THERAPEUTIC DISCOURSE

Psychotherapy as Conversation

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PREFACE

This work is an investigation of psychotherapy seen as a form of conversational interaction. It explores the goals and techniques of therapy through a close examination of the linguistic forms used by a patient and a therapist in 15 minutes of one session.

Psychotherapy is an important institution of our society, and efforts to understand this practice have come from many directions. The present investigation is the result of extended collaboration of two investigators from distinctly different fields. Fanshel was drawn into the study of psychotherapy by his general interest in the delivery of social services. The activity of counselors and therapists was a prominent feature of his earlier investigations of social workers' perceptions of clients (Borgatta, Fanshel, & Meyer, 1960), services to the aging (Kutner, Fanshel, Togo, & Langner, 1956), as well as of his longitudinal study of children in foster care (Fanshel & Shinn, forthcoming). This work led to a study funded by the National Institute of Mental Health that attempted to report directly on the working styles of advanced practitioners of psychotherapy. One result of this investigation was the publication of *Playback* (1971), in which transcripts of six sessions of a family interview were analyzed by Fanshel and the therapist. Another part of this study was the more detailed investigation of a therapeutic conversation reported in this volume.

Labov's interest in conversational interaction is the result of a series of studies of linguistic change and structure on the basis of data gathered in the speech community. These studies developed linguistic interviews that approached the style of natural conversation (Labov, 1963, 1966). Later investigations turned to group interaction as an even more effective way of overcoming the constraints of the interview situation (Labov, Cohen, Robins, and Lewis, 1968; Labov, 1971). The systematic examination of these methods led to studies of narrative (Labov and Waletzky, 1967) and other speech events (Labov, 1972b).

This collaboration began in 1966 and has taken place over a 10 year period. In part, the extended period was required because the investigators could

meet only for 2 or 3 days each month, but as other microanalyses of conversation have shown, the subject is open ended; the analysis presented here is the result of a long period of evolution in the understanding of this particular conversation and conversation in general. Throughout this period, many other sociologists and linguists have developed a strong interest in conversational structures, and there has been some interaction along the way. But on the whole, the course of this investigation has been relatively independent; most of the ideas we present have been formed by the character of the materials we have been examining.

One of the earliest influences on our thinking was the work of Harvey Sacks. At a small gathering in 1966, we were first able to expose some of our materials to his insightful observation.

We have noted a number of specific contributions of Sacks to our analysis throughout this volume, but the larger influence of his thinking should be acknowledged as well. Regular interchanges with Emanuel Schegloff at Columbia in the years 1966–1970 allowed us to maintain close contact with the Sacks–Schegloff way of looking at conversation.

It is hardly necessary for us to acknowledge our indebtedness to Erving Goffman since several extended quotations indicate the specific directions of his influence. Throughout this volume, one can observe the benefits of exchanges with him and other students of language and interaction at the University of Pennsylvania.

We are particularly indebted to Charles Fillmore, Bruce Fraser, Teresa Labov, and Jerry Sadock for specific comments or criticisms of major sections of this manuscript; we feel that our final version is improved by their insights.

Our greatest indebtedness must certainly be to the agency that provided the opportunity for the direct examination of therapeutic practice, the Arthur Lehman Counseling Service. We would particularly like to thank Ruth Fizdale, the executive director, for her firm support during the investigation and her continued interest after that agency was dissolved in 1969. Our investigation is also indebted to the late Mrs. Richard J. Bernhard, who, as president of the agency, encouraged the development of the research reported here. We would like to acknowledge the financial support of the National Institute of Mental Health (R01 MH 14980-04) and the Loeb Fund.

The typing of this manuscript was particularly demanding. Ann Gerlock transformed our dictation and the transcript into coherent form through many versions of the manuscript, and its final emergence owes a great deal to her. We thank her warmly.

Finally, we wish to thank the unnamed therapist who figures so largely in this volume. After many years of close involvement with this short segment of her practice, we have come to hold her work in high esteem. Our analysis of what she accomplished may fall short in many respects, but we hope that we have given the reader a view of her high expertise in a demanding calling.

CONTENTS

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ABOUT THERAPEUTIC CONVERSATIONS

One of the most human things that human beings do is talk to one another. We can refer to this activity as *conversation, discourse,* or *spoken interaction.* One might attempt to distinguish among these terms, using one or the other to include more or less of the use of language in social life: greetings, lectures, service exchanges, broadcasts, and so forth. Yet all three terms will refer to the everyday situation in which two or more people address each other for a period of time, communicating something about themselves and their experience in the process. Students of conversation are becoming increasingly aware that this is an extremely complex activity and that we do not yet understand many of the principles that regulate it. This book is an attempt to grasp some of the general principles of conversation as they appear in the therapeutic interview, and some of the ways in which conversation is influenced by the particular character of that event.

The therapeutic interview is a conversational activity of considerable importance. It has been observed many times that the interview is simultaneously a diagnostic device and the method of therapy (MacKinnon and Michels, 1971, pp. 6–7). Whether this conversation succeeds or fails in its goals will make a considerable difference to the patient, but attempts to see the detailed structure of this activity have not met with great success in the past. The general opinion is that interviewing is an art rather than a science, a skill that can be acquired but probably not taught. There do not seem to be any strict rules of what can and cannot be said in therapy, where free expression is encouraged. If almost anything can be said at any time, then the number of choices which are open to the speaker would create a bewildering complexity. Yet many linguists and sociologists recently have been focusing on the rule-governed character of conversation and uncovering preliminary principles which suggest that this activity may be as well formed as the production of sentences. Linguists frequently

observe that there are sentence types that logically might have been produced but are forbidden by the rules of grammar. We have much less experience in constructing examples of ill-formed discourse, but patients confined to mental hospitals provide examples of discourse that seems to be incoherent:

Dr.: *What is your name?*
Patient: *Well, let's say you might have thought you had something from before, but you haven't got it anymore.*
Dr.: *I'm going to call you Dean.* [From Laffal, 1965, p. 85.]

Linguists have stressed the extraordinary competence of children in learning the grammar of their language with great speed and accuracy in their early years. From 18 months to 4 years, the child learns the most important rules of syntax. He may fail to follow the adult rules of conversation in many ways, but there can be no doubt that he has also been learning some very intricate rules of conversational sequencing. Even before the child learns to pronounce individual words, he seems to engage in conversational activity—taking his turn at vocalizing with an adult, and producing intonation contours that exhibit the patterns of adult conversation.* Though the rules of conversation that connect sentences may be more abstract and more difficult to grasp than the rules of sentence grammar, there is no reason to think that they are less intricate or regular. Yet it cannot be denied that what a person says at any given moment is dictated by his own particular life history and the practices of the several speech communities in which he has learned how to talk; the most general principles of conversation provide only part of the framework in which he operates. Other principles are determined by the specific character of the social situation, and this situation must be clearly defined if therapeutic conversation is to be understood in any serious sense.

The therapeutic interview is only one of several types of interview situations whose taxonomy and distinctive features are outlined in Chapter 2. Psychiatric interviews have been the major focus of attention in the past. There is a strongly entrenched tradition among psychiatrists that students in training should observe interviews carried out by others and report on their own interviews in writing. Recently there has been an increasing emphasis on the use of tape recorders and video-recorders for self-monitoring. On the other hand, there are many well-developed fields of counseling and therapy where there has been no tradition of monitoring or

*Marilyn Shatz (1975) shows that 2-year-old children have the ability to interpret and respond appropriately to a number of rules of indirect discourse. This includes some of the constructions included in our Rule for Indirect Requests in Chapter 3, by which such questions as "Can you give me a pencil?" are interpreted properly as requests for action.

training through objective observation. Thus we have a wide range of practices in assembling data which might be used to answer the question: What takes place in the therapeutic interview?

The monitoring which does take place seldom focuses on the speech behavior itself. Many discussions of interviewing focus on abstract processes such as *cathexis*, *transference*, or *resistance*, or upon relatively superficial aspects of nonverbal behavior. Reading through manuals and texts on the therapeutic process, one seldom finds direct quotations from the speech that occurred in the interview itself.* When quotations are given, they are usually presented as large blocks without detailed analysis.†

Without a focus on the particular speech acts and particular use of language in the interview, it does not seem possible that therapeutic practice can develop as a technical skill. At the least, the therapist should learn to recognize the patterns that he follows himself as a speaker and user of the language. Students in therapeutically oriented professions openly speak of their difficulty in acquiring technical training since they never actually witness the work itself. In chemistry, students are given practice in the laboratory operations of weighing, titrating, taking melting points, and so forth, and their skill in these practices can be measured by objective techniques. It is clearly impossible and undesirable for conversational practice to be codified to this extent, but the first step is to give some accounting of what expert practitioners do.

Though many insightful studies of the therapeutic process have focused upon the diagnostic side of the matter and upon the evaluation of the outcome, very few authors have addressed the question of what is actually done in the therapeutic interview. Many therapists are concerned with the phenomenon of resistance, and pose the question: Why does therapy take so long? But in attempting to answer this question, they do not examine what the patient actually says when he shows resistance to the therapist's suggestions. We do not wish to set aside or take issue with the theoretical frameworks used by psychiatrists and other therapists in evaluating their own interviews, but in focusing upon the actual language used by therapist and patient we hope to uncover principles that may be valuable for any theoretical orientation.

*See, for example, such varied approaches to the analysis of the clinical interview as Glover, 1955, Deutsch and Murphy, 1960, and MacKinnon and Michels, 1971. In Gottschalk and Auerbach's collection of articles in *Methods of Research and Psychotherapy* (1966), only one of the 34 chapters contains quotations from the interview, and this is a complete transcript of an interview without analysis. There are a number of chapters that quote the analyst's notes, several which discuss techniques of recording, and one by Gottschalk *et al.*, 1969, which gives many examples of isolated phrases to illustrate the coding system but no quotations from actual conversational interchange.

†See, for example, Deutsch and Murphy, 1949; Watzlawick *et al.*, 1967; Truax and Carkhuff, 1967; and Satir, 1964.

Our orientation toward the rule-governed character of conversation may lead the reader to expect that there is now available a theory and practice of discourse analysis within linguistics. This is not the case. Although the great majority of linguists are now aware of the need to develop rules relating sentences and escape from the confines of a sentence grammar, linguistics has not yet developed this field in any systematic way that is available to students in the area. Whereas there are general techniques for phonetic transcription, phonemic analysis, the isolation of morphemes, and rules for transforming sentences, there is no comparable achievement in the analysis of discourse. Linguists have recently emphasized the need for such principles because of particular problems that have arisen in sentence grammar: in accounting for the use of pronouns, the sequencing of tenses, rules of ellipsis, and the use of discourse-related particles in many languages. (See p. 72ff.) As a result, there is a strong and growing interest in discourse analysis within linguistics, but no one can claim yet that there is a codified competence in this frontier area.

THE BACKGROUND OF THIS STUDY

The initial impetus for our present investigation was the interest of Fanshel in analyzing the techniques used by seasoned workers in socially oriented psychotherapy. The research was carried on at the invitation of the Arthur Lehman Counseling Service, an agency that had been set up experimentally to offer social services on a self-supporting basis. The agency staff was selected carefully to include only individuals with extensive experience in therapeutically oriented casework. All of the therapists had undergone psychoanalysis as a part of their training and were thoroughly familiar with the psychoanalytic framework.

Four therapists agreed to tape record a series of patient interviews, with the patients' permission. In Fanshel's research design, the tapes were then replayed with the researcher, who engaged in a dialogue with the therapist inquiring into the therapist's own evaluation of what had taken place. The therapist was encouraged to take a self-critical stance, both positively and negatively. At any given point in the playback, a question would be raised by either the therapist or the researcher and the tape stopped for further discussion. The therapist would elaborate on the significance for the patient of what was taking place and would introduce material from the past history of the patient that would aid in the interpretation of what was transpiring. He would identify certain decision points, discuss the rationale for them, and evaluate the effectiveness of his intervention or criticize his own failure to intervene at a certain point. The therapist's comments illuminated the theoretical basis for his behavior and developed the philosophical implications of the therapeutic activity. All of this was

captured on a stereo recording in which the original session was transferred to one channel, and the discussion to the other.

Eight case histories were recorded and reviewed in this playback procedure; some included as many as 50 sessions over a 3-year period. One series of six interviews with a married couple is presented in Fanshel and Moss, *Playback: A Marriage in Jeopardy Examined* (New York, Columbia University Press, 1971). This publication makes available the tape recordings of the sessions, transcripts, and a full presentation of the playback material. The case discussed in our present study is a different one, but here too we will be able to draw upon the therapist's discussion of the patient's progress and her approach.

The *Playback* material illuminates the therapeutic process from the subjective viewpoint of the therapist enriched by her own theoretical orientation. Fanshel was also interested in reviewing the interview procedure from a more neutral viewpoint, and he therefore initiated a detailed objective examination of several interviews. His initial consultation with Labov in this connection was stimulated by Labov's work on the social stratification of English in New York City (1966).

In Labov's New York City research, five sociolinguistic variables were studied primarily through individual interviews with a random sample of local speakers. These variables showed a regular pattern of style-shifting as well as social stratification; such shifts were governed by the topic as well as the contextual situation. It was hoped that they would illuminate also the interpersonal dynamics of the therapeutic situation and serve as markers of style shifts. The linguistic study also used intonational signals as independent markers of style shifting, and it was expected that a careful analysis of intonational patterns would serve to make more precise many of the messages being conveyed.*

While some of the New York sociolinguistic variables play a role in the therapeutic session examined in this volume, they turned out to be comparatively minor factors in the overall communicative pattern.† We found that the social dialects used by patient and therapist had reached a fairly stable state, which may reflect the established familiarity of the participants in the therapeutic situation. On the other hand, the intonational patterns proved to be of crucial interest as our work progressed, in defining fields of discourse, in identifying patterns of communication, and in clarifying contradictions that would be unresolved if we considered only the words

*In this respect, we followed the lead of Pittenger, Hockett, and Danehy's *The First Five Minutes* (1960), although we do not build as heavily upon interpretations of paralinguistic cues as their analysis does.

†In the "Cues" section of our analyses, Chapters 4–9, the reader will find occasional examples of sociolinguistic variables such as (ing)—the "dropping of *g*'s"—and (r)—the pronunciation of final and preconsonantal *r*.

themselves. Since changes in pitch and volume assumed such an important role in our analysis, we have utilized techniques of acoustic phonetics to make more precise measurements of these phenomena. In Chapters 4 through 9, our analyses will be illustrated by instrumental displays of pitch and volume that we believe will resolve much of the uncertainty that surrounds the impressionistic transcriptions used in earlier studies.

The major contribution of linguistic theory and practice to this work is in a more abstract area than the analysis of sounds or even of grammatical patterns. As we became increasingly impressed with the complexity of the devices that speakers use to cope with each other, our attention inevitably turned to the higher-level questions of coherence in discourse, the relation between speech and speech act, and the rules of interpretation and production which relate speech to the actions being felt and performed. To answer the question, What is taking place in this interview? we necessarily dealt with what speakers were doing to each other or felt that they were doing to each other: that is, with their interaction. As long as linguistics was confined to the analysis of isolated sentences, it was possible to ignore this level of behavior. But the development of a linguistic theory which deals with discourse must inevitably take such abstract matters into account. We found that sentences are not necessarily connected at the utterance level but that sequencing in conversation takes place between actions which may be far removed from the words as literally spoken, both in time and in degree of abstraction. This research therefore represents a convergence of the social scientist's interest in human interaction and the linguist's desire to formalize the structures that govern the use of language and eventually the production of linguistic forms.

It has been obvious to everyone who has studied conversation or the therapeutic process that this activity requires an interdisciplinary effort. We have tried to present this material in a way that will be acceptable to anyone who is interested in the therapeutic situation or conversation, no matter what his academic background may be. For those interested in the clinical situation and the particular type of case discussed here, we have attempted to provide ample documentation so that it can be related to other such cases. For those whose main interest is in the more abstract analysis of conversation, we have tried to place the clinical and therapeutic situation in perspective and indicate to what degree this conversation is specialized by its situation. The analysis is presented in such a way that it can be applied freely to other conversations, in interview situations or in everyday social interactions—including the monitoring of one's own speech in daily life.

In the initial stages of our research, we studied a number of the cases that had been recorded in Fanshel's study of therapeutic practice. These included patients quite varied in age and social background. It would have been possible to develop a general discussion of particular structural prin-

ciples in conversation, drawing upon examples from a number of interviews. But as we began to realize the complexity of the behavior involved, we decided that we would have to enter deeply into the details of a particular case. It seemed best to confine our analysis to a single interview and make ourselves accountable to this data. We selected a therapeutic session with Rhoda P., a 19-year-old girl with a history of anorexia nervosa.

In this interview, the patient displayed a wide range of communicative styles, with sudden and dramatic contrasts from one section to another. Though this was the first recorded interview, it was the 25th in a series of sessions. At this point, the therapist had a good knowledge of Rhoda's background and mode of behavior, which enabled her to make a number of penetrating interpretations. Both therapist and patient had developed consistent ways of dealing with each other. We were witnessing work which was well in progress, and it was evident that the patient had absorbed some of the capacity for self-awareness that the therapist was trying to instill.

The first 15 minutes of this interview contains five segments, which are quite clearly delimited by their surface topics; these are presented as Episodes 1 through 5, Chapters 4–9. We do not have the visual record, and there are many points at which our analysis no doubt might have been improved or clarified by a video tape. We can often infer that a gesture or facial expression played an important role; but it also appears that there is a great deal of redundancy in speech alone, and from other studies we have reason to believe that audio tape recordings are sufficient to give us a coherent interpretation of what takes place in a therapeutic session. We have no doubt that an extension of our approach with video tape or film will have valuable results, but the problem of presenting it and interpreting the rich visual field has not yet been solved to anyone's satisfaction.

In addition to the record of the interview itself, we are able to draw upon the comments made by the therapist in a playback session—both for this and for subsequent taped encounters. In our analysis, we will also be drawing from other sections of the interview being analyzed. There are many parallel incidents, behaviors, and expressions which we might have taken from subsequent interviews to illustrate the same general principles. However, we have been able to draw from these five episodes enough repetitions of the same phenomena to confirm our sense of the validity of the rules and analyses presented.*

Given this research strategy, we face the problem of drawing general conclusions from a single case. While we have utilized discourse rules which are drawn from a very large number of cases, the analysis presented

*This general observation confirms one of the principles of recurrence in Pittenger, Hockett, and Danehy: "Anyone will tell us over and over again in our dealings with him what sort of person he is . . . what his likes and dislikes are and so on" (1960, p. 235).

here is founded upon an understanding of this one case. The internal consistency and replication of the principles within this interview provides considerable justification for this approach. It is true that this is a case of a relatively common and important therapeutic problem; it is also true that therapy and therapeutic sessions are an increasingly important type of conversation. But our main focus is upon this interview as an example of human conversation in general, and we explicate the specific features so that the application of the general principles can be seen. Every conversation is of course a union of particular situational factors and such general conversational principles. We find that it is not feasible to study conversation by attending to general principles alone, without attempting to grasp specific conditioning factors. This is because a reader may accept a general principle based upon its intuitive attraction for him, but he may refuse assent to the proposition that this principle is inherent in a particular case unless an effort is made to arrive at an interpretation which articulates with all of the empirical facts that are available.

There is a good precedent for an intense scrutiny of a single case, both within the history of therapy, and in the history of science in general (Davidson and Costello, 1969). We believe that such microanalysis is a necessary prelude to useful generalizations, but we do not propose that the reader judge our rules and principles by their success in "solving" this particular case. Rather it is obvious that the utility of our work will be judged when the reader turns to other cases that he is more familiar with and encounters fresh data that may be assessed within this framework.

THE CASE OF RHODA P.

Rhoda, the patient in the clinical session analyzed in this volume, is a 19-year-old Jewish girl who resides in New York City.* She was referred to the agency for help with her emotional difficulties by her physician, a specialist in internal medicine, after quite intensive medical treatment for severe loss of weight. The disease had been diagnosed by him as anorexia nervosa. Rhoda showed the classical symptoms of the disease when her weight dropped from 140 pounds to 70 pounds in a relatively short period. Her family reacted with considerable alarm and eventually had her admitted to a hospital. Rhoda also showed symptomatic amenorrhea: Her menstrual flow stopped when she reached the most extreme stage of emaciation.

After hospitalization, Rhoda continued on a program of intensive medical care with close dietary supervision and medication; the weight loss was

*The name is obviously a fictitious one. We have taken the caution of altering all names and some of the descriptive information contained in the material to protect the confidentiality of the patient.