

CO-CONSTRUCTING A CENTRAL THEME

Microanalysis of a Systemic Group-Therapy Session

Peggy Poimenidou MSc | Despoina Binioti BSc | Maria Christodoulaki BSc | Katerina Zerma BSc
Training and Research Institute for Systemic Psychotherapy www.logopsychis.gr

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” (McLaughlin, 2013, p. 4).

In the broad area of systemic practices, therapists have assumed that the development of themes in family therapy (Papp and Imber-Black, 1996) group therapy sessions (Androutsopoulou, 2005; Polemi-Todoulou, Vassiliou & Vassiliou, 2003) and in reflecting teams (Sparks, Ariel, Pulleyblank, 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 (Androutsopoulou, Bafiti, Kalarritis, 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):

- Formulations (F). Mirroring, reflecting, paraphrasing, summarizing, but also interpretations or reframing,
- Lexical choice (LC). Choice of words/phrases by therapists and group members.
- Questions (Q). Mostly open, exploring.
- 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:

- make connections (C) between client stories
- validate (V) positive feelings or actions of other members, and/or
- move the conversation on by enriching it and forcing 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, to
- talking about the effort of taking personal responsibility, to
- viewing life from a brighter/ lighter point of view.

DIMENSIONS

Extracts 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 hopeless (LC). Is there also a feeling of not deserving to live? (Q) (G)

Client A. You mean not deserving as a human being? (G)

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. Yes, you’re so right. (G)

Therapist B. Mmm (G)

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

Client A. That’s right (G)

Therapist A. Mmm (G)

EXTRACT #2.

Client B. [Has just finished talking of his efforts to help his mum, who is severely depressed, without giving up on his own life]

Client C. When [Client B] was talking, describing his mum’s resignation from life, her depression, I wondered, doesn’t she have some sort of responsibility toward her family? (Q)

Therapist B. I wonder, what makes you ask that? Is there some connection with your own story? (Q)

Client C. Yes, I had decided to resign from life, but it wasn’t easy. I couldn’t abandon my family, my son.

Therapist A. You seem to ask whether you also had some responsibility (LC) toward your son. (F)

Client C. No. I had no responsibility (G). Only someone who resigns has a responsibility. Whatever one decides, he has a share of responsibility.

Therapist A. How do you feel with your own share of responsibility? (Q) (LC)

[long pause]

Client C. I’m so sorry [she is moved], and I will do anything to make it up to my son.

EXTRACT #3.

Client C. I’m so much happier these days. I’ve stopped looking at the dark side of life, the blackness, and it’s a pleasant surprise. I’m cautious however, will it last? (Q)

Therapist A. So there is some anxiety (LC) about whether it will last. (F)

EXTRACT #4

Client C. When [client A] spoke earlier about no one giving her approval, I wondered about my own son, and whether I have given approval to him. I don’t think I have done that. (SD-C)

Client A. I want to tell you [client C] that I would have been happy if you were my mum (SD-V). My mum never wondered about her own responsibility or how she handled my manic-depression crises, she never tried to understand me. You try so hard! (SD-V-R)

EXTRACT #5

Client D. I have begun to enjoy life. I’m trying to take care of myself, without feeling guilty. Go shopping, look beautiful.

Therapist A. This is the bright side of life. I wonder, however, whether this new side doesn’t create some worry in you, being so different than the dark side you were so used to for so long. (LC) (Q)

5. Points in the process

- 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.
- Questions were asked also by group members, who pushed the theme forward to include the notion of responsibility.
- The word/phrase “black/blackness/dark side of life” was taken up by group members in the conversation. Therapist A focuses on the client’s “anxiety” (therapist’s term) and her “cautiousness” (client’s word) rather than her “pleasant surprise”. This lexical choice is in line with the therapist’s theoretical convictions of allowing enough space to negative unsaid or silenced emotions before moving to the positive.
- 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 therapists’ 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 unavoidably “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 introduce; (ii) the way group members use them to develop themes that enhance meaning making. They also invite therapists to recognize their own part in meaning making through introducing useful utterances that develop into themes. These themes can become more and more liberating as the group process evolves.

7. Acknowledgements

We thank A.Androutsopoulou for the qualitative research advice and feedback and the Training and Research Institute for Systemic Psychotherapy Logo Psychis for all the support.

References

- Androutsopoulou, A., Bafiti, T., Kalarritis, G. (2014). The enriched systemic perspective SANE-System Attachment Narrative Encephalon®: Selected training guidelines for clinical practice. *Human Systems: The Journal of Therapy, Consultation and Training*, 25, 161-176.
- Androutsopoulou, A. (2005). Themes in nested stories: A case in family-oriented systemic therapy. *Journal of Systemic Therapies*, 25, 43-59
- De Jong, P., Bavelas, J.B., & Korman, H. (2013). An introduction to using microanalysis to observe co-construction in psychotherapy. *Journal of Systemic Therapies*, 32, 17-30.
- McGee, D., Del Vento, A., & Bavelas, J.B. (2005). An interactional model of questions as therapeutic interventions. *Journal of Marital and Family Therapy*, 31, 371-384
- McLaughlin, J.E. (2013). Post-structuralism in group theory and practice. *Journal of Systemic Therapies*, 32, 1-16.
- McLeod, J. (2010). *Case study research in counseling and psychotherapy*. Los Angeles, CA: Sage.
- Papp and Imber-Black, (1996). Family themes: Transmission and transformation. *Family Process*, 35, 5-20.
- Polemi-Todoulou, M., Vassiliou, V. & Vassiliou, G. (2003). The grouping process among cultural change. *Metalogos-Systemic Approaches and Psychotherapy*, 4, 82-100.
- Riessman, K. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage.
- Sparks, J., Ariel, J., Pulleyblank, C. E., Tabachnik, S. (2011). A fugue in four voices: Sounding themes and variations on the reflecting team. *Family Process*, 50, 115-128.