Reichelt, S, Skjerve, J. & McLeod, J. (2017). Topic-focused Analysis of Verbal Interaction in a Case of Integrative Therapy with a Young Woman presenting with Symptoms of Depression.

Introduction

Studies of the processes of change have been a main focus of psychotherapy research during the last 50 years. Within this body of literature, change has been conceptualized from a wide range of perspectives (Elliott, 2010). As a result of this level of theoretical and methodological diversity, it has been difficult to integrate findings from different studies, in order to inform practice. An important recent development within psychotherapy process research has been the increasing use of single case designs that make it possible to explore interactions between constituent change processes, and to track the ways in which change unfolds over time (McLeod, 2010). Case study research can be used to develop practice-relevant theoretical models of change, built up a case at a time (Stiles, 2007). At present, although there is a broad consensus around the procedures for conducting hermeneutic outcome-oriented single case studies (Elliott, 2002; Elliott, 2014) and pragmatic case studies (Fishman, 1999), research groups conducting process-oriented case study continue to generate new analytic procedures tailored to their specific research aims. While this practice is effective in yielding valuable insights, these are largely of a stand-alone nature. In order to enable comparison of change processes across cases, it would be helpful if a less therapy based approach could be adopted.

Verbalizations give access to questions or topics focused on in different phases of the therapy, cognitive and emotional changes through the therapy, and the contribution of each participant to what is happening. Verbal interaction data, in the form of transcripts of sound

recordings, are widely available and are already used in many studies of therapeutic processes. The sample from the transcripts studied can vary from whole therapies to a few sessions or selected sequences, depending on the purpose of the study and the theoretical orientation (TCPA; Skjerve, Reichelt & McLeod, in press) leading to the research question.

Analysis of verbal interaction, in the form of therapy transcripts, opens up a multiplicity of analytic possibilities. The concept of *topic* represents an underlying common starting-point for any analysis of verbal interaction that seeks to develop understanding of how meaning is conveyed and constructed. A topic can be defined as the area of content of the discourse, or, more simply “what participants are talking about”. Several researchers, from a range of theoretical backgrounds, have divided the material from therapy transcripts into topics (Angus and Hardtke, 1994; Friedlander, 1984; McLeod and Balamoutsou, 2001; Milbrath et al., 1995; Stiles, 2002; Tracey, 1985, 1987).

Client-therapist topic-oriented verbal interaction provides a generic trans-theoretical level of analysis that offers an effective and practical means of collecting shared knowledge across multiple cases. Verbal interaction is an essential part of the therapeutic process.

The method of Topic Change Process Analysis (TCPA), differs from other approaches in representing a qualitative, discovery-oriented, a-theoretical, and interaction-oriented means of describing change in therapy through the exploration of shifts of topics and change of perspectives on topics through therapy. TCAP has been designed as a straightforward, accessible method for analysing case transcript data that can be readily applied by small teams of students or practitioners working together. The intention of TCPA is to provide a framework for initial analysis of case data, in a form that can provide a basis for subsequent theoretical interpretation, or more detailed analysis of theoretically-significant processes or change episodes within the case.

The present paper provides a topic-oriented analysis of the process of change in a good-outcome case of brief integrative therapy with a client reporting with issues around self-esteem and depression. The aim of the study is to explore the usefulness of a topic based analysis of process and outcome in psychotherapy.

Method

The present case is selected from a database of cases collected as part of a psychotherapy research program, “An intensive process-outcome study of the interpersonal aspects of psychotherapy” (Rønnestad, 2009) at the Department of Psychology, University of Oslo. The project involves 18 highly experienced therapists and 40 clients, with the aim of investigating a range of aspects of process and outcome in “therapy as usual”. To date, a number of case study analyses from the project have been published, as well as a paper reporting on overall client outcomes.

The Client

The client, “Lill” was in her late twenties at the time of entering therapy. She was not married, and employed as a sales-woman in a tourist traveling agency. Lill had no previous experience in therapy.

The Therapist

The therapist was female, 62 years of age, with 30 years of experience in clinical practice. She used an eclectic approach to therapy, incorporating ideas and methods from dynamic therapy, systemic therapy, behavioural therapy, cognitive therapy, humanistic therapy and body-oriented therapy. The therapy took place in a private practice setting.

The Researchers

In a paper describing the method in greater detail we have accounted for our position as researchers: “We believe that it is useful to locate the approach outlined in this paper,

within the conceptual and philosophical influences that have shaped our thinking. For reasons of space, this discussion is necessarily brief. Our theoretical orientation as therapists is eclectic, pluralistic, empirical, pragmatic and collaborative. Many therapeutic approaches, including behavioural therapy, different systemic theories, cognitive behavioural therapy, narrative therapy and the humanistic tradition, have been important orientations in our therapeutic work. We have experience of both qualitative and quantitative research. Our exploration of the therapeutic processes has been empirically derived, rather than being determined by a specific theory; we wished to describe the therapist-client interaction with as few interpretations as possible. Our aim has been to develop a method of analysis that will allow cases to be described. This will make it possible both to compare cases, and to construct a solid descriptive platform that will allow alternative theoretical formulations to be applied.”

Data Collection

The therapist and subsequently her client were recruited using procedures approved by the Regional Committee for Medical and Health Research Ethics (National Region South-East). Before the first session the therapist met with the client to invite her as a participant in the study and give her the information that was relevant for her to give informed consent. Data were stored according to a license awarded by the Norwegian Social Science Data Services. Details about the therapist and the client have been transformed to provide anonymity.

Measures

The following sources of data were used:

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Standardized Measures. Therapist and client rated the quality of their relationship on Working Alliance Inventory (WAI-SR; Hatcher & Gillapsy, 2006) after session 3, 6, 12 and 20, and then at every 20th session, until just after the last session. The client completed two outcome

questionnaires: the Inventory of Interpersonal Problems (IIP-C-64; Alden, Wiggins, & Pincus, 1990) and Outcome Questionnaire (OQ-45.2; Lambert, et al., 1996) after sessions 1, 3 and 6, and finally after the last session.

Audio-recordings and Session Transcripts. From session 3, every session was audio-recorded and transcribed.

Post-therapy Interviews. Client and the therapist were requested – in independent interviews by two different interviewers – to recount their experiences from therapy and reflect upon the outcome and how the process had evolved from beginning to end. Both were interviewed right after the end of the therapy, and the client was additionally interviewed three years later.

Data analysis

Transcript data from the transcribed therapy sessions were analysed using the method of Topic Change Process Analysis (TCPA). Other data collected on the case – quantitative measures and follow-up interviews – were used as a means of contextualizing the primary transcript-based analysis.

Topic Change Process Analysis focuses on *utterances* made by both client and therapist. An utterance is defined as all verbalizations between two speaking turns. Utterances are the natural unit for examining how participants are influencing each other in the dialogue. In TCPA, utterances captured within the therapy transcript were categorized in terms of “topics”. A topic refers to an issue of concern or a content with which the one who is introducing it is engaged. A topic consists of utterances in sequence until a new topic starts. Utterances within each topic are further analysed in terms of response types. Within the present study, two broad response types were identified: “direct responses”, which represented some form of continuation or extension of what the other person was saying (for instance, reflection, or questioning), and “meta-comments”, which comprised reflections on the ongoing content of the dialogue, or introduction of a different perspective on the current

issue. Examples of “meta-comments” include hypotheses, reframings, ideas, relabelings and interpretations. Finally, utterances within each topic segment were analysed in relation to the “perspective” taken by the speaker. Further examples of direct responses and, meta-comments can be found in the Results section, below.

Two of the authors read the transcript for each session, and independently categorized utterances in terms of topic and response type. Categorizations were then discussed until consensus was achieved. This procedure constitutes a “hermeneutic circle”, moving back and forth from the material as a whole and our particular categorizations to achieve consistency (Laverty, 2003; Rennie, 2012).

To limit the amount of data an abbreviated version of each utterance was written. Each topic was followed through the therapy, and responses connected to shift of topics and responses indicating changes in perspective on topics were noted. In Table 1 examples of abbreviated client utterances included in the different topics are presented,

Table 1. Topics and examples of client (abbreviated) utterances within each topic.

Relationship to mother	My mother always tells me negative things, and once when I tried to stop her she threw me out of the door. I feel bitterness towards her
Family relations	It is not much love in my family. We were never physically close, and do not talk about emotions.
Feeling strange and special	I have always felt peculiar. I shouldn't been born.
Feeling well	These days I feel more positive when I watch myself in the mirror.
Sexuality and body	When I was 15 I wanted to be good enough for my boyfriend. I didn't eat much, and vomited.
Relationship to men	I love sex, it is relaxing, but I always seem to find the wrong men. I would like one man for the rest of my life.

Sexual abuse	I found excuses not to sit on my father's lap
Relationship to job/education	I don't want a formal education, but would like to find a job that is fun and relaxing
Sleeping problems	Since last summer I have had sleeping problems. They take a lot of energy.
Bad dreams	I have often had bad dreams, but this week I had the same nightmare three times in a row.

In Table 2 steps in the application of TCPA are presented

Table 2. Steps in the application of TCPA

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- The researchers independently read all session transcripts
 - The researchers suggest preliminary formulations of topics for each session
 - The researchers discuss the preliminary topic formulations and reach consensus for each session
 - Topic formulations are discussed across sessions to eliminate overlapping topics
 - The start and change of topics for each session is marked in the transcript by each researcher.,
 - The researchers reach consensus on the markings
 - The researchers categorize utterances in response types
 - Summaries of utterances are created
 - The categorization of response types are discussed until consensus is reached
 - Narratives for each topic, including descriptions of topic shifts and perspective changes through the therapy, are formulated. The narratives are based on the analysis and the abbreviated utterances

Results

The findings of the case analysis are presented in the following sections. A summary and overview of the case is followed by analysis of topic themes and topic shifts, exploration of changes in perspective on topics, and interactional patterns.

Case summary

The client was a single woman, Lill, seeking therapeutic help because of a recent depressive episode. She grew up in a strictly religious family, which she described in rather negative terms. At the point of therapy she lived by herself in a different part of the country, and visited her family sporadically. She was treated for eleven sessions, and the analysis is based on the transcripts of nine sessions. The first two sessions were not taped because they were considered an introduction to the project, but the therapist gave a summary: Lill described having been depressed most of her life. She had poor self-confidence, did not make progress in her life and blamed her family, particularly her mother. Her immediate reason for seeking therapy was nightmares concerning two men who had sexually abused her in childhood. Lill believed that her mother had emotionally abandoned her through not taking the abuse seriously. Thoughts about these events bothered her a lot and depressed her.

The topics and interactions that occurred during therapy are described in the followings sections of the paper.

Towards the end of therapy the client, after a long period of avoiding men, found a lover. She was happy to have sex again, and felt stimulated in many areas of her life. She was very clear that this was just a love affair and not the beginning of a stable relationship. The love affair may have accounted for some of her feelings of well-being when she left therapy, but she had planned the termination of therapy before she met this man. The client also had economic problems and said that it was difficult to afford therapy, but this also occurred after planning to terminate the therapy.

The therapist and the client were interviewed at the termination of therapy, and the client was additionally interviewed three years later. The therapist was certain that the client was satisfied, and that she had experienced that the therapy had helped her. The therapist was more ambivalent to the effects of the therapy. She thought that it had been a release for the client to reveal the shameful happenings and thoughts from childhood until today, in an accepting and normalizing climate with a good working alliance. She had, however, expected the therapy to become more long-term, because of the extent and strength of early traumatic experiences and their effect on her love-life today. She suspected that the client's satisfaction might be due to a recent love-relationship.

The client expressed strong satisfaction in both interviews, without pinpointing specific events from the therapy. She reported that it had been of great help to tell about her shameful thoughts and actions to an understanding and accepting person. Therapy had made her feel normal, and she still did three years after. Her relationship to mother had remained distant and comfortable, and she was satisfied with her relationship to men, friends and her job. In the three-year interview, the client confirmed that her love affair had not been a significant event. No external changes had occurred since the end of therapy.

Data from session evaluation forms and quantitative measures confirmed this picture of a satisfactory outcome. The WAI showed almost consistently high scores, with particularly high bond ratings. On the IIP-64, the client had a low score through the whole of her time in therapy, indicating a perception of having few relational problems. On the first two administrations of the OQ-45, the client scored considerably beyond the clinical cut-off point. On the last two administrations she scored considerably below the clinical threshold, indicating a perception of a higher experience of wellbeing.

Topics and shifts in topics

Table 3 and 4 show the topics occurring in each session, the frequency of their occurrence, and the participant that initiated the topic. The order of topics in these tables is in accordance with when they initially were introduced.

Table 3. Frequency of client-initiated topics in different sessions.

Client topics	Session									
	1	2	3	4	5	6	7	8	9	
Feeling strange and special	2	1	1	2	1					
Feeling well	1		1		2	1		2	2	
Relationship to mother	3	1								
Family relations	3			1						
Sexuality and body		2	2	1	1		2	1		
Relationship to men		2	2		2			1	1	
Relationship to job/education									1	
Sleeping problems		1		1						

Description of topics

In the first two sessions Lill spent much time talking about negative feelings related to her *relationship to mother*. This topic was distinct from the topic of *family relations*, initiated by the therapist in the two last sessions. *Feeling strange and special* was a particularly pertinent topic for Lill during the first five sessions, relating to physical attributes as well as to psychological states and experiences. The topic was not initiated by the therapist. *Feeling well* was a term used by Lill to designate her feelings before she became depressed the previous summer. It is used as label for a topic reflecting her general mood; feeling low as well as feeling well. The topic occurred in most of the sessions, and was initiated by both parties. Sexuality and relationships to boys and men were salient topics for Lill. We have differentiated between the topics of *sexuality and body* and *relationship to men*. *Sexuality and body* comprised her complicated sexual urges, which were strongly related to thoughts and

feelings about her body. *Relationship to men* covered her love relationships and her ambivalence towards establishing a permanent relationship to a man. Both topics were frequently brought up by Lill from session two and then throughout the therapy, while the therapist mainly initiated them towards the end of the therapy. *Sexual abuse* was a topic initiated only once, when the therapist explored whether Lill had been abused by father as well as by other men (in childhood). The abusive men, however, were brought up later and placed in the topic of sexuality and body. The topic of *job and education* was initiated by the therapist in several sessions, and only once by Lill (in the last session). *Sleeping problems* was a topic only brought up by Lill, and only in two sessions, while the topic of *bad dreams* was only initiated by the therapist (in the two last sessions).

Table 4. Frequency of therapist-initiated topics in different sessions

[illegible]

Topic shifts

Sessions varied with respect to the number of topic shifts that were observed, from three (session 6) to eleven shifts (session 9). In the two first sessions (altogether 17 shifts), Lill talked a lot about negative feelings for mother and negative happenings in her childhood and youth. The middle sessions (session three to seven) had somewhat fewer shifts than the two first and the two final sessions. In session six and seven Lill only initiated three topics, while the therapist initiated six topics. In sessions 3-5, a dominant topic was *feeling strange and special*, while the topics of *sexuality and body* and *relationship to men* dominated in session six and seven. In the last two sessions (altogether 21 shifts) a bad dream was analyzed, and the main focus was on positive changes in Lill's life and emotions.

Lill initiated a considerably higher number of topic shifts (44) than the therapist (24). The distribution of therapist initiations was rather skewed, from eleven in the seven first sessions to 13 in the last two. In the last two sessions the large number of initiations of topics by the therapist was mainly due to an exploration of how Lill felt about the topics they had worked with during therapy. Topics differed in saliency, as for instance how emotionally they were presented and how much time was used on each.

What the topic shifts tell us about the therapy

The therapy was characterized by several shifts in topics during most of the sessions. In the first five sessions the client was initiating most of the topics, and the therapist followed her choices. In these sessions the therapy was characterized by a somewhat erratic quality, and the shifts appeared determined by client associations. At this stage in therapy, topics were not systematically explored. Over time, the therapist gradually became more active in initiating topics. Topics initiated by the therapist had mostly been introduced by the client previously, but the therapist also introduced topics of her own (for example: questions relating to work).

The therapist took much more initiative during final two sessions. The pattern of topic shifts over the course of therapy as a whole can be interpreted as indicating a client with strong concerns, and a therapist being attentive to these concerns, following them and taking care to ensure how they were processed and resolved by the end of therapy. It also indicates a therapist who, through following the client's concerns closely, allowed her to define the content of the therapy, thus contributing to the impression of an erratic quality.

According to the content of the topics, Lill moved from concern with mother, family relations, being a strange and special child and adolescent, and sexual experiences as a child, to more recent concerns as being perceived as special by other adults, feelings of well-being (or the opposite) today, and relationships to men as an adult. The topic of job/education was only brought up by the therapist, and met with resistance by Lill. In the last session, however, Lill initiated this particular topic in a more positive spirit.

Changes in perspective: how specific topics developed through the psychotherapy process

Analysis of changes in the client's perspective in relation to each topic, made it possible to develop a more detailed understanding of the change process.

Relationship to mother

Lill's *relationship to mother* was a main topic in the beginning of the therapy. Mother had told her that they had been close when Lill was a small child: Lill had been very dependent on her, and wanted to be with her all the time. Lill only remembered a nice smell of mother, and thinks that mother must have pushed her away quite early: "*What I remember is that mother has always talked negatively to me and about me. She calls me an idiot. She tells me that I have always been am strange and special. I hate her for it. She is unpredictable, unloving, and always nagging. She was that way toward my sister too, but my sister did not mind that much.*" The

therapist responded to the topic with exploration of happenings and emotions, empathy, support and meta-communications on how mother had influenced Lill's feelings: *"After a period of closeness you felt rejected, that must have hurt you a lot."* *"Your sister managed to harden, become strong, while you were a more sensitive child who needed love to become strong."* Lill confirmed these messages. At a later point in the session, Lill started describing her feelings when her mother and siblings were involved in a traffic accident. She felt guilty about not minding much that her mother might have died. She felt that she was an evil person, hard and stubborn. The therapist listened, explored, normalized, argued and meta-commented. Her main point was that feeling evil was a consequence of growing up in a strictly religious family. *Therapist: "Thinking that is a consequence of a religion with a strong concept of sinfulness."* *Lill: "I do not think so, we were not taught that. I do not think that religion is an issue."* She denied all the arguments and meta-communications from the therapist, as being vulnerable and hurt, and shifted topic to *feeling well* before the breakdown last summer. Lill never mentioned the experience of being guilty and evil in later sessions. After being an explicit topic in the first two sessions, mother was only commented on in the context of feeling strange and special (session 3-5). When the topic was picked up by the therapist during the last two sessions, Lill appeared to have a much more distant perspective: *"It is a superficial relationship. I just close my ears and don't mind that she is saying such things."*

Family relations

This was a topic in two sessions, but it was much less emotionally charged than the first two topics. Lill described how she felt concern for her sister, but estranged from her brother. Father was described in quite negative terms (experienced by Lill as a child) in the first session, but Lill did not experience that he harmed her or caused any problems for her. At follow-up, she reported that she had come to experience him as supportive, and that family relations did not bother her much.

Feeling strange and special

Feeling strange and special was Lill's most salient topic, in the sense of being an urgent concern. It was closely related to the topic of mother. She described how mother always told her that she was strange and special as a child, and that she still is, and Lill felt awful about it: *"I remember sore feelings from my childhood. I felt strange, somewhat deformed, I was not right, I really should not have been born, I was not planned"*. She used to think that a complete medical examination would reveal something very wrong, a serious illness, maybe she would die. Lill also described the experience of feeling strange and special in adolescence. Unlike the rest of the girls in class she did not dare to have boyfriends, just ran away. As an adult she feels strange and different among other adults, they do not take her seriously, and call her strange. She reflected that this might be caused by talking too loud about things she should keep to herself. Her family thinks she is strange and special, maybe because she expresses her feelings. The therapist was an active participant, exploring happenings and feelings, being supportive and normalizing, and offering several positive meta-communications. *"Strange may mean being funny, something nice."* *"You are not hardened by your mother's attacks; you are still a feeling person."* *"We will work with your sadness; you have the ability to be happy."* *"You got lack of self-confidence in your early years, and became depressed quite early."* *"You are normal, but you have been disappointed in life."* Lill confirmed some of the therapist's comments, denied some of them, and often showed ambivalence.

In the last session this topic was brought up, Lill developed a new perspective on it. She defined her mother as neurotic and a bit brain damaged, and she was afraid that that she herself might have started following her mother's track, since she felt that something was wrong even if things were fine. The therapist suggested that therapy would help her to avoid following

keep her mother's track through life, and they had an argumentative talk about that. Lill showed ambivalence towards therapy, while the therapist argued for the significance of self-understanding. Lill appeared unconvinced about the significance of self-understanding, and underlined that she had begun to control the strong reactions she had expressed concerning the behaviour of others: *"what they do is not my responsibility, I don't mind, I concentrate on something else."* Her friends had commented on her change. The therapist gave her affirmation on this change, which seemed to represent a fundamental reappraisal of her perspective on the topic. The topic then did not emerge again in the transcripts (the therapist did not initiate it at all, not even in the last session), which indicates that it was no longer as urgent.

Feeling well

The topic of *feeling well* was brought up several times. It was initiated by Lill in the first session, describing feeling well (strong and mature) before the breakdown last summer when she started thinking about hurtful matters from her childhood. The therapist meta-communicated: *"Feeling stronger makes it possible to start remembering hurtful issues, remembering traumas, using them for further growth."* Lill confirmed this message. In the third session Lill described herself as feeling relieved and felt very well. She did not worry about previous experiences, but accepted them. When the therapist explored the usefulness of therapy, Lill brought up the feelings of being strange and special. In the fourth session the therapist initiated the topic, and challenged Lill's feelings of wellbeing. This led to an argumentative sequence, where Lill argued for being a happy person. The therapist meta-communicated: *"You protect yourself with a hard and tough shell, and why do you stay in therapy if everything is fine?"* Lill returned to the topic of feeling strange and special. Lill opened the next session by stating that she was feeling fine, even though feeling tired. The therapist challenged her by meta-communication *"You do not care properly for yourself"*,

which was followed by an argumentative sequence where Lill was rather persistent that working much was good for her. The session ended with Lill picking up the topic once more: *"I do not feel good now, I do not take care of myself, and want a new session soon."* In the next session Lill was just mentioning the topic in a joking way, and it was not pursued by the therapist. During the two last sessions Lill was asserting that she was feeling well, and her feelings were supported by the therapist. Feeling well in a positive sense was a different perspective on her-self than she had when she entered therapy.

Sexuality and body

Sexuality and body was a charged topic for Lill, particularly sexuality. She described most of her bodily concerns as related to being a girl/woman, such as menstruating early and heavily, having too small breasts (she had expanded them with silicon), and previous eating problems linked to becoming more attractive. She started the second session exclaiming that the last session had led to a break-through for her. She had begun to remember much from childhood and adolescence, lots of feelings: *"This summer I was strong enough to remember it"* (repetition of a therapist comment during the last session). She had been nervous about having close contact with boys. She did not flirt, and did not dare to develop as a girl. The therapist listened, and meta-communicated: *"Maybe it is related to the abusive old men."* Lill confirmed this, and told a long and detailed story about what she experiences as very shameful and perverse sex with a neighbour boy when she was eight. As an adolescent she avoided sex, but started to love it when she was 18 years. At a later point in therapy she talked about enjoying what she called "porno-sex", somewhat perverse, brutal, enjoying beating). She never had experienced sex with love, and interpreted it as a consequence of the experiences with the fingering old men. While these stories were told the therapist was listening, supportive, normalizing and exploring. Lill clearly stated that it was a relief to talk about her experiences, rather than embarrassing. Today her sexuality is strong: *"Sex means*

almost everything to me.” This quote was the answer to therapist inquiry in the last session, and indicated strong pleasure with sex at the moment (she has found a lover after an abstinent period since last summer). It seems reasonable to assume that revealing these “disgraceful” aspects of her sexual experiences while being met with understanding, respect and acceptance was relieving for Lill, and might have contribute to a change in her perception of her own sexuality.

Relationship to men

The topic *relationship to men* was initiated in most sessions by both parties, the first time by Lill, who described a history of destructive relationships to men she had as lovers during longer periods. She did not believe she could find “the right man”, she avoided men because she was afraid that she had nothing to offer a man she really liked, she would not stand unfaithfulness, and she had never experienced sex with love. This topic spurred long sequences of intense verbal interaction between Lill and the therapist, particularly in the middle sessions of therapy. The topic did not seem resolved, and Lill’s difficulties became unavailable for reflection towards the end of therapy, due to her being in the midst of a new love affair. Lill considered this love affair as mainly sexual, and not as a step towards getting a lasting relationship to men. In the interview after the end of therapy, however, she described a relaxed relation to men even though she did not have a lover.

Sexual abuse

Sexual abuse was a topic introduced by the therapist, who suggested that father might have abused Lill (as well as the two fingering men). Lill denied the possibility of abuse by father, and the topic was never brought up again.

Job and education

The topic of *job and education* was the only topic introduced by the therapist, and pursued by her through some sessions. Lill was ambivalent about the topic, and it was not resolved during their conversations about it. During the last session, however, Lill herself brought up the topic for the first time. She stated that she wanted to do something new, learn more, as pursuing her interest in history and geography. Within the context of the case as a whole, *job and education* may be considered to represent a “therapist topic” rather than a client concern. In the interview three years after the therapy, she still worked in the same kind of job, and expressed satisfaction with it.

Bad dreams and sleeping problems

In the final last sessions the therapist brought up the topic of *bad dreams*. This had been a topic mentioned in the un-transcribed sessions, but had not been explored in spite of Lill’s topic of *sleeping problems* (brought up a couple of times without appearing charged). Lill brought up a recent, quite terrifying dream, and resolved it in a very constructive way. With some help from the therapist it was constructed as a sign that she had “killed her old self” and was ready for a different life. We do not know whether this is a new kind of perspective since this was the first nightmare that was brought up, but the content might represent a different perspective on where she is in life.

Response types: characteristic aspects of client-therapist interaction

Categorizing each utterance in relation to response type made it possible to identify recurring patterns of interaction over the course of therapy. These patterns represent the way that the client and therapist were able to work together in a manner that reflected the personal style and resources of each of them.

Breaking Monologues. The client had many stories to tell, and at times the therapist was an active listener, expressing support and acceptance. But she often interrupted the monologue through comments and meta-comments, so that few client utterances were long and unbroken. She might also break the monologue through exploring happenings and experiences and expressing her own viewpoints and perspectives.

Arguing. The most striking aspect of the client-therapist interaction was a strong element of arguing, in the form of “yes-but” sequences. They were often related to the client’s ambivalent or negative responses to the therapist’s positive reframing or interpretation of happenings and experiences, but also to conversations about subjects such as men, occupation and future. The therapist responded often to client statements of opinion by disclosing her own point of view, which sometimes the client might affirm, but often responded by challenging them. Such sequences could be short or long, and many different perspectives might be developed. Usually the client was rather persistent in resisting the therapist’s arguments, and ended up with a conclusion of her own.

Involvement. Most of the time, both therapist and client were strongly engaged in the conversation. The intensity and level of spontaneity were both high. Both were eager to talk. They often laughed.

Structuring. After the two first sessions it often seemed important for Lill to convince the therapist (and possibly herself) that she was feeling well and was satisfied with her life. The therapist always responded to such utterances by asking why she wanted therapy if everything was fine, and Lill very quickly moved on to initiate a new topic. Such meta-comments in response to Lill’s need for therapy were important tools for the therapist in structuring therapy and helping Lill to bring up important topics.

Discussion

In this study, the shifts of topics and the perspectives on topics in a short-time therapy with a depressed woman in her early thirties have been explored. In an interview after the termination of therapy the client expressed great satisfaction with the therapy and the therapist, and felt that she had gotten rid of old traumas and had become a strong person. In the interview three years after the therapy she felt that she had made further improvement, and expressed satisfaction with her life in spite of the same kind of working situation and lack of a man in her life.

The client brought up almost all the topics, in an associative way. The therapist mainly followed her topics and commented on them, and might bring them up again occasionally. The shifts of topics through the therapy were mainly chronological, moving from early traumatic happenings and experiences to worries in her life today. Some of the topics presented early did not persist through the therapy, and appeared to have been resolved. Several new perspectives on the topics were developed through the therapy process, spurred by both the client and the therapist. When the therapist in the last two sessions explored how the client related to the topics, her perspectives of most of them were changed. She perceived them in a way that did not bother her any more. That the change of topics and the new perspectives on the topics are related to the final outcome, is supported by what the client reported in the interview after terminated therapy and in the interview three years later

It is important to acknowledge the limitations of this study. The first two sessions were not recorded. Although an analysis of topics and perspectives during these sessions was reconstructed with the help of the therapist, it is possible that subtle aspects of these processes may not have been fully recalled by her. It is also necessary to consider that the categorization of topics was carried out by external observers, and to note that the analysis was primarily based on verbal data, and may have missed significant emotional and embodied dimensions of

therapy interaction. Even though the context of the client and the therapist is brought in through the interviews, it would have been an advantage if the analysis could have been validated by the participants. This was not possible in this case.

One of the interesting findings concerning this therapy is that particularly charged topics, such as a poor relationship to mother, sexuality and body (shameful and abusive sexual experiences in childhood), and feeling strange and special, seemed to lose their impact after a few sessions. This surprised the therapist, who, according to the interview with her after the termination of therapy, had expected that the therapy would be long term because of these early traumas influencing the client through adolescence and her relationships to men as an adult. The client, when interviewed, was enthusiastic about the helpfulness of talking about these issues to an accepting person who experienced her as normal. Her worries about them just seemed to fade away, and even if she still might remember feelings and happenings, they did not bother her. The therapist had convinced her that she was a normal person, who had no reason to be ashamed of herself. As illustrated in the case analysis, the therapist consistently responded to these topics with support, positive comments, normalization, and meta-communications. She did not attempt to explore them further than the client allowed her to, and followed her when she shifted topic. This is a relevant finding for the ongoing discussion of theoretical and therapeutic issues related to work with clients who present with unresolved issues around childhood trauma.

Another interesting feature in this therapy was the pattern of arguing. Arguing is usually a part of persuasive techniques, as in rational emotive therapy (Ellis, 1989). In other forms of therapy arguing is considered unhelpful, and therapists are warned against getting into a yes-but pattern because it activates resistance to the therapist. In this therapy, both participants appeared to enjoy the arguing, the atmosphere was light and humorous, and the client seemed

to find a way to activate and develop her own perspectives and points of view through confronting the therapist.

The main agenda of the client was to feel well again, while therapist responses and topics revealed agendas around spending more time both working with childhood traumas and helping the client to become a more mature woman concerning job/education and relationships to men. The therapist, however, never insisted on pursuing these topics, and consistently accepted the direction taken by the client, in the spirit of client-directed therapy (Duncan and Miller, 2000).

The interviews with client and therapist after termination pointed to a strong mutual acceptance and enjoyment of working together. This finding is supported by the scores on the Working Alliance Inventory. Considering the brief nature of the therapy it is difficult to evaluate whether a genuinely strong bond was established, but it is reasonable to believe that their good relationship facilitated the observed changes of process. Goals and tasks were not explicitly discussed. They were defined by the topics that mostly the client chose to present. This is probably rather common in “therapies as usual” (Oddli, McLeod, Reichelt and Rønnestad, 2014). In the beginning of a therapy with a client with vague complaints and “ups and downs” it may be experienced as rigid or even controlling to introduce a process of explicit clarification of goals and tasks. It may be experienced as more meaningful to let the process unfold according to the concerns of the client. The topic analysis of this therapy tells us that this does not necessarily lead to uncommitted conversations. The client, closely followed by the therapist, brought up her main concerns until most of them were experienced as solved. In the interview after the termination of therapy the client told that she worked hard during the whole process, writing about the various issues and getting ideas for how to solve her problems. She was very proud of herself “having discovered all of this”.

The aim of the present case analysis has been to demonstrate the potential of a descriptive, topic-oriented method of analysing therapy transcript data. The method of *Topic Change Process Analysis* was developed to avoid premature theoretical interpretation, and present findings in a way that make them accessible for interpretation from different theoretical points of view. We experienced the method as viable. It proved a rather simple and straightforward way of organizing a large amount of material, it can easily be adapted by others, and it makes it possible to pinpoint features of therapy that open up for interesting questions about key issues of therapy. The categorization of direct responses was the simplest part of the work. The delimitation of topics was the most time-consuming part of the application of the method. Even though we were developing descriptive categories, it was not easy to organize the content in a way that pinpointed the concerns in a coherent and consistent way.

We find this study interesting in itself, but envisage the use of the method in a larger sample of “therapy as usual” cases, including poor-outcome cases. This will give the opportunity of comparing cases and obtain knowledge about psychotherapy across theories and methods. The importance of this is obvious in the light of an increasing use of integrative attitudes to psychotherapy.

Even though the primary aim of this study has been to illustrate the possibilities of topic-based analysis, we believe that the findings from this case may be considered to offer some tentative implications for practice. We suggest that reading the case may allow therapists to gain a broader appreciation of what is possible in their own practice, through reflecting on the similarities and differences between their own approach, and the distinctive style exhibited by an experienced integratively-oriented colleague in her work with a client presenting a specific set of life difficulties. We also believe that the methodology applied in the case analysis demonstrate the value of the concept of topic within routine therapy practice. Paying attention

to the topics introduced by the client represents a strategy for implementing a client-directed approach to therapy. Reviewing the way that the client's perspective on a topic has changed over the course of a series of sessions, can function as a means of monitoring outcome, or initiating collaborative conversation around the helpfulness of therapy for the client. Finally, sensitivity to topic shifts offers a source of awareness of underlying dynamics with the therapeutic relationship, or in the client's internal processing of issues.

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