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Edited by Anssi Perakyla, Charles Antaki, Sanna Vehviläinen and Ivan Leudar

Excerpt

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Foreword. Filling the gaps

William B. Stiles

Conversational analysis (CA) has long promised to fill the gaps in psychotherapy theory by conceptualizing and describing the moment-by-moment exchange between therapist and client. *Conversation Analysis and Psychotherapy* makes a large payment in fulfilment of this ambitious promise. The authors build on continuities with normal conversation to examine therapy's distinctive features.

Though devoutly grounded in observation and sometimes professing to be atheoretical, CA has accumulated a wealth of interlinked theoretical concepts, well illustrated in Chapter 1 in the editors' introductory overview. Each chapter proposes further theoretical categories and distinctions that elaborate the abstractions of therapy theories and the coding categories of psychotherapy process researchers (e.g. Stiles, 1992). The authors place conversational actions in sequences and detail ways that they serve therapists' and clients' purposes. CA's comfort with the complexity and responsiveness of therapeutic conversation often makes psychotherapy theories seem blunt and vague by contrast.

But CA complements rather than competes with psychotherapeutic approaches, such as psychoanalysis, solution-focused therapy, child therapy, or the Minnesota 12-step model. As Streeck (Chapter 10) points out, CA does not attempt an explanation of psychological change or prescriptions for interventions. Instead, CA elaborates therapists' abstractions. Many therapists would agree that each word and inflection is there for a reason; CA actually studies the reasons in relation to the therapeutic approach. Toward this end, for example, Vehviläinen (Chapter 7) fills gaps in psychoanalytic theory regarding what counts as resistance and how resistance is managed. Halonen (Chapter 8) shows how facilitators using the Minnesota 12-step model rephrase participants' zero-person references (a peculiarly Finnish linguistic resource for diffusing or evading responsibility) to place agency on the client. MacMartin (Chapter 5) unpacks therapists' attempts to impose an optimistic framework via questions – and clients' ways of evading the imposition – in narrative and solution-focused therapies.

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The task undertaken is linking CA's rich descriptive language of possibilities to therapy theory and practice. Such an integration demands sensitivity to the complexly different meanings of terms in different theories (Leiman & Stiles, 2002); CA concepts cannot be inserted unchanged into gaps in therapy theory. Therapists and conversation analysts must learn each other's theories and make adjustments if the product is to be mutually useful. As Leudar *et al.* (Chapter 9, explain) therapy theories and terms frequently uncover crucial events that clients and lay observers (and even therapists who use other approaches) fail to recognize or appreciate. Likewise, CA points to regularities that therapists often overlook, even when they enact them every day.

For me, as a person-centred therapist, a good example is the concept of *frame of reference*. As expounded by Carl Rogers (e.g. 1951), frame of reference is roughly understood as *viewpoint* or *perspective* (i.e., therapist's or client's; speaker's or other's). In person-centred therapy, therapists try to understand and intervene within the client's frame of reference. The characteristic therapist intervention is a reflection – a statement that discloses empathy, expressing the client's experience as the client views it, that is, in the client's frame of reference. Rogers (1951) used this concept to distinguish reflections from interpretations (including psychoanalytic interpretations) – statements that place the client's experience in the therapist's frame of reference or one supplied by a theory.

The frame of reference concept and the distinction between reflection and interpretation resonates with many of this book's concepts and distinctions. Kindred ideas include Antaki's (Chapter 2) proposed cooperative–combative continuum, Bercelli *et al.*'s distinction in Chapter 3 between *formulations* (something meant by the client, at least implicitly) and *reinterpretations* (something the client has said expressed from the therapist's perspective), and Peräkylä *et al.*'s characterization, “In and through the unfolding of a collaborative description, the minds of the participants remain together for a short while” (Chapter 1, p. 6). Vehviläinen shows how, by focusing on the client's actions in the here-and-now (client's experience), the analyst can initiate interactional trajectories towards a psychoanalytic interpretation (therapist's frame of reference). The additional suggestion that such focusing on the client's prior action maintains the power asymmetry enriches the account.

Questions too can be described as using the speaker's frame of reference (Stiles, 1992). Vehviläinen shows how *why*-questions can misalign with the action initiated by the client and shift (in effect) to the therapist's frame of reference. Similarly MacMartin shows how the “optimistic presuppositions” of solution-focused therapists carry with them a solution-focused frame of reference that constrains the answer to emphasize clients' competencies and successes.

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In Antaki's cooperative-combative conceptualization in Chapter 2, the cooperative actions – formulations, elaborations, and extensions – seem primarily varieties of reflections, insofar as they seek to represent the client's perspective, whereas corrections and challenges sound like varieties of interpretations, insofar as they seek to impose the therapist's frame of reference on the client's experience. On the other hand, even formulations (in Antaki's usage, though not in Bercelli *et al.*'s) and extensions involve selecting and recasting, potentially in the service of advancing some therapeutic, institutional, or personal agenda. That is, they may slip into the speaker's frame of reference, albeit subtly, advancing interpretive intents despite their acquiescent form. Person-centred therapists and supervisors, as well as psychotherapy process researchers, are interested in how these alternative types of formulations or extensions differ. What distinguishes interpretative selection and rephrasing from non-directive intent to reflect the centre of the client's experience? What are the observable features of accurate empathy? Cross-fertilization requires CA researchers to consider this problem in terms of therapy theory (distinguishing client and therapist frames of reference) – to adjust CA concepts so they can be integrated.

Conversely, person-centred therapists can profitably adjust to some CA concepts. In his descriptions and examples of how therapists use lexical substitution to make corrections (e.g., making an expression more explicit or more succinct) and convey understanding – further sorts of reflection – Rae (Chapter 4) advances the very interesting idea that at least some person-centred reflections could be assimilated to the CA concept of conversational repair. If the client is struggling to express some imperfectly symbolized experience (this is person-centred jargon), then the progressive disclosures can be construed as flawed communication, and the therapist's empathic reflections could be considered as attempts to repair them. The observed sequelae – more open and explicit client disclosure, for example – are congruent with person-centred expectations.

Of course, these CA authors make finer distinctions than therapy theorists, and they place the actions in conversational sequences. Concepts that help unpack the notion of frame of reference include Peräkylä and Vehviläinen's (2003) notion of stocks of interactional knowledge (describing the content of a frame of reference), MacMartin's characterization of the presuppositions underlying questions, and Rae's observation that whereas some reflections are based just on the expression, others use extensive knowledge of the client's experience. Bercelli *et al.* illustrate the logic of sequences: "therapists' re-interpretations make relevant clients' agreeing or disagreeing with them, rather than simply confirming, disconfirming, or correcting them" (Chapter 3, p. 49). The client's response in turn constrains the therapist's subsequent responses, and so forth. In the ensuing sequence,

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clients show what they make of the therapists' proposals – whether they change their view of their own experiences.

This volume brings together conversation analysts and practising therapists (sometimes in the same person). Through this juxtaposition of CA with psychotherapy theories and practices, readers as well as the authors can build meaning bridges between the two conceptual shores.

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1 Analysing psychotherapy in practice

*Anssi Peräkylä, Charles Antaki, Sanna Vehviläinen,
and Ivan Leudar*

What are psychotherapies?

The *Oxford English Dictionary* defines modern psychotherapy as “the treatment of disorders of the mind or personality by psychological or psychophysiological methods.” Administering electroconvulsive shocks would, however, hardly count as psychotherapy; the common assumption is that, in psychotherapies, the means of healing is talk. Not all talk is therapeutic, and the history of psychotherapy involves not just formulating new psychological theories but evolving new and distinct ways of talking with clients. This book is an effort to describe and to understand these distinct ways of talking.

Many psychoanalytic historiographies locate the invention of psychotherapy in Breuer’s work with a patient they called Anna O. (described in Freud and Breuer’s *Studies on Hysteria*, 1991/1895) at the end of the nineteenth century. Anna O. found that narrating her worries and fantasies helped to relieve her symptoms and she coined the phrase “the talking cure” to describe what she was doing. Freud used her case retrospectively to document the invention of psychoanalysis, which became the first form of psychotherapy. Rather soon, however, there emerged other ways of doing and thinking about “the talking cure,” and at least since the 1950s, the field of psychotherapy has been characterized by the multitude of (often rival) approaches. In psychotherapy with individual patients, client-centred psychotherapy gained influence in the 1950s (see e.g. Rogers, 1951), and cognitive-behavioural therapies have been increasingly popular since the 1970s (see e.g. Dryden, 2007). Alongside psychotherapies with individuals, group and family therapies based on psychoanalytic, system-theoretical, and later on social-constructionist ideas have been influential since the 1950s and 1960s.

Each school of individual, group, or family therapy is characterized by specific theoretical ideas about mind, behaviour, and social relations, and about the ways in which these may change. While, for example, psychoanalysis and psychodynamic therapies emphasize the importance of unconscious

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mental processes, cognitive therapies focus on adaptive and maladaptive interpretative schemes. In this book, we refer to such theoretical ideas, but they are not the main theme. What concerns us more is this: each different school of individual, group, or family therapy considers some interactional practices between therapists and patients to be the ones that promote change in the patient's mind, behaviour and social relations. Such practices may involve particular ways of asking questions, or of listening to and commenting upon the client's talk. One task of this book is to explicate, in greater detail than has been done before, some of these key interactional practices in specific forms of psychotherapy and group therapy.

There is, however, yet another major task for this collection. It is to point out and describe features of interaction that are part of psychotherapy but which the psychotherapeutic theories have *not* recognized or discussed. Psychotherapy is made possible by therapists and clients exerting their ordinary skills in *social interaction* as speakers, listeners, questioners, answerers, and so on. The contributions in this collection show some ways in which such ordinary interaction practices are made use of when conducting psychotherapy.

For all the contributors to this collection, conversation analysis (CA) provides (in varying degree) the research method and the central theoretical principles. (The details of CA will be described later in this chapter.) In the CA perspective, the features of interaction that are specific to psychotherapies are firmly anchored in more generic features of social interaction which can be found in any human social conduct.

The conviction that psychotherapies are grounded in and related to broader everyday forms of life is not unique to CA. A similar kind of idea, in a rather different context, has been developed by scholars who draw upon the work of Michel Foucault (Foucault, 1967; 1977; Rose, 1996). They point out that psychotherapy depends on certain prior social practices. Relevant practices are those in which the modern reflective self and subjectivity originate. According to Foucault, self-monitoring and introspection are historically contingent, and originate in relatively recent practices of social surveillance. Psychotherapy presupposes these qualities in clients – that the person is divided into two related aspects: one that is public and visible and another that is private. If one is to participate in psychotherapy, one has to be able to inspect the innermost aspects of oneself and to do this just in the way pertinent to psychotherapy. There are concrete historical antecedents of psychotherapy in discursive practices such as confession.

As Foucauldian scholars have sought to show the embeddedness of psychotherapy in other historically contingent practices (such as confession) and competencies (such as self-monitoring), the contributions of this book

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will show the embeddedness of psychotherapy in generic interactional practices having to do with questions, answers, comments, and the like, and the related interactional competences that therapists and their clients employ.

Studying psychotherapy: From case reports to the analysis of recorded interactions

Since the formation of the first modern psychotherapeutic techniques at the turn of the twentieth century, the case report has been the default way of presenting and discussing data from psychotherapeutic encounters. Freud's case reports, such as "Dora" (Freud, 1905) or the "Rat Man" (Freud, 1909) constitute classic examples. In case reports, all references to interactions between therapist and patient are based on the memory of the therapist. The case report often covers the whole treatment of the patient – i.e., it seeks to encapsulate what happened in possibly hundreds of sessions (plus, in most cases, the key events in the patient's biography).

Conversation analytic studies of psychotherapeutic interaction do not seek to compete with case reports. Rather, they seek to open up another kind of window for observing and understanding psychotherapeutic interaction. Rather than focusing on whole treatments and the ways in which these treatments have sought to redirect the biographical path of the patient, conversation analytic studies elucidate the second-by-second, or utterance-by-utterance, unfolding of psychotherapeutic sessions, with the aim of explicating the actual interactional patterns and practices through which psychotherapy gets done. Rather than relying on the memory of the participants, conversation analysts use audio and video recordings of actual psychotherapy sessions as their data.

However, conversation analysts are not the first researchers to use audio or video recorded data in the study of psychotherapeutic interaction. In the next section, a brief overview of earlier and parallel research will be given.

Linguistic and social scientific studies of psychotherapy interaction

Social scientific and linguistic analysis turned to psychotherapy as early as the 1950s. In fact, psychotherapy and psychiatric interviews provided the very first materials of the study of naturally occurring tape recorded or filmed interaction. The pioneering projects involved some of the leading anthropologists, linguists, and psychiatrists of the time, such as Gregory Bateson and Frieda Fromm-Reichman (see Kendon, 1990, pp. 15–21).

The first major milestone in this line of research was the collaboration between an anthropological linguist (Charles Hockett) and two psychiatrists

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(Robert Pittenger and John Dahleny). In a book called *The first five minutes* (Pittenger *et al.*, 1961) they analysed in great detail the audio recording of the beginning of an initial interview with a patient of a psychotherapeutically oriented psychiatrist. Pittenger *et al.* describe the aim of their study in a way which is very close to the aims of the present collection. They wanted to “understand and describe what transpires in psychiatric interviews” (Pittenger, Hockett & Danehy, 1961, p. 4). For them, asking the participants to describe the interview after it had been conducted was an unsatisfactory method of observation, because the participants’ accounts would be selective, and offer inferences about the actual interview rather than a direct description of it. Instead, Pittenger *et al.* used tape recording, because

What concerns us . . . is precisely the nature of the behaviour on which the inferences are based . . . We want to know about these things partly as a matter of basic scientific interest, and partly because such knowledge is obviously crucial in training new therapists. (Pittenger *et al.*, 1961, p. 5).

Pittenger *et al.* came up with a detailed description, proceeding utterance by utterance, of the first five minutes of the interview. In searching for the implicit meanings of these utterances, the authors focused in particular on lexical choice (choice of words) and prosody (ways in which the utterances are delivered in terms of tone, volume, and speed). For example, in an exchange where the patient asks “may I smoke?” and the therapist responds “sure,” the authors see two exchanges. Alongside the factual question, the patient is asking what kind of a situation they are in and what their relative status is. This other question is carried by the prosodic details of the patient’s talk: breathiness, soft voice, high tone, and the specific way in which the word smoke is released (p. 40). Likewise, the choice of “sure” rather than “yes” in the therapist’s response, along with its specific intonation contour, carry his response to this second question: he is conveying controlled surprise and implying that “the answer to your second question is that you don’t have to ask permission here, and I’m surprised . . . that you should feel . . . that you do” (p. 42).

What Pittenger *et al.* (1961) suggest about implicit meanings is intuitively most appealing. Their study is a genuinely explorative one: it offers insightful, if unsystematic, observations about a short segment of therapeutic interaction, without trying to make any generalizations about recurrent structures or practices in this interview, let alone in therapeutic interaction in general. The conclusions that the authors offer (pp. 228–250) have to do with the (then emergent) general theory and method of research on spoken interaction, rather than psychotherapy. The more systematic unravelling of the practices of psychotherapeutic interaction had to wait for subsequent studies.

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Another early research project was started by an anthropologist (Ray Birdwhistell) and a psychiatrist (Albert Scheffen) at the end of 1950s, but the publication of its main results was delayed until the early seventies (Scheffen, 1973). This research focuses on the filmed initial session of an experimental psychotherapy between a schizophrenic patient, her mother, and two experienced psychotherapists. Scheffen was particularly concerned about the uses of body posture and body movement during the psychotherapy session. He shows how the talk of the participants is coordinated with their body posture, producing nine basic positions such as “explaining,” “passive protesting,” “contending,” and “defending” (see esp. p. 33). Likewise, Scheffen showed how the postures and postural changes of each participant are related to those of other participants. Through this work, Scheffen made a major contribution to the social scientific study of gesture. Moreover, he set his observations into the context of psychotherapeutic and family therapeutic theories, showing how the general theoretical principles of psychotherapy are realized through the therapist’s uses of posture and body movement suggesting, for example, that rapport between patient and therapist is built largely through postural choices (pp. 237–264).

The next major milestone in the social scientific and linguistic analysis of psychotherapeutic interaction was the publication of William Labov and David Fanshel’s *Therapeutic discourse: Psychotherapy as conversation* in 1977. This research was based on collaboration between a linguist (Labov) and a social work scholar (Fanshel). As in the studies described above, Labov and Fanshel examined a single segment of therapeutic interaction, in their case a 15-minute episode from the tape recording of an ongoing psychodynamic therapy with an anorexic patient.

Labov and Fanshel characterize their work as “comprehensive discourse analysis,” and their analysis does indeed embrace various layers of the organization of verbal interaction, from phonological detail to overall “frames of discourse.” At the core are what they call speech acts: the often implicit, multilayered actions that are performed through utterances. They single out four basic types of actions – metalinguistic action (initiating, continuing, or ending an action), representation, request, and challenge (Labov & Fanshel, 1977, pp. 60–65). Through the examination of the matrix of these actions, they address themes that are pertinent in the professional understanding of psychotherapy, such as emotion and repression.

Labov and Fanshel’s study is rich in detail and insight, and the study is referred to time and again in interaction research. It draws a lively picture of the interaction between the patient and her therapist, as well as the patient’s family interactions which are described in the patient’s narratives. One important distinction Labov and Fanshel introduced was between

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descriptions of a state of affairs and the kind of knowledge participants are taken to have of it. Thus, an “A-event” is biographical or experiential information that the speaker has privileged access to, while others do not. A “B-event” is a description of a matter in another person’s experience, and the speaker thereby has limited access to it. Their system included other categories, but these two have turned out a crucial distinction even outside Labov and Fanshel’s own approach. It has proved a central analytic dimension also for conversation analysts, under the title of “ownership of experience” (Peräkylä & Silverman, 1991).

However, like *The first five minutes*, Labov and Fanshel’s *Psychotherapy as conversation* does not seek to offer a systematic view of recurrent practices in psychotherapy. The typology of the four basic speech actions is very abstract and would apply to virtually any conversation. Like its predecessor, this study also offers as conclusions suggestions concerning the general theory and method of interaction analysis (Labov & Fanshel, 1977, pp. 354–361).

The linguistic line of research on psychotherapy interaction was further continued and developed by Kathleen Warden Ferrara in her *Therapeutic ways with words* (1994). She points out (p. 4) the continuity between her study and that of Labov and Fanshel. However, unlike the studies mentioned above, she does not focus her study on a single segment of therapy talk, but uses a database of forty-eight hours of therapeutic interaction in the production of which six therapists and ten clients were involved. Ferrara’s study explores the linguistic features of a number of recurrent “discourse strategies” in psychotherapy: personal experience narration, dream narration, repetition of the other’s talk, construction of metaphors, and joint production of utterances. There is much in common between Ferrara’s discourse analytic work and the conversation analytic studies presented in this collection. Ferrara, like most CA scholars, draws upon a large database and seeks to explicate recurrent practices of interaction through meticulous analysis of these data. The authors of this volume also explicate recurrent practices of psychotherapy; but to a greater extent than does Ferrara, they tie their observations to an understanding of the sequential structure of interaction and, hence, they seek to explicate the participants’ orientations in producing the basic mechanisms of the psychotherapeutic interaction.

Psychotherapy process research

The studies described above drew the major part of their resources from social science and linguistics. They also contributed to these fields, by methodological and theoretical proposals concerning the study of spoken