

**Resisting behavioural change: Proposal-resistance
sequences in Cognitive Behavioural Therapy sessions
for clients with depression**

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*A thesis submitted in fulfillment of the requirements for the degree of
Doctor of Philosophy*

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September 2010

Table of Contents

Table of Contents	i
Abstract	viii
Declaration	x
Acknowledgements	xi
CHAPTER 1	1
Introduction	1
1.1 Overview	1
1.2 CA research with therapeutic data	2
1.2.1 Therapists' 'formulations' and 'interpretations'	3
1.2.2 Other actions by therapists	5
1.2.3 Clients' responsive actions	7
1.3 CBT theory	11
1.3.1 Automatic thoughts	11
1.3.2 Cognitive errors	12
1.3.3 Collaborative empiricism	13
1.4 Behavioural activation	14
1.4.1 Behavioural activation within CBT theory	15
1.4.2 Behavioural activation within the structure of a CBT session	17
1.5 Experimental CBT research	19

1.6 Focus of the thesis.....	22
1.6.1 Outline of Chapters	23
1.6.2 Summary	25
CHAPTER 2	26
Method: Conversation Analysis	26
2.1 Chapter overview	26
2.2 Data collection.....	26
2.2.1 Data source	26
2.2.2 Recording the data	27
2.2.3 Transcription of the data.....	28
2.3 Overview of conversation analysis.....	29
2.3.1 Theoretical underpinnings of CA.....	29
2.3.2 CA analyses.....	31
2.4 Conversation analysis of institutional interaction	32
2.5 Summary	34
CHAPTER 3	36
Foundational conversation analytic findings.....	36
3.1 Chapter overview	36
3.2 Action formation	36
3.3 Turn-taking	38
3.4 Sequence organization.....	39
3.4.1 The minimal sequence: ‘Adjacency pairs’	40

3.4.2 Preference organization	41
3.4.3 Sequence expansion	43
3.5 Repair	44
3.5.1 Self-initiated repair	45
3.5.2 Other-initiated repair.....	48
3.6 Word selection.....	49
3.7 Summary	50
CHAPTER 4	52
Collaboratively initiating behavioural change	52
4.1 Introduction	52
4.2 The 'collaborative' behavioural activation sequence	54
4.3 Summary	68
CHAPTER 5	70
Therapists' proposals for behavioural change.....	70
5.1 Introduction	70
5.1.1 The delicate activity of advice-giving.....	71
5.1.2 The delicate nature of 'advice-giving' for therapists.....	73
5.2 Step-wise entry into proposal sequences.....	77
5.3 The delivery of therapists' proposals.....	84
5.3.1 Hedged recommendations	85
5.3.2 Interrogatives.....	90
5.3.3 Information-giving	95

5.3.4 Section summary.....	99
5.4 Hypothetical active voicing	101
5.4.1 The delivery of hypothetical active voicing.....	102
5.4.2 Hypothetical active voicing as an interactional accomplishment.....	109
5.4.3 Section summary.....	120
5.5 Chapter summary.....	121
CHAPTER 6	124
‘Premonitory resistance resources’: Clients’ use of silence and other-initiated repair to foreshadow resistance to proposals.....	124
6.1 Introduction.....	124
6.1.1 Overview of ‘premonitory-resistance resources’.....	124
6.2 Withholding a response	127
6.3 Insert expansions	134
6.3.1 Other-initiated repair	135
6.3.2 Other-initiated repair as an operation for pre-disagreement	137
6.3.3 Other-initiated repair as a premonitory resistance resource	139
6.3.4 Ambiguous case.....	150
6.3.5 Pre-second insert expansions as a premonitory resistance resource.....	155
6.4 Chapter summary.....	161
CHAPTER 7	164
‘Resistive accounts’: Clients’ overt resistance to therapists’ proposals for behavioural change ...	164
7.1 Introduction.....	164

7.1.1 'Resistance' in CBT	165
7.1.2 'Resistance' in CA research	166
7.1.3 CA research into resisting advice	167
7.2 Varieties of resistive accounts	169
7.2.1 Appeals to restrictive contingencies within the client's life	170
7.2.2 Appeals to a third party	174
7.2.3 Appeals to a physical state	178
7.2.4 Assertions of previous effort	181
7.3 Chapter summary	187
CHAPTER 8	189
Clients' assertions of epistemic authority in their resistive responses to proposals.....	189
8.1 Introduction	189
8.2 Modality & generalised declarative tense	193
8.3 Responses to interrogatives	199
8.3.1 Non-conforming "yes" responses.....	201
8.3.2 Non-conforming sentential responses	203
8.3.3 Conforming dispreferred responses	207
8.4 Reported speech.....	210
8.5 Chapter summary	218
CHAPTER 9	221
Aggregation as a resource for attributing responsibility	221
9.1 Introduction.....	221

9.2 'Aggregation shifts'	223
9.3 Interactional achievements of 'aggregation shifts'	227
9.4 Chapter summary	237
CHAPTER 10	240
Getting out: The stepwise exit from proposal-resistance sequences as a resource for managing resistance.....	240
10.1 Introduction	240
10.2 Stepwise transition into another troubles-telling.....	241
10.2.1 Section summary.....	254
10.3 Stepwise transition back to prior troubles-telling	255
10.3.1 Section summary.....	277
10.4 Chapter summary.....	278
CHAPTER 11	281
Discussion	281
11.1 Introduction	281
11.2 Summary of research findings.....	281
11.3 Contributions to the field of Conversation Analysis	294
11.4 Contributions to CBT research	297
11.5 Practical implications for CBT training and practice	300
11.6 Limitations of the current study.....	301
11.7 Conclusion	302
References	309

Appendix 1: Therapist information sheet

Appendix 2: Therapist instruction sheet

Appendix 3: Consent form

Appendix 4: Client information sheet

Appendix 5: Jeffersonian transcription system

Abstract

The thesis examines some of the standard ways in which therapists attempt to initiate behavioural change in clients attending Cognitive Behavioural Therapy (CBT) sessions for the treatment of depression, and highlights the interactional consequences that follow from such attempts.

CBT is one of the most widely used treatments for depression across the Western world. Previous research on the use of CBT for depression has largely involved outcome studies that measure the overall effectiveness of this form of treatment. These studies have not examined the specific aspects of CBT practice that allow therapists and clients to accomplish particular therapeutic goals. The analysis undertaken in this thesis was concerned with identifying the different ways by which therapists accomplished one specific CBT practice – that of behavioural activation.

Conversation analysis (CA) was used to analyse a corpus of 20 naturally-occurring CBT sessions involving clients diagnosed with depression. The sessions were recorded at the Centre for the Treatment of Depression and Anxiety (CTAD) in Adelaide, a university-affiliated teaching clinic that specializes in CBT treatment. Sessions were one-on-one with the therapist and client, and typically lasted one hour.

The analysis showed that when therapists approached the practice of behavioural activation by proposing their own suggestions for behavioural change - in what might be referred to as a non-collaborative manner - widespread client resistance ensued. That is, turns in which therapists proposed their own suggestions for change recurrently led to resistance from clients. This pattern

was noted, even though in each instance, therapists displayed subordinate epistemic authority within their turn design. In contrast, when therapists approached behavioural activation via questioning and the use of collaborative turn designs, such as gist formulations and collaborative completions, the sequence typically appeared to run off without a hitch.

The analysis also demonstrated patterns in the way that clients typically produced resistance to therapists' proposals for behavioural change. Clients commonly drew, first, upon premonitory resistance resources (withholding a response or initiating repair), before producing one of four types of 'resistive accounts'. It was shown that clients' resistance turns were not only designed to reject therapists' proposals but also to display resistance to more subtle implications carried within the proposals, and to display their epistemic authority over the matter at hand, relative to the therapist.

Finally, the analysis showed how therapists and clients managed clients' resistance to therapists' proposals for behavioural activation in the way that they exited the proposal-resistance sequence. By transitioning into a troubles-telling before therapists had properly responded to their resistance, clients' resistance was left without immediate sequential consequentiality in the interaction.

These findings are discussed in relation to their implications for the field of conversation analysis and for CBT theory and practice.

Declaration

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

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September, 2010.

Acknowledgements

There are several people I would like to thank for guiding and supporting me through the PhD process, and for making it such an enriching and enjoyable experience.

I would like to thank, first, my principal supervisor, Amanda LeCouteur. I thank her for inspiring me to go into qualitative research during my undergraduate years at University. I would also like to thank her for introducing me to conversation analysis, a method I have thoroughly enjoyed learning over the course of my PhD, and one that I wish to continue using into my academic career. Finally, and most importantly, I would like to thank Amanda for all of her guidance, advice, and support throughout my PhD.

Secondly, I would like to thank my secondary supervisor, and valued friend, Shona Crabb. Her support, enthusiasm, and encouragement have been amazing, and I am always grateful for her advice. Her exclamations of “fabulous!” will always stay with me! I’d also like to thank Shona for all of the RA opportunities she has given me over the past few years that have provided me with financial support and invaluable research experience. Most of all, I am very grateful to have her as a ‘fabulous’ friend.

I would also like to thank those academic staff at the University of York and Loughborough University who assisted and supported me in my attempts to learn conversation analysis during my PhD. In particular, I would like to thank Celia Kitinger and Sue Wilkinson for their attentive teaching, encouragement, enthusiasm, and support.

I am also thankful to all of the members of DASP and the CA group at the University of Adelaide who have provided advice and ideas that have been valuable to the development of my thesis. In particular, I'd like to thank Kathy for her contributions and comments on pieces of analysis, and for sharing the world of TCUs, TRPs, FPPs, SPPs, SCTs and the rest!

Thank you also to all of the therapists and clients from CTAD who made this thesis possible. In particular, I would like to thank Jordan and Chrisi for suggesting CTAD as a potential data collection site, and for helping me to initiate contact with the clinic. Thank you also to Jordan and Suzie for helping me throughout the PhD to decipher various CBT terminology and techniques! I would also like to thank Maura Kenny and Brian Johnston for giving me permission to record sessions at CTAD.

My friends have also played a significant part in this journey. Without their wonderful friendship, encouragement, advice, support, and hilarity, the PhD journey would have been much more difficult, and at times too overwhelming to contemplate. I cannot express how much I have valued all of the meals, drinks, and great conversation that we have shared over recent years. My friends have not only enriched my PhD experience, but continue to enrich my life in more ways than I can describe. In particular, I'd like to thank Angela, Chrisi, Suzie, and Jo for being the gorgeous stars that they are, and for always being there for me. LYLT!

There is no way that I would be at the end of this long road without the efforts of my family: Mum, Matt, and Ken. I cannot express how grateful I am for all of the time, emotional support, love and encouragement that they have given me. In particular, I would like to thank my Mum for raising and supporting me, and for all of the opportunities that she has provided me with over the years. This achievement is as much hers as it is mine. I would also like to thank Stuart's family – Trudy, Daryl, David, Alyssa, Garret, Nana Ellen and Nana Vera for all of their help and support over recent years.

Finally, I would like to thank my most treasured colleague, best friend, and adored fiancé, Stuart. It has been such an incredible experience going through the PhD process together, and sharing every moment of the turbulent journey! Your contributions to this thesis have been endless – from comments in data sessions and suggestions on drafts, to just giving me a hug or pouring me a glass of wine! There is no way that this thesis would have come to fruition without your help, advice, and most importantly, your undying love and support. As this experience comes to an end, I look forward with excitement and anticipation to our next big adventure together!