1. Background
Therapeutic conversation has recently been conceptualized as a co-construction process (see De Jong, Bavelas & Korman, 2013). In group theory and practice, a constructionist viewpoint places emphasis in “what the talk is actually doing” rather than in “what group members talk actually means in terms of some covert theoretical structure” (McLaughin, 2013, p. 4).

In the broad area of systemic practices, therapists have assumed that the development of themes in family therapy (Pap and Immer Black-1996) group therapy sessions (Androussopoulou, 2003, Poleni-Todolou, Vasiliou & Vassilou, 2005) and in reflecting teams (Sparks, Arel; Pulley-Blank Tabachnik, 2011) mirrors the process of co-construction.

2. Aim
We were interested in how co-therapists and members of a therapy group contribute to the co-construction of a theme, and how this co-construction helps the therapeutic process.

3. Method

PARTICIPANTS.
In this study, the participants were two co-therapists and eight clients of a group of long-term therapy, following an enriched systemic perspective (Androussopoulou, Baffi, Kalamaris, 2014). The group met weekly for a two hour session, was heterogeneous concerning client initial requests, symptoms and gender, and was co-facilitated by one male and one female therapist.

RESEARCHERS AND MATERIAL
Researchers were fourth year trainees at the Institute. Transcribed material of the particular group session was randomly drawn from the Institute’s archives with consent. Guidelines were followed for team based practitioner research (McLeod, 2010).

NARRATIVE ANALYSIS
First phase: We conducted a thematic narrative analysis (Riessman, 2008). Following identification of a particular theme, we traced four dimensions across the transcript, and noted any other processes that helped theme co-construction. These dimensions were (De Jong, Bavelas and Korman, 2013):

i. Formulations (F). Mirroring, reflecting, paraphrasing, summarizing, but also interpretations or reframing.
ii. Lexical choice (LC). Choice of words/phrases by therapists and group members.
iii. Questions (Q). Mostly open, exploring.
iv. Grounding (G). Checking understanding of meaning.

Second phase: Self-disclosure (SD) of group members as feedback to other members was identified as an additional dimension in theme co-construction. This dimension aimed to:

i. make connections (C) between client stories
ii. validate (V) positive feelings or actions of other members, and/or
iii. move the conversation on by enriching it and forging the theme towards a resolution (R).

4. Results

THEME
The identified theme was given the title “Beyond depression and the dark side of life” by our research group. It appeared that the co-construction of the theme followed various phases, from:

- a discussion on the parameters and influences of depression and “blackness” on personal and family life
- talking about the effort of taking personal responsibility, to
- viewing life from a brighter/lighter point of view.

DIMENSIONS
Excerpts are presented in the order they were uttered, giving also a taste of group process and phases in theme development by use of the four dimensions.

EXTRACT # 1.
Therapist A  [female]: This black thing that feels so heavy, you say it makes you feel hopelessness (LC). Is there also a feeling of not desiring to live? (Q) (G)

Client A.

Therapist B  [male]: It is as if giving up on dating many men makes you feel less important. And that’s a burden. (F) (G)

Client A.

Therapist B  [male]: You mean not desiring as a human being? (G)

Client A.

Therapist B  [male]: is it not simply a black thing that you cannot explain (LC). You think now “I’m not doing what I used to do, what’s my life’s meaning.” (F) (G)

Client A.

Therapist A  [female]: That’s right (G)

Therapist A  [female]: Mmm (G)

5. Points in the process

i. In this session, one of the two co-therapists was the first to introduce the phrase “this black thing” when the first client talked of her depression. A lot of grounding was used before coming to share the exact meaning of this notion.

ii. Questions were asked also by group members, who pushed the theme forward to include the notion of responsibility.

iii. The word “blackness”/“dark side of life” was taken up by group members in the conversation, and it was used as an additional dimension.

iv. Toward the end of the group session, Therapist A introduced a counter theme, the “bright/lighter side of life.” However, the therapist immediately reduced its impact by a lexical choice which focused on unsaid negative feelings. Again, the lexical choice seems linked to the therapist’s theoretical convictions.

6. Discussion
We assume that the co-construction of themes that develop toward a resolution empowers personal choice. In our study, both therapists and group members played an active role in that direction. Our analysis indicated that the four dimensions (F, Q, LC, G) may not be adequate on their own to capture the group process regarding theme co-construction. Self-disclosure as feedback, in response to a story told by another group member appeared to be important in the process.

The analysis supported De Jong et al’s (2013) claim that all dimensions used by therapists are undoubtedly “influential choices rather than passive evidence of understanding” (p. 26). Even though questions also had embedded presuppositions or unstated assumptions (McGee, Del Vento, Bavelas, 2005), they were faced with less resistance by clients, compared to interpretations or reframing.

Our results invite therapists in systemic group therapy sessions and reflecting teams to notice:

i. the way group members pick up words or phrases that either therapists or group members use;
ii. questioning also had embedded presuppositions or unstated assumptions (McGee, Del Vento, Bavelas, 2005), they were faced with less resistance by clients, compared to interpretations or reframing.

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