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

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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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