başvurmaktadır. Bu araçlar ön, ara ya da art-genişletme, kendi başlatımlı onarım, yeğlenen cevaplar, diğerinin sözcesini tamamlama ve diğerinin söz tercihleriyle paralel sözcelerin üretimini kapsamaktadırlar. Kurumsal roller göz önüne alındığında terapistlerin sıra alımında daha belirleyici olduğu, çoğunlukla yeni konu ve sıra dizimi başlatan rolleri, danışanların ise yeni konu başlatma ya da bitirme gibi eylemlerden çok art-genişletme yoluyla yeni bilgi ekleme eğiliminde olduğu belirlenmiştir. Bu anlamda terapistlerin psikoterapinin nasıl yürütüleceğine dair bilginin sahibi ve uygulayıcısı rolleri ve danışanların bilgi ya da müdahaleyi kabul eden tutumları işbirliğinin önceden belirlenmiş kurumsal rollerin keskinliğini içerdiği düşünülmüştür.

İşbirliğinin üç yolla gerçekleştirildiğinden bahsedilmiştir. Bunlardan ilk ikisi yukarıdaki özellikleri belirgin şekilde taşırken, sonuncusu belli açılardan benzerlik ve farklılık göstermektedir. Önceki iki işbirliği kurma yollarına benzer şekilde

karşılıklı olarak hem fikir olmanın ve konuşmanın tutarlı ve kesintisiz sürdürülmesi hedefinin yanı sıra duygusal bir benzerlik ve örtüşmenin ön plana çıktığı görülmüştür. Yeğleme organizasyonu açısından bakıldığından tamamen yeğlenen cevaplar verildiği, tarafların duygusal katılım ve ifadelerinin arttığı ve birbiriyle benzerlik gösterdiği belirlenmiştir. Kurumsal roller açısından ise önceki etkileşimlerin tersi bir rol dağılımından söz edilebilir.

İkinci örüntü olarak betimlenen işbirliğinin bozulması etkileşimdeki anlaşmazlık ya da süreklilik ve karşılıklılığın sekteye uğraması olarak deneyimlenmiştir. Çiftler arasında işbirliğinin bozulmasının dört farklı göstergesi olduğu söylenebilir. Bunlar konuyu değiştirme, anlaşmazlık/sorgulama, cevap vermeme ve olumsuz duyguları ifade etme olarak sıralanabilir. Etkileşimsel araçlar açısından incelendiğinde çiftlerin yeğlenmeyen cevaplar, "evet, ama" gibi kalıpların sıklıkla kullanması, konuşma kısıtlamalarının diğerine yöneltilmesi, alıcı başlatımlı sıra alımlarının reddedilmesi yoluyla sıralı düzenin bozulması, yeğlenen cevapların yokluğu, diğerinin sırasını kesme gibi konuşma özellikleri dikkat çekmektedir. Bu araçların konuşma içeriğinde ne gibi işlevler taşıdığı analiz edildiğinde çoğunlukla çiftlerin kendi bakış açılarını savunma, diğerinin getirdiği etkileşimsel malzemeyi ya da duygusal tepkiyi yok sayma, diğerinin savını çürütme ve baskın olarak hayal kırıklığını ifade etme amaçlarını taşıdıkları görülmüştür.

Rol dağılımı ve güç dengesi açısından işbirliğinin bozulduğu durumlarda tipik terapist ve danışan rollerinin belirsizleştiği ve kimi zaman tersine döndüğü söylenebilir. Daha net olmak gerekirse, danışanlar terapistlerin bilen ve konuşmanın gidişatını belirleyen rollerini reddetmekte ya da yok saymaktadırlar. Konu ya da söz alış sırasını kontrol etme rolünü üstlenmektedirler. Bu tarz bir güç dağılımı özellikle konuyu değiştirme ve anlaşmazlık/sorgulama anlarında daha belirgin olmaktadır. Gerek terapist, gerekse danışanların cevapsız kaldıkları noktalarda ise diğer konuşmacının kontrolüne girmeme ve uyum göstermeme de belirlenen örüntüler içinde yer almaktadır. Duygusal katılım ve karşılıklılık açısından bakıldığında ise anlaşmazlık/sorgulama ve olumsuz duyguları ifade etme söz konusu olduğundan çiftlerin karşılıklı olarak duygusal katılımının yoğun ancak olumsuz olduğu, konuyu değiştirme ve cevap vermeme anlarında ise duygusal bir ayrışmanın varlığı dikkat

çekmektedir. Örneğin, danışan yoğun bir kaygı, korku ve üzüntü ifadesi içindeyken terapist konuyu değiştirebilmekte ve oldukça sakin, duygusal olarak nötr bir katılım gösterebilmektedir.

Üçüncü etkileşim örüntüsü işbirliğinin belirsizliği olarak karşımıza çıkmaktadır. Kimi etkileşimlerde çiftlerin konuşma özellikleri incelendiğinde işbirliği içinde oldukları ancak konuşmalarının içeriklerine bakıldığında ortaklaşmadıkları görülmektedir. Etkileşimde işbirliğinin bozulmasına dair herhangi bir ipucu edinilmiyor olmasına rağmen içerikte iğneleme, şaka yapma, kötücül ifadeler ya da olumsuz duygular görülmesi en sık rastlanan belirsiz etkileşimler olmuştur, ya da her iki tarafın gülerek duygusal katılımlarının benzeştiği bir sıralı ikilide bir anlaşmazlık/sorgulama ile karşılaşılabilmektedir.

İşbirliğinin belirsizliği tam tersi şekilde de gözlemlenebilmekte, konuşma içerikleri incelendiğinde bir işbirliği olduğu düşünülebilirken kullandıkları etkileşimsel stratejiler sürekli, tutarlı ve iki tarafın da birbirini anladığının ipuçlarını içeren, anlam bakımından tutarlı olan bir konuşmayı yansıtmamaktadır. Örneğin, yeğlenen içeriklerin konuyu değiştirme ile birlikte kullanılması ya da konuşmanın kısıtlılığını tersine döndürme ya da sözünü kesme gibi bir etkileşimsel araç yoluyla iletilmesi söz konusu olabilmektedir.

İşbirliğinin belirsizliğine dair her iki örüntü incelendiğinde temelde bir çatışma olduğu ancak bu çatışmanın doğrudan ifade edilmediği görülmüştür. Aynı zamanda çiftlerin duygusal katılımı ve kurumsal rolleri paylaşımı açısından da bir belirsizlik söz konusudur. Çiftler bu anlamda verilen ilk örnekte görüldüğü gibi karşılıklı olarak olumlu duyguları ifade edebildikleri gibi, kimi zaman bir taraf bir duygusal katılım gösterirken diğerinin cevapsız kalmasına rastlanabilmektedir. Kurumsal roller belirsizleşmiş ve belirgin bir rol dağılımı ya da güç asimetrisi gözlemlenememiştir. Her iki taraf da bilginin sahibi olduğu ve kendi pozisyonunu dolaylı şekilde korumaya çalıştığı izlenimini vermekte ancak bunu yaparken açıktan bir çatışmaya girmekten ya da belirgin bir kontrol kurmaktan kaçındığı düşünülmektedir.

3.2.3 Çiftler Arası ve Süreçteki Örüntüler

Yukarıda açıklanan üç farklı etkileşimsel örüntünün psikoterapi sürecinin farklı aşamalarında değişim gösterip göstermediği belirlenmeye çalışılmıştır. Bu girişim bu araştırmanın ikinci sorusuna cevap niteliği taşımaktadır: çiftler arasında ve sürecin farklı aşamalarına özgü etkileşim özellikleri belirlenebilir mi? Genel olarak bakıldığında tüm örüntü türlerini terapinin başı, ortası ve sonunda tespit etmek mümkün olmuştur. Yine de kimi örüntülerin ya da bu örüntülere eşlik eden etkileşimsel projelerin süreçte çiftler arası farklarla birlikte ele alındığında kimi anlamları olabileceği düşünülebilir.

Başlangıç aşamasına bakıldığında çiftlerin işbirliği içinde olduğu eylemler çoğunlukla danışanı tanıma, başvuru sebeplerine dair bilgi edinme, yeni bir bakış açısı ya da alternatif bir davranış önermeksizin duygularını ve düşüncelerini anlama ve terapi düzenlemelerini gerçekleştirme olarak ortaya çıkmıştır. Terapistler sürecin ilk aşamasında danışanın farklı psikolojik süreçlerine dair yorumlar yaptığında, sebeplerine dair ilişkisel kökenleri sorguladığında, farklı tepkiler arasında ortak yönler bulduklarında ve yeni düşünme ve davranış şekillerine dair sorgulama ve öneriler getirdiklerinde bu çoğunlukla işbirliğine dair bir belirsizlik ya da işbirliğinin bozulması ile karşılanmıştır. Seans içindeki sıra düzeni incelendiğinde bu tür işbirliğinden yoksun olunan durumların çözümlenmemesi ile birlikte benzer örüntülerin terapinin ilerleyen aşamalarında da benzer şekilde etkileşime dahil olduğu gözlemlenmiştir. Ancak özellikle son aşamaya baktığımızda terapistin yeni bir bakış açısı getirdiğinde işbirliği ile karşılık bulduğuna hiç rastlanmamıştır. Terapinin orta aşamasında ise terapi düzenleme ile ilgili eylemler dışında benzer konularda işbirliği kurdukları görülen çiftler, son aşamada yeni bir bakış açısı söz konusu olduğunda işbirliğinden uzaklaşmakla birlikte yalnızca bilgi paylaşımı, sebep-sonuç ilişkilerini anlama ve terapi düzenlemelerinin kimilerinde işbirliği içinde etkileşim kurmuşlardır.

Terapist bilgisini paylaşma görece daha az sık rastlanan bir kategori olarak büyük çoğunlukla işbirliğinin kurulmasıyla birlikte görülmüştür. Bu kategoriye terapinin ilk iki aşamasında rastlanırken, son aşamada terapist bilgisi üzerine konuşularak işbirliği kurulduğu gözlemlenmemiş, dördüncü çiftin etkileşiminde danışanın böyle

bir talebi olmasına karşın terapistin işbirliğinin belirsizliği ile cevap verdiği görülmüştür.

İşbirliğinin bozulduğu durumlar kendi içinde incelendiğinde danışanla ilgili edinilmesi hedeflenen kimi bilgiler, sebep-sonuç ilişkileri, yeni bir bakış açısı getirme ve terapi düzenlemeleri en yaygın eylemler olarak sıralanabilmektedir. Özellikle hangi bilgiler paylaşılırken ya da paylaşılması hedeflenirken işbirliğinin bozulduğuna bakıldığında çiftlerin terapinin ilk aşamasında duygular, düşünceler, yakın ilişkilere ve problem alanlarına dair detaylar (örn. Başarısızlık düşünceleri) ile ilgili etkileşimlerde ağırlıklı olarak terapinin başlangıç aşamasında zorluk yaşadıkları görülmektedir. Duyguların konuşulması noktasında ise danışanların terapiste yönelik duygularını ifade edişi çoğunlukla işbirliğinin bozulması ve belirsizliği yoluyla mümkün olmuştur. Aynı zamanda terapiye yönelik tutum, düşünce ve duygular da benzer şekilde ele alınmıştır.

Çiftler arası farklılıklara bakıldığında tüm çiftler sürecin herhangi bir aşamasında işbirliği içinde olmuş, zaman zaman ise işbirliği bozulmuş ya da belirsizleşmiştir. Ancak belli aşamalarda bazı çiftlerin bazı örüntüleri etkileşimlerinin bir parçası hiç yapmadıkları gözlemlenebilmiştir.

Ayrıca, bazı eylemleri belli şekilde gerçekleştiren çiftler olduğu gibi bazı eylem kategorilerinde farklı örüntülerin gözlemlendiği çiftler olabilmiştir. Örneğin birinci ve üçüncü çift işbirliği kurmanın bir alt başlığı olan yakınlık arama örüntülerini sıklıkla kullanırken, ikinci ve dördüncü çiftin bu yolla işbirliği kurdukları ya da etkileşimlerinde gündeme getirdikleri görülmemiştir. Dolayısıyla bu etkileşim örüntüsünün bu çiftler için hangi bağlamda ve ne gibi işlevlerle kullanıldığı önem taşımıştır. Seans içi sıra düzeni organizasyonu incelendiğinde yakınlık aramanın herhangi bir istisna olmaksızın işbirliğinin bozulduğu ya da belirsizleştiği durumları takip ettiği ve temelde çatışmalı durumları yatıştırma ve çözümleme gibi işlevleri olduğu belirlenmiştir.

Üç etkileşim örüntüsünün farklı çiftler için farklı aşamalarda nasıl ortaya konduğuna bakıldığında, üçüncü çiftin terapinin başlangıç aşamasında hiçbir zaman işbirliğinin direkt olarak bozulduğu bir etkileşim sergilemedikleri görülmüştür.

İkinci çiftin ise danışanın süreci sonlandırmayı teklif ettiği son aşamada ise işbirliği kurdukları herhangi bir sıra dizisine rastlanmamıştır.

Yukarında sözü edilen çiftler arası farklar göz önüne alındığında her bir çiftin genel etkileşimini tasvir edebilecek bazı tanımlamalar yapılabilmektedir. İlk çiftin etkileşimi "kontrol-yakınlık" düzleminde değerlendirilebilir. Çift terapinin başında işbirliği kurma ile işbirliğinin bozulması arasında gidip gelen ve çoğunlukla sıra alış, konunun belirlenmesi, terapi düzenlemeleri gibi etkileşimin gidişatının kontrolüyle yakından ilişkili alanlarda çatışmalar ve karşılıklı bir kendine alan açma mücadelesi sergilemiştir. Diğer yandan bu anlarda terapistin bilgilerinin konuşulması ya da terapi dışındaki üçüncü kişilere karşı bir koalisyon kurulması gibi örüntüler söz konusu olmuştur. Bu etkileşim tarzı süreçte, yakınlık arama girişimlerinin terapinin son aşamasına doğru azaldığı ve yok olduğu, işbirliğinin bozulduğunu işaret eden etkileşimlerin sıklaştığı bir biçime bürünmüştür.

İkinci çiftin süreçteki etkileşimi genel hatlarıyla "kontrol-ihmal" özellikleri çerçevesinde değerlendirilmiştir. Özellikle ilk aşamada terapistin inisiyatifince belirlenen konu ve sıra alma düzenleriyle karakterize bir etkileşimden söz etmek mümkündür. Danışanın öncelikli olarak bu yapıya uyum gösterdiği ancak ilerleyen aşamalarda uzun ve hikâye anlatma şeklinde kendini gösteren kontrolü edinme girişimleri olduğu dikkat çekmiştir. Ayrıca terapistin sürecin pek çok aşamasında danışanın duygusal katılımına eşlik etmeyişi, danışanın da terapistin müdahale ya da getirdiği bakış açılarına öncelik vermeyişi karşılıklı bir geri çekilme, yok sayma ya da ihmal dinamiğini düşündürtmüştür. Nitekim sürecin sonunda çiftin işbirliği kurduğu bir etkileşim gözlemlenmemektedir.

Üçüncü çift için ise "olumsuzluk-yakınlık" düzleminde bir ilişkiden bahsedilebilir. Terapinin ilk aşamasında işbirliğinin belirsizleştiği etkileşimler bulunsa da çiftin hiçbir zaman işbirliğini tamamen bozmadığını ve yakınlık aramaya yönelik eylemleri sıklıkla tercih ettiğini görmekteyiz. Sürecin devamında işbirliğinin bozulduğu anlarda ise yine duygusal katılımı yoğun ancak olumsuz örüntüler (örn. Olumsuz duyguların ifade edilmesi, anlaşmazlık/sorgulama) ön plana çıkmaktadır. Bu çift için alanyazında sıklıkla söz edilen, yakınlık ve olumlu duygulanımın

sürecin devamında yerini olumsuz duygulara bıraktığı bir ilişki şeklinin tam bir örneğinin söz konusu olduğu söylenebilir.

Son çifte bakıldığında, genel olarak kurulan ilişki "olumsuzluk-müdahale" çerçevesinde tanımlanmıştır. Sebep-sonuç ilişkilerini sorgulama ya da yeni bir bakış açısı getirme anlamında yaşanan işbirliğinin bozulması ya da belirsizleşmesi gibi durumların bütünüyle olmasa da süreçte işbirliğine doğru evrilmiş olması bu tanımlamayı önemli ölçüde belirlemiştir. Dördüncü çift ayrıca yakınlık arama gibi etkileşimler gerçekleştirmemiş olmasına rağmen duygusal katılımın ve terapiye ve terapiste yönelik tutum, düşünce ve duyguların diğer çiftlere oranla daha çok paylaşıldığı bir etkileşim sergilemiştir.

4. Tartışma

Bu bölümde analiz bölümünde belirlenen etkileşim örüntüleri ve bu örüntülerin süreçteki ya da çiftler arasındaki değişiminin anlamları ve alanyazındaki bilgiler açısından açıklamalarına değinilecek, bunun için KÇ ve sadomazoşizmde A-K bulgularına başvurulacaktır. Ardından çalışmanın kısıtlılıkları ve güçlü yanları tartışılacaktır.

4.1 Konuşma Çözümlemesi ve Sadomazoşizm Yaklaşımları Açısından Bulgular

Analiz sonucunda belirlenen işbirliği, işbirliğinin bozulması ve işbirliğinin belirsizleşmesi örüntüleri psikoterapi alanında KÇ çalışmalarınca farklı kavramlar ve isimlendirmelerle ele alınmış olsa da pek çok açıdan tutarlılık göstermektedir.

Perakyla (2012) pek çok KÇ araştırmasında terapist ve danışanların ortaklaştığı, işbirliği kurduğu, birlik içinde olduğu ya da anlaştığı gibi tanımlamalarda ifade edilebilecek etkileşimlerin genel anlamda iyi bir psikoterapi ilişkisine işaret ettiğini öne sürmektedir. Vehvilainen (2003), Lepper ve Mergenthaler (2007, 2008), Bercelli, Rossano, ve Viaro (2008) ve Clark ve Rendle-Short (2016) gibi araştırmacılar terapide formülasyonların paylaşılması olsun, direnç gibi tepkilerin yumuşatılması gibi terapi görevlerinde pek çok etkileşimsel araç kullanılarak işbirliğine gidildiğini tespit etmişlerdir. Bu araçlar bu çalışmada da betimlendiği üzere sözce tekrarları, konu bütünlüğünü sağlayacak geçmiş ve gelecek atıfları,

yeğlenen cevaplar olarak örneklendirilebilir. Aynı zamanda psikoterapide empatiyi anlamaya yönelik KÇ çalışmaları duygusal işbirliğinin bu çalışmada da belirlenen pek çok konuşma özellikleri ile ortaya konabildiğini göstermiştir (Rae, 2008; Wynn & Wynn, 2006). Rol asimetrisi açısından bakıldığında yine belirgin bir kurumsal rol dağılımı işbirliği kurulan durumlarda geçerli bulunmuştur (Cipolletta, Frassoni, & Faccio, 2017). Buna rağmen özellikle işbirliği kurma amacıyla yakınlık arama bu çalışmaya ve bu örnekleme özgü görülmektedir.

Bu çalışmadaki ikinci örüntü olarak belirlenen işbirliğinin bozulması yine KÇ literatüründe sapma (misalignment) ya da direnç terimleri çerçevesinde anlaşılmaya çalışılmıştır. Bu çalışmanın bulgularıyla tutarlı şekilde, Vehvilainen (2008), Antaki (2008) ve Madill, Widdicombe, ve Barkham (2001) konunun değişmesi ve çatışmanın ifadesi gibi tepkileri bu kategorilerde değerlendirmişlerdir. MacMartin (2008)'in özellikle olumlu içeriklere karşı gösterilen direnç ya da çatışmaların terapistin kurumsal rolünü azımsama gibi özellikler taşıdığını iletmesi, Voutilainen, Perakyla, ve Ruusuvuori (2010)'nin ise duygusal ayrışmaların bu tür etkileşimlerin bir parçası olduğuna yönelik vurguları yine bu çalışmanın bulgularıyla örtüşmektedir.

Son etkileşimsel örüntü kategorisi olan işbirliğinin belirsizliği için ise alanyazında kısıtlı ya da görece yeni bilgiler edinilmiştir. Alanyazın çoğunlukla işbirliğinin bozulduğu durumların içinde rol ya da etkileşimin sürekliliği açısından belirli bir belirsizlik olabileceğine işaret etmektedir (Madill, Widdicombe, & Barkham, 2001), Jeffrey (2009) ise psikoterapide mizah kullanımının işbirliği ile ilgili ikircikli bir tutumun göstergesi olduğunu belirtmektedir ya da Perakyla (2012) yukarında değinilen pek çok direnç çalışmasını yeniden gözden geçirdiği yazısında belirli düzeyde bir belirsizlik bulunduğu yönünde yorumlar getirmektedir. Bu açıdan bu çalışmanın bulguları terapist-danışan etkileşiminin bu yönüne ışık tutulmasının önemli olabileceğine işaret etmektedir.

Sadomazoşizm ve A-K alanyazını ışığında bulgular ele alındığında işbirliği kurma örüntüsünün iyi bir ilişki kurmanın yanında bu örneklem için boyun eğme ve ego sınırlarının ihlali gibi yönleri olabileceği düşünülebilir. Reed (1999) işbirliği ve

boyun eğme arasında ince bir çizgi olduğundan bahsetmektedir. Ayrıca sadomazoşizm özelinde diğerinin güç ve kontrolüne girme dinamiği düşünüldüğünde (Alvarez, 2009; Gazzilo et al., 2015; Mangis, 2007; McWilliams, 2010; PDM Task Force, 2006; Waska, 2008) ikinci çiftin yapılandırılmış ve kontrollü etkileşimi, üçüncü çiftin ise terapinin başlangıcında dikkat çekici şekilde işbirliği içinde oluşu bu dinamiklerle açıklanabilir.

Ego sınırları açısından bakıldığında ise birinci ve üçüncü çiftin terapinin gündemi ve gidişatıyla doğrudan ilgili olmayan şekilde terapist, süpervizyon ya da terapi dışındaki üçüncü kişilerle ilgili etkileşimleri özellikle terapistin sınırlarının ihlal edildiği izlenimi vermektedir. Bu anlamda Geltner (2005), Slochower (2014) ve Claus ve Lidberg (2003)'in vaka örneklerinde olduğu gibi terapist mazoşist bir karşıaktarım örneği göstermektedir.

Gerek yakınlık arama, gerekse işbirliğinin belirsizleşmesi Claus and Lidberg (2003) ego sınırlarının geçirgenleşmesinin travmatik yaşantıya ait materyallerin inkârı ve diğerine yansıtılması sürecini içeren yansıtmalı özdeşim yorumlarını akla getirmektedir. Dolayısıyla, işbirliğinin belirsizleşmesi bütünüyle değerlendirildiğinde de taraflar için hem kendi içlerinde hem de birbirleriyle etkileşimlerinde çatışmalı ve çoğunlukla olumsuz deneyimlerin sahiplenilememesi, bütünlüklü bir ego içinde deneyimlenememesine işaret etmektedir (Slochower, 2014).

Çalışmanın bulguları tüm bu alanyazın çerçevesinde değerlendirildiğinde yakınlık kurma ve kontrolü elinde tutma ihtiyaçları arasında gidip gelen bir terapist-danışan ilişkisi, bir başka deyişle A-K dinamiğinden söz etmek mümkündür. Bu dinamiğin klinik anlamda nasıl ele alınabileceği ile ilgili olarak Zeitner (2008), de Peyer (2002) ve Slochower (2014) gibi yazarların ortaklaştığı nokta öncelikli olarak bu tepkileri yanlış ya da hata olarak değerlendirmemek ve danışanın ve terapistin kendinin ne tür kendilik ihtiyaçlarını ve nesne ilişkilerindeki örüntüleri gösterdiğini anlamaya çalışmaktır. Bu yolla Winnicott(2005)'ın "yeterince iyi" bir ilişki ve psikoterapi gereklilikleri üzerine düşünmek ve yakın olmayı da isteyen, saldırgan ve yıkıcı da olabilen tarafların kabulü ve bütünleştirilmesi, sonunda da ego sınırları

belirli ve ayrışmış bir terapist, danışan ve psikoterapi sürecine doğru adımlar atılması mümkün olabilir gibi görünmektedir.

4.2 Kısıtlılıklar ve Öneriler

Öncelikle, KÇ alanyazını ve psikoterapiye dair pek çok kavram açısından bakıldığında bu çalışmada belirlenen etkileşim örüntüleri sadomazoşist olsun olmasın pek çok psikoterapide sürecinde ortaya çıkabilecek örüntüler olarak değerlendirilebilir. Dolayısıyla analiz sonuçlarının tamamen sadomazoşizm özelinde bilgiler verdiği ya da kesinlikle sadist ve mazoşist özellikler taşıdığı sonucuna varılmamaktadır. Gelecek çalışmalarda öncelikli olarak sadist ve mazoşist karşıaktarımları keşfetme ve belirleme gibi amaçlarla hareket edildiğinde katılımcıların seçilimi konusunda daha hedefe yönelik bir prosedür izlenmesi önerilebilir. Bunun için geriye dönük bir değerlendirme yerine, daha bütünlüklü ve araştırmacıların danışanla birebir değerlendirme yaptığı gibi tanılama yolları üzerine düşünülebilir.

İkinci olarak toplumsal cinsiyet rollerinde olduğu gibi katılımcıların ve sürecin belirli özellikleri açısından daha homojen bir örneklem düşünülebilir. Örneğin, bu çalışmada terapist deneyimi saat üzerinden bilgilerin edinilmesi ile kısıtlı kalmış ve deneyimlerin niteliğine dair çok az bilgi vermiştir. Diğer yandan terapi uzunlukları ve bitiş sebeplerinin farklılık göstermesi de sonuçları etkilemiş olabilir. Bir çift için terapinin son aşaması olarak değerlendirilen seansların zamanlaması bir diğer çift için orta aşamalarına denk düşmüştür. Bu gibi olası etkiler gelecek çalışmalarda daha kapsamlı şekilde değerlendirilmelidir. Örneğin, De Rivera (1992), Rogers (1958) ya da Norcross, Krebs, ve Prochaska (2011) gibi teorisyenlerin psikoterapi aşamalarının belirlenmesine dair önerileri takip edilebilir.

4.3 Güçlü Yönler ve Klinik Çıkarımlar

Kısıtlılıklar kapsamında ele alınan, belirlenen örüntülerin diğer pek çok psikoterapi sürecine de özgü olabileceği gerçeği bir yönüyle bu çalışmanın en güçlü ve tam da açığa çıkarmayı hedeflediği mesele olarak düşünülmektedir. Giriş bölümünde belirtildiği gibi bu çalışma kişilik özelliklerinin kategorik bakış açısıyla bütünüyle

anlaşılamayacağını, sosyal etkileşimin özellikleri ve bağlam gereği farklı kişilik yönlerinin zaman ve bireylere bağlı olarak gözlemlenebileceğinin bir göstergesi olmuştur.

Aynı zamanda, Türkçe konuşan psikoterapist ve danışanların psikoterapi süreçlerine dair ilk KÇ araştırması olma niteliğine sahip bu çalışma, Türkiye'de yapılmış olan psikoterapi örneklerine ve bu örneklerde hangi konuşma özelliklerinin nasıl kullanıldığına son derece giriş mahiyetinde bilgiler sunmaktadır. KÇ araştırmaları için ise genelde belirlenmiş eylem kategorilerine odaklanılan çalışmalardan farklı olarak daha bütüncül ve süreç içindeki değişimleri takip etmeyi olanaklı kılmaktadır. Yine KÇ açısından bakıldığında çalışmaların çoğunlukla terapist başlatımlı eylemleri içerdiği ya da sözde başarılı olgulara odaklandığı görülmektedir. Bu çalışmada ise terapist ve danışanın birlikte inşası ve süreçteki sözde başarısız deneyimlerin klinik anlamdaki değeri ön plana çıkmaktadır.

Araştırma deseninin ve katılımcıların seçiliminde Türkçe konuşmalara ve sadomazoşizme dair bilgiler çerçevesinde kadın katılımcıların tercih edilmesi, toplumsal cinsiyet gibi faktörlerin ya da ilerideki çalışmalarda incelenebilecek pek çok sosyal ve kültürel özelliklerin öneminin de altını çizmektedir.

Klinik uygulamalar açısından bu çalışmanın iki önemli katkısı bulunmaktadır. Bunlardan biri psikanalitik literatürde uzun zamandır ele alınan psikoterapi çerevesinin ve profesyonel sınırların ihlalinin etkileşimsel yansımalarını açığa çıkarma, diğeri ise A-K dinamiklerinde sahiplenilmeyen yani sözcük anlamlarıyla da ifade olanağı olmayan pek çok dinamiği gözleme şansı veren işbirliğinin belirsizliğine dair dikkat çekme olarak düşünülebilir.

APPENDIX G: Curriculum Vitae

PERSONAL INFORMATION

Surname, Name: Dilekler, İlknur
Nationality: Turkish (TC)
Date and Place of Birth: 23 February 1987, Eskişehir
Marital Status: Single
E-mail: ilknurdilekler@yahoo.com.tr

EDUCATION

2011-2018 (expected)	Post bachelor PhD: Middle East Technical University (METU)/ Ankara-TURKEY Clinical Psychology CGPA: 4.00 / 4.00
2005- 2010	BS: Middle East Technical University (METU)/ Ankara-TURKEY Psychology CGPA: 3.77 / 4.00
2001-2005	High School: Bandırma Anatolian High School / Balıkesir-TURKEY Turkish-Mathematics Branch CGPA: 4.95 / 5.00

WORK EXPERIENCE

09.2017- 01.2018	Başkent University Psychology Department Ankara-TURKEY Part-time instructor
01. 2017-04.2017	TOBB ETU Ankara-TURKEY Part-time instructor
09.2016-present	Bilkent University Psychological Counselling and Development Center Ankara-TURKEY Clinical Psychologist

06.2014-06.2017 METU Ayna Clinical Psychology Unit
Ankara-TURKEY
Clinical Psychologist

10.2010 – 08.2011 Örs Special Education and Rehabilitation Center
Ankara-TURKEY
Psychologist

FOREIGN LANGUAGES

Advanced English

AWARDS AND HONORS

TÜBİTAK 2211-A Genel Yurtiçi Doktora Burs Programı

Dean's honour list in Middle East Technical University (METU) in 2006-2007, 2007-2008, 2008-2009, 2009-2010 semesters

Turkish Government Scholarship for Higher Education
2005-2010

Turkish Government Tuition Credit for Higher Education
2005-2010

ACADEMIC ROLES

Reviewer December 2014– *present*
Ayna Clinical Psychology Journal

PROJECTS

Summer 2008 Development of a Neuropsychological Assessment Battery for Alzheimer's Disease Patients / Hacettepe University
Ankara-TURKEY
Project headed by Prof. Dr. Banu Cangöz

PUBLICATIONS

Dilekler, İ., Törenli, Z., & Selvi, K (2014) Öfkeye Farklı Açılardan Bakış: Öfkenin Mekanizması, Farklı Psikopatolojilerde Öfke ve Terapistin Öfkesi. *Ayna Klinik Psikoloji Dergisi, 1*(3).

Dilekler, İ. & Erzi, S (2013).Yapbozun Kayıp Parçası: Sevmek Zamanı. *Psinema Sinema ve Psikoloji E- dergisi*, 14.

PRESENTATIONS & POSTERS

- 12.2016 (TOBB ETU/Ankara)

Klinik Psikoloji Bakış Açısıyla Bireyleşme - Dilekler, İ.

- 09.2016 *(19uncu Ulusal Psikoloji Kongresi: Barış ve Psikoloji/ İzmir)*

Terapi Çerçevesi ve Ayrışma-bireyleşme - Dilekler, İ.

Onarıcı Duygusal Deneyim Bağlamında Borderline İşleyişteki Bir Hastanın Kişilerarası Etkileşim Grubu Deneyimi - Cihan, B., Dilekler, İ. & Uyar-Suiçmez, T.

- 04.2016 *(Yıldırım Beyazıt Üniversitesi Psikoloji Kongresi: Deneyim Oluşturma ve Aktarımı III/Ankara)*

İntihar Riski Değerlendirme, Müdahale ve Önleme Çalışmaları - Dilekler, İ & Süsen, Y.

- 07. 2014 *(28th International Congress of Applied Psychology/Paris)*

Adherence to Medical Regimen in Type II Diabetes Patients: A Theory of Planned Behavior Perspective– Dilekler, İ., Doğulu, C. & Bozo, Ö.

APPENDIX H: Tez Fotokopisi İzin Formu

ENSTİTÜ

Fen Bilimleri Enstitüsü [ ]

Sosyal Bilimler Enstitüsü [X]

Uygulamalı Matematik Enstitüsü [ ]

Enformatik Enstitüsü [ ]

Deniz Bilimleri Enstitüsü [ ]

YAZARIN

Soyadı : Dilekler
Adı : İlknur
Bölümü : Psikoloji

TEZİN ADI (İngilizce) : Intersubjectivity in Psychotherapy: Perspectives of Sadomasochism and Conversation Analysis

TEZİN TÜRÜ : Yüksek Lisans [ ] Doktora [X]

1. Tezimin tamamı dünya çapında erişime açılsın ve kaynak gösterilmek şartıyla tezimin bir kısmı veya tamamının fotokopisi alınsın [ ]
2. Tezimin tamamı yalnızca Orta Doğu Teknik Üniversitesi kullanıcılarının erişimine açılsın. (Bu seçenekle tezinizin fotokopisi ya da elektronik kopyası Kütüphane aracılığı ile ODTÜ dışına dağıtılmayacaktır.) [ ]
3. Tezim bir (1) yıl süreyle erişime kapalı olsun. (Bu seçenekle tezinizin fotokopisi ya da elektronik kopyası Kütüphane aracılığı ile ODTÜ dışına dağıtılmayacaktır.) [X]

Yazarın imzası Tarih