

# Use of psycho-medical “jargon” in functions of accountability and persuasion: Discourse analysis of a couple therapy session

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## Background

Discourse analysis has been increasingly used in the field of systemic therapy as a suitable research method for analyzing family and couple sessions (Avdi, 2005; Blanchard, Auburn & Dallos; Patrika & Tseliou, 2015). Investigated are often issues related to the transformation of meaning, to agency, to responsibility and blame, and to the therapist's role in shaping client's accounts, the latter being one focus of the present study. According to Avdi & Georgaca (2007) during a therapeutic session participants make use of a particular speech – including a medical one- in order to establish their self-image, construct their reality, attribute



## Method

The discourse analysis study was undertaken by a group of trainees as part of a qualitative inquiry methods course. The 60-minute-session was randomly retrieved from the Institute's archives. Quality criteria followed Gergen's (2014) suggestions, with researcher reflexivity being the overarching principle of constructionist qualitative methodologies, complimented by usefulness, rigor, internal coherence, transparency. Guidelines were followed for team based practitioner research (McLeod, 2010).

## Results

**The couple** constructed each other's identity in terms of a psycho-medical discourse using “jargon”. The analysis indicated two basic functions of speech: accountability and persuasion, revealing a discursive agenda where each partner blamed the other, arguing for normality of the self and abnormality of the other, determining pathological positions.

### Extract#1

Alicia: The fact that he cries every night tries err.. tells me that he probably needs help from a professional. He bursts into tears all of a sudden, and it's not..., I don't think..., it's not normal.

George: I don't burst all of a sudden, it's out of tension... [long pause], out of insecurity caused by Alicia. Alicia went through depression some time ago when she worked for the previous company, four and a half years ago, they did not treat her well and she resigned.

A: Whose diagnosis was that, Joanna's?

G: We had asked Joanna, yes, the psychologist who had joined..., she was a friend who had joined us for summer holidays.

A: How easy is to diagnose something like that, can you just look at someone and know, if you are a professional?

### Extract #2

G: Let me say that today is the third day of her period, and I'm telling you this because...

A: Because she might think I'm crazy [laughs]

G: I never said that. Well, can you imagine that yesterday...

Therapist: [turning to A.]You seem pretty coherent to me [laughs]

G: ...she couldn't even speak yesterday, she was in such a state...

A: Not because of...

G: ...her hormonal issues. Emm, we might as well skip going for drinks later on and go straight to the gynecologist, now that we are at it [laughs].

### Extract #3

G: Emm.. and finally, when at some point at the beginning of our relationship, when you had the ... that crisis on the boat and you got dizzy... Alicia had an MRI scan and there were no findings, so the doctor prescribed... because she had a panic attack... she was on citalopram, a seropram for a certain period of time, emm... And chatting with some friends psychiatrists, my work environment you see [works in the PR department of a pharmaceutical company], we concluded that the girl is not some clinical case, well they concluded, it's not like I decided, and that she doesn't need to take any more medication to deal with situations... emm.. I know...right...

### Extract #4

A: He would get angry..., so I guess this is something he grew up with, and he thinks it's normal... that's what I thought. To me, it's not normal to hear all this swearing. I couldn't get over it. And it's not normal to ask for a divorce for no good reason.

In her responses, **the therapist** adopted an interpretative discourse; she destabilized the medical agenda and argued for the couple's normality using certain practices: re-situated the problem from the individual to the interpersonal and trans-generational sphere, translated jargon into emotions, and re-phrased futile dilemmas. The therapist's interventions contributed to the dropping of jargon and relevant pathological positions. The husband switched the topic to that of house refurbishing which appeared quite “innocent”. The therapist responded to the new topic with the same practices, emphasizing the couple's difficulty in using emotional language.

### Extract#1

Th: [...] in time we will see what each one of you brings into the relationship from his own family history and this emm... gets in-between you. You will understand more about yourself and the other, and will not be threatened by the vulnerabilities of the other, but be able to support each other. This is more or less how couples build an alliance.

### Extract#2

Th: George, what I understood is that tensions between the two of you had reached a climax, and you started to feel that you are losing Alicia, apparently those chats you had with some people helped. I understand what happened to you as an escalating process, something happening inside you.

### Extract#3

G: Ok. One last question. A while ago, Alicia asked if we could change the furniture. Do you think that would help?

Th: I think emm... this is the type of question you will need to process on your own and give your own answers, and I suggest we keep this talk till the next time, after talking some more about how you both deal with your emotions...

## Discussion

The present analysis noticed dominant discourses, discursive agendas and subject positioning relevant to both the couple and the therapist. The analysis focused primarily on interpersonal functions and less on the influence of wider social contexts. The analysis could be enriched by discussing issues of power, including male privilege (Harre-Mustin, 1994), which underpinned the couple's dialogues, and persisted even in the concluding shift to a different topic. Limitations are related to the single study design and the fact that researchers-trainees and therapist shared the same therapy approach. Even so, the present analysis points to ways in which therapists can actively shape client accounts, for instance by placing emphasis in emotions rather than actions or beliefs, a tendency increasingly seen in postmodern approaches (e.g. Beaudoin & Zimmerman, 2011). The analysis promotes therapist reflexivity and inner dialogue (Rober, Elliott, Buysse, et al, 2008).

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