EDITORIAL

Understanding change in psychotherapy: Current trends, methodological challenges and future directions

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The interest of all the papers in this Special Issue is on unveiling the ‘something’ in the manner in which the therapist and the patient communicate and interact that has the potential to bring about change or (self-)transformation in the client/patient. As such, we begin with a quotation that is also used by one of our commentators on the main articles, Prof. Michael Buchholz:

The intervention we discuss in this book is still mostly a human conversation – perhaps the ultimate in low technology. Something in the core of human connection and interaction has the power to heal.

(Wampold and Imel 2015: 2)

Change and healing – as mentioned above – is why clients and patients embark on the psychotherapeutic journey; change is the *raison d'être* of therapy. Clients hope that by talking things through and by gaining new knowledge and insights, they will experience a qualitative, substantial and positive change in their lives. Thus, from the client's perspective, there is an assumption that an interaction in the therapy room will somehow translate into more rewarding and fulfilling life experiences.

At the same time, however, the desired *change*, with its implication of *new something* (which has an aura of the *unknown*), requires from clients a serious reworking and redefining and thus novel understanding of their life experiences and ultimately of themselves. Concurrently, this novel

understanding may require from clients – on the basis of a newly gained complexity and changed coherence – realization in hindsight that things should have been done differently (Buchholz 2019). Accordingly, communication in the therapy room, although always geared toward change, is oftentimes accompanied by clients' (seeming) resistance, as it necessarily entails a serious, and thus at times painful, re-evaluation of one's life choices and decisions. Furthermore, psychotherapy is typically a long process that is embedded in and contextualized by clients' continuing outside-of-therapy lives and which despite or because of such outside development ‘often results in one step forward, two steps back’ (Hargrave and Pfitzer 2011: 92).

Accomplishing change for the client emerges, then, as a complex process that may, however, not always lead to a successful resolution, i.e. to the aspired self-transformation. Further, even though psychotherapy is geared to facilitate client change and the overall effectiveness of therapy has been assessed in various meta-analyses, how that change occurs at the communicative level is still not well-understood (Murray 2002; Higginson and Mansell 2008).

There has been a long tradition of quantitative research into client change that attempts to identify, metaphorically speaking, certain ‘change mechanisms’ or ‘effective ingredients’ (Elliott 2012). Quantitative psychological therapy research

treats psychotherapy as primarily an intrapsychic or inter-relational process. Quantitative studies into client change attempt to identify certain fixed techniques (change mechanisms) in the psychotherapeutic work that (should) lead to positive treatment outcomes. It does not, however, consider the ongoing process of interaction between the therapist and the client with its various, often unanticipated, 'gaps, discontinuities and tensions' (Peräkylä 2013: 552).

Increasingly, modern qualitative methods are being used in research into various aspects of psychotherapy, including in relation to client change (see Carey *et al.* 2007; Elliott 2012). The qualitative analytical gaze, in particular the methods of discourse analysis, rejects the fixity and functional rigidity of practices referred to as 'mechanism of change' in the quantitative paradigm. Instead, discourse analytic approaches view therapy as an interactionally nuanced process with moment-to-moment changes in the conversational flow that have a bearing on the function of the practices. Thus, the functions of what the clients and the therapists say and do in a given session need to be locally recognized as embedded in the very context of their therapeutic conversation. Importantly, the analytical gaze of discourse analysis allows the researchers to slow down the interaction and zoom in on the *what* and *how* of (discursive) practices in terms of their potential for 'something' (Wampold and Imel 2015: 2) that has the power to heal, and thus indexes some sort of transformation in the local context of the conversation.

All the papers included in this Special Issue adopt a qualitative, context-sensitive discursive perspective by offering a fine-grained analysis of interactional changes as indexing client transformation *in progress*. From this perspective, psychotherapeutic change is considered an interactional phenomenon and *both* the therapist and the client are involved in enacting/performing and co-constructing change in the course of a single session and across them.

In particular, the studies utilize the ethnomethodological perspective of conversation analysis (CA). CA research on psychotherapeutic interaction has offered detailed descriptions regarding certain discursive practices (e.g. Antaki 2008; Bercelli *et al.* 2008; MacMartin 2008; Spranz-Fogasy 2010; Weiste and Peräkylä 2013)

and certain higher-order formats and mechanisms (Voutilainen *et al.* 2011; Bercelli *et al.* 2013; Scarvaglieri 2013; Spranz-Fogasy 2014) as well as overarching principles which interactions follow (Pain 2009; Pawelczyk 2011). In addition, there is growing CA-oriented work on client change (Graf *et al.* 2019; Peräkylä 2019), focusing on changes in the form and structure of interactional sequences, but importantly also on how these sequences are modified or transformed over time (Voutilainen *et al.* 2011; Voutilainen *et al.* 2018). As regards transformative sequences, in-depth analysis of the third position is crucial for the therapy process, as responding appropriately to clients'/patients' answers is one of the most challenging tasks for therapists: the therapists must decide which intervention to choose and how to frame it linguistically and interactively (Peräkylä 2019). Thus, from a CA-perspective, a client's transformation of his/her experience can be captured in sequential relations between utterances and 'the utterance-by-utterance transformation contributes to the process of change in more macroscopic time, spanning the continuum of psychotherapeutic sessions' (Peräkylä 2019: 257).

Challenges in investigating client change in psychotherapy

Investigating client change or self-transformation, as a complex and nuanced human experience, poses a number of methodological and epistemological challenges for conversation analysts, given that the therapeutic conversation is just the observable part of the change process. These challenges need to be considered by discourse researchers if we want to move beyond documenting the local effectiveness of therapeutic interactions and instead aim at relating findings regarding micro-level, turn-based, sequentially organized interaction to the global effectiveness of psychotherapy, i.e. to the overall goal attainment in the context of established phases of change. This will launch a fruitful and promising dialogue with evidence-based psychological research and make it possible to address the appropriate responsiveness problem of integrating effectiveness and interaction, as formulated by Stiles and Kramer (Stiles 2013; Kramer and Stiles 2015).

Below, we summarize some of these challenges as a series of questions (see also Pawelczyk 2019):

1. Can we generate a documentation and explanation of client change that will be applicable to the many therapy protocols? (See Leiman 2012: 125 on 'the fundamental twin process of all psychotherapies', i.e., client's self-disclosure and self-observing stance vis-à-vis the observer's position.)
2. Is the analyst's perspective sufficient to identify a particular interactional practice as promoting client self-transformation across sessions? (See the concept of the analyst's paradox – Sarangi 2002, 2007, 2010.) Should we include in our change research the participants' voices (i.e., the clients' and the therapists') as well?
3. Closely related to the previous point, what sets of data need to be collected and analyzed to enter a dialogue with the quantitative evidence-based paradigm?
4. How might changes in the interactional patterns in conversation in the therapy room relate to clients' real-life experiences outside the therapy setting? Do we need to account for that analytically, too, and if so, how do we perform it? (See section on 'Ways forward' below.)
5. Do we tend to leave out the potentially chaotic and interactionally 'messy' therapy moments? Psychotherapy is such a nuanced mental, social and necessarily interactional process, with clients taking 'one step forward and two steps back', yet we as researchers tend to approach and present the therapy process as a straightforward linear progression. Maybe these 'messy' moments are the locus of incipient change and thus they need adequate analytical attention (but see e.g., Couture 2007; Muntigl 2013).

These questions are meant to show the complexity behind investigating client change, and thus need to be at least reflected upon if we, as researchers, want to be true discourse practitioners (Sarangi 2002).

Summary of the papers

All the papers included in this Special Issue embrace the many ways that client/patient

(self-)transformation can be captured in the (minute) details of the interaction, concurrently reflecting the clinical specificities of clients' issues and the concrete therapy approaches analyzed.

Scarvaglieri, in his paper titled 'Starting points for therapeutic change: Therapists' rewordings of patients' experiences', draws on concepts from cognitive linguistics to understand the conceptual aspects of the therapist's reformulations of the patient's experience. The analysis showcases the societal perspective as key in the process of the therapist's rewording of patient's experience. By creating the links between collective knowledge and the verbalized experience, the patient is able to change his or her understanding of how the troublesome experience came about, its characteristics and ultimately how it can be managed in a successful manner. The paper demonstrates how the psychotherapist's interventions can initiate the process of change.

Spranz-Fogasy, Graf, Nikendei and Ehrenthal, in their paper titled 'Requesting examples in psychodiagnostic interviews: Therapists' contribution to the sequential co-construction of clients' change', address the transformative potential of a particular question type, requesting examples (RE), in the context of Operationalized Psychodynamic Diagnosis data. The practice of RE by therapists explicitly or implicitly criticizes patients' prior turn as insufficient, opens up a retro-sequence and in the following turns provides for a description that helps clarify the meaning and evinces psychic or relational aspects of clients' concerns. The participants thereby co-construct common knowledge which allows the therapist to pursue the overall aim of therapy, which is to increase the patients' awareness of their distorted perceptions, and thus to pave the way for change.

Pawelczyk, in her paper titled 'The therapist's emotional presence and its interactional functions in promoting client change in relationship-focused integrative psychotherapy', focuses on the concept of emotional presence to examine how this key aspect of the therapeutic alliance is operationalized by the psychotherapist's invoking of the client's immediate experience. Pawelczyk demonstrates how by topicalizing the client's (typically) proffered nonverbal cue(s), the therapist is able to elicit emotion talk from the client in the here-and-now of the interaction. Emotional presence is discussed

as salient in promoting client (gradual) change by allowing clients to engage in overt self-reflective examination of their emotional and relational patterns in the immediate context of their trouble-telling. This practice, in turn, progressively equips clients with a self-observing stance (see, e.g., Avdi 2012; Leiman 2012).

Voutilainen and Peräkylä, in their paper titled “Open” and “closed” therapies: Psychotherapeutic relationship and variety of participants’ stances in different phases of therapies, introduce the distinction between these two kinds of therapies to capture the dynamics of the therapist–client interaction. The differentiation refers to the level of variety, i.e., how the stances displayed by the participants relate to each other as well as to the topic they are discussing. Open therapies allow for greater variation in stance, while closed therapies are characterized by fixed patterns. It is assumed that the variety of stance has a bearing on the phasic organization that is common to all psychotherapeutic processes and to change in the internal world of the client.

Finally, **Muntigl and Horvath’s** paper, titled ‘Change in family therapy: Accomplishing authoritative and moral positions through interaction’, looks into family therapy, where individual members and improvements in intra-familial relations are realized by repairing the family structure. The authors demonstrate how a (master) therapist generates in-session interactions between a mother and a daughter. In particular, the analysis identifies the discursive resources through which the therapist is able to readjust the role relationships between the family members so these become more appropriate. Additionally, since there has been little work done on the interactional realization of the therapeutic tasks in clinical practice, the authors also showcase how the therapist’s actions index core Systemic Family Therapy principles of restructuring the family, i.e., the practices that are indexical of change.

Ways forward

The vibrant discursive research on client change in psychotherapy must recognize therapy work as a longitudinal process (Peräkylä 2019). Thus episodes of change or thematic threads (Voutilainen

et al. 2018) identified with the methods of fine-grained analysis should be examined over several sessions. In identifying these sequences of change, the voice of the clients and/or therapists should be incorporated where relevant (although, as documented, the clients’ and therapists’ views on what is significant do not always converge – Elliott 2012). This follows the research tradition where clients are asked to identify the significant moments in their therapies (see, e.g., Viklund *et al.* 2010). After all, therapy is for clients and aims at client change. Future studies should then be characterized as incorporating fine-grained CA analysis with participant(s)’ perspective(s) and carried out longitudinally.

Research on client change should also move beyond the individual therapy contexts and look into non-individual therapy formats, for example group therapy. This line of work has just started emerging with the seminal study by McVittie *et al.* (2019) where CA is combined with the longitudinal perspective.

Qualitative discourse analytic perspectives in investigating client change can be complementary to mainstream quantitative psychological research (Rice and Greenberg 1984; Elliott 2012) by, for example, interactionally unpacking and documenting the theoretical models of change. Discourse analytic methods, CA included, have the potential to demonstrate the complexity and oftentimes non-linearity of change as transpiring in the situ of the interaction. Such an interdisciplinary dialogue is essential to understanding the highly nuanced phenomenon of client change in psychotherapy.

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