

CUARTA PARTE:

APLICACIÓN

CAPÍTULO 7:

LA CONSTRUCCIÓN DISCURSIVA DE LOS PROCESOS DE DUELO EN UN CASO DE PSICOTERAPIA

7.1. Introducción

Hasta aquí hemos expuesto los fundamentos metateóricos, metodológicos y procedimentales de esta investigación. En este capítulo nos centraremos pues en la aplicación de todos los aspectos desarrollados previamente a las sesiones de psicoterapia que nos ocupan. A continuación haremos una breve referencia al método utilizado (ampliamente descrito en el Capítulo 6 de este trabajo), nos centraremos en la descripción de las participantes del *Unfinished Business Study* al que pertenecen las sesiones analizadas y nos adentraremos en los resultados y la discusión del Estudio 1 y del Estudio 2.

7.2. Método

En esta investigación, y tal y como comentábamos con anterioridad, se ha utilizado como método de análisis el método de *grounded theory*. Del mismo modo, se ha presentado previamente la aplicación concreta de este método realizada para los fines de este estudio.

7.2.1. Participantes

Los participantes en esta investigación son una díada terapéutica que forma parte del proyecto de investigación *Unfinished Business Study* (Paivio, 1993, Paivio y Greenberg, 1995) de la *York University* y que ha dado lugar a la producción de diversos trabajos de investigación y publicaciones.

El interés por el análisis de estas sesiones en este trabajo (se trata de doce sesiones, transcritas y adjuntadas en el Anexo) deriva fundamentalmente del tipo de demanda, pero también del hecho de que constituya un éxito

terapéutico. De este modo podemos estudiar por un lado la estructura de las sesiones y por otro centrarnos en cómo se ha producido el cambio.

Para seleccionar a los participantes del proyecto mencionado unas líneas más arriba fueron utilizados diversos criterios de inclusión y de exclusión. Son los que exponemos a continuación.

Selección de Participantes para el *Unfinished Business Study*

Tal y como recoge Bouffard (2000) los participantes de este proyecto de estudio sobre asuntos no resueltos fueron reclutados a partir de publicidad radiofónica y prensa. Tras exponer una descripción del proyecto se ofrecía terapia gratuita como contrapartida de ser participante en un proyecto de investigación y lo que esto comporta (grabar las sesiones en video y/o audio así como transcribirlas).

A estos anuncios respondieron 250 participantes que vía telefónica fueron entrevistados para comprobar si cumplían los criterios que se necesitaban y empezar así a realizar una criba. Posteriormente, fueron realizadas 97 entrevistas semi-estructuradas por estudiantes de doctorado con objeto de seleccionar la muestra en base a los siguientes criterios.

- *Criterios de Inclusión:*

- (a) ser mayor de edad;
- (b) no estar en tratamiento psicológico en el momento de realizar la demanda;
- (c) no estar tomando ningún tipo de medicación que pudiera alterar el estado de ánimo;
- (d) no consumir drogas ni alcohol;
- (e) no estar implicado en una relación violenta;
- (f) estar motivado para colaborar en el proceso;
- (g) ser capaz de focalizar el trabajo en terapia en un tema en concreto;
- (h) capacidad de establecer una relación terapéutica;
- (i) presencia de asuntos no resueltos como demanda clínica predominante.

Los criterios (f), (g) y (h) para la inclusión en el proyecto respondían a las sugerencias de Malan (1976) sobre la adecuación del cliente para un formato de terapia breve. Por otra parte, la forma de comprobar si el cliente cumplía el último criterio (tener como demanda principal un problema con algún asunto no resuelto) dependía de:

(i.1) identificar una relación con otro significativo en la que se relataran asuntos no resueltos;

(i.2) marcadores conductuales de asuntos no resueltos (expresión de emociones negativas hacia ese otro significativo);

(i.3) relatar sentimientos no resueltos del pasado distintos a sentimientos no resueltos del presente que pudieran trabajarse con una terapia de pareja o familiar;

(i.4) asuntos no resueltos que no tuvieran que ver con separaciones del presente;

(i.5) asuntos no resueltos que no tuvieran que ver con un duelo del presente fruto de una separación o divorcio actuales (es decir, que hubiesen transcurrido más de dos años desde que sucediera la experiencia de pérdida).

Además de estos criterios clínicos, los participantes en el proyecto respondieron el cuestionario SCL-90-R (Derogatis, 1977).

- *Criterios de Exclusión:*

Tal y como detalla Bouffard (2000), los criterios de exclusión fueron:

- (a) no poder beneficiarse de una terapia breve (de 12 sesiones);
- (b) presentar necesidades que trascendieran los objetivos del proyecto;
- (c) presentar niveles severos de patología.

Estos últimos se concretaban de la siguiente manera:

- (c.1) estar actualmente en situación de crisis;
- (c.2) riesgo de suicidio o intentos previos;
- (c.3) abusar de alcohol o drogas;
- (c.4) violencia en relaciones actuales;

- (c.5) haber recibido previamente un diagnóstico psiquiátrico o haber padecido ataques de pánico;
- (c.6) estar recibiendo algún tipo de tratamiento psicofarmacológico o psicológico;
- (c.7) síntomas severos indicados por una puntuación mayor a 670 en el GSI del SCL-90-R;
- (c.8) problemas graves en el nivel de funcionamiento social, laboral o académico según la escala de Funcionamiento del DSM-III-R;
- (c.9) otras indicaciones de patologías que pudieran detectarse en base al juicio clínico del entrevistador.

Tras considerar todos estos criterios, se aceptaron para el estudio 42 participantes de los 250 que se habían presentado voluntarios. De estos 42, 38 fueron asignados a un tratamiento de psicoterapia breve. Uno de estos casos, seleccionado al azar, es el que trabajamos en la presente tesis doctoral.

Cliente

La cliente es una mujer de 37 años, que cuando tenía 11 encontró a su madre muerta de un tiro en la sien. Después de esta brutal experiencia, su familia quedó completamente desestructurada. Ella y sus hermanos fueron separados para vivir con familias distintas y la cliente terminó viviendo con un tío que tenía problemas con el alcohol. Más aún, su padre murió cinco años después tras haber desarrollado también una importante adicción al alcohol. En el momento de realizar la demanda la cliente relata cómo la han perseguido las consecuencias negativas y traumáticas de estos terribles sucesos de los que culpa a la madre.

La dificultad de la cliente para hablar acerca de la muerte de su madre incluso treinta años después aparece como algo significativo en la terapia, por lo que puede hablarse de duelo complicado o patológico (Worden, 1997).

La pérdida traumática de su madre en la infancia y las pérdidas de otras relaciones significativas como extensión de la catástrofe vivida en la familia comportaban para la cliente una gran dificultad de establecer relaciones de intimidad con personas significativas de su entorno, a lo largo de toda su

historia y en el momento de realizar la demanda. La cliente relata que está en su segundo matrimonio y convive con los dos hijos de su marido actual, fruto de una relación con su anterior esposa. La relación con sus hijastros es vivida con angustia y dificultad por parte de la cliente y se convierte también en parte de los temas trabajados en la terapia.

Uno de los factores que contribuía a clasificar la terapia en este caso como un éxito terapéutico fue el cambio de puntuaciones pre-terapia y post-terapia de la cliente en el cuestionario SCL-90-R. Concretamente, antes de empezar el tratamiento la cliente tenía una puntuación en el índice de severidad global de dicho cuestionario de 81 y al terminar la terapia su puntuación era de 35. Un seguimiento realizado tres meses después daba una puntuación de 56 (Angus y Bouffard, 2002).

Terapeuta

La terapeuta en este caso era una estudiante de doctorado en psicología clínica de la universidad de *York*. La terapeuta recibió tres horas por semana de entrenamiento específico durante 14 semanas dirigido por el Dr. Greenberg sobre el modelo de resolución de asuntos no resueltos desde el punto de vista de la terapia experiencial así como el trabajo con el manual (Greenberg, Rice y Elliott, 1993) y supervisiones en grupo. Así pues, la terapeuta aplicó una terapia experiencial de proceso en este caso particular. Las sesiones realizadas con la cliente fueron grabadas y transcritas así como revisadas por el Dr. Greenberg como forma de asegurar la adherencia al protocolo y la calidad del trabajo terapéutico.

Tal y como expone Bouffard (2000) este control estricto respondía también al hecho de que la díada fue asignada a las que trabajaron utilizando la Técnica del Diálogo con la Silla Vacía como intervención prioritaria (Greenberg et al., 1993). Los terapeutas y clientes que participaban en este estudio disponían de doce sesiones para la psicoterapia de una duración de 50 minutos cada una de ellas, con la opción de extender la terapia dos sesiones más si así fuera solicitado por los clientes y atendiendo a las necesidades individuales de cada uno de ellos.

7.2.2. Material

El material de esta investigación son pues las transcripciones de las doce sesiones de psicoterapia experiencial que adjuntamos como anexo. Tal y como hemos mencionado ya en otros apartados, la demanda principal de esta cliente responde a un proceso de duelo por la pérdida traumática de su madre tras suicidarse.

7.2.3. Procedimiento

El procedimiento ha sido expuesto con detalle en el capítulo 6 por lo que a continuación tan sólo reproduciremos la tabla resumen del mismo para facilitar la lectura de este apartado.

<p>Objetivos: <u>Estudio 1:</u> Describir e interpretar el proceso psicoterapéutico: análisis pragmático-retórico. <u>Estudio 2:</u> Comprender y describir el significado de la pérdida traumática para esta cliente en esta relación terapéutica.</p> <p>Primer paso: Leer y comprender todo el texto. Común a los dos estudios.</p> <p>Segundo paso: Identificar fragmentos de texto de interés para el estudio. <u>Estudio 1:</u> Análisis de la primera sesión. <u>Estudio 2:</u> Análisis de las doce sesiones (selección de RDD).</p> <p>Tercer paso: Seleccionar las unidades de análisis. <u>Estudio 1:</u> TH de la terapeuta. <u>Estudio 2:</u> TH de la terapeuta y de la cliente (especialmente de esta última cliente).</p> <p>Cuarto paso: Dividir el texto en las unidades de análisis seleccionadas. Común a los dos estudios.</p> <p>Quinto paso: Sintetizar el significado de las unidades de análisis. <u>Estudio 1:</u> Responder a las preguntas: “¿para qué se dice lo que se dice?” y “¿cómo se intenta conseguir que lo que se dice tenga el efecto deseado?”. <u>Estudio 2:</u> Responder a la pregunta: “¿qué se dice en cada TH?”</p> <p>Sexto paso: Crear categorías mediante el método de comparación constante. Común a los dos estudios.</p> <p>Séptimo paso: Organizar todas las categorías surgidas de las distintas sesiones de forma gráfica. Común a los dos estudios.</p> <p>Octavo paso: Redactar los resultados del análisis. Común a los dos estudios.</p>
--

Tabla 9: Recordatorio de la tabla 6 sobre el procedimiento seguido en los
Estudios 1 y 2

7.3. Estudio 1.

¿Cómo contribuye la Terapeuta a que se Produzca el Cambio?: Análisis Pragmático-Retórico de este Proceso Psicoterapéutico

Entendemos por análisis pragmático la respuesta a la pregunta “¿para qué se dice lo que se dice?” y por análisis retórico la respuesta a la pregunta “¿cómo se intenta conseguir que lo que se dice tenga el efecto deseado?”. Entendemos retórica como el “uso ingenioso del lenguaje para conseguir fines pragmáticos (Simons, 1989)” (Neimeyer, 2001). Siendo esto así, presentamos a continuación aquellos mecanismos pragmático-retóricos de que se sirve especialmente la terapeuta en el transcurso de este proceso psicoterapéutico. Para ello, hemos llevado a cabo un análisis cualitativo basado en el estudio de la primera sesión de dicho proceso, tal y como anticipábamos y justificábamos en el capítulo anterior. La forma de llevar a cabo el análisis fue desarrollada también el capítulo anterior del presente trabajo (apartado 6.1.).

Tal y como discutíamos en apartados previos, lo que aquí nos ocupa es una investigación de procesos y, como tal, nos interesa identificar aquellos aspectos que es probable que contribuyan al cambio en psicoterapia (Botella et al., 2000a). En palabras de Greenberg y Pinsof (1986) “el objetivo de la investigación de procesos es identificar los procesos de cambio que tienen lugar en la interacción entre paciente y terapeuta” (p.18).

7.3.1. Resultados y Discusión del Estudio 1

A continuación presentamos un esquema de los mecanismos pragmático-retóricos que hemos observado en el texto (Herrero y Botella, 2002) (véanse también en Figura 2); seguidamente los describiremos con mayor detalle.

I. El contrato discursivo en psicoterapia: claves de contextualización para legitimar el discurso de la terapeuta y la negociación del contexto terapéutico.

- Uso de la autoridad
- Clarificación de posiciones o disparidad
- Uso de la voz de experta
- Uso del consenso
- Invitación o restricción temática
- Código de lenguaje: introducción de términos emocionales
- Autorización/permiso
- Marcador de asimetría en la relación
- Formulación de una demanda
- Negociación de objetivos terapéuticos
- Clarificación procesual (explicación de la forma de proceder para conseguir los objetivos de la cliente)

II. Facilitadores del discurso de la cliente: hacia la inteligibilidad.

- Cesión del turno de habla
- Ratificación y extensión de metáforas
- Internalización de la voz de la cliente
 - Ventriloquacidad
 - Parafraseo
 - Respuesta especular (o *mirroring*)
- Preguntas:
 - Abiertas
 - Cerradas
 - Indirectas
- Producciones conjuntas
- Interrupción
- Externalización: distanciamiento como forma de reducir la amenaza
- Toma de conciencia

- I. Liberación de los discursos que constriñen a la cliente: hacia una transformación dialógica.**
 - Validación de narrativas positivas
 - Uso de la doble voz o del tercer hablante
 - Internalización de la voz de la terapeuta
 - Explicación de comunalidades
 - Reconocimiento de necesidades y deseos
 - Uso de la deferencia por la terapeuta
 - Transformación dialógica temporal
 - Formulación de teorías que dan significado a lo que le sucede a la cliente en un proceso de co-construcción

- II. Facilitadores de la relación terapéutica: hacia una mayor comprensión.**
 - Proveer comodidad
 - Uso de la empatía
 - Resumen y comprobación de que se ha comprendido a la cliente
 - Clarificación de posibles malentendidos o comprobación de que se ha comprendido a la cliente
 - Proveer seguridad en el contexto de la relación terapéutica
 - Validación/reconocimiento del discurso de la cliente
 - Recurso de la utilidad

En el siguiente apartado, describiremos brevemente qué significan y con qué finalidad se usan cada uno de estos mecanismos pragmático-retóricos. Tal y como anticipábamos en la introducción, presentaremos como ilustración algunos fragmentos de las transcripciones de psicoterapia.

FIGURA 2: MAPA

I. EL CONTRATO DISCURSIVO EN PSICOTERAPIA:

**CLAVES DE CONTEXTUALIZACIÓN PARA
LEGITIMAR EL DISCURSO PSICOTERAPÉUTICO
Y LA NEGOCIACIÓN DEL PROCESO DE CAMBIO**

I. EL CONTRATO DISCURSIVO EN PSICOTERAPIA: CLAVES DE CONTEXTUALIZACIÓN PARA LEGITIMAR EL DISCURSO PSICOTERAPÉUTICO Y LA NEGOCIACIÓN DEL PROCESO DE CAMBIO

La conversación psicoterapéutica es distinta a otros tipos de conversaciones, por lo que se hace necesario que terapeuta y cliente establezcan las normas de su contrato discursivo. Esto se lleva a cabo mediante “claves de contextualización”. Por “clave de contextualización” entendemos “los signos que permiten que los participantes de una interacción identifiquen su contexto, determinen con quién hablan y en qué género discursivo van a estar, o están, implicados” (Maingueneau, 1999, p. 20). Con la finalidad de negociar la clave de contextualización, se utilizan los siguientes mecanismos pragmático-retóricos:

- Uso de la autoridad

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta se posiciona como la persona que dirige el proceso en terapia.

S1 TH 61 a 63

*T: I guess the thing about this process (cough) is that **one of the things that I !don't want to do is to direct you or lead you in a direction that you don't want to go. so, I think I will in a way, I !will leave it up to you,** in a sense, to talk about and to discuss and bring up whatever you feel comfortable doing. (...) so it seems that one of the things that we sort of implicitly agreed upon was that **it would be valuable to look at, look at some of those painful feelings, to explore them, to fully articulate them. um, and that I think in the process of doing that, becoming more !clear on those kinds of things, being able to express some of the things you maybe have never been able to express, some of who you really !are and how you really felt, that this sense of worthiness and !deserving will come as a by-product of that. that's kinda my understanding.** so my job is to try and keep us on track as much as possible, to help you uh, explore those kinds of feelings and um, **but I !don't want to set an agenda for us, I really think that that is up to you, whatever is important to you***

C: there's, I guess what's difficult is that, I suppose, there's a lot of things there, there's a lot of messages, a lot of things that are floating around. I don't know, I'm having difficulty in sorta, you know, okay here's your life, take about ten minutes (laughs) go to it

*T: **okay***

En este fragmento de la primera sesión, la terapeuta ocupa distintas posiciones respecto a la cliente. Por un lado, y aparentemente, se posiciona como una terapeuta no directiva (*one of the things that I don't want to do is to direct you; I don't want to set an agenda for us*); por otro lado y coherentemente con esto, la terapeuta se posiciona como alguien que sigue el paso de la cliente (*I don't want to lead you in a direction that you don't want to go; I'll leave it up to you*). Siendo así, la terapeuta parece posicionar a la cliente como líder y experta en lo que se refiere al contenido de las sesiones; como alguien que guiará el paso de las sesiones y del ritmo de la terapia (*to talk about and to discuss and bring up whatever you feel comfortable doing*); como alguien que realiza un proceso con el apoyo de otra persona que se lo facilita (la terapeuta); y como alguien que inicia el camino o aventura de explorar sus sentimientos dolorosos referentes a una pérdida traumática en presencia de otra persona y mediante el discurso.

De este modo, parecería que la terapeuta posiciona a la cliente como la persona que decidirá los contenidos de las sesiones así como la persona que ejercerá el control de las mismas, posicionándola como alguien proactivo e implicado en el trabajo terapéutico y, aparentemente, cediéndole parte de la iniciativa a la cliente. Sin embargo, nótese cómo, paradójicamente, la terapeuta ocupa estas posiciones y las legitima haciendo uso de la autoridad sin dejar lugar a la discusión sobre si esto debe ser así o no. A pesar de que la terapeuta invita aparentemente a la cliente a decidir el contenido de las sesiones, estos contenidos no son del todo libres sino que deben atenerse a lo que la terapeuta ha definido como temas propios del diálogo terapéutico que, coherentemente, coinciden con su propia visión del proceso de cambio (ver uso de la voz de experta).

- Clarificación de posiciones o disparidad

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta se posiciona como una figura distinta de la cliente con procesos distintos y roles distintos en el trabajo terapéutico que deben clarificarse para: (a) hacer a la cliente conocedora de cuál es su papel; (b) no fomentar malentendidos.

S1 TH 19 a 23

T: yeah, okay. well, I am very sensitive to that as well. I mean I'm aware that it's not going to be easy for you and I think in terms of us, the first couple of sessions anyway will just be a matter of us getting to know each other and um, feeling comfortable and moving into the process as slowly as you feel comfortable doing, really. I mean, I feel that I'll follow your lead

C: okay

T: in a way

C: okay

T: okay? so I guess for starters why don't you just tell me more about the kinds of things that you want to deal with or what's on your mind, what you see happening in this process, what you would find useful, whatever

S1 TH 61 a 63

*T: (...) I see my role as one of um, kind of facilitating that process. so you came in and we mutually talked about your desire and you !just talked about your desire to feel more worthy somehow and to be able to accept that you are a worthy person, to kinda shed this dark cloud, and it seems that a lot of that is tied up with the events in your life, particularly your mother's suicide, and how your whole life fell apart as a result of that. so it seems that one of the things that we sort of implicitly agreed upon was that it would be valuable to look at, look at some of those painful feelings, to explore them, to fully articulate them. um, and that I think in the process of doing that, becoming more !clear on those kinds of things, being able to express some of the things you maybe have never been able to express, some of who you really !are and how you really felt, that this sense of worthiness and !deserving will come as a by-product of that. **that's kinda my understanding. so my job is to try and keep us on track as much as possible, to help you uh, explore those kinds of feelings** and um, but I !don't want to set an agenda for us, I really think that that is up to you, whatever is important to you*

C: there's, I guess what's difficult is that, I suppose, there's a lot of things there, there's a lot of messages, a lot of things that are floating around. I don't know, I'm having difficulty in sorta, you know, okay here's your life, take about ten minutes (laughs) go to it

T: okay

S1 TH 88 a 90

*C: **the way that it drained me, I felt very strange** (voice quivering), **I thought how can this take so much energy from me?***

T: so thinking about those events, you mean what to mind for you was the actual event, the actual suicide or the actual

C: that's where it started and then I guess, not I guess, but I suppose that it just went backwards from there and it's, it's a little bit of an interesting process because I felt a little bit guilty trying to identify my relationship with this person when um, (voice wavering and holding back tears) I'm angry

*about her dying but for part of that she did nurture me and care for me
(crying)*

S1 TH 347 a 351

T: so this is an incredible challenge for you at this moment and it sounds very important and an incredible challenge, and incredibly risky as well, to venture into this, and as you say, and now I'm going to put my arms around this and try to take these risks

C: I think I have too

T: mm-hm

C: I know I have too

T: mm-hm, you have to if you're going to have the kind of life that you want

Una extensión del uso de la autoridad es recurrir a la utilización de la clarificación de posiciones como forma de enfatizar que, a pesar de que la terapia sea un proceso de co-construcción, ambas juegan desde posiciones distintas puesto que la relación terapéutica implica un componente de disparidad y una diferenciación entre quien es “cliente” y quien es “terapeuta”. El propio ejemplo del mecanismo retórico denominado “uso de la autoridad” contiene fragmentos que ilustran la clarificación de posiciones. Es decir, la terapeuta, por su parte, se posiciona como acompañante y guía de una persona que inicia un nuevo camino o aventura (*my job is to try and keep us on track; it's pretty strange territory*) y, al mismo tiempo que hace esto, se posiciona como alguien cuyo rol consiste en facilitar el proceso de la cliente (*I see my role as one of um, facilitating that process*). El uso de los pronombres “my” y “us” en la frase citada unas líneas más arriba, es un ejemplo del tipo de relación que caracteriza la díada terapeuta-cliente: una relación asimétrica.

Hasta el momento, la cliente ha quedado posicionada como la persona que inicia esta aventura (la terapia), para quien no va a ser fácil (*I'm aware that it's not going to be easy for you*) y a quien consume mucha energía el hecho de pensar en su relación con su madre (*“the way that it drained me, I felt very strange (voice quivering), I thought how can this take so much energy from me?”*). De ahí la necesidad de alguien que facilite este proceso. De ello se desprenden el uso de metáforas con las que la terapeuta se refiere al proceso de reconstrucción, i.e., “aventura”, “desafío” y “riesgo” que la cliente debe aceptar si quiere llegar a una resolución (*so this is an incredible challenge for*

you at this moment and it sounds very important and an incredible challenge, and incredibly risky as well, to venture into this).

- Uso de la voz de experta

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta se posiciona como la persona conocedora del proceso que debe seguirse en terapia puesto que es conocedora de los procesos que bloquean a la cliente.

S1 TH 61 a 63

*T: (...) so you came in and we mutually talked about your desire and you !just talked about your desire to feel more worthy somehow and to be able to accept that you are a worthy person, to kinda shed this dark cloud, and **it seems that a lot of that is tied up with the events in your life, particularly your mother's suicide, and how your whole life fell apart as a result of that.** so it seems that one of the things that we sort of implicitly agreed upon was that it would be valuable to look at, look at some of those painful feelings, to explore them, to fully articulate them. **um, and that I think in the process of doing that, becoming more !clear on those kinds of things, being able to express some of the things you maybe have never been able to express, some of who you really !are and how you really felt, that this sense of worthiness and !deserving will come as a by-product of that.** (...)*

C: there's, I guess what's difficult is that, I suppose, there's a lot of things there, there's a lot of messages, a lot of things that are floating around. I don't know, I'm having difficulty in sorta, you know, okay here's your life, take about ten minutes (laughs) go to it

T: okay

La terapeuta se posiciona como alguien experto en procesos desde una perspectiva de terapeuta centrada en el cliente y, debido a ello (e inevitablemente), la terapeuta “arrastra” consigo toda una tradición sobre la teoría de los problemas y los procesos de resolución de los mismos. De este modo, la terapeuta se posiciona como la persona que guía el proceso terapéutico y como experta instruye a la cliente en cómo debe ser su relación desde su propia perspectiva y la socializa en un modelo terapéutico determinado.

De ahí que el discurso de la terapeuta sobre cómo debe producirse el cambio y a qué debe dirigirse el trabajo en la terapia sea distinto del discurso que utilizaría otro terapeuta, miembro de una comunidad discursiva diferente. Mientras un terapeuta por ejemplo de orientación cognitiva clásica se centraría

en el trabajo con los pensamientos de la cliente, esta terapeuta define la terapia como el espacio donde se expresan aquellas vivencias y sentimientos dolorosos que no pueden expresarse en otros contextos, y que hacen especial referencia a sentimientos negativos (*being able to express some of the things you maybe have never been able to express...*). Esto refuerza la idea que comúnmente se tiene de la psicoterapia como un lugar donde las personas expresan emociones negativas y hablan de problemas. De este modo, el cambio de la cliente pasa por “la expresión de sentimientos mediante su exploración, articulación y enfrentamiento”. Esto se hace evidente por el hecho de que es la terapeuta quien introduce este tema y lo va elaborando a lo largo de la terapia y se pone especialmente de relieve cuando la propia terapeuta define la represión de sentimientos como una forma de negar la realidad (p.ej. en el TH 315 de la misma sesión la terapeuta expresa: *to repress how I feel is denying reality*). Es interesante advertir que, curiosamente, a lo largo de la terapia la cliente habla de emociones y expresa el enfado que siente con su madre por haberse suicidado en lugar de haber pedido ayuda para sus problemas.

La terapeuta utiliza este discurso teórico y el uso retórico de la voz de experta para vincular su teoría sobre los problemas psicológicos y la resolución de los mismos con el cambio que la cliente solicita en terapia (mayor aceptación de sí misma y elaboración del duelo por la muerte de su madre). De hecho, la terapeuta define los problemas actuales de la cliente como algo que está estrechamente vinculado a este acontecimiento tan crítico de su pasado y establece tal conexión entre el presente y las circunstancias pasadas de la cliente (*it seems that a lot of that is tied up with the events in your life, particularly your mother's suicide, and how your life fell apart as a result of that*). Sin embargo, nótese cómo el uso de la forma de pronombre impersonal “it” hace que lo que la terapeuta dice parezca un hecho y no su propia opinión.

Tanto la cliente como la terapeuta definen los efectos del suicidio de la madre de la cliente como algo que destruyó su vida y desafió y violó sus propias creencias. La terapeuta vincula las consecuencias del acontecimiento crítico a la falta de aceptación de la cliente como algo conectado a la destrucción que tuvo lugar. Del mismo modo, la visión del acontecimiento crítico como algo con vida propia que se manifiesta a lo largo de la vida de la

cliente, que toma distintas formas, que no puede no considerarse pues “revive” como si se tratara de un fantasma, como si fuera algo con una presencia física que hasta ahora se había intentado ignorar, y que queda como una experiencia sin construir, volátil/difusa, concuerdan exactamente con la teoría de la terapeuta de que la terapia es un espacio idóneo para hablar de este tema y manifestar las emociones que, como el acontecimiento crítico, se han mantenido ocultas. Esto explica que ambas (terapeuta y cliente) consideren estas metáforas como válidas para explicar las consecuencias del acontecimiento crítico en lugar de otras. Así, la mayor aceptación de la cliente de sí misma es vista por la terapeuta como el resultado de la expresión de las emociones de la cliente (*this sense of worthiness and deserving will come as a by-product of that*).

Es especialmente notorio que, mientras la cliente presenta la demanda de aceptación de sí misma en dos ocasiones, la terapeuta recurre a la misma en seis. Del mismo modo, la terapeuta define el proceso de exploración, articulación y enfrentamiento de las emociones como lo que hará que la cliente vea con mayor claridad lo que sucede e imponga organización y estructura a algo que está desorganizado (pues quedó destruido) y propone esto como el trabajo que llevarán a cabo entre las dos.

Llevando la terapia en la dirección del trabajo con las emociones, según la terapeuta la cliente adquirirá mayor claridad sobre sí misma (p.ej. en el TH 331 la terapeuta expresa: *and that's what we'll do here. I mean this is an opportunity to express those (...) things, give a voice to how did you really feel, become clear yourself and get some support in that*). Esto es así hasta tal punto que en el momento en el que la cliente introduce la idea del cambio a partir del “dejar ir”/desprendimiento del acontecimiento crítico, la terapeuta lo matiza con la idea de que este “dejar ir” se puede dar como consecuencia de la aceptación del acontecimiento crítico y no como evitación por temor a sus consecuencias (TH 282: *yeah, let it go, in a kinda gut, real accepting way, rather than be afraid of it*). Nótese también cómo la terapeuta apela a la “realidad” de las emociones que sintió la cliente.

Por otro lado, al hacer la terapeuta recurso a la voz de la experiencia, la cliente no queda libre de ocupar infinidad de posiciones sino que sólo puede ocupar tres posiciones: (1) aceptar la visión de la terapeuta, lo cual la lleva a

continuar en terapia y a hacerlo del modo en que la terapeuta la concibe; (2) rechazarla y abandonar la terapia; (3) mostrar disconformidad con tal visión y entrar en un proceso de discusión/negociación con la terapeuta. Sin embargo, en este caso la cliente la acepta seguramente por la posición de autoridad y de experta en la que posiciona a la terapeuta así como por deferencia a ella.

Además, el uso de la forma verbal en futuro por parte de la terapeuta (*what we'll do here*) no deja opción a la cliente sino que, de nuevo, se presenta como un hecho.

- Uso del consenso

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta une su concepción del cambio con el de la cliente sirviéndose de la primera persona del plural. De este modo, terapeuta y cliente no son personas que trabajan en caminos distintos sino que tienen un objetivo común.

S1 TH 61 a 63

*T: I guess the thing about this process (cough) is that one of the things that I !don't want to do is to direct you or lead you in a direction that you don't want to go. so, I think I will in a way, I !will leave it up to you, in a sense, to talk about and to discuss and bring up whatever you feel comfortable doing. I see my role as one of um, kind of facilitating that process. **so you came in and we mutually talked about your desire** and you !just talked about your desire to feel more worthy somehow and to be able to accept that you are a worthy person, to kinda shed this dark cloud, and it seems that a lot of that is tied up with the events in your life, particularly your mother's suicide, and how your whole life fell apart as a result of that. **so it seems that one of the things that we sort of implicitly agreed upon was that it would be valuable to look at, look at some of those painful feelings, to explore them, to fully articulate them.** um, and that I think in the process of doing that, becoming more !clear on those kinds of things, being able to express some of the things you maybe have never been able to express, some of who you really !are and how you really felt, that this sense of worthiness and !deserving will come as a by-product of that. that's kinda my understanding. so my job is to try and keep us on track as much as possible, to help you uh, explore those kinds of feelings and um, but I !don't want to set an agenda for us, I really think that that is up to you, whatever is important to you*

C: there's, I guess what's difficult is that, I suppose, there's a lot of things there, there's a lot of messages, a lot of things that are floating around. I don't know, I'm having difficulty in sorta, you know, okay here's your life, take about ten minutes (laughs) go to it

T: okay

De esta diada, se desprende la idea de la terapia como un espacio de liberación donde la cliente expresa sus preocupaciones y deseos. La forma como la terapeuta lo presenta es recurriendo a un acuerdo implícito entre ambas (*it seems that one of the things that we sort of implicitly agreed upon was that it would be valuable to look at, look at some of those painful feelings, to explore them, to fully articulate them; it would be valuable to look at some of those painful feelings*).

Nótese cómo mediante este recurso retórico, la terapeuta da una explicación de lo que le sucede a la cliente e introduce la forma de trabajar con ello apoyando su propia teoría del problema y del cambio en un acuerdo mutuo y recurriendo a la mutualidad y al consenso entre ambas como forma de incorporar a la cliente en su propio discurso. El uso del plural y de la primera persona del plural en boca de un hablante son, a menudo, utilizados como forma de validar el propio discurso y de enfatizar su posición basándose en “otros” no presentes pero a quienes también se otorga la autoría del discurso en cuestión.

- Invitación o restricción temática

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta señala más o menos explícitamente cuáles van a ser los temas aceptados para trabajar en sesión y cuáles no van a ser propiamente terapéuticos.

S1 TH 3 a 7

*T: yeah, I would be too (laughs). so **do you want to talk a little bit about that, tell me about your nervousness or what your concerns are?** I can make some guesses, but*

*C: **um, as I feel right now?***

T: sure, yeah

C: I'm just nervous about the process, I guess. it's +a little, it's a little

*T: yeah, **so let's talk about that+***

S1 TH 23 a 25

*T: okay? so I guess **for starters why don't you just tell me more about the kinds of things that you want to deal with or what's on your mind, what you see happening in this process, what you would find useful, whatever***

C: I essentially (clears her throat) um, I guess I would like to find a better way

of accepting myself and being okay with myself. --um, it's often a struggle and I was thinking about even on the weekend some of the things again after last week, I was thinking about some of the things that do bother me. it's very difficult really to accept any accomplishments or anything that I do right because in my mind it's either I'm just lucky

T: mm

C: because it could possibly be me that was influencing these things

T: right

Estos dos ejemplos de invitación o restricción temática ilustran claramente la forma como la terapeuta invita a la cliente a hablar especialmente de unos determinados temas. Por supuesto, estos temas están relacionados con la visión de la terapeuta sobre la terapia y el cambio tal y como ilustrábamos con la explicación de los primeros mecanismos retóricos que ejemplificábamos en este apartado. El S1 TH 3 a 7 es especialmente claro en el sentido de que la terapeuta pide a la cliente que le hable de sus preocupaciones y la cliente “responde preguntando” si la terapeuta se refiere a “cómo se siente”. De este modo, la cliente confirma que el interés de la terapeuta se centra en su exploración de emociones (tal y como la propia terapeuta afirma con un “*sure, yeah*”). Poco a poco, va socializándose a la cliente en la clase de temas de los que se habla en terapia.

Así también, en el segundo fragmento que presentamos la terapeuta invita de nuevo a la cliente a hablar de lo que quiera pero lo hace proponiendo varios temas.

La invitación o restricción temática implica que unos temas van a ser aceptados como propuestas de trabajos en sesión mientras que otros van a ser más explícita o menos explícitamente considerados como temas “no propiamente de sesión”. En este sentido es que hemos incluido aquí un ejemplo interesante de invitación o restricción temática que sucede en la segunda sesión y que es digno de ser mencionado:

S2 TH 27 a 31

T: yeah, they're kind of connected to everything

C: yeah, it all has to be joined, eh, I'm not sure where or whatever

T: right. so, where would you like to begin today? how would you like to use your hour?

C: you've raised a good point, uh, and it's okay to use these hours on current things as well as past issues?

T: whatever you want to discuss, as I've said everything is connected to everything, so (laughs)

En este caso, la cliente ha abierto la sesión hablando de su relación con su madre adoptiva. Sin embargo, a medida que ésta avanza, parece hacerse más obvia la hipótesis de que la terapeuta no considera este momento como oportuno para hablar de la madre adoptiva de la cliente (probablemente porque por formar parte de un proyecto de investigación sobre asuntos no resueltos la “agenda” de la terapeuta se centra precisamente en la elaboración de la muerte de la madre de la cliente y sus consecuencias). A pesar de que la cliente abrió la sesión con este tema, y de que la terapeuta la invita a hablar de ello *si en algún momento así lo desea*, la terapeuta marca toda la discusión previa como si no hubiera estado formando parte propiamente de la sesión y señala el inicio (*begin*) con esta pregunta invitando a la cliente a elegir a qué quiere dedicar la sesión (¡a pesar de que la cliente parecía haberlo decidido ya!). Se hace evidente que la cliente no tiene demasiado claro si tiene permiso para hablar de todo aquello que la preocupa o si sólo debe hablar de las consecuencias del acontecimiento traumático en el momento en que pregunta explícitamente si puede hablar de asuntos actuales o si sólo debe hablar del pasado, aun teniendo en cuenta que, en diversas ocasiones la terapeuta ha hecho explícito que podía hablar de lo que deseara. La terapeuta queda liberada de decir que sólo puede hablar de determinadas preocupaciones por el hecho de haber definido todos los temas como vinculados unos a otros tal y como ya mencionábamos en el punto anterior.

- Código de lenguaje: Introducción de términos emocionales

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta socializa a la cliente en el uso de las emociones como el trabajo central en terapia. El código de lenguaje implica la manera en que hay que enunciar y que se constituye como la única que tiene sentido en un determinado universo de interacción (Maingueneau, 1999).

S1 TH 1 y 2

T: so, you must be feeling a little scared?
C: I am a little nervous, yes

Este breve ejemplo ilustra como la terapeuta empieza a socializar a la cliente en esta forma de enunciación en la primera sesión y sigue insistiendo en ello en el resto de sesiones (véase ejemplo segunda sesión más abajo) con el uso directo del código de lenguaje. Es decir, introduce términos emocionales durante la conversación como forma de clarificar el tipo de enunciaciones que tiene sentido hacer en una relación terapéutica (o al menos con esta terapeuta). Teniendo en cuenta que la visión de la terapeuta sobre la reconstrucción de los problemas pasa por la expresión de emociones, es lógico que sea ella misma quien introduzca términos emocionales con objeto de elicitar narrativas acerca de sentimientos y no meras descripciones puesto que la cliente de momento no lo hace por iniciativa propia. Según Greenberg (2002) el terapeuta que trabaja con el Proceso Experiencial se posiciona en terapia como un entrenador de emociones.

Curiosamente en esta primera introducción de términos emocionales por parte de la T, la cliente enuncia una emoción distinta y menos amenazante frente el proceso terapéutico que la emoción que la terapeuta le propone en su pregunta. Sutilmente la cliente “corrige” a la terapeuta en cuanto a la emoción que más acerca a lo que vive en este momento respondiendo con un “yes” a la emoción propuesta por la terapeuta.

Como puede observarse en el ejemplo que sigue la cliente empieza a hablar de sentimientos y adopta un estilo activo al respecto a diferencia de la primera sesión. Parece observarse cómo a partir del enfado la cliente adopta una postura subversiva y de confrontación y crítica hacia los discursos disponibles a su alrededor y reafirma su posicionamiento como válido con la ayuda de la validación de la terapeuta de dicho posicionamiento.

S2 TH 369 a 386

C: it was, I felt at that time, and I still feel, and I've had this conversation with some of my mother's sisters since then, that "oh you deserted the family". and I say " I was 11 years old, you deserted !me. it was your responsibility as my aunt to provide me with something under the condition. your sister" and again I think of the same situation if that were my sister, even if it were one of my adoptive sisters, or my brother or anything, I would not stand by and let that happen to the children

T: but they did stand by and watch it be divided

C: *and watch it split up and even, even, even fuel the relationship, or fuel the breakdown of the relationship rather. never once trying to keep us together, to see each other, to be part of anything*

T: *yeah, yeah, yeah. **I mean you must feel very !angry about that whole business***

C: ***yeah it does**, especially when you know, **but I do vocalize it**. it's interesting, it's gotten me in trouble on a couple of family occasions. this past year there was a family reunion on that side, and of course now, Sy. is in the photo business, so Sy. can take the pictures and Sy. can do the videos and all of this, so all my life is arranged. so I make it quite clear from the outset that yes, I don't mind bringing the equipment, but I'm not being financially responsible for the processing and any of those things. I don't mind loaning the equipment and taking some of those pictures, but I'm not being totally responsible. and the aunt that was organizing it didn't like that attitude very much I could detect by her voice and quite frankly then, **I didn't really care. I was clear about that I wasn't going to go do it and then bitch about it after, I was***

T: *right*

C: ***I was upfront about it***

T: *right, right*

C: ***hey, this is how I feel***

T: *right*

C: *and one of the aunt's there said "oh you know when you were little we wanted to take you and whatever". this is my aunt L. , and I said "aunt L. that's a bunch of bullshit" you know*

T: ***so you don't have any problem sort of telling them, telling it like it is to them***

C: ***no, no. there's a consequence to be paid of how I think I'm better than they are or I'm you know***

T: *so you get accused of*

C: *of all sorts of things*

T: *yeah*

C: ***and I am clear about what is that I feel.** and again, I tried to say to her, and I think for the first time in many years, she sort of saw what I was talking about, ---you know. and I said, "you know, what did you expect, we were little kids, think about that. you've got grandchildren now that are that age, think about it, just think about it for a minute. you perceive them as children. I was not twenty-five years old and in total control of my life and with a job and economic security and everything else. **I was a devastated eleven year old, and you guys didn't care anything. you didn't care if we had a meal on the table"***

T: *mm-hm*

Es interesante señalar como la propia investigación avala la relación significativa existente entre el hecho de que el cliente experimente un amplio rango de emociones en terapia y el éxito de la terapia (Luborsky, Crits-Cristoph, Mintz y Auerbach, 1988).

- Autorización/permiso

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta enfatiza la importancia de la expresión de emociones como parte del trabajo conjunto dando permiso a ésta para expresarse en sesión.

S1 TH 32 a 34

C: *yeah, it's sort of a sense of, well not so much finding out but perhaps past experience has been finding that I didn't, I don't deserve to be on the receiving end of good things. I don't deserve to feel happy*
T: *mm, I don't deserve it somehow. so that must leave you feeling very much on guard, almost all the time, just sort of waiting for this moment. It's really hard for you to talk though, I can see that you're teary. **it's okay to cry here. I expect that you're going to cry and there's lots of kleenex.** (p:00:00:07) **yeah, very painful stuff.** (sound of a kleenex being taken - sniffing and nose blowing) so it's kinda like, if only you could shed this belief or this dark cloud*
C: *(quietly) yes (p:00:00:20) (blowing her nose)*

Este primer ejemplo ilustra como la terapeuta da permiso a la cliente para expresar emociones en sesión. La terapeuta clarifica cómo tal manifestación de sentimientos (en este caso la conducta de llorar de la cliente) es no sólo legítimo en terapia sino también esperable y aceptado. En el siguiente ejemplo la terapeuta vuelve a expresar lo que es legítimo y aceptable en terapia, autorizando a la cliente a hablar sobre ello (en este caso, su dolor y el equilibrio de éste con los aspectos positivos de su pasado).

S1 TH 133 a 137

T: *yeah, so I mean I hear you saying that partly anyway, that it's really important that I know about, about balancing the scales, that I know when you're talking about painful feelings and your anger, that I know that isn't all there is*
C: *that's right*
T: **that it's completely fair here**
C: *yeah, yeah*
T: *yeah*

S2 TH 25 a 29

T: **yeah, yeah. okay, well if there ever comes a point where you want to do some work around your adoptive mother than that's fine too. you know, whatever comes up is okay**
C: *okay. well I'm sure that all of these are kinda part and parcel (laughs)*

T: *yeah, they're kind of connected to everything*

C: *yeah, it all has to be joined, eh, I'm not sure where or whatever*

T: *right. so, where would you like to begin today? how would you like to use your hour?*

La terapeuta autoriza/da permiso a la cliente para hablar de otros temas como por ejemplo los relacionados con su madre adoptiva. Sin embargo, cuando en una conversación puede hablarse de lo que se quiera generalmente no se hace necesario que ninguno de los participantes en la misma ejerza de controlador sobre qué se puede o no decir o haga explícito este derecho. En una conversación que no fuera de una sesión de terapia seguramente ambos participantes seguirían hablando y cambiando continuamente de temas. Sin embargo, no es así en este caso. Podría decirse que la cliente ha violado el pacto de hablar de sus emociones respecto al suicidio de su madre tal y como se hacía explícito en el contrato discursivo en el que la terapeuta socializaba a la cliente desde el inicio de la primera sesión. Al haber sido así, la terapeuta recuerda de nuevo a la cliente que hay ciertos temas permitidos en terapia pero que otros no lo están. Paradójicamente, la forma de hacerlo es recordándole que puede hablar de cualquier cosa. Es también curiosa la forma en que la terapeuta invita a hablar a la cliente de lo que sea ya que en lugar de animarla a hacerlo se lo propone como algo que en algún momento puede suceder (*if there ever comes the point where*) pero como si ese no fuera el momento adecuado. Podemos afirmar que la terapeuta no considera oportuno hablar del tema de la madre adoptiva de la cliente puesto que a continuación pregunta a la cliente a qué quiere dedicar la sesión y cómo quiere utilizar la hora. Claramente, la cliente había introducido un tema (de lo que podríamos deducir que se trata de un tema de interés para ella) pero el feedback de la terapeuta es que este es un tema cuyo función ha sido abrir la sesión (lo que en inglés se denomina *social chat*).

- Marcador de asimetría en la relación

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta enfatiza el desconocimiento de una hacia la otra como forma de empatizar con la dificultad de la cliente para hablar de cosas importantes y reveladoras de quien es ella mientras la terapeuta no va a ocupar esta misma posición.

S1 TH 10 a 16

C: mm, I guess it's just having, **trying to talk about those things that do bother me and coming to the surface with someone who I don't know in particular**

T: okay, so it sounds like there's two aspects. first of all, **we're strangers so it's revealing an awfully vulnerable part of yourself to somebody**

C: exactly

T: **that you don't know.** sounds like the other part of it though is actually facing some of these

C: absolutely

T: feelings

C: absolutely

S1 TH 36 a 40

C: I feel silly for crying (laughs)

T: you feel silly?

C: yeah, yeah

T: **I guess especially again in front of somebody that you don't know**

C: (p:00:00:07) yes

En ambos fragmentos de texto queda claro cómo la posición de la cliente es la de alguien que revela sus problemas y debilidades frente a alguien que no lo hace en este contexto relacional. De este modo, la relación es claramente asimétrica puesto que mientras una conoce aspectos íntimos de la otra (la terapeuta de la cliente) no sucede lo mismo al revés. A pesar de que la terapeuta no clarifica que ella no vaya a hablar de aspectos de su vida queda claro que no va a formar parte de su trabajo conjunto por el hecho de que la terapeuta valida el contexto unidireccional; en ambos ejemplos enfatiza claramente la dificultad de la cliente de hablar frente a alguien desconocido. El siguiente fragmento ilustra cómo la terapeuta establece los límites horarios de la sesión así como negocia y confirma el horario para las próximas sesiones con la cliente.

S1 TH 357 a 367

T: and I just want to say, **I mean our time is up, I want to say that I will do my best to help you in that endeavour**

C: thank you

T: and um,

C: thank you

T: so,

C: **off for another week (laughs)**
T: **yeah, off for another week. so this is an okay time for you, 10:00 on Thursdays.**
C: **yes, yes, I've arranged it at work and it's fine. I spoke to the president and he's okay with it**
T: **okay great**
C: **I didn't tell him exactly what I was doing (laughs) but**
T: **yeah, alright. I'll get M.(coordinator) I think, I don't think there's anybody in here, so I think you could probably just sit at the desk there, and I'll get her to come in with those**

- Formulación de una demanda

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta ayuda a la cliente a formular el motivo que la trae a terapia así como su objetivo en la misma como forma de fomentar una buena alianza terapéutica.

S1 TH 23 a 29

T: **okay? so I guess for starters why don't you just tell me more about **the kinds of things that you want to deal with or what's on your mind, what you see happening in this process, what you would find useful, whatever****
C: **I essentially (clears her throat) um, I guess I would like to find a better way of accepting myself and being okay with myself. --um, it's often a struggle and I was thinking about even on the weekend some of the things again after last week, I was thinking about some of the things that do bother me. **it's very difficult really to accept any accomplishments or anything that I do right because in my mind it's either I'm just lucky****
T: **mm**
C: **because it could possibly be me that was influencing these things**
T: **right**
C: **I must have just been in the right place at the right time. I uh, I have a difficult time with that**
T: **so it's hard to just accept that you're worthy of any kind of accomplishment or success**

S1 TH 61 a 63

*T: I guess the thing about this process (cough) is that one of the things that I don't want to do is to direct you or lead you in a direction that you don't want to go. so, I think I will in a way, I will leave it up to you, in a sense, to talk about and to discuss and bring up whatever you feel comfortable doing. I see my role as one of um, kind of facilitating that process. so you came in and we mutually talked about **your desire and you just talked about your desire to feel more worthy somehow and to be able to accept that you are a worthy person, to kinda shed this dark cloud**, and it seems that a lot of that is tied up with the events in your life, particularly your mother's suicide, and how your whole life fell apart as a result of that. so it seems that one of the things that we sort of implicitly agreed upon was that **it would be valuable to look at, look at some of those painful feelings, to explore them, to fully articulate them. um, and that I think in the process of doing that, becoming more clear on those kinds of things, being able to express some of the things you maybe have never been able to express, some of who you really are and how you really felt, that this sense of worthiness and deserving will come as a by-product of that.** that's kinda my understanding. so my job is to try and keep us on track as much as possible, to help you uh, explore those kinds of feelings and um, but I don't want to set an agenda for us, I really think that that is up to you, whatever is important to you*

*C: there's, I guess what's difficult is that, I suppose, **there's a lot of things there, there's a lot of messages, a lot of things that are floating around. I don't know, I'm having difficulty in sorta, you know, okay here's your life, take about ten minutes (laughs) go to it***

T: okay

S1 330 a 342

C: I feel I'm at a point in my life where I have to get my arms around this, I really am. I think for, first of all, for my own well-being and certainly for my well-being in my relationship with my husband. because, as I said today, I love him dearly, but I know that I'm just as capable of destroying that too

T: mm, mm. so there's this fear that if I don't get a handle on this, I could, I could lose him, I could lose that marriage

C: and through my own doing

T: through my own doing

C: certainly not because I feel threatened by anything that he's going to do

T: yeah

C: or that he does

T: yeah

C: but more so, through my own doing because I'm safe and I'm okay if I can push him away from me because I let him get too close, god forbid

T: mm

C: I could push him away even

T: mm

C: *I could just carry on the way I've always carried on (laughs) it's crazy*

La terapeuta ayuda a la cliente a clarificar el tipo de ayuda que necesita y el motivo por el cual consulta en este momento es el por el miedo que le causa la idea de perder a otras personas significativas por los problemas que lleva tiempo arrastrando y cuyo origen sitúa en el suicidio de su madre.

Justamente, el hecho de que exista una demanda hace de la conversación terapéutica una conversación distinta a la coloquial. Queda claro en este caso como existe una petición de ayuda por parte de la cliente que la terapeuta necesita ir clarificando para comprender con mayor claridad. Para ello es que se servirá del siguiente mecanismo: la negociación de objetivos.

- Negociación de objetivos terapéuticos

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta ayuda a la cliente a concretar acerca de lo que espera conseguir con el trabajo terapéutico a la vez que le propone su propia agenda teórica para conseguir el cambio.

S1 TH 61 a 68

T: *(...) so you came in and we mutually talked about your desire and you !just talked about your desire to feel more worthy somehow and to be able to accept that you are a worthy person, to kinda shed this dark cloud, and it seems that a lot of that is tied up with the events in your life, particularly your mother's suicide, and how your whole life fell apart as a result of that. so it seems that one of the things that we sort of implicitly agreed upon was that it would be valuable to look at, look at some of those painful feelings, to explore them, to fully articulate them. um, and that I think in the process of doing that, becoming more !clear on those kinds of things, being able to express some of the things you maybe have never been able to express, some of who you really !are and how you really felt, that this sense of worthiness and !deserving will come as a by-product of that. (...)*

C: *there's, I guess what's difficult is that, I suppose, there's a lot of things there, there's a lot of messages, a lot of things that are floating around. I don't know, I'm having difficulty in sorta, you know, okay here's your life, take about ten minutes (laughs) go to it*

T: *okay*

C: *you know I'm sorta, there's a lot of things, and those, you're right, in a nutshell, that's how I do feel and um,*

T: *but it's kinda hard to know where to start, you've got all this*

C: *yeah, exactly. it's not quite as organized as I would like it to be*

(laughs)

T: right, right

C: I'd like it to be sort of a little more because that's another aspect of my personality too, it's like organization. it's like I'll look at something and in a very few minutes , okay this needs to be done, boom, boom, boom, boom. and it could be all mental, and this has to happen before this happens and this is done just like this. and I make people around me crazy

La terapeuta resume lo que cree haber entendido de todo lo que la cliente ha ido enunciando desde el inicio de la sesión con objeto de ir limitando la demanda y negociando los objetivos. Claramente la terapeuta vincula la exposición de la cliente sobre su problema con su propia visión del cambio. La cliente acepta la visión de la terapeuta a la vez que vincula su problema con una forma de ser ella misma (la organización). De este modo, el objetivo de ambas se centrará en trabajar para ayudar a que la cliente organice y estructure todo aquello que ahora la preocupa y que es borroso y laxo.

- Clarificación procesual

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta posiciona a la cliente como alguien que desconoce la forma de proceder en terapia y le explica en qué va a consistir su trabajo conjunto así como la forma de proceder para conseguir los objetivos de la cliente.

S1 TH 19 a 23

*T: yeah, okay. well, I am very sensitive to that as well. I mean I'm aware that it's not going to be easy for you and I think **in terms of us, the first couple of sessions anyway will just be a matter of us getting to know each other and um, feeling comfortable and moving into the process** as slowly as you feel comfortable doing, really. I mean, I feel that I'll follow your lead*

C: okay

T: in a way

C: okay

*T: **okay? so I guess for starters (...)***

S1 TH 58 a 67

*C: **I don't really know what to say. I guess I need you to prompt me. I don't know where to start or see yeah, I feel bad about those things but how do I get better control of them? how do I (p:00:00:06) (quietly) I don't know where to start** (crying)*

T: okay, okay

C: (blowing her nose)

*T: **I guess the thing about this process (cough) is that one of the things that I !don't want to do is to direct you or lead you in a direction that you don't want to go. so, I think I will in a way, I !will leave it up to you, in a sense, to talk about and to discuss and bring up whatever you feel comfortable doing. I see my role as one of um, kind of facilitating that process.** so you came in and we mutually talked about your desire and you !just talked about your desire to feel more worthy somehow and to be able to accept that you are a worthy person, to kinda shed this dark cloud, and it seems that a lot of that is tied up with the events in your life, particularly your mother's suicide, and how your whole life fell apart as a result of that. **so it seems that one of the things that we sort of implicitly agreed upon was that it would be valuable to look at, look at some of those painful feelings, to explore them, to fully articulate them. um, and that I think in the process of doing that, becoming more !clear on those kinds of things, being able to express some of the things you maybe have never been able to express, some of who you really !are and how you really felt, that this sense of worthiness and !deserving will come as a by-product of that. that's kinda my understanding. so my job is to try and keep us on track as much as possible, to help you uh, explore those kinds of feelings and um, but I !don't want to set an agenda for us, I really think that that is up to you,***

whatever is important to you

C: there's, I guess what's difficult is that, I suppose, there's a lot of things there, there's a lot of messages, a lot of things that are floating around. I don't know, **I'm having difficulty in sorta, you know, okay here's your life, take about ten minutes (laughs) go to it**

T: okay

C: you know I'm sorta, there's a lot of things, and those, you're right, in a nutshell, that's how I do feel and um,

T: **but it's kinda hard to know where to start**, you've got all this

C: yeah, exactly. it's not quite as organized as I would like it to be (laughs)

T: right, right

S1 TH 81 a 83

T: well it's pretty strange territory by the sounds of things. why would you have a structure and a focus in a way? **so maybe what we'll do for the first few sessions anyway, is kinda mutually sort out the structure and let it evolve and try and !help it evolve, a structure and a focus**

C: you know, last week when I was here and doing the battery of tests and um, the woman was telling me to you know, put yourself in a time frame and answer these questions about how you felt about that person at that time in your life, I found that very, very stressful

T: oh I bet, I bet

S1 TH 320 a 329

C: you know, I've tried to tell you how I feel, yes you may be right that is behind and that there's nothing you can do about it, all of those things are true. and I'm not saying those aren't true. but I feel differently about it, I feel like it's bothering me, I feel like it's there

T: right, right

C: and it's not as easy as just picking up the mat and sweeping it.

T: right

C: I've done that for twenty some years and it's not

T: it's not working, these feelings are not going to stay buried and cannot be denied

C: they're not going away

T: yeah, yeah. and **that's what we'll do here. I mean this is an opportunity to express those**

C: yes

T: **things, give a voice to how did you really feel, become clear yourself and get some support in that. it seems !critical**

En todos estos fragmentos de texto la terapeuta se esfuerza en explicar a la cliente la forma como van a proceder en su trabajo conjunto en terapia. De ello se desprende la idea de que la terapeuta anticipa que la cliente no conoce las reglas del juego y que es necesario explicarlas antes de empezar a jugar. La cliente por su parte da pistas a la terapeuta de no entender del todo el

“juego de la terapia” cuando le pide a la terapeuta que dirija el proceso puesto que ella (la C) no sabe ni siquiera por donde empezar (*I don't really know what to say. I guess I need you to prompt me. I don't know where to start*).

S6 TH 331 a 333

T: mm-hm, mm-hm. so in terms of addressing your, you know, what you would want to achieve, which would be, I mean I'm assuming you're talking about less anxiety, less need for this to perform all the time. it seems to me that we could do that by focussing on those events, on your mother's death, and the events, not all the ramifications, but to deal with the roots. I mean if we're making a hypothesis that a lot of these things are, stem from there, then I think it would be valuable to spend time looking at those events specifically

C: one of those events is that um, because the actual event itself is its' own thing. I mean I can tell, I told you the story about three times I think or more. um, I don't get it directly. you know, I don't even know how to explain this, but it's I realize that they're all sort of part and parcel but how do we go about breaking those down?

T: well that's a good question. and one way that we can do it is for you to re-experience in some sense those events, in as lively and really, real gut way as possible. and in that, I mean I believe, that you've never really grieved, for instance, all the losses in your life. from what you've told me, you've never had a chance to as a child. how could you? you were busy just trying to keep your life together

En este fragmento de la sexta sesión, y como respuesta a una pregunta de la cliente (a quien no parece haberle quedado claro el método de trabajo hasta este momento) la terapeuta expone, de nuevo, su visión del cambio y, asimismo, explica a la cliente cuál es desde su punto de vista la forma más óptima de proceder para conseguir sus objetivos terapéuticos. Nótese cómo la terapeuta recoge lo que le parece haber entendido como objetivos de la cliente para asegurarse de que están de acuerdo en ellos y, por tanto, de que el método de trabajo que propone es el correcto.

Conclusión. Con las “claves de contextualización” la terapeuta clarifica las reglas del juego y la cliente va socializándose en ellas. El hecho de que la cliente comprenda y aparentemente acepte estas claves de contextualización, posibilita que se comporte de forma “adecuada” en sus interacciones con la terapeuta, es decir, que ambas jueguen a un mismo juego de lenguaje que se

caracteriza por reglas distintas a si se tratara de otro tipo de intercambios dialógicos.

En términos de Maingueneau (1999) también parece obvio que el propio uso de la autoridad sitúa a ambas en una posiciones complementarias, donde una de las enunciatoras ocupa la “posición superior” mientras la otra ocupa una “posición inferior”. Ambas posiciones provienen también de la “institucionalización de posiciones” donde una persona (cliente, posición “inferior”) realiza una consulta psicológica a otra que considera experta (terapeuta, posición “superior”). A pesar de que desde el constructivismo se adopta una visión de la relación terapeuta-cliente de “experto” a “experto” (Botella y Feixas, 1998), cierto es que la terapeuta es conocedora de un proceso que para el cliente suele ser desconocido. Es en este sentido que la terapeuta establece las normas del juego aunque estas sean dar permiso a la cliente para sea ella quien las dicte mientras “juegan”.

Queda claro, pues, que las “claves de contextualización” en esta primera sesión las ofrece la propia terapeuta mediante el uso de distintos mecanismos retóricos con la finalidad ya comentada unas líneas más arriba: (a) uso de la autoridad; (b) clarificación de posiciones o disparidad; (c) uso de la voz de experta; (d) uso del consenso; (e) invitación o restricción temática; (f) código de lenguaje: introducción de términos emocionales; (g) autorización/permiso; (h) marcador de asimetría en la relación; (i) formulación de una demanda; (j) negociación de objetivos terapéuticos y (k) clarificación procesual.

II. FACILITADORES DEL DISCURSO DE LA CLIENTE:

HACIA LA INTELIGIBILIDAD

II. FACILITADORES DEL DISCURSO DE LA CLIENTE: HACIA LA INTELIGIBILIDAD

Otro grupo de mecanismos pragmático-retóricos que hemos encontrado son los que hemos denominado “facilitadores del discurso de la cliente” puesto que su objetivo se centra, tal y como su nombre indica claramente, en ayudar a la cliente a elaborar su discurso; de este modo, se le facilita que pueda tomar de conciencia y comprender los conflictos que expresa en sesión y su posición respecto a los mismos y a la vida en general. Precisamente, en el Capítulo 2, exponíamos la idea de que los conflictos o problemas psicológicos constituyen un conglomerado laxo y mal definido de formas de relacionarse con el mundo y de posicionarse en el mismo. Así pues, los clientes relatan experiencias de *ininteligibilidad* y de posicionamientos problemáticos por lo que son necesarias intervenciones (o el cese de intervenciones) que contribuyan a ayudar a los clientes a conseguir cierta inteligibilidad.

- Cesión del turno de habla

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta renuncia a su turno de habla como forma de invitar a la cliente a seguir elaborando su discurso.

A continuación presentamos los ejemplos de cesión del turno de habla (ilustraremos este mecanismo pragmático-retórico con más ejemplos que otros puesto es más utilizado por la terapeuta).

S1 TH 53 a 56

<p>T: <i>and you know the reality of that and it's !very scary</i> C: yeah (p:00:00:17) T: mm C: (p:00:00:09)</p>

S1 TH 70 a 72

<p>C: <i>I make my husband crazy+ with that</i> T: alright C: <i>and I can understand, so I get frustrated because I can't understand why it would take him so long to figure out how to get from there to there (laughs)</i></p>
--

S1 TH 74 a 80

C: *yeah, I feel sorta like I haven't quite sorted all of this out yet so,*

T: **right**

C: *I'm sure it will come, as you say, as I get to know you a little bit better and it will get a little bit easier for me to talk about it*

T: *okay. so it's hard for you to come it here without it being sorted out, without a clear focus, without a clear?*

C: *yeah, yeah. because I know I want to be here but I guess I sorta know why I'm here, but I'm not sure why I'm here (laughs)*

T: **yeah**

C: *it's sorta silly I guess, but*

S1 TH 94 a 106

C: *(voice wavering)there wasn't, as I remember my mother in my mind, she was um, I'm one of three and I'm in the middle and a very, very different personality from my older sister and my younger brother, quite different. and as a child, I was quite different, I was very hot-tempered, very strong-willed and very, very determined, very, very determined. and this temper would rear its' ugly head frequently if I, not necessarily didn't get my way, but I would do things and I would proceed to do things like, um, the worst punishment in the world, like my parents never spanked me, but the worst punishment in the world for me was to put me in my room because I wanted, I was an outdoorsy person*

T: **mm**

C: *and I liked sports and I liked being outside and I absolutely*

T: *so that was torture for you*

C: *that was absolute torture, they might as well have, you know I used to ask them "please spank me but let me go outside"*

T: **mm**

C: *because then, I was a little rotter, I was a little brat, I would do all sorts of awful things. um, my mother had a wonderful way of, she would send me to my room and I would proceed to destroy the room. I would empty every single one of my sister's drawers*

T: **mm**

C: *take all of the clothes out of the cupboard throw them on the floor. this little kid would take a double mattress off of the bed, flip it off and pull all the sheets off, (laughs) you know?*

T: *(laughs)*

C: *just furious that I was going to get to go outside to play or whatever. and I always remember my mother having a wonderful way because if I had a child like that (groans) I'd probably kill the kid, not really but, she would have a wonderful way. she would let it carry on and let it carry on, and not say a word and then she would come in and she'd say, "would you like to go outside now?" and I'd say "oh yeah, yeah, yeah?" and she'd say "you've got a little bit of a mess to clean up and I think maybe you need to do that first". so I'd have to spend another hour redoing what I had just done (laughs)*

T: **right**

C: and um, she had, I feel, a wonderful way of dealing with me because I was a bad-tempered little brat and I was very mischievous. I used to go out of my way to do things, pile three chairs on top of the table to dangle off the cupboard door of the sink to get into the medicine cabinet, which was more than just out of my way, I just about broke my neck getting in there, just so I could get into that medicine cupboard because I was so curious about what was in there. and then I would proceed, you know, to eat a handful of Dodd's little liver pills and throw up all over or something (laughs). I don't know, but

S1 TH 184 a 189

C: who can never actually grab it or very seldom until he stops
T: **mm**
C: and then it's right behind him right (laughs)
T: **mm, mm**
C: (blows her nose)
T: so that's quite a frantic

S1 TH 208 a 210

C: yeah, the+ negative issues are really sort of, will dominate my mind, if it's a personality about a person or whatever, it's hard for me, it was difficult for me to see the good in that person. in particular, if they had done something that either violated me I felt personally and sometimes it was feelings more than actual fact, or um, their life is such a mess up I don't have any tolerance for it, like "give yourself a shake and get on with it"
T: **mm, mm**
C: and then again this baggage about, or this reaction of mine about never mind bitching or complaining about you know your mother-in-law doing something or whatever. in my mind, what I have had to cope with is far greater than with what you had to cope with, so don't give me your excuses why you can't function

S1 TH 214 a 216

C: it has, it has and um, again for the most part I feel very fortunate to have um some very close friends and family members that, again some of these things are talked about and some of them aren't talked about. I've got one friend in particular that is pretty open and she's the !only person, the only external person, other than my husband that I've ever told about my mother's suicide. I, I, can't tell people that, I couldn't tell you about it (laughs)
T: **mm, mm**
C: (voice wavering) I feel there will be a judgement passed on me

S1 TH 238 a 242

C: it's very difficult. and when I say, again I'm an outspoken person, but there's also a part of me that's very shy in a new environment with new

people for instance. and in the business environment, where I work around men all the time, and I travel with men all of the time

T: **mm-hm**

C: and I work for a Japanese company and um, there ideals and that culture, that's another whole other topic (laughs)

T: **(laughs)**

C: that's something else that. but um, it's taken a lot for me to do things. because again, if we travel, the guys will probably be roomed with one another so they have that sort of boys club

TH 244 a 246

C: that comraderie and somebody to go and things with and all these sorts of things. and very often, in those environments, I'm the only woman, so I'll be on my own or rooming by myself. so things like, if you're at a conference or whatever, and there are two or three hundred people there, they kinda have somebody to go to the conference with and walk through with for registration and so on. these things cause me a great deal of anxiety. I don't know why. I've travelled all over the world and I've checked in and out of hotels and I've rented, I've been all over, but there's still a certain amount of apprehension and I'm not really secure. and I force myself to be like more, don't be like this, this is silly, people are people, and you're okay and they'll accept you when they get to know you, they'll think you're okay. but, it's that hurdle of trying to break into it first of all, because for the most part, I don't have a great deal of problems getting along with people, although I explained to you some other things. by and large, you know, I'm really a bit of a social animal too

T: **right**

C: and I like to chat with people, I'm interest in people and I want to know about them. but it's very difficult for me, because I don't see myself in a very positive light. and I think they're looking at me and saying you know, "she's fat, she's ugly" you know. there's first of all the physical attributes and am I going to say something that's stupid or inappropriate or am I, it's like I'm really, really insecure

S1 TH 250 a 252

C: it's a real struggle. and um, I, as I say I've come along way. you know, you come from a little sheltered environment from a little town you know. um, and I lived in M.(name of city) first when I left my adoptive parents house, and I lived in M.(city) on my own. um, my sister, adoptive sister was there, but I lived by myself in my own apartment. and I tell you everything was, and that's how I felt then too, everything from learning to take the bus and all these things, again, coming from a sheltered environment like that, in a little town where everything is just down the street. these things never cross your mind. you know, to someone who has taken the subway system in Tokyo, you know, where there's nothing ///

T: **yeah,**

C: but I still don't

S1 TH 256 a 260

C: *yeah, why am I so anxious about these things? what's the big deal? and I try and rationalize it in my mind by saying you know, you've done worse (laughs)*

T: **right**

C: *you've gotten over other hurdles and then take it to the next step, what's the worst that can happen, somebody's going to kill you, well that's probably not likely*

T: **laughs**

C: *now work back from there*

S1 TH 264 a 266

C: *I'd like to be able to*

T: **yeah**

C: *because I enjoy people that I meet for the first or second time that are like that, that are open and talking, well not about their life story, but you know, feel at ease or relaxed*

S1 TH 280 a 282

C: *I've read, I've tried to, in the last few years I've tried, I've read a lot of self-help books. and one in particular that sticks out in my mind was about forgiveness and it was addressing true forgiveness*

T: **right**

C: *not just saying you forgive. and I found that one in particular very interesting. because being raised in the church and the church was a very important and integral part of our lives. it said all kinds of things to me as an adult, like the only reason why I would never really steal a chocolate bar is because I thought god would get you. I mean absolutely there was no way I would ever take anything from the store. (laughs) it is sort of humorous, it is the right thing but I mean +exactly what is (laughing)*

S1 TH 284 a 286

C: *exactly, this terror that somebody's really watching you know. but this particular book was talking about forgiveness and true forgiveness, and if you can't forgive, truly, really forgive, um and let it go, whatever it may be, if someone has done something to you or you felt violated by someone or maybe your husband's had an affair or whatever, you either, you should do one of two things, you either truly forgive or get the hell out of the relationship or separate yourself from the individual if you need to, whatever the situation is. and I've thought about it a lot because I like to be able to pretend that I forgive what she did but I don't. I think about it and I get very angry, I get very fired up and I think how dare you*

T: **right**

C: *how dare you leave us in that situation and how dare you give birth to children and not take care of them, how dare you. just simply how dare you*

S1 TH 294 a 308

C: and interestingly enough, last year I tried to / my older sister about this thing and my sister, my older sister is um, one of these people where everything is always fine and wonderful, she's always bubbly and outgoing, she's fun to be around, she's a fun individual. but her lack of acceptance of reality sometimes is, it's like things like "let's work out a budget here because at the end of the month you're only make this amount and you've got these three kids to support because her and her husband broke up and um, you know, reality says you're, every month, you're 300 dollars behind the eight ball before you even start. you're going to have to think about that and you're going to have to make some changes in your life" and it's "oh don't you worry about that things will be fine". and then you know, a year later it's oh, devastation, they're going to evict her from her house and the kids need this, and you know just these kinds of things. this is an example again of what, where I feel what the hell is the matter with you. but I attempted to address this issue about my mother with my sister. and I told her that I'm angry, I'm really angry and I'm really pissed off at her

*T: **right***

C: and her reaction to it was "well, you're a really bitter person". yep, maybe I am, maybe I am bitter but I'm having trouble with all of this and I think she is too

*T: **mm-hm***

C: and um, it's so everything is fine. but if you listen to her version of when we were kids and my version of when we were kids, I don't think we lived in the same house

*T: **mm***

C: you know

T: so, at least in that relationship and maybe in your others too, you're not getting alot of support for how you really do feel. it's like it's not okay to feel that way

C: right, that is true. and in my adoptive family I don't even mention it

*T: **right***

C: because I should have forgotten about that twenty five years ago or whatever it was

*T: **yeah, right, right***

C: you know that was, the day you moved into this house, you became part of this family and that's behind you and never mind that, move forward

*T: **mm, mm-hm***

C: I do believe that people need to go, move forward, I do like to believe that, you can't live in that. but it was all just a big sham, a big muddle to me

S1 TH 314 a 316

C: exactly, why fight it? but you know, let it go, and if it's a holiday or whatever, it's only two days, what the hell, you know you get on with it anyway. so last year, she really had been complaining and saying to me that I don;t spend enough time with her, and I don't function, and I don't do this and I don't do that, and all these things. so, we decided that we would take a trip to E.(country) together, which we did do for ten days. and by and large, we did have a grand time, except for a couple of times, after we had a

couple of glasses of wine or something, I'd get a little bit more courageous thinking, I'm going to tackle this now and I'm going to try and say how I feel

T: mm

C: and um, I did two or three times, and I don't know if it's, and I can't tell from her, what it is that she's fighting with or struggling with, but she has no tolerance for my feelings about this situation and that these um, these are my parents now, and these are my brothers and sisters now, and that's stuff behind, and I shouldn't have anymore feelings about that

S1 TH 318 a 324

C: like where do I go now,

T: yeah, yeah

C: you know, I've tried to tell you how I feel, yes you may be right that is behind and that there's nothing you can do about it, all of those things are true. and I'm not saying those aren't true. but I feel differently about it, I feel like it's bothering me, I feel like it's there

T: right, right

C: and it's not as easy as just picking up the mat and sweeping it.

T: right

C: I've done that for twenty some years and it's not

S1 TH 334 a 346

C: certainly not because I feel threatened by anything that he's going to do

T: yeah

C: or that he does

T: yeah

C: but more so, through my own doing because I'm safe and I'm okay if I can push him away from me because I let him get too close, god forbid

T: mm

C: I could push him away even

T: mm

C: I could just carry on the way I've always carried on (laughs) it's crazy

T: so this is an incredible challenge for you at this moment and it sounds very important and an incredible challenge, and incredibly risky as well, to venture into this, and as you say, and now I'm going to put my arms around this and try to take these risks

C: I think I have too

T: mm-hm

C: I know I have too

Nótese cómo, en ocasiones, la terapeuta se sirve de las partículas “yeah”, “mm”, “alright”, “right” o “mm-hm” (entre otras) como forma de no entorpecer el discurso de la cliente pero de manifestar que está atenta, escuchándola activamente y siguiendo la conversación. De este modo, la terapeuta renuncia a su turno de habla para facilitar así lo que la cliente está

elaborando. En algunos momentos de la sesión, la terapeuta utiliza una combinación de estas partículas o la misma repetida varias veces para enfatizar el acuerdo o la comprensión de lo que la cliente le está exponiendo. La cesión del turno de habla corresponde con lo Ivey (1971) denominó facilitación mínima (*minimal encouragements*) y definió como la forma como el terapeuta muestra a su cliente que le está escuchando, comprendiendo y aceptando (Rennie, 1998b).

- Ratificación y extensión de metáforas

Definición: Entendemos por ratificación, aquellos momentos o minutos después del uso de una metáfora por parte de la cliente, en los que la terapeuta resalta esta misma metáfora mediante el uso de la repetición, o de sinónimos o términos semánticos asociados con la misma. Sin embargo, en ocasiones, también se da a la inversa, es decir, es la cliente quien extiende o ratifica una metáfora utilizada por la terapeuta. En estos casos, indica que la cliente acepta la metáfora que la terapeuta ha usado para simbolizar la experiencia de la cliente así como el acierto en el uso de la misma. En los casos en los que la cliente cambia de metáfora, ello indica que la terapeuta ha representado la vivencia de la cliente de manera que no se ajusta a ella (Ferrara, 1994; Lakoff y Jonson, 1980; Cameron y Low, 1999).

A menudo, la ratificación se acompaña de la introducción de nuevos elementos y de una elaboración conjunta de la misma, en cuyo caso hablaremos de extensión de la metáfora. Puesto que son varios los ejemplos que presentamos a continuación destacaremos los que nos han parecido más interesantes.

S1 TH 180 a 185

*C: expectation level of everything and even of myself, **where I wander around like a cat trying to catch its' tail all the time in search of happiness**, to get a better position in the company, to be the best that I can be all of the time. and it's a drive that, it makes me crazy. because to this point, to me sort of coming and talking about this, I don't think I realized that about myself. and **it's destructive and it destroys me, because there's nothing stopping me, I just want to go, go, go, go, go***

*T: **so like a cat chasing its' tail, I mean it +absolutely drives you***

*C: **and never catches it+***

*T: **crazy but never, never***

C: **who can never actually grab it or very seldom until he stops**
T: mm

Uno de los fragmentos a destacar sería el que presentamos a continuación:

S1 TH 216 a 227

C: (voice wavering) **I feel there will be a judgement passed on me**
T: right, right, yeah, so **somehow it will reflect on you**
C: that I'm responsible or that I'm a nut like she is or something, and that it's hereditary or something
T: yeah, so **that will colour, that incident will colour people's perceptions of you.** almost this sense of that you will be misinterpreted or misunderstood. that people will !not understand
C: **oh, yeah, no wonder she acts like that, look what her mother did you know**
T: oh, yeah, oh, and that would be so horrible to know that people were saying that or thinking that (p:00:00:07). I mean there's almost a sense of, I was going to say, **being tainted by this incident**
C: yeah, because in my mind **it's such an atrocity.** it certainly defies the religious aspect, we were brought up in a very high Anglican environment. it's, there's that sort of
T: **it's an atrocity yeah, in your view, yeah, it sort of violates everything, all**
C: the things we should believe in and I like to think, or would like to think that I believe in
T: and **that's a part of you, and so hard to accept in a way, that that is a part of you**
C: yeah (p:00:00:07)
T: yeah, and I can well imagine your fear that **others would perceive you through this light**

En este fragmento de transcripción que acabamos de presentar, puede observarse cómo la cliente introduce una metáfora para referirse a los efectos del “incidente” como si estos fueron un “castigo” o el resultado de la rueda kármica que cae en forma de “mal karma” sobre la cliente. La terapeuta la extiende a la vez que cambia la metáfora del juicio por la del “reflejo”, cuyo uso resulta seguramente menos amenazante para la cliente. La cliente la acepta pero sin embargo la elabora brevemente al decir que es como si los demás pudieran ver lo que su madre hizo a través de ella. No obstante, rápidamente se produce un cambio de metáfora donde la cliente se refiere a los efectos del incidente como desafío. La terapeuta ratifica el uso de esta metáfora con el

término “violación”. Nótese cómo, mientras la cliente se refiere sólo a un aspecto de su vida (el religioso), la terapeuta lo amplía a todo (*violates everything*) y la cliente vuelve de nuevo a referirse a la idea de las creencias. Finalmente, la terapeuta vuelve a introducir la idea de que la cliente siente miedo al pensar que los demás la perciben a través de “esa luz”.

S1 TH 312 a 319

C: *one person that I particularly have a great deal of difficulty with it is my older adoptive sister. she's a social worker, and for a lot of years I treaded around and never really said much to her. and um, um, through a sequence of events, we have a pretty good relationship for the most part, I feel it has to be going her way. and everyone in the family will kind of make sure it goes her way because life is just unbearable if you don't. **so anyways, you might as well just go with the flow and keep things on an even keel because there's simply just no point.***

T: *right, why swim upstream?*

C: ***exactly, why fight it?** but you know, let it go, and if it's a holiday or whatever, it's only two days, what the hell, you know you get on with it anyway. so last year, she really had been complaining and saying to me that I don;t spend enough time with her, and I don't function, and I don't do this and I don't do that, and all these things. so, we decided that we would take a trip to E.(country) together, which we did do for ten days. and by and large, we did have a grand time, except for a couple of times, after we had a couple of glasses of wine or something, I'd get a little bit more courageous thinking, I'm going to tackle this now and I'm going to try and say how I feel*

T: *mm*

C: *and um, I did two or three times, and I don't know if it's, and **I can't tell from her, what it is that she's fighting with or struggling with,** but she has no tolerance for my feelings about this situation and that these um, these are my parents now, and these are my brothers and sisters now, **and that's stuff behind,** and I shouldn't have anymore feelings about that*

T: ***that kind of leaves you high and dry***

C: ***like where do I go now,***

T: *yeah, yeah*

Véase asimismo lo que sucede en el siguiente fragmento de transcripción:

S1 TH 228 a 236

C: ***I'm certainly not very proud of it and it's something again where I've struggled through school and through my business life to rise above the rest and I don't want this shadow***

T: ***shadow yeah***

C: ***or skeleton***

T: yeah

C: **poking it's head out** and sort of going (laughs) you know. **and I feel like it's there**

T: **this shameful secret** that you have to be very careful all the time

C: **I am very ashamed**

T: mm, it's very clear, **I am ashamed of it, kinda makes you want to cringe when you think about it**

C: (softly) yes (p:00:00:08)

También aquí puede observarse como la terapeuta ratifica el uso de la metáfora de la cliente como forma de invitarla a seguir elaborándola. La sombra se transforma en un esqueleto que asoma su cabeza y en algo que tiene una presencia física que ha estado siendo ignorada pero que no por ello desaparece. A continuación, la terapeuta utiliza de nuevo una metáfora menos amenazante que las utilizadas por la cliente pero cuyo significado es el mismo: la del suicidio de la madre como un secreto que avergüenza a la cliente y que hace que ésta se “encoja”.

S1 TH 277 a 286

T: yeah so there's this sense of **wanting to be more comfortable with yourself** and that would be, seems, hard to do, without **making some peace with some of the shame you experience**

C: **letting it go.** I don't believe that **it will ever leave me, leave me, but I feel like I can't let it go** (p:00:00:09)

T: **yeah, let it go in a, in a kinda gut, real accepting way.** rather than be afraid of it. you know, it sounds like

C: I've read, I've tried to, in the last few years I've tried, I've read a lot of self-help books. and one in particular that sticks out in my mind was about **forgiveness and it was addressing true forgiveness**

T: right

C: **not just saying you forgive.** and I found that one in particular very interesting. because being raised in the church and the church was a very important and integral part of our lives. it said all kinds of things to me as an adult, like the only reason why I would never really steal a chocolate bar is because I thought god would get you. I mean absolutely there was no way I would ever take anything from the store. (laughs) it is sort of humorous, it is the right thing but I mean +exactly what is (laughing)

T: motivated by fear rather+ than principles (laughing)

C: exactly, this terror that somebody's really watching you know. but this particular book was talking about **forgiveness and true forgiveness, and if you can't forgive, truly, really forgive, um and let it go, whatever it may be, if someone has done something to you or you felt violated by someone or maybe your husband's had an affair or whatever, you either, you should do one of two things, you either truly forgive or get the hell out of the relationship or separate yourself from the individual if you need to,**

whatever the situation is. and I've thought about it a lot because I like to be able to pretend that I forgive what she did but I don't. I think about it and I get very angry, I get very fired up and I think how dare you
T: *right*
C: *how dare you leave us in that situation and how dare you give birth to children and not take care of them, how dare you. just simply how dare you*

En este último fragmento, la terapeuta empieza de nuevo a dejar traslucir su propia teoría del cambio, i.e., que la cliente consiga estar más cómoda consigo misma depende de quedar en paz con parte de esa vergüenza que experimenta. No queda claro el tema de si la cliente acepta esto o no aunque podría afirmarse casi con total seguridad que el cambio para la cliente, en este momento, no pasa por lo que dice la terapeuta sino por la capacidad de “dejar ir” lo que sucedió y sus consecuencias. La terapeuta matiza esta experiencia de “dejar ir” e introduce la idea de que este “dejar ir” no debe responder al miedo de la cliente sino que depende de un paso previo: la aceptación. Sin embargo, ello no parece producir ningún efecto en la cliente que sigue elaborando su idea del “dejar ir” y del cómo conseguirlo (mediante el perdón vivencial).

Mientras en los dos primeros fragmentos presentados la cliente ocupa más bien la posición de víctima y de alguien que no puede enfrentar la catástrofe de lo sucedido y sus implicaciones, en este tercer fragmento se observa un cambio de posición. Aquí, la terapeuta posiciona a la cliente como alguien que debe hacer algo y convierte la experiencia del “dejar ir” en algo activo y cuyo origen debe ser la cliente y no en algo pasivo y que sucederá por sí mismo.

En los tres ejemplos presentados puede observarse la ratificación y extensión de las metáforas utilizadas o bien por parte de la terapeuta o bien por parte de la cliente como forma de: (a) invitación para continuar elaborando; (b) clarificar malos entendidos; (c) asegurarse de que se comprende la experiencia de la cliente.

- Internalización de la voz de la cliente

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta hace suyo el discurso de la cliente con distintas finalidades. En diversas ocasiones, la terapeuta utiliza la voz de la cliente y repite lo que ésta misma ha dicho

utilizando la primera persona del singular como si hubiera internalizado la voz de la cliente. De este modo: (a) la terapeuta se convierte en un espejo para la cliente dando la oportunidad a la cliente de escuchar su propio discurso de manera externa a ella; (b) empatiza con la C; (c) puede comprobar si su comprensión de lo que la cliente está diciendo es correcta o no.

(a) Ventriloquacidad

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta se sirve de la primera persona del singular con el objetivo de mostrar a la cliente su forma discursiva de presentar una historia y de ayudarla a elaborar más dicho discurso.

A continuación presentamos varios ejemplos en los que la terapeuta se sirve de este mecanismo retórico.

S1 TH 91 a 93

*T: yeah, so there's this sense that I mean, almost in filling out those measures, I'm thinking in particular of wanting to balance it out, **am I being unfair, this is all so one-sided, I have all of this anger but it's important to note that there was also some good stuff***

C: yeah, there was a lot of good stuff

T: yeah, yeah

S1 TH 162 y 163

C: and I know when I'm doing it (crying)

T: so I know that I'm doing it and I just can't seem to stop

S1 TH 210 a 212

C: and then again this baggage about, or this reaction of mine about never mind bitching or complaining about you know your mother-in-law doing something or whatever. in my mind, what I have had to cope with is far greater than with what you had to cope with, so don't give me your excuses why you can't function

*T: **mm, okay, so, I know what it's like and I can get on with my life, so you get on with yours, too. I feel impatient with***

C: that's another good word, impatient, I'm very impatient, yeah (laughs).

S1 TH 250 a 256

C: it's a real struggle. and um, I, as I say I've come along way. you know, you come from a little sheltered environment from a little town you know.

um, and I lived in M.(name of city) first when I left my adoptive parents house, and I lived in M.(city) on my own. um, my sister, adoptive sister was there, but I lived by myself in my own apartment. and I tell you everything was, and that's how I felt then too, everything from learning to take the bus and all these things, again, coming from a sheltered environment like that, in a little town where everything is just down the street. these things never cross your mind. you know, to someone who has taken the subway system in Tokyo, you know, where there's nothing ///

T: yeah,

C: but I still don't

T: so you're saying "**why can't I get rid of this?**"

C: why can't I be a-okay about this, why, and when I'm there I'm fine, when I do it, I'm not going crazy or thinking that I'm going to die or anything, absolutely not. I approach and I know it needs to be done, and I get on with it and I figure it out and I feel good after I've done it

T: yeah, but it sounds like it's a real thorn that you can't get over that initial painful --**it's like if only I could just get over that**

C: yeah, why am I so anxious about these things? what's the big deal? and I try and rationalize it in my mind by saying you know, you've done worse (laughs)

S1 TH 266 a 275

C: because I enjoy people that I meet for the first or second time that are like that, that are open and talking, well not about their life story, but you know, feel at ease or relaxed

T: yeah, just natural and be yourself

C: yeah, and not be +insecure

T: just this sense+ that **I have something to offer. I could be really good at this if only I could get over this stupid anxiety or whatever it is that's +inhibiting me**

C: it is, it+, it is yeah inhibiting. I do feel inhibited. I really struggle with every aspect of that. do I look okay, am I dressed okay, am I too fat, am I too thin, am I?

T: mm-hm, yeah so, **am I okay?**

C: and are people going to think I'm okay. then again the rationalization of that, most people do think I'm okay (laughs). and I know that, if you were suddenly to ask me that, I wouldn't say people hate me or look at me in a strange way, but um, I don't know if I accept it. like I know it, but +I don't

T: mm, mm. **so even on the one hand I+ know that it's totally ridiculous**, but on the other hand you don't know if you really believe that, that people accept you. there's some little doubt there that they do

C: yeah (p:00:00:11) I feel more comfortable that way (laughs).

T: (laughs) good

S1 TH 286 a 288

C: how dare you leave us in that situation and how dare you give birth to children and not take care of them, how dare you. just simply how dare you

T: **how !dare you do this to them, to us, to me**

C: *it's so selfish and so unfair*

S1 TH 342 a 347

C: *I could just carry on the way I've always carried on (laughs) it's crazy*
T: *so this is an incredible challenge for you at this moment and it sounds very important and an incredible challenge, and incredibly risky as well, to venture into this, and as you say, and **now I'm going to put my arms around this and try to take these risks***

C: ***I think I have too***

T: *mm-hm*

C: ***I know I have too***

T: *mm-hm, you have to if you're going to have the kind of life that you want*

Nótese de nuevo cómo la terapeuta invita a la cliente a seguir su discurso cambiándola de posición (de alguien pasivo a alguien activo) mediante el uso de la internalización de su voz en los siguientes dos ejemplos ilustrativos de este mecanismo que proponemos a continuación:

S1 TH 308 a 312

C: *I do believe that people need to go, move forward, I do like to believe that, you can't live in that. but it was all just a big sham, a big muddle to me*

T: *at the same time, it all seems pretty important to be able to express how it is that you legitimately feel*

C: *without being told +you shouldn't feel like that*

T: *and get some support+ for that, yeah. **this is who I am and this is how I feel** and to repress that is denying reality in effect, it's denying who you are at this moment in time*

C: *one person that I particularly have a great deal of difficulty with it is my older adoptive sister. she's a social worker, and for a lot of years I treaded around and never really said much to her. and um, um, through a sequence of events, we have a pretty good relationship for the most part, I feel it has to be going her way. and everyone in the family will kind of make sure it goes her way because life is just unbearable if you don't. so anyways, you might as well just go with the flow and keep things on an even keel because there's simply just no point.*

S1 TH 330 a 333

C: *I feel I'm at a point in my life where I have to get my arms around this, I really am. I think for, first of all, for my own well-being and certainly for my well-being in my relationship with my husband. because, as I said today, I love him dearly, but I know that I'm just as capable of destroying that too*

T: *mm, mm. **so there's this fear that if I don't get a handle on this, I could, I could lose him, I could lose that marriage***

C: ***and through my own doing***

T: *through my own doing*

A continuación ofrecemos un fragmento de la segunda sesión en el que la terapeuta usa el mecanismo de la ventrilocuacidad para afirmar de forma asertiva las necesidades de la cliente como forma de ayudarla a seguir elaborando esta posición en lugar de la posición pasiva que lleva actuando toda su vida.

S2 TH 410 a 412

*T: well I feel really glad that you can be that clear and that **this is the way it was and I want the truth***

C: yeah, that's really what it's come from. and even as far as my adoptive family are concerned, this business with my relationship with my sister, I mentioned to you the struggles, they don't want me, they don't want me, it's very clear to me from the pressure that I get, that they don't want me to have a relationship with my natural brother and sister. and if I mention them or do whatever, then I'm treated in a different way, and I'm really learning in the last year to say "this is the relationship that I want to have because it's important to me, and I'm sorry if you don't like that because I care equally as much about you, and if you don't accept that, then I guess you don't accept me because it's important to me that I have this relationship, and I'm not going to stifle my relationship anymore because you're putting heat on me. because it's not right and it's not fair".

T: mm-hm, mm-hm

Obsérvese cómo el uso de la primera persona del singular que hace la terapeuta no responde a sus deseos ni al azar sino más bien a la incitación de la revivencia de una historia. De este modo, la terapeuta introduce una diferencia entre narrar una anécdota del pasado utilizando formas verbales del pasado o revivirla en el aquí y ahora y revivir así las emociones surgidas en la conversación que vuelve a representarse en sesión. La terapeuta incorpora la voz de las necesidades de la cliente convirtiéndose en un espejo para la cliente que puede, de este modo, escuchar sus propias necesidades en boca de otra persona. Nótese cómo esta intervención de la terapeuta desencadena en la cliente una serie de afirmaciones que hacer como forma de mostrar a la terapeuta aquellas cosas que no está dispuesta a seguir aguantando y, como decíamos anteriormente, como forma de satisfacer probablemente los propios “deseos” de la terapeuta sobre cómo evolucionar en la terapia.

(b) Parfraseo

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta lleva a cabo una ampliación explicativa o interpretativa del discurso de la cliente con la finalidad de hacerlo más inteligible. Esto es, la terapeuta repite el contenido o significado de lo que ha dicho la cliente bien sirviéndose de las mismas palabras bien introduciendo palabras similares con contenido añadido con objeto de que esto sirva de: (a) resumen de lo que la cliente ha dicho; (b) de espejo entre ellas-la terapeuta comprende a la cliente y lo refleja y (c) como facilitador para la posterior elaboración por parte de la cliente. Siguiendo a Rennie (1998b), a Hill et al. (1988, 2001) hemos considerado parafraseo la repetición del discurso excepto cuando se refiere a la repetición de términos emocionales.

S1 TH 41 a 56

*T: is that part of it? wondering what I must think of you? or **you wanted to be more put together?** somehow*

*C: **more in control** (crying)*

*T: **more in control yeah***

*C: **usually I'm an in control person***

*T: **yeah, yeah. yeah, so there's this sense that you're not in control and these feelings are overtaking you and that's kind of a scary part***

C: (crying) yes

T: of the process

*C: (p:00:00:07) **maybe you're right, or I'm right because I do tend to think of myself as an in control person. (voice breaking) I have to control a situation, I have to control people around me, because if I control them (crying) then they can't hurt me, right?***

T: right. so it's very important

*C: (crying and voice wavering) **if I control my reaction to them and my distance, or how close I get to them then they can't hurt me***

*T: **right. yeah, so it's been critical and it's been very important in your life to be able to control, to protect yourself from pain***

*C: (p:00:00:08) and see, I guess it's thinking I'm --- **the realization that um everything goes along smoothly, (crying and voice breaking) and virtually overnight, your life could be devastated, that's scary***

*T: and you know the reality of that and **it's !very scary***

C: yeah (p:00:00:17)

T: mm

C: (p:00:00:09)

S1 TH 162 a 179

*C: and **I know when I'm doing it** (crying)*

T: **so I know that I'm doing it** and I just can't seem to stop

C: **and I let it carry always to the next step (crying) and I'm sorry that I did it, truly sorry that I pushed it so far**

T: **mm, so it's like pushing it to the limits and then feeling bad about yourself. so you get what you want in a way**

C: *absolutely*

T: *and then it's not worth anything*

C: *(crying) see I told you it was going to be like that anyways right? that's what I told you, I told you you would react like, I told you you don't love me, I told you*

T: *oh I see, I see. so you push people to the point, are you thinking what of your husband or whatever, when he does something that proves that he doesn't love you in your mind, is that kinda what you meant?*

C: *(crying) oh, he won;t tolerate it anymore, that's part of the reason why I'm here. it's quite interesting, he won't tolerate it anymore. he sort of, and it makes me angry for the time, but the last little while I've been able to overcome that because he's right, he probably won't say anything to me because he knows when I'm getting fuelled and then one thing will lead to another and lead to another. I've also got a memory like an elephant so I can remember something that happened three years ago and it makes him crazy (laughs). and it's right there (snaps her fingers three times) and it will just roll off of my tongue, and it's not right. ---I'm not perfect and I do similar things but for him, for him, for my siblings and for various other people, my friends even sometimes, um, I do the same thing. I'm very critical. and perhaps if they're not doing something the way I might do it then I really don't have any tolerance and it blows up in their face. these are sort of, not exactly the same things, but they're all kind of related*

T: **mm, mm. so lack, lack of tolerance, highly critical, you find yourself being highly critical and intolerant, um, with other people, with your friends**

C: **again, it's this thing where if it appears clear to me I can't understand why they can't see it so clearly.** and in particular, if I'm right about something, I'm not brilliant or anything, but if there's a clear pattern or something very clear to me which is going to happen, or if this happens then it's going to cause this to happen and this to happen, and then your problem isn't this big anymore, it's going to be this big. why didn't you think about that

T: **why can't you see it? I can see it, how come you can't?**

C: **yeah, it's clear as hell to me, what's the matter with you, you know.** and then to complain to me after it ended up that way, it's like hey, don't talk to me, I told you so. and that's, that is, **I wouldn't want anyone to tell my "hey, I told you so".** and there has been very often in my life when I've done things or gotten involved in things that I shouldn't have done and if people that cared about me //said "I told you so", I'd be furious with them

T: **so this is an aspect of yourself that you really don't like**

C: **yeah, I don't like it much, and it's, it's the acceptance of myself and also the acceptance that other people aren't necessarily going to be like me or handle a situation like I might.**

T: **so you want to be able to accept, I mean there's something about accepting !yourself as well as accepting others**

C: *the way that I see it if I could get my arms around that then I think that I would have a bit easier time with other people, because +there's this*

T: about accepting yourself+

S1 TH 176 y 179

C: yeah, I don't like it much, and it's, **it's the acceptance of myself and also the acceptance that other people aren't necessarily going to be like me or handle a situation like I might.**

T: **so you want to be able to accept, I mean there's something about accepting !yourself as well as accepting others**

C: the way that I see it if I could get my arms around that then I think that I would have a bit easier time with other people, because +there's this

T: **about accepting yourself+**

S1 TH 190 a 196

C: oh it is, it is. it's an anxious life. I feel anxious alot and I don't know, I'm not sure why. it's anxiety that I feel

T: **so you just can't stop at this point**

C: **it's difficult for me to stop, and I have been making a conscious effort to try and work on it. there's also all kinds of things, like when I talk about a driven personality, I hold down a very responsible job, but at home it would have to be, everything would have to be absolutely neat and tidy, or I would be crazy. there is no way I could sit down and read a book or relax if there was a speck of dust sitting there. or if there was a glass in the sink or whatever, there's just an inability to sort of say "hey you worked all day, put your feet up"**

T: **and just relax, yeah. put your feet up.**

C: **go get your gin and tonic and have (laughs) and stretch out you know, or your cup of tea**

T: **so it's like this great, great discomfort if things are out of order or**

C: **yes, yes. if things are messy. I'm getting a little bit better with that. I have two stepsons and they made crazy for the first couple of months (sound of taking a kleenex) but I'm getting a little bit better**

S1 TH 198 a 203

C: (blows her nose) you know I like to, like if I leave the house a certain way in the morning I like it to be that way when I get home and sometimes it isn't like that, and I get a little crazy with them. And to a certain degree, they don't need to demolish the joint either but there also has to be a little bit of slack (laughs)

T: right, **so it's not possible to control them +and to control the environment,**

C: no, because you know, in adolescence +

T: +they way you want to just have really

C: in adolescence, well+ that's another thing, that's a really responsible job and I don't want to do that. it's, yeah, it's part of I want things done in a reasonably timely manner. I get pretty bitchy and cranky if it's not done in a reasonable time and manner. um, I don't really feel bad about that quite frankly. I'm pretty open and I just say "go now, go do it" sort of thing

T: so it sounds like you loosened up a little bit with these uh teenage boys in your home, maybe of necessity (laughs). kinda like banging your head against the wall to try and

S1 TH 222 y 224

C: yeah, because in my mind it's such an atrocity. it certainly defies the religious aspect, we were brought up in a very high Anglican environment. it's, there's that sort of

T: it's an atrocity yeah, in your view, yeah, it sort of violates everything, all

C: the things we should believe in and I like to think, or would like to think that I believe in

S1 TH 227 a 231

T: yeah, and I can well imagine your fear that others would perceive you through this light

C: I'm certainly not very proud of it and it's something again where I've struggled through school and through my business life to rise above the rest and I don't want this shadow

T: shadow yeah

C: or skeleton

T: yeah

S1 TH 242 a 244

C: that's something else that. but um, it's taken a lot for me to do things. because again, if we travel, the guys will probably be roomed with one another so they have that sort of boys club

T: that comraderie

C: that comraderie and somebody to go and things with and all these sorts of things. and very often, in those environments, I'm the only woman, so I'll be on my own or rooming by myself. so things like, if you're at a conference or whatever, and there are two or three hundred people there, they kinda have somebody to go to the conference with and walk through with for registration and so on. these things cause me a great deal of anxiety. I don't know why. I've travelled all over the world and I've checked in and out of hotels and I've rented, I've been all over, but there's still a certain amount of apprehension and I'm not really secure. and I force myself to be like more, don't be like this, this is silly, people are people, and you're okay and they'll accept you when they get to know you, they'll think you're okay. but, it's that hurdle of trying to break into it first of all, because for the most part, I don't have a great deal of problems getting along with people, although I explained to you some other things. by and large, you know, I'm really a bit of a social animal too

S1 TH 262 a 265

C: (p:00:00:08) I really admire public speakers, I don't know how public

speakers walk into a room of 400 people and just sort of you know? and interestingly enough in my own mind, I felt that if I just, if I could overcome some of these hurdles. I have this dream that I would like to be able to public speak because I have some very funny stories to tell and some very interesting things to tell people. and when I get to know people, I feel that around my friends and my family, that they do enjoy my company. and I feel relatively secure in that. but I !cannot do that with people that I don't know really well. I cannot

T: and you'd like to be able to

C: I'd like to be able to

T: yeah

S1 TH 271 a 279

T: mm-hm, yeah so, am I okay?

C: and are people going to think I'm okay. then again the rationalization of that, most people do think I'm okay (laughs). and I know that, if you were suddenly to ask me that, I wouldn't say people hate me or look at me in a strange way, but um, I don't know if I accept it. like I know it, but +I don't

T: mm, mm. so even on the one hand I+ know that it's totally ridiculous, but on the other hand you don't know if you really believe that, that people accept you. there's some little doubt there that they do

C: yeah (p:00:00:11) I feel more comfortable that way (laughs).

T: (laughs) good

C: I'll even drink T. (city) water. (sniffles) (p:00:00:10)

T: yeah so there's this sense of wanting to be more comfortable with yourself and that would be, seems, hard to do, without making some peace with some of the shame you experience

C: letting it go. I don't believe that it will ever leave me, leave me, but I feel like I can't let it go (p:00:00:09)

T: yeah, let it go in a, in a kinda gut, real accepting way. rather than be afraid of it. you know, it sounds like

S1 TH 282 y 287

C: not just saying you forgive. and I found that one in particular very interesting. because being raised in the church and the church was a very important and integral part of our lives. it said all kinds of things to me as an adult, like the only reason why I would never really steal a chocolate bar is because I thought god would get you. I mean absolutely there was no way I would ever take anything from the store. (laughs) it is sort of humorous, it is the right thing but I mean +exactly what is (laughing)

T: motivated by fear rather+ than principles (laughing)

C: exactly, this terror that somebody's really watching you know. but this particular book was talking about forgiveness and true forgiveness, and if you can't forgive, truly, really forgive, um and let it go, whatever it amy be, if someone has done something to you or you felt violated by someone or maybe your husband's had an affair or whatever, you either, you should do

one of two things, you either truly forgive or get the hell out of the relationship or separate yourself from the individual if you need to, whatever the situation is. and I've thought about it a lot because I like to be able to pretend that I forgive what she did but I don't. I think about it and I get very angry, I get very fired up and I think how dare you

T: right

C: how dare you leave us in that situation and how dare you give birth to children and not take care of them, how dare you. just simply how dare you

T: how !dare you do this to them, to us, to me

Con todos estos ejemplos, la terapeuta facilita la elaboración del discurso de la cliente sólo repitiendo las propias palabras de la cliente (y en algunos casos añadiendo significado en la repetición). De hecho, en una investigación acerca de los efectos en los clientes de los modos de respuesta de los terapeutas, Hill et al. (2001) encontraron que el parafraseo era considerado de ayuda por los clientes y por los terapeutas puesto que contribuía a explicar una experiencia. Los clientes en su estudio consideraban sentirse apoyados cuando el terapeuta parafraseaba su discurso y ninguno de ellos expresó reacciones negativas al respecto. Estos autores afirman que su hallazgo es consistente con lo que defienden los programas de entrenamiento en habilidades (Carkhuff, 1969; Egan, 1982) cuando afirman que el parafraseo requiere que el terapeuta escuche atentamente lo que su cliente dice y le devuelva lo que ha comprendido. Así pues, se produce un proceso de co-construcción de significados entre terapeuta y cliente en la que ambos tienen su propia responsabilidad.

(c) Respuesta especular (o *mirroring*)

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta repite emociones utilizadas por la cliente. También aquí hemos seguido la distinción que Rennie (1999) y Hill y O'Brien (1999) y Hill et al. (2001) establecen entre parafraseo y respuesta especular en función del foco que establece la terapeuta.

S1 154 a 161

C: you know all of those things I think are just, you know part and parcel, well I carry on too a very destructive lifestyle. I mean, I will, I will set situations up with my family, my husband, um, I will create the situation just

to test, just to make sure, do you really love me or were you just saying that?
T: oh, so it's like needing this proof somehow, that you are loveable, that you are loved
*C: **that I'm okay***
*T: **that you're okay**, yeah. yeah, and it sounds like you just are annoyed at yourself for doing this*
*C: well, **it's stupid***
*T: **it's !stupid***
C: it's definitely, it's silly (p:00:00:07)
T: yeah

Tal y como puede observarse en este fragmento, la terapeuta refleja (repite) la forma como la cliente se siente en una determinada situación (la necesidad de sentir que está bien y lo estúpido de que no pueda ser así). En la sexta sesión aparece otro claro ejemplo en el que la cliente enfatiza sentirse molesta y sobrecogida por la evolución y muerte de su abuelo y la terapeuta señala esta emoción.

S6 TH 146 a 150

C: that again he was sort of, he was really quite disturbed about not being in his environment
T: mm-hm, mm-hm
*C: **it was quite upsetting**. I thought it was rather cruel actually.*
*T: **so upsetting for you to know that that's how he kinda spent his last days***
C: yeah it was miserable +and you hear that about

- Preguntas:

- Preguntas abiertas

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta pide a la cliente algún tipo de clarificación o exploración más detallada.

A continuación presentamos algunos ejemplos:

S1 TH 9 y 10

*T: **there's specific aspects of the process that you find intimidating, when you think about what might happen or just ?***
C: mm, I guess it's just having, trying to talk about those things that do bother me and coming to the surface with someone who I don't know in particular

S1 TH 57 y 58

*T: I wonder **what's happening for you now?** we're kinda sitting in this silence*

C: I don't really know what to say. I guess I need you to prompt me. I don't know where to start or see yeah, I feel bad about those things but how do I get better control of them? how do I (p:00:00:06) (quietly) I don't know where to start (crying)

T: okay, okay

S1 TH 77 a 79

*T: okay. **so it's hard for you to come it here without it being sorted out, without a clear focus, without a clear?***

C: yeah, yeah. because I know I want to be here but I guess I sorta know why I'm here, but I'm not sure why I'm here (laughs)

T: yeah

Según la investigación de Hill et al. (2001) que comentábamos unas líneas más arriba, los terapeutas consideraron las preguntas abiertas como una buena ayuda a la hora de realizar un proceso de exploración (Carkhuff, 1969). Sin embargo, a diferencia de los terapeutas los clientes dieron poco valor de ayuda a las preguntas abiertas. Más aun, los clientes entrevistados relataron sentirse (a) amenazados, (b) asustados o (c) indiferentes, pero en ningún caso se sintieron apoyados.

Según estos autores esto es así puesto que las preguntas abiertas llevan al cliente a explorar y esto puede resultar amenazante porque (a) implica elaborar y experimentar; (b) el cliente no está seguro de lo que el terapeuta quiere escuchar. En la línea de estos autores, las preguntas abiertas son intervenciones poderosas que pueden hacer sentir incómodo al cliente.

- Preguntas cerradas

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta pide información o datos concretos a la cliente.

En el caso que aquí analizamos las preguntas cerradas de la primera sesión no son las típicamente conocidas de recogida de información y anamnesis puesto que la cliente ya ha pasado este tipo de entrevistas previamente al inicio de la psicoterapia como parte del proceso de selección para formar parte de la investigación.

S1 TH 1y 2

T: so, you must be feeling a little scared?
C: I am a little nervous, yes

S1 TH 37 y 38

T: you feel silly?
C: yeah, yeah

S1 TH 41 y 42

T: is that part of it? wondering what I must think of you? or you wanted to be more put together? somehow
C: more in control (crying)

S1 TH 143 y 144

T: and I think it must be hard, or I wonder is it hard then to really feel legitimately angry about, towards your mother? that you somehow
C: that's right, because I probably try to, probably, because all sorts of messages have also been fed to me about how I should feel about this. this is obviously a very sick individual that would do something like this

S1 147 y 148

T: right. so somehow that understanding kind of cancels out your uh, your feelings?
C: yeah, I should be able to just get on with it and that's that. that's my family, it's water under the bridge you know, get on with it. it's not easy, I can't forget it, it's there

Como se habrá observado, los tres primeros ejemplos ilustran como los clientes responden brevemente a las preguntas cerradas (generalmente con un *sí*, *no*, o una respuesta concreta) mientras que en los dos últimos ejemplos

seguidamente de la respuesta específica de confirmación o desconfirmación ante la pregunta de la terapeuta la cliente sigue elaborando su discurso. Rennie (1998b) afirma que dichas intervenciones tienen que ver con el interés del terapeuta pero no con el de los clientes (que, por otro lado, ya se conocen las respuestas). Dicho de otro modo, tal y como este mismo autor encontró, los clientes consideran que las preguntas cerradas son relevantes para el proceso pero que tener que responderlas no es terapéutico para ellos. Por supuesto, para los terapeutas este tipo de intervenciones son relevantes puesto que contienen datos e información que deben conocerse.

En la misma línea de Rennie y Hill et al. (2001) encontraron que los clientes calificaban a las preguntas cerradas de sus terapeutas como de poca ayuda; más bien parecían despertar indiferencia o neutralidad entre los clientes. Estos autores relatan como uno de los clientes entrevistados afirmaba que las preguntas cerradas le habían parecido aburridas puesto que tenía que decir al terapeuta cosas que él ya sabía. Estos autores junto con Elliott, Barker, Caskey y Pistrang (1982), Elliott (1985), Carkhuff (1969) concluyen la importancia de ser consciente (como terapeuta) de que las preguntas cerradas aunque útiles pueden ser negativas si son utilizadas con demasiada frecuencia.

- Preguntas indirectas

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta pide información o datos concretos a la cliente sin formular directamente una pregunta.

S1 89 y 90

T: *so thinking about those events, you mean what to mind for you was the actual event, the actual suicide or the actual*

C: *that's where it started and then I guess, not I guess, but I suppose that it just went backwards from there and it's, it's a little bit of an interesting process because I felt a little bit guilty trying to identify my relationship with this person when um, (voice wavering and holding back tears) I'm angry about her dying but for part of that she did nurture me and care for me (crying)*

Las preguntas indirectas sirven también al terapeuta como forma de clarificar, obtener información o pedir una mayor elaboración a su cliente. En este caso, por ejemplo, la terapeuta pide clarificación a la cliente para algo que no acaba de comprender. Sin embargo, la forma de formularlo no es directamente con una pregunta sino con una frase inacabada.

- Producciones conjuntas

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta y la cliente entrelazan expresiones como resultado de una de ellas iniciar una proposición y la otra completarla o extenderla de forma sintáctica y semánticamente consistente (Ferrara, 1994, p.146).

S1 107 a 111

T: yeah, it sounds like you're really appreciative and grateful that your mother appreciated you, sounds like, and nurtured you
C: very much so, +you know she
T: and gave you+ a lot
C: yeah, she did. she did. it wasn't sort of, like I felt, I don't remember feeling, as a child I don't remember feeling not loved. I don't recall those feelings. so if people would ask me, even amongst the turmoil sometimes, which was every Saturday night in our house, but during the week for the other six days, things were relatively normal. and um,
T: and it sounds like that normalcy and that love really has held you in good stead over all the years

S1 TH 309 a 311

T: at the same time, it all seems pretty important to be able to express how it is that you legitimately feel
C: without being told +you shouldn't feel like that
T: and get some support+ for that, yeah. this is who I am and this !is how I feel and to repress that is denying reality in effect, it's denying who you are at this moment in time

S1 TH 324 a 326

C: I've done that for twenty some years and it's not
T: it's not working, these feelings are not going to stay buried and cannot be denied
C: they're not going away

Tal y como el nombre de este mecanismo pragmático-retórico indica y tal y como puede observarse en estos ejemplos, en ocasiones cliente y terapeuta

construyen juntos las frases y si no fuera porque aparece en la transcripción sería incluso difícil afirmar donde termina uno su intervención y donde empieza el otro.

Nótese como esto es así sobre todo en los dos últimos ejemplos que reproducimos a continuación sin separar por turnos de habla:

“at the same time, it all seems pretty important to be able to express how it is that you legitimately feel, without being told +you shouldn't feel like that, and get some support+ for that, yeah. this is who I am and this !is how I feel and to repress that is denying reality in effect, it's denying who you are at this moment in time”;

“I've done that for twenty some years and it's not, it's not working, these feelings are not going to stay buried and cannot be denied, they're not going away”.

De esta forma, terapeuta y cliente co-elaboran significados y la conversación se convierte en algo más que dos personas que intercalan turnos de habla. Gee (1986, 1991) desarrolló la técnica del *stanza analysis* como una aproximación creativa a las transcripciones. Es una estrategia que considera que la presentación de una transcripción en forma de poema despierta un mayor impacto emocional y tiene mayor significado que no su presentación en forma de turnos de habla por separado. De este forma, podríamos afirmar que toda la conversación es una producción conjunta. Sin embargo, utilizamos aquí estos términos para codificar aquellos fragmentos de texto que claramente representan como cliente y terapeuta empiezan y terminan sus oraciones sin distinguirse claramente una de otra.

- Interrupción

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta o la cliente cortan el hilo narrativo de la otra persona con la finalidad de incorporar su propio turno de habla.

Este mecanismo sería contrario a la cesión del turno de habla. En este caso lo que se produce es una imposición de una sobre la otra.

Puesto que no disponemos de la comunicación no verbal, es difícil afirmar que en los casos que presentamos fuera la terapeuta quien interrumpiera el discurso de la cliente. Podría ser perfectamente que la cliente

interrumpiera su propio discurso y mientras pensara la terapeuta interviniera. Puesto que parecería arriesgado distinguir este mecanismo de las producciones conjuntas hemos considerado como ejemplos más claros de interrupción aquellos en los que la transcripción incluye el signo “+” como forma de indicarnos un solapamiento. Lo que sí queda claro en todos los ejemplos que hemos incluido es que la cliente deja inacabadas una serie de frases a la vez que ambas se “pisan” el turno de habla.

S1 TH 6 a 9

C: *I'm just nervous about the process, I guess. it's +a little, it's a little*
T: *yeah, so let's talk about that+*
C: **intimidating and it's**
T: *there's specific aspects of the process that you find intimidating, when you think about what might happen or just ?*

S1 TH 68 a 71

C: *I'd like it to be sort of a little more because that's another aspect of my personality too, it's like organization. it's like I'll look at something and in a very few minutes , okay this needs to be done, boom, boom, boom, boom. and it could be all mental, and this has to happen before this happens and this is done just like this. **And I make people around me crazy***
T: **okay +so there's**
C: **I make my husband crazy+ with that**
T: *alright*

S1 TH 86 y 87

C: *it felt like ten days work or something and it was only four pages (laughs). it seemed a little foolish **but,***
T: *so it's foolish to be so affected by*

S1 TH 116 y 117

C: *I felt so badly for him. **+he was just***
T: **so here's this+ shell of a man,** *totally devastated, how can you be legitimately angry at him, make it worse*

S1 TH 178 a 185

C: *the way that I see it if I could get my arms around that then I think that I would have a bit easier time with other people, because **+there's this***
T: *about accepting yourself+*
C: **expectation level of everything and even of myself,** *where I wander around like a cat trying to catch its' tail all the time in search of happiness, to*

get a better position in the company, to be the best that I can be all of the time. and it's a drive that, it makes me crazy. because to this point, to me sort of coming and talking about this, I don't think I realized that about myself. and it's destructive and it destroys me, because there's nothing stopping me, I just want to go, go, go, go, go

*T: so like a cat chasing its' tail, **I mean it +absolutely drives you***

*C: **and never catches it+***

*T: **crazy but never**, never*

C: who can never actually grab it or very seldom until he stops

T: mm

S1 TH 199 a 202

T: right, so it's not possible to control them +and to control the environment,

*C: no, because **you know, in adolescence +***

*T: **+they way you want to just have really***

*C: **in adolescence**, well+ that's another thing, that's a really responsible job and I don't want to do that. it's, yeah, it's part of I want things done in a reasonably timely manner. I get pretty bitchy and cranky if it's not done in a reasonable time and manner. um, I don't really feel bad about that quite frankly. I'm pretty open and I just say "go now, go do it" sort of thing*

S2 TH 19 a 21

*T: yeah, and it's hard to isolate it. so I think those are the limitations of the questionnaire **but***

*C: **I mean it's tough trying to make a generalization.** and it's interesting because when I read through that there are some of those things that I feel toward my adoptive mother. so it's interesting in that I'm trying to separate those two feelings, too.*

T: right

Seleccionando este último ejemplo vemos como la cliente es quien interrumpe a la terapeuta como forma de no cambiar de tema. A pesar del “*but*” que utiliza la terapeuta probablemente como forma de cambiar de tema o de quitarle importancia, parece que para la cliente es suficientemente relevante como para dedicarle unos segundos más e ignorar la voz del “pero” que la terapeuta enuncia. La cliente se sirve pues de la interrupción como forma de marcar que ese es un tema relevante para ella.

Aunque parezca paradójico presentar la interrupción como un mecanismo pragmático-retórico en el apartado de los “facilitadores del discurso” lo hemos hecho de este modo puesto que hemos considerado que los momentos en los que la cliente es quien interrumpe es porque aquello que estaba explicando es suficientemente importante como para seguir elaborando

su discurso y, por tanto, la interrupción de la terapeuta no adquiere significado para ella; asimismo, cuando es la terapeuta quien interrumpe hemos considerado que si lo hace es porque quiere señalar algo significativo en lugar de dejarlo pasar de modo que, de nuevo, contribuye a facilitar un discurso.

- Externalización

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta invita a la cliente a “cosificar y, a veces, a personificar, los problemas que la oprimen. En este proceso, el problema se convierte en una entidad separada, externa por tanto a la persona o a la relación a la que se atribuía” (White y Epston, 1993, p. 53) y, por tanto, se produce un distanciamiento entre la cliente y su problema que reduce la amenaza que éste suponga.

S1 TH 149 y 150

*T: yeah, I know, it sounds like **it** will not stay buried*

*C: and as I said to you a couple of weeks ago, as I get older, it's not, I **thought it would be, would become more diminished in my mind, but it isn't. it resurfaces and it takes a lot of different forms for me***

*T: **it being?** your feelings of anger, anguish?*

C: the lack of forgiveness,

T: oh okay

En este caso puede observarse como la conversación externalizadora lleva a la terapeuta a una confusión por no comprender exactamente que es el “*it*” del que la cliente habla como si tuviera entidad propia. La clarificación que pide la terapeuta permite que ambas comprendan exactamente de qué están hablando a la vez que ayuda a la cliente a ponerle un nombre a ese “*it*” del que estaba hablando; en este caso el nombre que le da es la falta de perdón.

Hemos seleccionado un ejemplo de la sexta sesión que ilustra muy claramente la externalización por parte de la cliente de algo que la terapeuta pretendía internalizar. En el fragmento que sigue puede verse como la terapeuta intenta que la cliente hable de sí misma, en primera persona, y como la cliente vuelve a hacer uso del “*it*” como forma de dar de nuevo entidad propia a aquello que la amenaza.

S6 TH 309 a 311

*T: mm, so it's endlessly frustrating for **you** that despite all **your** efforts, despite all **your** self-talk, despite the success that **you** have achieved, and that **you're** constantly doing it, **you still feel***

*C: **it's** still there*

T: yeah

Decíamos que en este fragmento de conversación, la terapeuta se refiere a estados internos de la cliente como forma de invitarla a un análisis interno mientras que la cliente responde refiriéndose a algo con entidad propia fuera de sí mismo. Así, la terapeuta intenta hablar de los sentimientos de la cliente desde un punto de vista de origen interno de los mismos, mientras la cliente los “coloca” fuera de sí misma y, por lo tanto, su discurso se basa en el origen externo. Con ello, la cliente desvía de la atención de la conversación de sí misma hacia el exterior. A partir de aquí, el diálogo entre la diada podría seguir tomando la perspectiva de la externalización o podría redirigirse de nuevo hacia el “interior” de la cliente. En este caso, presuponemos que en parte por el modelo en el que la cliente ha sido socializada, es ella misma quien redirige la conversación de nuevo hacia sí misma y hacia sus sentimientos. Así, terapeuta y cliente “juegan” con el origen interno y el origen externo como forma de tantear ambas posibilidades. Véase, sino, lo que sucede a continuación:

S6 TH 310 a 315

*C: **it's** still there*

T: yeah

*C: **I'm** still not comfortable*

T: mm-hm

*C: **I'm** just still not comfortable*

*T: you know, it seems from what we're talking, I mean you've, **these issues** are obviously the core issues right now for you in your life. **I mean this sense of feeling not totally comfortable and at ease with yourself, not worthy of success, not deserving really somehow of success, constant fear that somehow you still have to prove something or the rug's going to be pulled out. you kinda carry those things around with you wherever you go. and you'd really just love to be rid of them at this point.** and it seems in our talking, and those are themes that have emerged now almost everytime we've been together, just as you said, in one form or another **they just keep coming up.** and um, it seemed from talking today and earlier in our, or in our earlier conversations that uh, **a lot of it** stems from your childhood, from the events of your childhood. and in particular, the events around your mother's death and what happened subsequent to*

that. that that was -- that a lot of those things formed then, in those formative years of your life. I mean I think I could have been a more profound example of total lack of control and how terrifying it could be, I mean there couldn't be a more profound example of that. so of course, it seems to me, you would, that this need for control would be a source of comfort for you. Without it, your life was utter chaos. does that make sense?

Aquí, la cliente moviliza su discurso desde una posición externa al inicio de una posición interna (i.e., cómo se siente) y la terapeuta reconoce también lo externo (“*they just keep coming up*”) mientras la ayuda a elaborar sus propios procesos internos (“*you kinda carry those things around with you wherever you go*”).

- Toma de conciencia

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta pone a la cliente en contacto con una creencia nuclear y ésta la reconoce como tal.

S1 TH 51 a 56

T: right. yeah, so it's been critical and it's been very important in your life to be able to control, to protect yourself from pain

C: (p:00:00:08) and see, I guess it's thinking I'm --- the realization that um everything goes along smoothly, (crying and voice breaking) and virtually overnight, your life could be devastated, that's scary

T: and you know the reality of that and it's !very scary

C: yeah (p:00:00:17)

T: mm

C: (p:00:00:09)

S1 TH 177 a 180

T: so you want to be able to accept, I mean there's something about accepting !yourself as well as accepting others

C: the way that I see it if I could get my arms around that then I think that I would have a bit easier time with other people, because +there's this

T: about accepting yourself+

*C: expectation level of everything and even of myself, where I wander around like a cat trying to catch its' tail all the time in search of happiness, to get a better position in the company, to be the best that I can be all of the time. and it's a drive that, it makes me crazy. **because to this point, to me sort of coming and talking about this, I don't think I realized that about myself.** and it's destructive and it destroys me, because there's nothing stopping me, I just want to go, go, go, go, go*

En la línea del trabajo de Angus et al. (1996) y Angus et al. (1999) sobre el *Narrative Process Coding System* hemos considerado aquí aquellos fragmentos en los que la cliente habla de forma reflexiva, esto es, reflexiona sobre lo que acaba de decir tomando así conciencia de sus propias construcciones. Según Luborsky et al. (1988) el *insight* y la auto-exploración sólo han demostrado estar significativamente relacionados con el éxito de la terapia en el caso de que estén conectados con el motivo de demanda. Tal y como puede observarse esto sucede así en este caso analizado: en el primer ejemplo la cliente conecta la necesidad de control con la experiencia traumática de que de repente su vida fuera completamente destruida con el suicidio de su madre. De este modo, toma conciencia del origen evolutivo de este constructo nuclear y de su posición respecto al mundo y a las relaciones como forma de protegerse del posible dolor; en el segundo fragmento de texto la cliente reconoce no haberse dado cuenta antes de la importancia de aceptarse a sí misma como forma de aceptar a los demás sin esa necesidad de control. De nuevo, se produce de forma reflexiva la toma de conciencia sobre algo muy nuclear para ella.

Conclusión. Con los “facilitadores del discurso de la cliente” la terapeuta contribuye a ayudar a ésta a llegar a hacer más inteligible todo cuanto le sucede. El objetivo es pues ayudar a la cliente a elaborar su discurso y facilitar así una mayor comprensión de sus problemas o bloqueos psicológicos.

Estos facilitadores de los que se sirve la terapeuta son los que hemos discutido en detalle en este apartado y que enumeramos de nuevo a continuación: (a) cesión del turno de habla; (b) ratificación y extensión de metáforas; (c) internalización de la voz de la cliente: (c.1.) ventrilocuacidad; (c.2.) parafraseo y (c.3.) respuesta especular o *mirroring*; (d) preguntas: (d.1.) abiertas; (d.2.) cerradas e (d.3.) indirectas; (e) producciones conjuntas; (f) interrupción; (g) externalización y (h) toma de conciencia.

III. LIBERACIÓN DE LOS DISCURSOS QUE CONSTRUYEN A LA CLIENTE:

HACIA UNA TRANSFORMACIÓN DIALÓGICA

III. LIBERACIÓN DE LOS DISCURSOS QUE CONSTRIÑEN A LA CLIENTE: HACIA UNA TRANSFORMACIÓN DIALÓGICA

Hasta ahora hemos descrito los mecanismos que contribuyen a negociar el contrato discursivo y a facilitar la consecución de inteligibilidad mediante facilitadores del discurso. El siguiente grupo de mecanismos pragmático-retóricos tienen como objetivo la transformación de las narrativas de identidad de la cliente, de tal modo que ésta pueda liberarse de aquellos discursos y voces internalizadas que la constriñen y bloquean. Para que tenga lugar este diálogo transformador la terapeuta puede servirse de diversas intervenciones como las que proponemos a continuación.

- Validación de narrativas positivas

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta confirma y ayuda a elaborar narrativas en las que la cliente se siente cómoda. Éstas actúan como acontecimientos que sostienen a la cliente.

S1 TH 106 a 132

C: and um, she had, I feel, a wonderful way of dealing with me because I was a bad-tempered little brat and I was very mischievous. I used to go out of my way to do things, pile three chairs on top of the table to dangle off the cupboard door of the sink to get into the medicine cabinet, which was more than just out of my way, I just about broke my neck getting in there, just so I could get into that medicine cupboard because I was so curious about what was in there. and then I would proceed, you know, to eat a handful of Dodd's little liver pills and throw up all over or something (laughs). I don't know, but

*T: **yeah, it sounds like you're really appreciative and grateful that your mother appreciated you, sounds like, and nurtured you***

C: very much so, +you know she

*T: **and gave you+ a lot***

C: yeah, she did. she did. it wasn't sort of, like I felt, I don't remember feeling, as a child I don't remember feeling not loved. I don't recall those feelings. so if people would ask me, even amongst the turmoil sometimes, which was every Saturday night in our house, but during the week for the other six days, things were relatively normal. and um,

*T: **and it sounds like that normalcy and that love really has held you in good stead over all the years***

C: she, both of my parents must have done something right even though things weren't perfect. so I don't have, prior to that, I don't really have, you

know and as for my father he was pretty quiet and pretty low-key and loving and nurturing. he would take us, we lived in the country, so we would do things that were out of doors a lot. we had animals and you know, so he drove a truck for a living and my father worked six days a week, and two nights a week he drove explosives actually to another area, to the mines in northern O.(name of province). so I think that that was a bit hard for my mother because it was fairly dangerous. so he would be away two nights in the week, and he did work every Saturday and then Saturday night there would be an upheaval. and then Sunday, things would level out again, and the rest of the week would be fine. so even anger towards him, and after my mother's suicide, he, he was totally dysfunctional after that

T: so how can you be angry at these people, well it sounds like at him, after he was, sounds like so devastated and so pathetic almost

C: well he, he was pathetic. you've got a good, you described it well. he was pathetic

T: yeah

C: I felt so badly for him. +he was just

T: so here's this+ shell of a man, totally devastated, how can you be legitimately angry at him, make it worse

C: yeah (p:00:00:12). so getting back to that, it's a hard thing because some people can sort of say you know, my mother was a shit all of her life or (laughs)

T: and it's just not that simple

C: no, it isn't, it isn't that simple and it isn't fair to label her like that or it's not fair for me (voice breaking and crying) to portray that, because that's not really how I felt. I felt certainly as loved as both of my siblings for the most part and I was a little rotter. and if I had a kid like me, they'd probably be in a reform school (laughs). I mean, I was !bad, I was really bad

T: you were a strong-willed

C: I started fires (laughs) I did all sorts of mischievous things

T: so it's almost a sense of your mother on the one hand being this quite wonderful person who could put up with you and love you

C: and control me and appreciate me to +a certain degree

T: and it sounds like you + even appreciate that part of you

C: (laughs)

T: that kind of devilish spark in a way

C: well, some of it in retrospect, I can't believe it, you know. and sometimes my sister and I talk and we laugh, and it's like oh my gosh

T: right

C: and she's got her nemesis in life because her youngest is an awful lot like how I used to be (laughs) and she goes "oh no, I don't deserve to have this kid you do"

T: oh, (laughs)

C: (laughs) she's a little rotter

S1 TH 204 a 209

C: well then again it's a compromise, I mean so it's this and this and this, but then what are the positive things, what are the things, focus on some of the things that they do right , they don't do drugs and tear

around like maniacs drinking. so there are some other things. I certainly have friends who have adolescents who are out of control totally, they don't just leave jam and peanut butter hanging on the cupboard walls. then again, it becomes a relative thing and I'm trying to work on that too, because they're not all bad

T: right, right. so it's important to see the flip side of it and to yeah

C: I've had a lot of difficulty with that in my life. and again, I'm trying to become more aware of that and hopefully I can get better at that

T: +kinda get around some of that

C: yeah, the+ negative issues are really sort of, will dominate my mind, if it's a personality about a person or whatever, it's hard for me, it was difficult for me to see the good in that person. in particular, if they had done something that either violated me I felt personally and sometimes it was feelings more than actual fact, or um, their life is such a mess up I don't have any tolerance for it, like "give yourself a shake and get on with it"

T: mm, mm

S1 TH 271 a 275

T: mm-hm, yeah so, am I okay?

C: and are people going to think I'm okay. then again the rationalization of that, most people do think I'm okay (laughs). and I know that, if you were suddenly to ask me that, I wouldn't say people hate me or look at me in a strange way, but um, I don't know if I accept it. like I know it, but +I don't

T: mm, mm. so even on the one hand I+ know that it's totally ridiculous, but on the other hand you don't know if you really believe that, that people accept you. there's some little doubt there that they do

C: yeah (p:00:00:11) I feel more comfortable that way (laughs).

T: (laughs) good

Con estos ejemplos podemos observar como la terapeuta ayuda a la cliente a elaborar los aspectos positivos de su madre y de su vida en general. De hecho, la cliente deja claro que para ella es importante encontrar un equilibrio entre los aspectos positivos y negativos de toda su vida como forma de ser justa. Para contribuir a ello, la terapeuta subraya los aspectos positivos no centrándose así sólo en lo negativo o en los problemas de la cliente. Ello permite a la cliente (a) elaborar discursos positivos y agradables de su pasado y de su madre y (b) sentirse comprendida y aceptada por la terapeuta que ha entendido la importancia que esto tiene para ella.

- Uso de la doble voz o del tercer hablante

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta o la cliente sitúan una enunciación en el contexto de una polifonía de discursos que

compiten entre sí; dicha enunciación a menudo representa una respuesta al discurso imaginado y anticipado de los otros (Bakhtin, 1986).

S1 TH 113 a 119

*T: **so how can you be angry at these people**, well it sounds like at him, after he was, sounds like so devastated and so pathetic almost*

C: well he, he was pathetic. you've got a good, you described it well. he was pathetic

T: yeah

C: I felt so badly for him. +he was just

*T: so here's this+ shell of a man, totally devastated, **how can you be legitimately angry at him, make it worse***

*C: yeah (p:00:00:12). so getting back to that, it's a hard thing because **some people can sort of say** you know, my mother was a shit all of her life or (laughs)*

T: and it's just not that simple

S1 TH 143 a 148

T: and I think it must be hard, or I wonder is it hard then to really feel legitimately angry about, towards your mother? that you somehow

*C: that's right, because I probably try to, probably, **because all sorts of messages have also been fed to me about how I should feel about this. this is obviously a very sick individual that would do something like this***

*T: **so you should understand, you should be compassionate***

C: right, right. I'm an intelligent person and I should be able to understand that devastation and how, I should be able to accept that she had to have been crazy herself to do something like that

*T: **right. so somehow that understanding kind of cancels out your uh, your feelings?***

C: yeah, I should be able to just get on with it and that's that. that's my family, it's water under the bridge you know, get on with it. it's not easy, I can't forget it, it's there

Con el uso de la doble voz (Bakhtin, 1986) o del “tercer hablante” (Peytard, 1993), la cliente da voz a enunciados que pertenecen a otros enunciadores. Aun así, estos tienen una influencia directa en ella y resuenan en similitudes y/o diferencias respecto a su propia construcción de determinados hechos y personas (ej., en este caso, respecto al suicidio y a su madre). En ambos fragmentos la cliente presenta los mensajes de otros significativos acerca de cómo debería sentirse y su oposición a como realmente se siente. Hasta el momento en que realiza la demanda terapéutica parece haber estado presa por dichos discursos que la oprimen y afligen (*that*

understanding kind of cancels out your uh, your feelings?). Sin embargo, en la terapia, con la ayuda de la terapeuta, da voz a sus propios sentimientos así como a su construcción del suicidio de su madre y de las consecuencias que ha tenido en su vida.

- Internalización de la voz de la terapeuta

Definición: Mecanismo pragmático-retórico mediante el cual la cliente se apropia del discurso de la terapeuta.

S1 TH 17

Al principio de la sesión de terapia:

*T: yeah, yeah **that would be very scary.** it sounds like there's been good reason not to look at them, they hurt, hurt a lot*

C: sure

S1 TH 352

Al final de la sesión de terapia:

*C: and **I think you're right, it is scary for me,** but I am starting to sample, there is some enjoyment there. I don't need to be so driven and uptight, I can have some fun to (laughs)*

Curiosamente, es la terapeuta quien prácticamente inicia la sesión utilizando la palabra *scary* para describir cómo se siente la cliente al venir a la terapia. A pesar de que la cliente lo confirma con un *sure* a continuación, no continúa elaborando dicho sentimiento. No es hasta el final de la sesión cuando la cliente da explícitamente la razón a la terapeuta. Sin embargo, el sentimiento no es tan sólo de estar asustada; al final de esta primera sesión y a pesar de seguir habiendo miedo en la cliente hay también la voz del “disfrute” al empezar a organizar lo que le está sucediendo.

- Explicación de comunalidades

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta utiliza la comparación estadística o clínica para ofrecer normalidad a los problemas de la cliente.

Este mecanismo pragmático-retórico no aparece en la primera sesión pero sí en la segunda por lo que lo hemos también incorporado.

S2 TH 16 a 19

C: *and maybe just the big devastation took it all away, I don't know*
T: *yeah, yeah. I think what you're saying is probably one of the problems with that questionnaire, many of the people who have difficulties with it are people who are dealing with death, uh, situations involving death, because they are different. so that the feelings that people experience are not necessarily from a lifetime of abuse or unresolved, they are really confined to this one circumstance*
C: *sort of this segment of their life*
T: *yeah, and it's hard to isolate it. so I think those are the limitations of the questionnaire but*

Frente a las dificultades que en esta sesión la cliente sigue exponiendo respecto a la pasación de una batería de tests que se le realizó en la entrevista de evaluación, la terapeuta se sirve del recurso retórico de la explicación de comunalidades que la cliente tiene con otras personas que han solicitado ayuda psicológica por temas relacionados con la muerte de una persona cercana a ellos y define estas situaciones como distintas de las demás; por otro lado, también define las dificultades de la cliente a la hora de responderlo como consecuencia de las limitaciones de los propios cuestionarios. El hecho de que la terapeuta termine la frase con un *but* parecería indicar que no considera la posibilidad de volver a retomar esta cuestión a la que ambas dedicaron varios momentos de la sesión anterior como el tema al que dedicar esta segunda sesión. A pesar de que no es posible saber la intención de la terapeuta sin preguntárselo directamente, se podría afirmar que este *but* es bastante indicativo y que si la cliente no hubiera interrumpido a la terapeuta, ésta hubiera cambiado de tema.

- Reconocimiento de necesidades y deseos

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta valida el hecho de que la cliente tenga y exprese aquello que necesita o desea conseguir.

S1 TH 19 y 20

T: *yeah, okay. well, I am very sensitive to that as well. I mean I'm aware that it's not going to be easy for you and I think in terms of us, the first couple of sessions anyway will just be a matter of us getting to know each other and um, feeling comfortable and moving into the process*

as slowly as you feel comfortable doing, really. I mean, I feel that I'll follow your lead

C: okay

S1 TH 32 a 34

C: yeah, it's sort of a sense of, well not so much finding out but perhaps past experience has been finding **that I didn't, I don't deserve to be on the receiving end of good things. I don't deserve to feel happy**

T: mm, I don't deserve it somehow. **so that must leave you feeling very much on guard, almost all the time, just sort of waiting for this moment. It's really hard for you to talk though, I can see that you're teary. it's okay to cry here.** I expect that you're going to cry and there's lots of kleenex.

(p:00:00:07) **yeah, very painful stuff.** (sound of a kleenex being taken - sniffing and nose blowing) so it's kinda like, **if only you could shed this belief or this dark cloud**

C: (quietly) **yes** (p:00:00:20) (blowing her nose)

S1 TH 133 y 134

T: yeah, so I mean I hear you saying that partly anyway, that it's really important that I know about, about balancing the scales, that I know when you're talking about painful feelings and your anger, that I know that isn't all there is

C: **that's right**

S1 TH 154 a 156

C: you know all of those things I think are just, you know part and parcel, well I carry on too a very destructive lifestyle. I mean, I will, **I will set situations up with my family, my husband, um, I will create the situation just to test, just to make sure, do you really love me or were you just saying that?**

T: oh, so it's like needing this proof somehow, that you are loveable, that you are loved

C: **that I'm okay**

S1 TH 177 a 179

T: **so you want to be able to accept, I mean there's something about accepting !yourself as well as accepting others**

C: the way that I see it if I could get my arms around that then I think that I would have a bit easier time with other people, because +there's this

T: **about accepting yourself+**

S1 TH 286 a 293

C: **how dare you leave us in that situation and how dare you give birth to children and not take care of them, how dare you. just simply how**

dare you

T: *how !dare you do this to them, to us, to me*

C: *it's so selfish and so unfair*

T: *yeah, yeah, yeah, so there's all these lofty principles. you'd love to be able to really do it,*

C: *right*

T: *but at the moment, that's not where you're at.*

C: *no*

T: ***I hear you, yeah, loud and clear***

S1 TH 309 a 311

T: ***at the same time, it all seems pretty important to be able to express how it is that you legitimately feel***

C: ***without being told +you shouldn't feel like that***

T: ***and get some support+ for that, yeah. this is who I am and this !is how I feel and to repress that is denying reality in effect, it's denying who you are at this moment in time***

S1 TH 320 a 330

C: *you know, I've tried to tell you how I feel, yes you may be right that is behind and that there's nothing you can do about it, all of those things are true. and I'm not saying those aren't true. but I feel differently about it, I feel like it's bothering me, I feel like it's there*

T: *right, right*

C: ***and it's not as easy as just picking up the mat and sweeping it.***

T: *right*

C: *I've done that for twenty some years and it's not*

T: ***it's not working, these feelings are not going to stay buried and cannot be denied***

C: *they're not going away*

T: ***yeah, yeah. and that's what we'll do here. I mean this is an opportunity to express those***

C: *yes*

T: ***things, give a voice to how did you really feel, become clear yourself and get some support in that. it seems !critical***

C: ***I feel I'm at a point in my life where I have to get my arms around this, I really am. I think for, first of all, for my own well-being and certainly for my well-being in my relationship with my husband. because, as I said today, I love him dearly, but I know that I'm just as capable of destroying that too***

S1 TH 343 a 347

T: ***so this is an incredible challenge for you at this moment and it sounds very important and an incredible challenge, and incredibly risky as well, to venture into this, and as you say, and now I'm going to put my arms around this and try to take these risks***

C: ***I think I have too***

T: mm-hm

C: I know I have too

T: mm-hm, you have to if you're going to have the kind of life that you want

S2 TH 388 a 391

T: mm-hm, and you want them to be, to acknowledge that, to acknowledge their responsibility and neglect?

C: yes. well, well I want them to

T: to know it, to somehow be aware

C: yeah, they don't have to say anything to me but I need them to know that I know. I don't accept that "I really wanted to do something for you but no one would let me" - I don't accept that.

Mediante la validación y el reconocimiento de los deseos de la cliente, la terapeuta la posiciona como alguien que tiene derecho a expresar sus necesidades y a hacerlo saber cuando no sucede así. La sesión va tomando cada vez un tono más crítico y la cliente da voz al enfado (en lugar de al bloqueo y la tristeza característica de las primeras sesiones), lo cual le permite ser todavía más crítica con todos esos mensajes que recibe de todas partes como decía en la primera sesión y que contribuían a la sensación de difusión y malestar que experimentaba. Mediante la validación de necesidades y deseos se expande un discurso que no había tenido lugar en la posición que previamente ocupaba la cliente, tal y como comentábamos en la explicación del mecanismo de la doble voz o del tercer hablante. La terapeuta posiciona a la cliente como alguien que tiene el derecho de construir su situación de modo distinto a como lo hacen las personas de su entorno y a como, según parece, quieren imponerle a ella. De este modo, la cliente va pasando de ocupar posiciones pasivas, sin voz, presas de otros discursos para dar voz al suyo en una co-construcción con su terapeuta.

- Uso de la deferencia por la terapeuta

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta expresa su satisfacción por un cambio de la cliente actuando así en la posición de una validadora autorizada y reconocida.

Encontramos en este mecanismo en la segunda sesión tal y como el siguiente fragmento de texto ilustra.

S2 TH 409 a 411

*C: "I'm tired of speculation from the outside, who live 350 miles away and saw them maybe once a year, if you were lucky, **so don't tell me how it was, I'll tell you how it was"***

*T: well **I feel really glad that you can be that clear and that this is the way it was and I want the truth***

C: yeah, that's really what it's come from. and even as far as my adoptive family are concerned, this business with my relationship with my sister, I mentioned to you the struggles, they don't want me, they don't want me, it's very clear to me from the pressure that I get, that they don't want me to have a relationship with my natural brother and sister. and if I mention them or do whatever, then I'm treated in a different way, and I'm really learning in the last year to say "this is the relationship that I want to have because it's important to me, and I'm sorry if you don't like that because I care equally as much about you, and if you don't accept that, then I guess you don't accept me because it's important to me that I have this relationship, and I'm not going to stifle my relationship anymore because you're putting heat on me. because it's not right and it's not fair".

En este corto fragmento puede observarse cómo la terapeuta se posiciona como alguien que se alegra (o, implícitamente queda dicho que también podría no hacerlo) de lo que la cliente hace fuera de las sesiones y, cómo en este caso en particular, la terapeuta se alegra porque la cliente expresa sus emociones en sus relaciones (lo cual forma parte del trabajo terapéutico que están realizando conjuntamente en las sesiones)--Hemos denominado a este mecanismo pragmático-retórico "deferencia" por el inglés *deference* (Rennie, 1998b)--De este modo, encontramos que: (a) la terapeuta refuerza positivamente, valida, la posición de la cliente como alguien que tiene derechos y necesidades y que está dispuesta a manifestarlos; nótese cómo en la primera sesión, la cliente no se presenta de este modo sino que lo hace como alguien sometido a los discursos circundantes y como una posición sin voz. Sin embargo, en esta sesión, la cliente cambia de posicionamiento para ocupar uno activo, de confrontación y manifestación de su propia experiencia, lo cual pasa por el reconocimiento y la aceptación de la misma; (b) la terapeuta se posiciona como alguien que puede alegrarse (o, considerando el polo sumergido de este constructo, disgustarse/entristecerse) de los logros (o fracasos) que la cliente realiza extra-sesión. Ello fomenta el posicionamiento de la terapeuta como el de alguien que supervisa lo que otra persona hace y, por

tanto, puede considerarse este fragmento de texto y la intervención de la terapeuta como manifestación de la terapia vista en términos de una relación jerárquica; (c) la deferencia que los clientes sienten en general por sus terapeutas como las personas expertas, se acentúa también con el uso de este mecanismo retórico; i.e., si la alianza terapéutica entre ambas no se consolidase, la cliente podría aceptar por deferencia las enunciaciones de la terapeuta o bien, podría pasar a actuar y a narrar tan sólo aquello que crea satisfacción a su terapeuta. En este punto, la cliente puede sacar la conclusión de que una de las formas de ser “aceptada” por la terapeuta es explicarle cómo se muestra asertiva y manifiesta sus sentimientos a los demás. Así, estos pasan a formar parte del diálogo terapéutico tal y como la terapeuta había propuesto en la sesión inicial.

- Transformación dialógica temporal

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta invita a la cliente a desarrollar una representación dialógica en el “aquí y ahora” de una conversación pasada o a elaborar su discurso en términos de lo que siente o piensa en el mismo momento de la sesión en el que éste tiene lugar.

S1 TH 35 a 57

*T: I'm wondering **what's going on for you now** as*
C: I feel silly for crying (laughs)
T: you feel silly?
C: yeah, yeah
T: I guess especially again in front of somebody that you don't know
C: (p:00:00:07) yes
T: is that part of it? wondering what I must think of you? or you wanted to be more put together? somehow
C: more in control (crying)
T: more in control yeah
C: usually I'm an in control person
T: yeah, yeah. yeah, so there's this sense that you're not in control and these feelings are overtaking you and that's kind of a scary part
C: (crying) yes
T: of the process
C: (p:00:00:07) maybe you're right, or I'm right because I do tend to think of myself as an in control person. (voice breaking) I have to control a situation, I have to control people around me, because if I control them (crying) then they can't hurt me, right?
T: right. so it's very important

C: *(crying and voice wavering) if I control my reaction to them and my distance, or how close I get to them then they can't hurt me*
T: *right. yeah, so it's been critical and it's been very important in your life to be able to control, to protect yourself from pain*
C: *(p:00:00:08) and see, I guess it's thinking I'm --- the realization that um everything goes along smoothly, (crying and voice breaking) and virtually overnight, your life could be devastated, that's scary*
T: *and you know the reality of that and it's !very scary*
C: *yeah (p:00:00:17)*
T: *mm*
C: *(p:00:00:09)*
T: ***I wonder what's happening for you now? we're kinda sitting in this silence***

S2 TH 414 a 419

T: *this is your adoptive sister? yeah*
C: *she's angry because I dared to invite my natural sister to my house at Christmas time when they're all coming, she doesn't want her there. **and I said clearly "I'm not leaving her there by herself"***
T: *mm*
C: ***"would you like to be by yourself? you have parents that you can go to but she has nobody. and it's important that she be part of it, and it's important to me. I want the girls there and I want her there"***
T: *mm-hm*
C: ***"and it's my house" (laughs)***

En el momento en el que la terapeuta da voz a las propias necesidades de la cliente utilizando la primera persona del singular (como mencionábamos previamente) y, reflejando de este modo el discurso de la cliente, empieza a emerger la voz de la discrepancia y de la afirmación personal. Hemos subrayado cómo la cliente habla de lo que quiere y de lo que es importante para ella y cómo a la vez fija límites para con los demás subrayando por ejemplo que en su casa no está dispuesta a hacer lo que los otros le dicen que haga. Con tal finalidad es que la terapeuta evoca el uso del “aquí y ahora” (ampliamente utilizado en la orientación teórica de la terapeuta: la experiencial).

- **Formulación de teorías que dan significado a lo que le sucede a la cliente en un proceso de co-construcción**

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta contribuye junto con la cliente a dar a ésta una explicación acerca de sus

procesos psicológicos, el motivo de su bloqueo y la forma de que producir un cambio.

S1 TH 61 a 63

*T: (...) so you came in and we mutually talked about **your desire and you !just talked about your desire to feel more worthy somehow and to be able to accept that you are a worthy person, to kinda shed this dark cloud, and it seems that a lot of that is tied up with the events in your life, particularly your mother's suicide, and how your whole life fell apart as a result of that.** so it seems that one of the things that we sort of implicitly agreed upon was that it would be valuable to look at, look at some of those painful feelings, to explore them, to fully articulate them. um, and that **I think in the process of doing that, becoming more !clear on those kinds of things, being able to express some of the things you maybe have never been able to express, some of who you really !are and how you really felt, that this sense of worthiness and !deserving will come as a by-product of that. that's kinda my understanding.** so my job is to try and keep us on track as much as possible, to help you uh, explore those kinds of feelings and um, but I !don't want to set an agenda for us, I really think that that is up to you, whatever is important to you*

C: there's, I guess what's difficult is that, I suppose, there's a lot of things there, there's a lot of messages, a lot of things that are floating around. I don't know, I'm having difficulty in sorta, you know, okay here's your life, take about ten minutes (laughs) go to it

T: okay

S1 TH 277 a 279

T: yeah so there's this sense of wanting to be more comfortable with yourself and that would be, seems, hard to do, without making some peace with some of the shame you experience

C: letting it go. I don't believe that it will ever leave me, leave me, but I feel like I can't let it go (p:00:00:09)

T: yeah, let it go in a, in a kinda gut, real accepting way. rather than be afraid of it. you know, it sounds like

S6 TH 315 a 331

T: you know, it seems from what we're talking, I mean you've, these issues are obviously the core issues right now for you in your life. I mean this sense of feeling not totally comfortable and at ease with yourself, not worthy of success, not deserving really somehow of success, constant fear that somehow you still have to prove something or the rug's going to be pulled out. you kinda carry those things around with you wherever you go. and you'd really just love to be rid of them at this point. and it seems in our talking, and those are themes that have emerged now almost everytime we've been together, just as you said, in one form or another they just keep coming up. and

um, it seemed from talking today and earlier in our, or in our earlier conversations that uh, alot of it stems from your childhood, from the events of your childhood. and in particular, the events around your mother's death and what happened subsequent to that. that that was -- that a lot of those things formed then, in those formative years of your life. I mean I think I could have been a more profound example of total lack of control and how terrifying it could be, I mean there couldn't be a more profound example of that. so of course, it seems to me, you would, that this need for control would be a source of comfort for you. without it, your life was utter chaos. does that make sense?

C: mm-hm, very much so, very much so

T: and the same with the unworthiness. I mean, you know it sounds like you got those messages pretty directly from you know, you said your grandmother and your stepmother

C: well my adoptive mother

T: your adoptive mother. um, that on top of this profound abandonment by your mother

C: and my father too. I mean, he

T: and your father, yeah

C: both my parents

T: so a kid would get the message you know, when parents abandon them, that I must have done something, I must somehow be to blame. does that make sense that those are all tied up together?

C: yeah, yeah. and it is that sense of blame again, is really, I know on one hand that really what did I have to do, but you're right it's something that's

T: as a child you have no other recourse really but to interpret it that way. I mean, you don't have the sophistication of an adult or an objective perspective. but it would be like how could they do this to me? I must be bad somehow. and then this sense that what you have experienced again and again from we've talked about, this sense that your needs are not, are just kinda dismissed and put on the shelf while others look after. I mean that also was utterly what happened. you know, who was looking out for you?

C: nobody

T: no one

C: yeah, not a one

T: so to me it makes perfect sense that you would be plagued in some sense by those feelings. that they continue to haunt you.

C: I never thought about the control aspect and it's interesting that you say that too. I never really thought about that control aspect before. but that's right. I had to, I had to take control of it. there was just nothing and my father wasn't functioning

T: mm-hm, mm-hm. so in terms of addressing your, you know, what you would want to achieve, which would be, I mean I'm assuming you're talking about less anxiety, less need for this to perform all the time. it seems to me that we could do that by focussing on those events, on your mother's death, and the events, not all the ramifications, but to deal with the roots. I mean if we're making a hypothesis that a lot of these things are, stem from there, then I think it would be valuable to spend time looking at those events

specifically

S6 TH 329 y 362 a 364

*T: so to me it makes perfect sense that you would be plagued in some sense by those feelings. that **they continue to haunt you.***

(...)

*C: oh yeah. **you use the word haunting, that's it exactly.** like a ghost or something. I don't actually see those (laughs)*

*T: **yeah***

*C: but **you're right, it is haunting.** you're right, it's the music, it's everything, it gives me shivers. it really gives me shivers*

S6 TH 376 y 377

*C: **and you're right.** it just seems to be coming from nowhere as you say, it's these things that I'm powerless over them because it happens and I hate it, you know stop doing this. but I have a really hard time sort of getting my arms around*

T: uh-huh, so it's like almost, like you just can't get your arms around it, so you can't contain it. it's like it's +very threatening

En todos estos fragmentos, la terapeuta ofrece a la cliente su propia teoría de porqué le ha sucedido y le sucede lo que la trae a terapia. Su interés se centra en conocer si también para la cliente tienen sentido estas teorías. A pesar de que la cliente afirma que encajan con su visión, la terapeuta utiliza la voz de la autoridad y de experta cuando afirma que para ella tienen “perfecto sentido”. Este uso de los mecanismos retóricos mencionados se hace patente cuando la cliente le da la razón.

También de este modo la terapeuta vincula los acontecimientos que la cliente relata con su propia teoría del cambio tal y como ya proponía en la primera sesión en la que exponía a la cliente su visión de que todos los acontecimientos están vinculados entre sí y la llevan a hablar del duelo por la muerte de su madre empiece o no por este tema. Es más, la terapeuta insiste de nuevo en que lo importante y lo más útil en su trabajo conjunto es ir directamente a la raíz del problema en lugar de perderse por sus ramificaciones pues, desde la visión de esta terapeuta, sólo de este modo la cliente llegará a conseguir en terapia los cambios que necesita.

En varios turnos más de palabra, la terapeuta sigue ofreciendo sus hipótesis a la cliente quien las acepta (dándole la razón a la terapeuta) y continúa elaborando en un proceso de co-construcción de significados (a pesar

de que la iniciativa inicial proviene de la terapeuta). Véase, por ejemplo, a continuación:

S6 TH 333 y 334

*T: well that's a good question. and one way that we can do it is for you to re-experience in some sense those events, in as lively and really, real gut way as possible. and in that, I mean **I believe, that you've never really grieved, for instance, all the losses in your life. from what you've told me, you've never had a chance to as a child. how could you? you were busy just trying to keep your life together***
*C: **I think that's right and it was also a concept of just forget it. you can't change it so just forget it***

En estos fragmentos, no sólo la terapeuta vincula sus hipótesis con su visión inicial de cómo deben ambas enfocar su trabajo sino que también las vincula con las teorías de la cliente acerca de lo que le sucede como forma de aproximar ambas en una misma línea de trabajo. La forma como lo hace es recuperando metáforas que han ido saliendo a lo largo del proceso y que fueron introducidas por la propia cliente. Del mismo modo y con esta misma intención, la terapeuta recuerda a la cliente preguntas que le había formulado con anterioridad a la vez que continúa elaborando su visión acerca de lo que le sucede a la cliente. Véase el siguiente fragmento de transcripción que ilustra lo que acabamos de mencionar:

S6 TH 335 y 336

*T: yeah, **sweep it under the carpet. so it's like these things are still an open wound. I mean they are very raw for you. you asked once if they could ever get less painful, does it ever get less painful? and I don't think I addressed it very well at the time, but I believe it can. I believe that like any wound, that eventually it can heal. so there will always be that loss, it's the reality of your life, you've had some profound losses, but they don't have to be so painful, like a raw wound all the time. they can form over, scar tissue to use a metaphor, it won't be so raw if you have a chance to grieve it and to actually go through that process again. I think the other thing is that what happens in not grieving, or what happens through the grieving process, but when you don't grieve and you're kinda stuck, is you're also stuck with all those kinds of child's perceptions. so / never had a chance to kinda of be expressively, to evolve, to change, they're just kind of frozen there in that child's experience. and in re-experiencing some of those things and being able to again get in touch and really feel the things that you had to suppress, that new meaning can come out of them, new understandings, new perceptions, in a !gut way. you know, you've got it all up here, you've thought about this stuff for years. but it's to do it in a !gut level. so to not only say I'm worthy and I deserve it. but to actually feel it in your gut***

C: *yeah*

Vistos estos ejemplos, se hace patente que la visión de la terapeuta acerca de los problemas de la cliente pasa por el hecho de no haber elaborado el duelo cuando había tenido lugar la pérdida traumática y por el hecho de haber suprimido y reprimido las emociones que tendrían que haber sido expresadas en aquél momento. Por este motivo, en esta díada, el trabajo pasa por la exploración, articulación y elaboración de emociones en el presente fruto de la re-vivencia de tal situación crítica del pasado. Este tipo de duelo que la cliente experimenta recibe el nombre de duelo complicado en la literatura de los procesos de duelo (véase Worden, 1997).

Conclusión. Con los mecanismos pragmático-retóricos de este tercer apartado se pretende contribuir a la liberación de discursos que constriñen a la cliente para ayudarla así a llegar a una transformación dialógica. El objetivo de tales estrategias es pues ayudar a la cliente a elaborar una forma discursiva alternativa que la posicione de maneras distintas a aquellas posiciones que la bloqueaban y constreñían.

Estos mecanismos de los que se sirve la terapeuta a tal finalidad son los que hemos discutido en detalle en este apartado y que enumeramos de nuevo a continuación: (a) validación de narrativas positivas; (b) uso de la doble voz o del tercer hablante; (c) internalización de la voz de la terapeuta; (d) explicación de comunalidades; (e) reconocimiento de necesidades y deseos; (f) uso de la deferencia por la terapeuta; (g) transformación dialógica temporal; (h) formulación de teorías que dan significado a lo que le sucede a la cliente en un proceso de co-construcción.

IV. FACILITADORES DE LA RELACIÓN TERAPÉUTICA:

HACIA UNA MAYOR COMPRENSIÓN

IV. FACILITADORES DE LA RELACIÓN TERAPÉUTICA: HACIA UNA MAYOR COMPRENSIÓN

Afirmábamos en los tres apartados anteriores la necesidad de establecer el contrato discursivo así como la necesidad de contribuir a la inteligibilidad y transformación de las narrativas de identidad de la cliente. Por supuesto es necesario que todo ello se de en un clima en el que se fomente una relación terapéutica que ofrezca apoyo a la cliente mediante la comprensión. Por esto es que serán necesarios mecanismos que faciliten dicha relación entre terapeuta y cliente.

- Proveer comodidad

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta intenta mediante expresiones verbales o no verbales favorecer que la cliente se sienta bien en la relación.

S1 TH 58 a 60

C: I don't really know what to say. I guess I need you to prompt me. I don't know where to start or see yeah, I feel bad about those things but how do I get better control of them? how do I (p:00:00:06) (quietly) I don't know where to start (crying)

*T: **okay, okay***

C: (blowing her nose)

S2 TH 419 y 420

C: "and it's my house" (laughs)

*T: right, **I have a right to this.** well, I'm really struck by the situation upon situation upon situation where you are needing to say what you believe, say what you see, say what's true, set your limits, it seems like you're constantly confronted by those kinds of situations*

Con el uso de la primera personal del singular y la enunciación de la terapeuta sobre el hecho de que la cliente tiene derechos provee de confort a la misma al mismo tiempo que reifica y reconoce ello como algo válido y positivo. La terapeuta comunica a la cliente que “está bien” lo que siente, que es aceptado en terapia y que, a pesar de que no coincida con lo que la gente

espera de ella no es algo "malo". Así también tranquiliza a la cliente acerca de no saber por donde empezar a contar lo que le preocupa.

- Uso de la empatía

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta comprende a su cliente y siente lo que ésta dice "como si" fuera ella misma, tratando de ponerse en su lugar a pesar de ser una persona distinta y de que la comprensión no podrá ser absoluta (Rogers, 1957; Greenberg et al., 1993; Hill y O'Brien, 1999).

S1 TH 72 a 74

C: *and I can understand, so I get frustrated because I can't understand why it would take him so long to figure out how to get from there to there (laughs)*
T: **right. so there's something then for you, very disconcerting about being in this position where you're feeling, where you don't have that structure or organization**
C: *yeah, I feel sorta like I haven't quite sorted all of this out yet so,*

S1 TH 76 a 78

C: *I'm sure it will come, as you say, as I get to know you a little bit better and it will get a little bit easier for me to talk about it*
T: **okay. so it's hard for you to come it here without it being sorted out, without a clear focus, without a clear?**
C: *yeah, yeah. because I know I want to be here but I guess I sorta know why I'm here, but I'm not sure why I'm here (laughs)*

S1 TH 82 a 85

C: *you know, last week when I was here and doing the battery of tests and um, the woman was telling me to you know, put yourself in a time frame and answer these questions about how you felt about that person at that time in your life, I found that very, very stressful*
T: **oh I bet, I bet**
C: *I was really exhausted after that*
T: **I imagine you were, yeah.**

S1 TH 196 y 197

C: *yes, yes. if things are messy. I'm getting a little bit better with that. I have two stepsons and they made crazy for the first couple of months (sound of taking a kleenex) but I'm getting a little bit better*
T: **it must have, yeah**

S1 TH 212 a 214

C: *that's another good word, impatient, I'm very impatient, yeah (laughs).*

T: **mm. well you know I can imagine that has created many problems for you**

C: *it has, it has and um, again for the most part I feel very fortunate to have um some very close friends and family members that, again some of these things are talked about and some of them aren't talked about. I've got one friend in particular that is pretty open and she's the !only person, the only external person, other than my husband that I've ever told about my mother's suicide. I, I, can't tell people that, I couldn't tell you about it (laughs)*

S1 TH 219 a 221

T: *yeah, so that will colour, that incident will colour people's perceptions of you. almost this sense of that you will be misinterpreted or misunderstood. that people will !not understand*

C: *oh, yeah, no wonder she acts like that, look what her mother did you know*

T: **oh, yeah, oh, and that would be so horrible to know that people were saying that or thinking that (p:00:00:07).** *I mean there's almost a sense of, I was going to say, being tainted by this incident*

S1 TH 227 a 231

T: *yeah, and I can well imagine your fear that others would perceive you through this light*

C: *I'm certainly not very proud of it and it's something again where I've struggled through school and through my business life to rise above the rest and I don't want this shadow*

T: *shadow yeah*

C: *or skeleton*

T: *yeah*

S1 TH 236 a 238

C: *(softly) yes (p:00:00:08)*

T: **yeah, how difficult it must be at times to walk around when that ever surfaces, such a lot of work to keep it down**

C: *it's very difficult. and when I say, again I'm an outspoken person, but there's also a part of me that's very shy in a new environment with new people for instance. and in the business environment, where I work around men all the time, and I travel with men all of the time*

S1 TH 246 a 249

C: *and I like to chat with people, I'm interest in people and I want to know about them. but it's very difficult for me, because I don't see myself in a very positive light. and I think they're looking at me and saying you know, "she's fat, she's ugly" you know. there's first of all the physical attributes and am I*

going to say something that's stupid or inappropriate or am I, it's like I'm really, really insecure

T: mm, yeah. so this awful sense of being evaluated negatively, negatively assessed when you're meeting people for the first time and walking and really, well there would be a real sense of being exposed and fearing that

C: yeah

T: if what they saw would be judged harshly, not accepted. so that's a struggle for you, despite all these years of doing it again and again and again, that remains

S1 TH 261 a 263

T: right, so all this talking yourself into it and rationalizing, yeah, that's a lot of energy to put into dealing with something that would be seemingly so simple

C: (p:00:00:08) I really admire public speakers, I don't know how public speakers walk into a room of 400 people and just sort of you know? and interestingly enough in my own mind, I felt that if I just, if I could overcome some of these hurdles. I have this dream that I would like to be able to public speak because I have some very funny stories to tell and some very interesting things to tell people. and when I get to know people, I feel that around my friends and my family, that they do enjoy my company. and I feel relatively secure in that. but I !cannot do that with people that I don't know really well. I cannot

T: and you'd like to be able to

S1 TH 342 a 344

C: I could just carry on the way I've always carried on (laughs) it's crazy

T: so this is an incredible challenge for you at this moment and it sounds very important and an incredible challenge, and incredibly risky as well, to venture into this, and as you say, and now I'm going to put my arms around this and try to take these risks

C: I think I have too

- Resumen y comprobación de que se ha comprendido a la cliente

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta se cerciora de haber entendido a la cliente clarificando así posibles malentendidos exponiéndole un breve resumen de lo que ésta acaba de enunciar.

S1 TH 138 a 142

C: very important to be fair because it's, which is another, that's interesting that you use that word as well, because that's another way I perceive myself, that's as being a fair person, to the point where in, even in my professional life, it's gotten me in a lot of trouble. if I see a wrongdoing or if I think

something's not right, I will speak out and I'm very vocal about things, even if it doesn't necessarily have anything to do with me. and sometimes, more importantly, if it has nothing to do with me and it's not an accepted norm very often in a business environment, it's not directly any of your business, so stay out of it sort of thing. but the, the lack of people to be fair or equal or whatever, it makes me crazy

T: okay so being fair and being a woman of integrity it sounds like in that respect, is very, very important

C: that's right, loyalty, trust, those sorts of things are very important to me. and if that's violated, I'm also very, very unforgiving of people that do violate or step on or whatever, what my belief is what's right and what's wrong. very, very intolerant of that

T: so this is a !must for you.

C: mm

S2 TH 421 y 422

C: and again, am I creating those? or have I just come to a point where I've had enough of it and I cannot, I do not want to accept it anymore. I don't want to accept these subtleties about the expectations about my behaviour, or the expectations of my relationships with people or the comments about my mother, my father, by people that don't know, who I have had to listen to in the background my whole life, in the corner you know (makes whispering sounds)

T: so for you, it's like, I'm not going to listen anymore

La terapeuta cierra la sesión con una frase-resumen y una forma de cerciorarse de que ha comprendido a la cliente mediante la utilización de la “fórmula”: *so for you, it's like*. De este modo, concluye con una “moraleja” la sesión y puede reforzar aun más la voz crítica que ha emergido en esta sesión. Ofrecer un breve resumen de la explicación de la cliente es una forma de (a) comprobar que se la ha entendido y (b) hacérselo saber.

- Clarificación de posibles malentendidos o comprobación de que se ha comprendido a la cliente

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta detiene la elaboración de la cliente (a menudo con el uso de una pregunta ya sea directa o indirecta) ante la sospecha de que no se está siguiendo su discurso o de que se ha malentendido.

Según Rodhes, Hill, Thompson y Elliot (1994), el deseo del cliente de expresar sus sentimientos negativos referentes a no haberse sentido comprendido y la fuerza de la relación terapéutica eran factores clave para la resolución del malentendido. Contrariamente, y tal y como decíamos en otro

lugar (Botella et al., 2000a), una relación terapéutica débil y la poca disposición del terapeuta a discutir o aceptar las reacciones negativas del cliente llevaron a varios pacientes a abandonar la terapia. Esto es coherente con lo que afirman Rodhes et al. (1994) quienes encontraron que los malentendidos entre terapeuta y cliente no se resolvían cuando la relación entre ellos (según el cliente) era pobre (Rennie, 2001b).

S1 TH 150 a 153

C: *and as I said to you a couple of weeks ago, as I get older, it's not, I thought it would be, would become more diminished in my mind, but it isn't. it resurfaces and it takes a lot of different forms for me*

T: **it being? your feelings of anger, anguish?**

C: *the lack of forgiveness,*

T: **oh okay**

S1 TH 168 a 172

C: *(crying) see I told you it was going to be like that anyways right? that's what I told you, I told you you would react like, I told you you don't love me, I told you*

T: **oh I see, I see. so you push people to the point, are you thinking what of your husband or whatever, when he does something that proves that he doesn't love you in your mind, is that kinda what you meant?**

C: *(crying) oh, he won;t tolerate it anymore, that's part of the reason why I'm here. it's quite interesting, he won't tolerate it anymore. he sort of, and it makes me angry for the time, but the last little while I've been able to overcome that because he's right, he probably won't say anything to me because he knows when I'm getting fuelled and then one thing will lead to another and lead to another. I've also got a memory like an elephant so I can remember something that happened three years ago and it makes him crazy (laughs). and it's right there (snaps her fingers three times) and it will just roll off of my tongue, and it's not right. ----I'm not perfect and I do similar things but for him, for him, for my siblings and for various other people, my friends even sometimes, um, I do the same thing. I'm very critical. and perhaps if they're not doing something the way I might do it then I really don't have any tolerance and it blows up in their face. these are sort of, not exactly the same things, but they're all kind of related*

T: **mm, mm. so lack, lack of tolerance, highly critical, you find yourself being highly critical and intolerant, um, with other people, with your friends**

C: *again, it's this thing where if it appears clear to me I can't understand why they can't see it so clearly. and in particular, if I'm right about something, I'm not brilliant or anything, but if there's a clear pattern or something very clear to me which is going to happen, or if this happens then it's going to cause this to happen and this to happen, and then your*

problem isn't this big anymore, it's going to be this big. why didn't you think about that

En ambos fragmentos la terapeuta necesita cerciorarse de que está siguiendo lo que la cliente le dice y comprendiéndola correctamente. Por eso pregunta exactamente a qué emociones se refiere (en lugar de dar por supuesto la que ella pueda creer) y por eso se asegura de entender el proceso que hace la cliente en sus relaciones acerca de la comprobación de ser querida. En el ejemplo que presentamos a continuación y que pertenece a la segunda sesión puede observarse como la terapeuta a la vez que pregunta para cerciorarse se responde a sí misma.

S2 TH 413 a 415

C: and it's having it's ramifications. because my sister that lives in m.(name of city) is just steaming at me because of christmas, she's fuming about it

*T: **this is your adoptive sister? yeah***

C: she's angry because I dared to invite my natural sister to my house at Christmas time when they're all coming, she doesn't want her there. and I said clearly "I'm not leaving her there by herself"

Anticipando una posible pérdida o confusión en la narración de la cliente, la terapeuta pregunta a la vez que se responde a su propia pregunta en voz alta sobre un posible malentendido alrededor del personaje sobre el que se está centrando el tópico del diálogo en este momento. Parece como si la terapeuta hubiera tenido un diálogo interno en voz alta donde ella misma es la enunciativa de una interrogación y la persona que responde a tal enunciación. La cliente, por su parte, continúa su narración por donde había sido cortada con la interrupción por clarificación de la terapeuta casi como si ni siquiera hubiera percibido la intervención de ésta. Si se leen las dos intervenciones de la cliente sin la interrupción de la terapeuta puede observarse cómo parece que la cliente "ignora" y da por saldada la confusión y continúa con lo que estaba diciendo.

- Proveer seguridad en el contexto de la relación terapéutica

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta crea un contexto seguro en la relación entre ambas mediante el reconocimiento de

la dificultad de iniciar un proceso terapéutico, la confirmación del dolor de la cliente y la creencia en el propio proceso de la cliente y en su cambio.

S1 TH 308 a 312

C: *I do believe that people need to go, move forward, I do like to believe that, you can't live in that. but it was all just a big sham, a big muddle to me*

T: *at the same time, **it all seems pretty important to be able to express how it is that you legitimately feel***

C: *without being told +you shouldn't feel like that*

T: ***and get some support+ for that, yeah. this is who I am and this !is how I feel and to repress that is denying reality in effect, it's denying who you are at this moment in time***

C: *one person that I particularly have a great deal of difficulty with it is my older adoptive sister. she's a social worker, and for a lot of years I treaded around and never really said much to her. and um, um, through a sequence of events, we have a pretty good relationship for the most part, I feel it has to be going her way. and everyone in the family will kind of make sure it goes her way because life is just unbearable if you don't. so anyways, you might as well just go with the flow and keep things on an even keel because there's simply just no point.*

S1 TH 325 a 329

T: *it's not working, these feelings are not going to stay buried and cannot be denied*

C: *they're not going away*

T: ***yeah, yeah. and that's what we'll do here. I mean this is an opportunity to express those***

C: *yes*

T: ***things, give a voice to how did you really feel, become clear yourself and get some support in that. it seems !critical***

S6 TH 355 a 358

*T: a lot of power, right. so to be able to face your fears and know, again at a gut level, that you can survive. but **it will hurt, and it will pass, and you can stand it. because you are going to be experiencing them in a way and in an environment that is not the one that you were in when you first were going through them***

*C: **that's a good point, yeah***

*T: **and you'll do it at your pace. you have control and you can step in and step out, and step in and step out, at whatever pace you can handle***

*C: **okay***

Puesto que la terapeuta invita a la cliente a trabajar en un proceso que será doloroso, palia el miedo por este proceso ofreciendo un contexto seguro en el que revivir todo lo sucedido mediante asegurarle que al igual que dolerá este dolor desaparecerá y validando sus recursos para soportarlo. De este modo, y al igual que en sesiones anteriores, la terapeuta otorga el control de la situación a la cliente y le recuerda que es ella quien marcará el ritmo de las sesiones.

- Validación/reconocimiento del discurso de la cliente

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta se alía con la visión que la cliente le presenta sobre sus problemas y reconoce lo que es importante para ésta.

En los siguientes ejemplos puede observarse (respectivamente) como la terapeuta (a) se alía con la visión que la cliente trae a la terapia acerca de porque no ha sido capaz de expresar sus emociones (el dolor hacía que fuese amenazante su expresión); (b) valida aquello que es importante para la cliente y que ésta necesita escuchar (controlar sus relaciones y ser justa); (c) confirma que es consciente de lo que la cliente necesita (*I hear you, yeah, loud and clear*) y (d) afirma la importancia del cambio y valora el riesgo que la cliente está asumiendo. Esto último hace que la terapeuta posicione a la cliente como alguien valiente que inicia una aventura y no como una víctima a quien le suceden desgracias.

S1 TH 11 a 18

T: okay, so it sounds like there's two aspects. first of all, we're strangers so

it's revealing an awfully vulnerable part of yourself to somebody

C: exactly

T: that you don't know. sounds like the other part of it though is actually facing some of these

C: absolutely

T: feelings

C: absolutely

*T: **yeah, yeah that would be very scary. it sounds like there's been good reason not to look at them, they hurt, hurt a lot***

C: sure

S1 TH 48 a 51

C: (p:00:00:07) maybe you're right, or I'm right because I do tend to think of myself as an in control person. (voice breaking) I have to control a situation, I have to control people around me, because if I control them (crying) then they can't hurt me, right?

*T: **right. so it's very important***

C: (crying and voice wavering) if I control my reaction to them and my distance, or how close I get to them then they can't hurt me

*T: **right. yeah, so it's been critical and it's been very important in your life to be able to control, to protect yourself from pain***

S1 TH 90 a 93

C: that's where it started and then I guess, not I guess, but I suppose that it just went backwards from there and it's, it's a little bit of an interesting process because I felt a little bit guilty trying to identify my relationship with this person when um, (voice wavering and holding back tears) I'm angry about her dying but for part of that she did nurture me and care for me (crying)

*T: **yeah, so there's this sense that I mean, almost in filling out those measures, I'm thinking in particular of wanting to balance it out, am I being unfair, this is all so one-sided, I have all of this anger but it's important to note that there was also some good stuff***

*C: **yeah, there was a lot of good stuff***

T: yeah, yeah

S1 TH 284 a 293

C: exactly, this terror that somebody's really watching you know. but this particular book was talking about forgiveness and true forgiveness, and if you can't forgive, truly, really forgive, um and let it go, whatever it may be, if someone has done something to you or you felt violated by someone or maybe your husband's had an affair or whatever, you either, you should do one of two things, you either truly forgive or get the hell out of the relationship or separate yourself from the individual if you need to, whatever the situation is. and I've thought about it a lot because I like to be able to pretend that I forgive what she did but I don't. I think about it and I get very angry, I get very fired up and I think how dare you

T: right
C: how dare you leave us in that situation and how dare you give birth to children and not take care of them, how dare you. just simply how dare you
T: how !dare you do this to them, to us, to me
C: it's so selfish and so unfair
T: yeah, yeah, yeah, so there's all these lofty principles. you'd love to be able to really do it,
C: right
T: but at the moment, that's not where you're at.
C: no
T: **I hear you, yeah, loud and clear**

S1 TH 342 a 356

C: I could just carry on the way I've always carried on (laughs) it's crazy
T: **so this is an incredible challenge for you at this moment and it sounds very important and an incredible challenge, and incredibly risky as well, to venture into this, and as you say, and now I'm going to put my arms around this and try to take these risks**
C: I think I have too
T: mm-hm
C: I know I have too
T: mm-hm, **you have to if you're going to have the kind of life that you want**
C: inner peace, if I'm going to feel at peace with myself and if I'm going to be okay with things, I have to, I know, it's been bothering me for a long time (sound of phone ringing) and it's all diffusion, if it wasn't you know I'd run off and I'd do this project and this project and take on that project and be busy seven days a week, and there's not a lot of time to think about other things. but there is, there is more to life than just that.
T: mm-hm
C: and I'm starting to sample bits of that
T: mm-hm
C: and I think you're right, it is scary for me, but I am starting to sample, there is some enjoyment there. I don't need to be so driven and uptight, I can have some fun to (laughs)
T: **mm, mm. yeah, so it's really !worth it, to do it ultimately**
C: yes
T: **ultimately it's going to be worth it, you see that**
C: yes

- Recurso de la utilidad

Definición: Mecanismo pragmático-retórico mediante el cual la terapeuta confirma su creencia en la posibilidad de cambio y bienestar de la cliente como resultado del proceso terapéutico, fomentando de este modo la esperanza en el cambio.

S1 TH 352 a 358

C: *and I think you're right, it is scary for me, but I am starting to sample, there is some enjoyment there. I don't need to be so driven and uptight, I can have some fun to (laughs)*

T: *mm, mm. yeah, so **it's really !worth it, to do it ultimately***

C: **yes**

T: ***ultimately it's going to be worth it, you see that***

C: **yes**

T: *and I just want to say, I mean our time is up, **I want to say that I will do my best to help you in that endeavour***

C: **thank you**

Mediante el recurso de la utilidad o del “valer la pena”, la terapeuta termina de confirmar que la cliente está de acuerdo con cómo se va a producir el cambio, algo en lo que ha puesto sus recursos en distintos momentos a lo largo de la primera sesión. Por otro lado, no sólo confirma que la cliente está de acuerdo con ella sino que además vuelve a utilizar el recurso de la autoridad y de la voz de experta mediante el “*you see that*” con el que termina la frase y con el que parece cerciorarse de que la cliente ha comprendido bien su visión del cambio. Por último, la terapeuta infunde esperanza en el cambio y proyecta a la cliente en un futuro en el que pensará que “valió la pena” el proceso por el que pasó; de hecho, la creación y el mantenimiento de expectativas positivas de cambio ha demostrado estar significativamente relacionada con el éxito de la terapia (Luborsky et al., 1988).

Conclusión. Con los “facilitadores de la relación terapéutica” la terapeuta pretende contribuir a la creación de un espacio cómodo y seguro para la cliente en el que ser comprendida y ayudada.

Estos mecanismos de los que se sirve la terapeuta a tal finalidad son los que hemos discutido en detalle en este apartado y que enumeramos de nuevo a continuación: (a) proveer comodidad; (b) uso de la empatía; (c) resumen y comprobación de que se ha comprendido a la cliente; (d) clarificación de posibles malentendidos o comprobación de que se ha comprendido a la cliente; (e) proveer seguridad en el contexto de la relación terapéutica; (f) validación/reconocimiento del discurso de la cliente y (g) recurso de la utilidad.

7.3.2. Conclusiones del Estudio 1

El diálogo terapéutico es distinto de cualquier otra conversación y como tal necesita su propio contrato dialógico que se hace presente mediante las claves de contextualización enunciadas en este capítulo. En palabras de Martin (1994) “la terapia es una forma única de conversación social y actividad interpersonal” (p. 101).

Por otro lado, y puesto que la terapia tiene como finalidad ayudar a los clientes a encontrar la inteligibilidad y transformación de sus procesos psicológicos, diversos mecanismos pragmático-retóricos sirven para esta finalidad, especialmente en las intervenciones de la terapeuta como principal responsable del diálogo y en un espacio de seguridad y confort mantenido por el establecimiento de un buen vínculo terapéutico. Así pues, la terapia ayuda a la cliente a cambiar de posición respecto de los problemas y discursos que la constriñen. Si tomamos en consideración el contenido de todas las sesiones, en este caso la cliente pasa de sufrir los efectos consecuentes a la muerte de su madre como algo que se manifiesta a su libre albedrío, sin su control y que le produce malestar para pasar a ocupar la posición de alguien que los controla, comprende y elabora hasta que se permite cerrar ese capítulo de su vida para iniciar uno de nuevo. La cliente es capaz finalmente de “decir adiós” y despedirse de su duelo para decir hola a su vida y a sus relaciones.

Todo ello valida la terapia como un proceso retórico y a los terapeutas como artistas de la conversación y transmisores de este arte a sus clientes en un proceso conjunto de suplementación y posicionamientos que no tienen sentido uno sin el otro. Y todo ello es posible gracias a diversos mecanismos pragmático-retóricos discutidos en detalle a lo largo de este capítulo sobre el Estudio 1 de la presente tesis doctoral.

Hemos comentado previamente que la conversación terapéutica se presenta como una conversación específica, distinta de otras conversaciones coloquiales. Algo interesante para llevar a cabo en un futura investigación sería estudiar si también es específica y distinta según la orientación del terapeuta o si los mecanismos procesuales serían los mismos pero con distinto contenido.

Al principio de este capítulo definíamos el análisis pragmático-retórico como la respuesta a las preguntas: “¿para qué se dice lo que se dice?” y “¿cómo se intenta conseguir que lo que se dice tenga el efecto deseado?”. En

términos de nuestro análisis de esta díada terapéutica y, especialmente, de su primera sesión terapéutica podemos decir lo siguiente:

(A) La respuesta a la primera pregunta (“¿para qué?”) son las categorías nucleares creadas a partir del análisis de *grounded theory* de los TH de la terapeuta (el orden numérico tiene el objetivo de clarificar; en ningún momento es un orden de importancia). Recuérdese que nos referimos especialmente a la primera sesión aunque hemos considerado ejemplos de las siguientes. Esto es:

La terapeuta interviene para:

- (1) negociar y establecer el contrato discursivo en psicoterapia utilizando claves contextualización para legitimar su propio discurso y negociar el contexto terapéutico;*
- (2) facilitar el discurso de la cliente y orientar el diálogo hacia una mayor inteligibilidad;*
- (3) liberar a la cliente de los discursos que la constriñen y orientar la terapia hacia una transformación dialógica;*
- (4) facilitar una relación terapéutica que permita y fomente todo lo anterior en un clima de comprensión.*

(B) La respuesta a la segunda pregunta (“¿cómo”) son las sub-categorías que dependen de las categorías nucleares (tampoco éstas siguen un orden de prioridad). Esto es:

(1) “¿Cómo contribuye la terapeuta a negociar y establecer el contrato discursivo en terapia?”: mediante el uso de los siguientes mecanismos:

- (a) uso de la autoridad;*
- (b) clarificación de posiciones o disparidad;*
- (c) uso de la voz de experta;*
- (d) uso del consenso;*
- (e) invitación o restricción temática;*
- (f) código de lenguaje: introducción de términos emocionales;*
- (g) autorización/permiso;*

- (h) *marcador de asimetría en la relación;*
- (i) *formulación de una demanda;*
- (j) *negociación de objetivos terapéuticos;*
- (k) *clarificación procesual.*

(2) *“¿Cómo facilita la terapeuta el discurso de la cliente y contribuye de este modo a la inteligibilidad?”: mediante el uso de los siguientes mecanismos:*

- (a) *cesión del turno de habla;*
- (b) *ratificación y extensión de metáforas;*
- (c) *internalización de la voz de la cliente:*
 - (c.1.) *ventriloquacidad;*
 - (c.2.) *parafraseo;*
 - (c.3.) *respuesta especular o mirroring;*
- (d) *preguntas:*
 - (d.1.) *abiertas;*
 - (d.2.) *cerradas;*
 - (d.3.) *indirectas;*
- (e) *producciones conjuntas;*
- (f) *interrupción;*
- (g) *externalización;*
- (h) *toma de conciencia.*

(3) *“¿Cómo contribuye la terapeuta a que la cliente se libere de los discursos que la constriñen y a que transforme dialógicamente su forma de construir lo que le sucede en la vida?”: mediante el uso de los siguientes mecanismos:*

- (a) *validación de narrativas positivas;*
- (b) *uso de la doble voz o del tercer hablante;*
- (c) *internalización de la voz de la terapeuta;*
- (d) *explicación de comunalidades;*
- (e) *reconocimiento de necesidades y deseos;*
- (f) *uso de la deferencia por la terapeuta;*
- (g) *transformación dialógica temporal;*
- (h) *formulación de teorías que dan significado a lo que le sucede a la*

cliente en un proceso de co-construcción.

(4) *¿Cómo facilita la terapeuta la relación entre ella y su cliente de forma que ésta sienta que está en un espacio seguro en el que es comprendida?: mediante el uso de los siguientes mecanismos:*

- (a) proveer comodidad;*
- (b) uso de la empatía;*
- (c) resumen y comprobación de que se ha comprendido a la cliente;*
- (d) clarificación de posibles malentendidos o comprobación de que se ha comprendido a la cliente;*
- (e) proveer seguridad en el contexto de la relación terapéutica;*
- (f) validación/reconocimiento del discurso de la cliente;*
- (g) recurso de la utilidad.*

Una vez desarrollado el Estudio 1 en este apartado a continuación presentamos el Estudio2 junto con sus resultados, discusión y conclusiones.