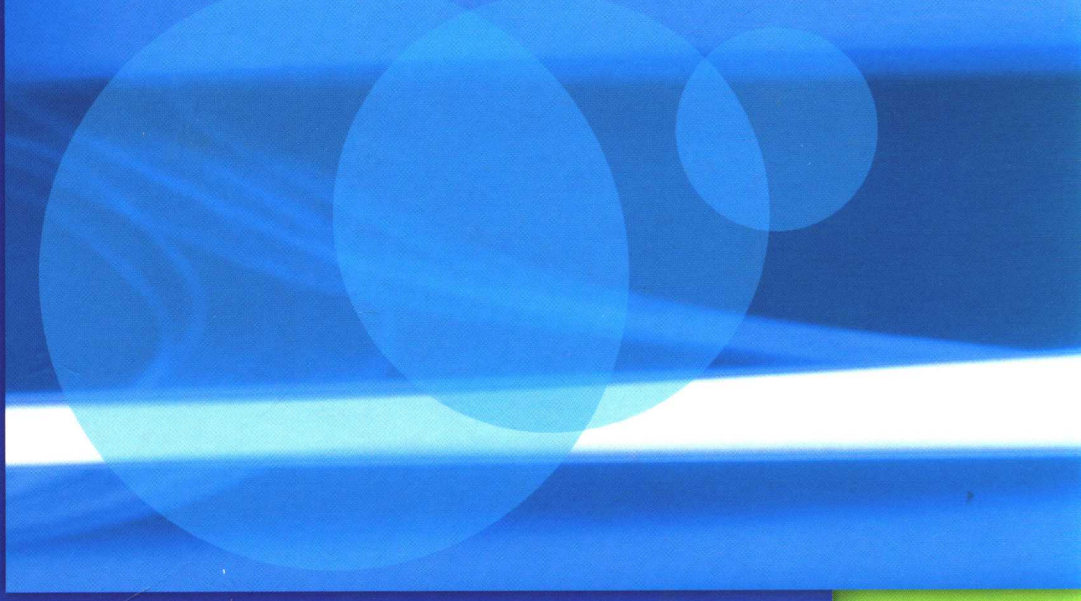
DE GRUYTER
MOUTON

Joanna Pawelczyk

TALK AS THERAPY

PSYCHOTHERAPY IN A LINGUISTIC PERSPECTIVE



TRENDS IN APPLIED LINGUISTICS

DE
G

Talk as Therapy

Psychotherapy in a Linguistic Perspective

By
Joanna Pawelczyk

De Gruyter Mouton

ISBN 978-1-934078-66-2
e-ISBN 978-1-934067-9
ISSN 1868-6362

Library of Congress Cataloging-in-Publication Data

Pawelczyk, Joanna.
Talk as therapy : psychotherapy in a linguistic perspective / by Joanna Pawelczyk.
p. cm. – (Trends in applied linguistics ; 7)
Includes bibliographical references and index.
ISBN 978-1-934078-66-2 (hardcover : alk. paper)
1. Psychotherapy. 2. Psychotherapist and patient. I. Title.
RC475.P39 2011
616.89'14–dc23
2011019777

Bibliographic information published by the Deutsche Nationalbibliothek

The Deutsche Nationalbibliothek lists this publication in the Deutsche Nationalbibliografie; detailed bibliographic data are available in the Internet at http://dnb.d-nb.de.

Cover image: Roswitha Schacht/morguefile.com
Printing: Hubert & Co. GmbH & Co. KG, Göttingen
∞ Printed on acid-free paper

Printed in Germany

www.degruyter.com

Acknowledgements

I am deeply indebted to Dr Richard Erskine, the founder and director of the Institute of Integrative Psychotherapy, New York, for making this project possible in the first place. His enthusiasm, encouragement, and interest in my work enabled me to observe how 'psychotherapy' becomes a unique encounter between two people and to collect unique data.

I also extend my deepest gratitude to the participants of the Institute of Integrative Psychotherapy workshops, who kindly gave me permission to listen to their stories and who fully understood that only real-life data, collected by the researcher who is present at the site, can improve our understanding as to how and why psychotherapy is curative. The long and sometimes emotionally difficult hours spent at the two psychotherapy workshops provided me with enough examples of the power of the spoken word, which combined with the caring presence of another person truly enables one to overcome even the gravest difficulties and traumas of everyday existence.

My ideas and thinking on the topic of the discourse of psychotherapy and the therapeutic functioning of communication extensively benefited from my participation in annual Conversation Analysis & Psychotherapy conferences and the lively and insightful discussions following the presentations.

I would also like to acknowledge the ideas of Professor Srikant Sarangi which I fully share and which clearly underline the necessity of developing interprofessional dialogue between discourse analysts and professional practitioners.

I want to thank two anonymous reviewers for their insightful comments that helped to improve the final version of the manuscript.

I would like to express my gratitude to my colleagues at the School of English at Adam Mickiewicz University. I thank Professor Katarzyna Dziubalska-Kołaczyk, the Head of the School of English for her support and encouragement. I am indebted to Professor Agnieszka Kiełkiewicz-Janowiak for her critical and insightful comments on this manuscript at various stages of the project and her continuous interest in my work. I also thank Professor Małgorzata Fabiszak who read the whole manuscript and provided many useful comments and suggestions.

Special thanks are also due to my friend Eva Graf for her support and belief in this book and to Krystyna Golkowska for enabling me to use the library resources of the Cornell University.

Transcription Conventions

(based on the standard conventions of Conversation Analysis, cf. Jefferson 2004; Hutchby 2007)

C	Client
T	Therapist
[ ]	Square brackets indicate the start and end of the overlapping speech.
=	Equal signs indicate 'latching' stretch of talk, i.e., no discernible gap between the utterances.
//	Double slashes indicate an interruption, i.e. a point in the interaction where another interlocutor takes over the conversational floor before the current speaker has finished his/her utterance, i.e., prior to a possible transition place.
(1.0)	A number in parenthesis indicates the time, in seconds, of a gap in speech.
(.)	A 'micropause', i.e., a pause of less than one tenth of a second is indicated by a dot in parenthesis.
(( ))	Double parentheses indicate a nonverbal activity, e.g., crying which usually accompanies a stretch of talk.
( )	Empty parenthesis indicates the occurrence of an unclear utterance; or a removal of a part of the utterance due to privacy policy.
.hhh	H's preceded by a dot indicate audible inward breathing.
hhh	H's with no preceding dot indicate outward breathing.
ba:d	Colon(s) indicate(s) that the speaker has stretched the preceding sound; the more colons the greater the extent of the stretching.
. , ? !	Punctuation symbols are used to mark intonation, not grammar.
↓	Downward arrow indicates falling pitch or intonation.
↑	Upward arrow indicates rising pitch or intonation.
<u>Bad</u>	Underlined words/sounds are emphasized and typically louder.

BAD	Capitals indicate even greater loudness than underlined words/ sounds.
°bad°	Degree signs indicate that the material between them is quieter than the surrounding talk.
<bad>	Outward arrows indicate slower speech.
>bad<	Inward arrows indicate faster speech.
X Y Z	These capitals letters are used instead of the real names of people or places appearing in the clients' talk. This is a due to privacy policy.
→	Arrows in the left margin indicate analyst's significant line; alternatively the word/phrase is in bold face.

Contents

Introduction: Talk as therapy

> *The psychotherapeutic situation forces the patient to confront new conventions, new possibilities of understanding, multiple meanings in the simplest exchanges, and by being exposed to these frightening possibilities in safe surroundings, to become willing to discover that all of the conventions we are used to can be altered or terminated if they become stagnating.* (Lakoff 1982: 145)

Psychotherapy has the potential to help people live more fulfilling and satisfying lives. Psychotherapists' waiting rooms brim with clients who share a desire to overcome complicated life experiences, horrifying traumas, and have actively sought out assistance in discovering ways to relieve their agony. While most undergo psychotherapy for help in dealing with the present via the past, some embark on a psychotherapeutic trajectory in the hope of learning strategies that will protect them from potential future problems or assist them in coping with life's tribulations. In either case, there is a common aim: to live a happier, more contactful existence. Psychotherapy is increasingly attractive as a means through which people become aware of their needs and make sense of their experience. It also provides guidance on discovering the meaning of one's life as well as suggesting ways to surmount everyday difficulties (cf. Czabała 2006).

Since the time of Breuer and Freud, psychotherapy has been commonly referred to as the 'talking cure',[1] as talk, in this context, functions as the tool that is used to improve the mental health of the client,[2] or as a "process which may most profitably be viewed in terms of communicative expression" (Russell 1987: 4). In psychotherapy, relief is brought about in talk and through talk, yet does not take place in a social vacuum; the power of therapeutic talk derives from the relationship that the participants of this social event position each other to: "the very relationship that develops between therapist and client ... is the central constituent of the therapeutic enterprise" (Spinelli 2006: 1). The 'talking cure' – just as any other social encounter – underlines the centrality of the relational function of talk (cf. Scollon 1998; Candlin, S. 2000). For many clients, an evolving interpersonal contact enables them to grow and heal. Although the actual positive results that the talking cure produces have been called into question (Szasz

1978; cf. Czabała 2006), the effectiveness of psychotherapy has been measured.[3] A client gains inner strength to improve his/her life when the psychotherapist creates the necessary conditions for the client to take full responsibility for the way he/she lives. Thus successful psychotherapy empowers the client to dare initiate the desired change.

The interaction transpiring between the psychotherapist and client during a speech event referred to as a psychotherapy session can be more generally subsumed under the discourse of medical encounters (cf. Ainsworth-Vaughn 2001) or the discourses of health (cf. Candlin, C. N. 2000). According to Ainsworth-Vaughn (2001), the studies on talk in medical encounters can be divided into two types of literature: 'praxis' and 'discourse'. In the former, talk-as-data is removed from the initial steps of the research, and language is assumed to be the transparent vehicle of meaning. Consequently, a single functional meaning is attributed to each utterance, which is then coded and finally quantified. The latter, on the other hand, offers analyses of talk itself. As Ainsworth-Vaughn (2001) explains, these analyses grow out of contemporary theories about sequential, situated discourse, thus reflecting conversation-analytic, interactional-sociolinguistic as well as the ethnographic theoretical assumptions about communication.[4] A crucial difference between these two types of research lies in their respective orientation toward the balance of power between the two involved parties (viz.: the physician and the patient). While the praxis literature concerns itself with the power over future action (i.e., what are the outcomes of talk?), the discourse literature focuses on control over the emerging discourse. The psychotherapy session is regarded as an outgrowth of medical encounters as in this context discourse itself is not only central to psychotherapeutic practice but in fact constitutes the very practice (cf. Ainsworth-Vaughn 2001: 458), and as such is a unique social and interactional context and a fascinating research site both for praxis-oriented and discourse-oriented analysts.[5]

C. N. Candlin (2000) conceives of discourses of health[6] as subsuming three interrelated discourses referred to as: the discourse of health care, the discourse of health measurement and the discourse of health experience. Psychotherapy may entail all three of the discourse types, but for a speech event to be labeled psychotherapy it needs to involve at least the first and the last discourses entailing among others: treatment goals and decisions, hypotheses, and inferences (mainly offered by the psychotherapist), as well as the personal, subjective experiences (primarily supplied by the client) (cf. Candlin, C. N. 2000).

More specifically, the discourse of psychotherapy belongs to the genre of intimate discourse, together with, among others, discourse of 'troubles talk among friends' (Jefferson 1988), 'painful self-disclosure' between acquaintances (Coupland et al. 1988) and 'conversations of intimate friendship' (Lakoff 1990). Gerhardt and Stinson (1995: 635) frame therapeutic discourse as "another type of autobiographic narrative activity in which one part of the self not only narrates other parts of the self but observes, reflects on, evaluates, criticizes, censors and reveals other parts of the self for the purpose of achieving some kind of self-transformation".

The current model of healthcare communication (cf. Candlin, C. N. 2000; Candlin, S. 2000; Ragan 2000) places a significant emphasis on the importance of building and maintaining a therapeutic relationship – an alliance – both in the physician-patient[7] dyad as well as in the interactions between the psychotherapist and the client (cf. Horvath and Greenberg 1994; Moursund and Erskine 2004; Czabała 2006). The fundamental premise of such a relationship is the quality of the communication between the professional and the patient/client. Thus talk emerges as central to the effectiveness of a therapeutic relationship. This effectiveness consists in the patients/clients being relatively free to explore and express their feelings, free of the inevitable concerns that characterize normal, social interaction (cf. Kahn 1991). Since discourse constitutes the process of psychotherapy, the unique relationship that (ideally) characterizes the psychotherapist-client dyad can be regarded as a model for other healthcare professionals to pursue: "in successful therapy the therapist provides for the client a relationship unlike any the client has had before" (Kahn 1991: xi).

More importantly, psychotherapists use language to the therapeutic effect in skilled and often artful ways, which differ from ordinary conversations. Lambert and Hill (1994), representing the praxis 'voice' genre, state that the most important aim of investigating psychotherapy is the empirical study of the process of psychotherapy, i.e., examining the actual meeting (or interaction) between the psychotherapist and client and the potential changes that follow it. Similarly Greenberg (1991, 1999), also of the 'praxis' stance, posits that it is imperative to understand how psychotherapy works and what the process of change consists of, as well as what elements of the psychotherapy process trigger this change. Thus psychotherapy practitioners comment with increasing frequency on the need to further investigate the process of psychotherapy, an aim which can be pursued through a thorough examination of patterns of language use in therapy.

Since change as a result of psychotherapy – i.e., the client's qualitative change in his/her life – comes about through interaction not just through

language, researchers must more fully explore how a successful outcome, viz.: a client's self-transformation (cf. Gerhardt and Stinson 1995: 635), is brought about linguistically. How is psychotherapy linguistically realized? How is it contextually and interactionally achieved? These are important questions to address not only considering the growing number of people who seek psychotherapy on various grounds but also the increasingly diverse social contexts in which therapeutic skills and talk are purposely applied.

The aim of the current project, representing discourse-oriented studies but also drawing on praxis perspectives (cf. Ainsworth-Vaughn 2001), is to investigate what makes talk between the psychotherapist and client therapeutic, i.e., what language features, communicative and interactional strategies – or, more generally, what verbal and non-verbal practices – transpiring in the psychotherapy session gradually lead to the client's self-transformation. How are the goals of psychotherapy – the 'talking cure'– discursively and linguistically achieved?

To accomplish these aims, a 65-hour corpus of authentic psychotherapeutic interactions has been qualitatively analyzed with the methods of broadly conceived discourse analysis. The data collected for the study features one male psychotherapist engaged in a one-to-one dialogue with twenty-five clients.

As a researcher I was permitted to observe and record the sessions. The project was very much data-driven (cf. Dörnyei 2007: 37–38; Johnstone 2000: 29; Braun and Clarke 2006); the fieldwork began without specific strategies having been identified as targets or particular categories defined. Rather, as prominent regularities emerged from the data, my sense of what makes talk therapeutic and what communicative and interactional strategies occur in this process, developed with the time spent at the sessions and the review of the collected data. Thus the more interactions I observed and recorded, the better my understanding of the therapeutic functioning of communication. When the project started I had no experience with psychotherapy, neither in the professional sense nor as a client. I believe that this 'blank' approach to the data enabled me as a discourse analyst to determine the most salient aspects of the data under scrutiny without the analytic preconceptions.[8]

In my description of the research site (see Chapter 1) I refer to a 'workshop' setting, as this was the (official) name under which the therapy sessions were conducted. These workshops were organized for those professionals who deliver various forms of psychological help themselves (e.g., psychologists, psychotherapists, social workers). Although such a

context for therapy may appear to be an atypical format, the idea behind the sessions was, first and foremost, to create space for these professionals to deal with their own personal issues. This is to say that the issues that the therapist and clients worked on during sessions, and which are presented and discussed in this study, constituted the participants' real source of personal trouble, pain and dilemma at the time of the research. In other words, the collected corpus of psychotherapeutic interactions and the extracts presented in the study show real therapy material. At the same time, however, since other participants observed the individual sessions, these professionals were provided with a unique opportunity to witness and, in effect, learn the techniques used by the psychotherapist who worked with them. In other words, the meetings did not follow a typical workshop format where the educational goal is of primary importance, rather this was a side effect, absorbed through the opportunity to observe a seasoned psychotherapist engaged in intense, focused, one-on-one work with genuine clients with actual issues. Although, this is not a usual situation in therapy when one's (actual) psychotherapeutic work is being watched by others, such a format allowed the master therapist to combine the *personal* (for the benefit of the individual client in session) and the *educational* (for those observing the session) aspects of his work in the context under scrutiny.

The choice of this particular psychotherapeutic setting offered a number of benefits in accordance with the aims of the project. First and foremost it secured an access to rich authentic therapy material. Secondly, it enabled the observation and recording of various problems and issues subject to therapeutic intervention brought by twenty-five individual clients. Thirdly, in line with the interprofessional aspect of the project, the selected setting provided me with an opportunity and space to discuss the professional aspects of doing psychotherapy with the professional practitioners present at the workshops. In other words, I was able to gain first-hand professional insight on the psychotherapeutic work I was observing in an attempt to make the findings practice-driven (cf. Sarangi 2002). Finally, it could be argued that the very presence of the group of fellow clients as observers and workshop beneficiaries may have served to diminish the intrusion of having a researcher present.

As a researcher, I believe it is essential for discourse analysts to enter even the most restricted research sites (cf. Sarangi and Roberts 1999; Mullany 2007) in order to witness the actual interactions and collect the ethnographic details indispensable for the accurate data interpretation. My presence at the sessions secured a thick description (cf. Geertz 1973) of the site, allowed me to engage in the interprofessional dialogue with the thera-

pist to understand his professional agenda and determine the extent of his conscious intent behind certain discernible patterns of method and technique. These aspects of my involvement in the project proved vital in the process of data transcription and analysis.

The study takes the view of social interaction being anchored within discourse norms which are then interactionally realized with certain verbal and non-verbal practices in the actual communicative contexts. Both verbal and non-verbal practices reflect general discourse norms upon which the activity of psychotherapy is based. Thus the book proposes three discourse norms which are indispensable for a social activity to be labeled psychotherapy and then demonstrates how these norms are operationalized, i.e., linguistically and interactionally realized in actual psychotherapy sessions. Two of these norms (*self-disclosure* and *communication of emotion*) have been arrived at by consulting the professional literature (psychological and psychotherapeutic) which extensively discusses these principles, yet leaves out the discussion on their situated and interactional realization. One of them (*the transparency of meaning*) has been arrived at by the qualitative scrutiny of the collected corpus of psychotherapy sessions as well as by juxtaposing a psychotherapeutic interaction with an ordinary conversation in terms of structure and goals. The phenomena of emotional support as well as the psychotherapist's emotional presence are also discussed as interactionally accomplished in the here-and-now of the therapeutic interaction. These two aspects of therapy talk are claimed to be indispensable for building a therapeutic relationship between the psychotherapist and the client.

To draw on Ochs's (1992) model of social meanings and indexicality, the current discussion will show how a social activity of psychotherapy is constituted by three fundamental stances which are indexed by specific verbal and non-verbal practices. The proposed discourse norms are assumed to be generally applicable to a psychotherapeutic activity as the collected and analyzed data represent the Relationship-Focused Integrative Psychotherapy approach, which incorporates the most important and commonly used psychotherapeutic theories.[9] Those theoretical perspectives can be found in almost every psychotherapy approach currently practiced. Thus the eclecticism of the Relationship-Focused Integrative Psychotherapy makes it an almost ideal therapeutic protocol to scrutinize for the defining characteristics of psychotherapy and its discursive workings. Since the aim of the study is to point out the interactional constituents of psychotherapy, the extracts selected for the discussion present successful interactions (from a professional point of view) between the psychotherapist and clients. This

is to say that these interactions accomplished a certain, intended, professional task from the psychotherapist's (professional) point of view.

The linguistic and interactional realization of these norms may differ however, as no single feature of language or interactional strategy directly and exclusively indexes the therapeutic function of talk (cf. Ochs 1992). The therapeutic function of any verbal or non-verbal practice, as the analysis evinces, emerges in the local, interactional context which is, in turn, embedded in the speech situation of the psychotherapy session encompassing the psychotherapist's and client's interactional agendas. Thus of crucial importance for the current analysis is the significance of a certain form or strategy in the specific context of the interaction. Consequently, it will be demonstrated how certain therapeutic functions are achieved interactionally by applying microanalysis to a corpus of therapeutic talk.

Interestingly, and perhaps contrary to popular opinion, psychotherapeutic talk draws on the mundane. Quite unsensational and recognizable practices – whose *locally* emergent significance facilitates self-disclosive talk – help a client unveil and explore personal experience and focus on its emotional aspects, all in the safety of the therapeutic alliance. The therapeutic value of certain verbal and non-verbal practices is accomplished both by the client and the psychotherapist, commonly a facilitator of the dialogue. The psychotherapist remains in the interactional charge of the emerging talk and his communicative input is largely determined by the client's contributions. This is what makes psychotherapy a process which is constructed through the interaction of therapist and client.

The study should be of interest to linguists by demonstrating how their various tools and methods make it possible to unpack what is going on interactionally in psychotherapy. After all, language and communication are not only the means of expression in this context but through the use of verbal and non-verbal means, the client's experience becomes realizable and consequently understandable (cf. Sarangi 2001). In other words, language and communication function as professional tools in the hands of a psychotherapist enabling the client to make sense of traumas past and present for the ultimate purpose of living a better life. This ultimate goal however can only be accomplished if the psychotherapist and client engage in an *interaction*. Discourse analysts can offer systematic inspection of what happens in such an interaction, i.e., how psychotherapy is done. It is hoped that at the same time this discourse-oriented study of psychotherapeutic interaction, relying on the professional insights of psychotherapy can also offer practically relevant findings to the work of psychotherapists and counselors. These insights are indispensable in providing ethnographic background

essential in understanding psychotherapeutic practices. The methods of discourse analysis and conversation analysis applied in the study "can make evident practices of which therapists are not explicitly aware" (Leudar, Antaki, and Barnes 2006: 28).

The present chapter has set the stage for the study presented in the book. It introduced two types of studies on medical encounters and considered a psychotherapy session to be a unique social and interactional research context both for professionals and discourse analysts. The discourse of psychotherapy was then positioned in the realm of discourses of health with an emphasis on the healing power of the therapeutic alliance developed between the therapist and client followed by the presentation of the aims of the current project.

Chapter 1 (*Situating the study*) comprises three main sections. Firstly, it introduces the aims and functions of psychotherapy presenting the recent changes in the field focusing on one of the most modern psychotherapeutic protocols, viz.: Relationship-Focused Integrative Psychotherapy. The interactions between the psychotherapist and clients collected and analyzed for the project represent this modern eclectic approach. The discussion then moves on to present another change concerning the discourse of psychotherapy, viz.: its increased infiltration of the new social contexts. Thus, why and how the therapeutic modes of talk are becoming increasingly common and intentionally re-contextualized is discussed, as well as the settings in which these modes have begun to emerge. Finally, issues related to data collection at the psychotherapy session as a restricted research site are discussed. Overall, the last section of Chapter 1 gives insight into conducting research at the site where language and communication function as professional tools. More importantly, it discusses the dynamics of collaboration between discourse analysts and professionals and thus it can be found particularly useful to researchers planning to undertake research at an (inter)professional site. It also underlines that only close and informed collaboration between discourse analysts and professionals can generate practically relevant findings. It begins with an overview of the language and communication-oriented studies into psychotherapy, concentrating on their 'know that' vs. 'know how' research perspectives. This is followed by a presentation of the merits of ethnographic research at the professional site. Next, the concept of the 'interprofessional discourse site' is attended to and its relevance to the context of the psychotherapy session is discussed. The diverging positions of discourse analysts and conversation analysts on the issue of 'interprofessionality' are presented. The status and identity of the researcher as a (non)-participant observer are also addressed, as well as

various 'paradoxes' deriving from the researcher's involvement in the community under study. The discussion then focuses on the research ethics relevant to the interprofessional research project, drawing extensively on the observations and experiences collected by the author as a non-participant observer of the Relationship-Focused Integrative Psychotherapy sessions. The chapter concludes with a presentation of the current project. It describes the specifics of the research site, the type and amount of data collected, followed by a justification of the methodological apparatus and methods to be applied in the analysis of psychotherapeutic interaction.

The primary focus of Chapter 2 falls on the meaning of words and phrases proffered by the client, which is strongly preferred in the context of psychotherapeutic interaction. *The transparency of meaning*, referred to as explicit confrontation of the meaning of the client's verbal and non-verbal input by the therapist, is introduced as a salient discourse norm of psychotherapy. The discussion concentrates on how the client is urged to explore and account for an expression immediately after proffering it, i.e., in the interactional 'here-and-now'. The chapter starts with positioning a psychotherapeutic interaction both as an activity type and a discourse type. Then, the discussion concentrates on juxtaposing an ordinary conversation and a psychotherapeutic interaction, with an emphasis on how the meaning of the words and phrases is arrived at in these two contexts. The remaining part of the chapter is devoted to an analysis of three strategies used by the psychotherapist in order to bring out the personal significance of the client's verbal and non-verbal acts.

Chapter 3 discusses *Self-disclosure* as one of the most salient discourse norms of psychotherapy. The chapter commences with a presentation of forms and functions of self-disclosure. The function of self-disclosure in psychotherapy is discussed as conceptualized in the praxis literature of psychology and psychotherapy. Next, the discussion moves on to data analysis, demonstrating how self-disclosure in the context of psychotherapy (client to therapist) is a product of a joint interactional effort between the client and the therapist, as well as how the therapist tends to rely on the client's communicative and interactional strategies (verbal, kinesic, prosodic), yet redefines their functions in the local context in order to facilitate and frequently resume a client's self-disclosure. Here, several such strategies utilized by the psychotherapist are described.

Chapter 4 presents *Communication of emotion* as a further defining discourse norm of psychotherapy. Emotions in psychotherapy manifest themselves in a multitude of ways; thus the strategies used by the therapist to prod the clients to emotional experience and the clients' communication