Commentary 1:

Clinically rethinking CA studies to improve therapeutic conversation

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The therapeutic space

Having read the five papers – by Joanna Pawelczyk, by Claudio Scarvaglieri, by Thomas Spranz-Fogasy and co-authors, by Liisa Voutilainen and Anssi Peräkylä and by Peter Muntigl and Adam O. Horvath – it is a pleasure to conclude that our common project to better understand what is said and done (by talking) in the treatment room is on the right track. I am a fully trained psychoanalyst who has conducted some conversation analysis of my own, and I think I have an idea how much work must be invested in writing such papers after collecting, organizing and analyzing the data, and I know that some of the contributing authors here have considerable experience in doing psychotherapy themselves. It is an honor to be invited to comment on these studies from a clinical point of view, which I restrict to my professional experience as psychoanalyst and as a family therapist with many years of experience. Let me begin my comment with a rough sketch of the dimensions of what can be termed the ‘therapeutic space’ with a structure (horizontal/vertical). One of the most relevant gains by CA studies is a temporal-sequential perspective on process.

My first dimension to be considered here is horizontal, indicating the shared ‘distance-closeness’ of social linkages. Therapist and patient (or client) talk, in most situations sitting face-to-face. They address each other and follow each other’s gaze or

the movements they make with their heads, their faces and their bodies. In particular, they mutually read each other’s hand gestures and include this reading into their imagination of each other. A process of collaborative meaning making is set in motion. Spranz-Fogasy and his co-authors show how therapists using formulations they name ‘requesting examples’ extend this horizontal dimension. This extension has a curative effect in itself; it liberates the patient from the narrowing effect of false abstractions. Voutilainen and Peräkylä also address this difference between extension and narrowing in making their plausible distinction between ‘open’ and ‘closed’ therapies. In ‘open’ therapies, there are more variations in stance taking, a higher flexibility of mental movement; perhaps one might say therapist and patient are ready for a kind of conversational dance which is missed in ‘closed’ therapies (or sessions). It is not easy to define the outer border of such a space. Scarvaglieri shows how a beneficial therapeutic interpretation is directly linked to cultural knowledge, through an example of a woman who is understood to be treating her husband like a child but is trying to change this. The cultural knowledge in such an interpretation transcends the limits of the therapeutic space along the horizontal axis.

The second dimension is vertical, which here indicates depth. Patients are encouraged to tell their (hi)story. Being invited to tell a ‘how-they-became-what-they-are-history’ is

considered relevant in most therapies. Such biographical depth is complemented by an emotional deepening stimulated by the therapist's questions and challenges, and together diving into this vertical axis leads to personal growth that can often be observed by the therapist and which is manifested in embodied metaphors that indicate a sense of empowerment; sometimes, for instance, both participants are surprised by a patient's dream that he or she can fly. Higher dimensions of being and thinking thus evolve from this process. In order not to reify the horizontal-vertical space metaphor, though, I want to add a third, processual, dimension: that of time. Everything that happens in therapy has a time index that can be macroscopic or microscopic. Time is a macroscopic dimension when, for instance, a patient starts to realize that his/her complaints and problems have a personal history, which began many years ago, sometimes even during the lifetime of their grandparents' generation; or when he or she understands that false solutions to problems (like drinking alcohol, stopping eating or refusing to learn) began in the past as a form of futile, helpless or despairing protest.

Conversation analysis – in contrast – makes time visible as a microscopic dimension. Conversational endeavors that fail at the beginning of a therapeutic endeavor may prove successful during later sessions; binding actual experience together with biographical details must follow taking the patient's history, and extended silences may be tolerated only in later sessions. CA studies have a fine sense for the time dimension as they all investigate conversations through the concept of 'sequentiality'. Things happen one-after-the-other, but this does not only structure time – it also links conversational activities in a way that determines the kind of relationship the two participants in a therapeutic encounter develop. Sequentiality, then is relevant both to the linguistic expression of the time-dimension *and* to the horizontal dimension as manifested by social linkages.

Interestingly, it was Freud who pointed out that nothing in psychoanalysis can be considered true except for the things that happen in the treatment room. However, the time dimension especially is strongly obscured by the structural concepts that all theories prefer. Diagnoses, for example, are often treated as if carved in stone. All studies in this Special Issue overcome such a structural standstill

of time, because CA brings in an urgently needed processuality into debates of therapeutic process.

In what follows, I want to use this roughly outlined framework of dimensions that are horizontal (social distance), vertical (biographical and emotional depth) and processual (time) in my attempt to integrate various aspects of the studies I was invited to read and comment on.

Empathy

Spranz-Fogasy and co-authors clearly show that patients' 'requesting examples' have a three-step sequential structure: a patient presents a problem; the therapist requests an example; the patient responds with more information. This schema of sequentiality is argued for in such a convincing manner that the presentation of only one such example suffices to illustrate the process. However, is it true that therapists need 'information'? For what purpose? For designing an 'intervention'?

It might be the case that the technical language of analysis obscures relevant aspects of why and how therapists request examples. How do therapists make such a request in an understandable and agreeable manner? And why do they need it? One answer offered by the authors is easy to digest: if the patient follows the request and delivers an example, then their experience is deepened. My question now is: is it the patient's deepening alone? I assume that in this theme of requesting examples there is a hidden question of relevance for therapeutic demands and conversation analysis. In other words: what does a therapist need in order to understand another person profoundly? Patients very often – at the beginning of their treatment – describe their experience in abstract terms such as 'my mother/father/teacher was such and such and this is why I became such and such'. This abstract character can be recognized by the implicit causal model entailed in such utterances.

The reason for such an abstract depiction might be a kind of emotional impoverishment or, alternatively, a particular definition of the relationship with the therapist on the patients' side, in which the patient assumes this type of abstract description is expected by the therapist. In either case, the therapist must find a way to show patients that empathy is rendered difficult or even impossible in such a

presentation. What is needed, then, are examples – but why? Examples are required because narrative scenarios are attempts to describe how things were. Narrative scenarios entail the telling subject (in a temporally earlier position) together with one (or more) participants enacting something; narrative scenarios point to emotional experience and processing, because they unfold the speaker as a present, as a telling Ego and as a told Ego. The temporal dimension, then, opens up this space. Instead of describing an abstract causal relationship, a narrative scenario inevitably illuminates the narrator's agency within the therapeutic space, and this is what the therapist needs in order to become emotionally present for the patient. Such an emotional presence could be documented by a study on physiological measures between patient and therapist (Peräkylä *et al.* 2015); at the peak of a narrative the therapist 'shares the emotional load', which diminishes the patient's level of physiological arousal.

Pawelczyk seems to follow exactly this line of thinking in her analysis of one therapist working with three different patients. The 'therapist's emotional presence' is required and it undoubtedly has the interactive effect of making the patient feel that s/he is meeting an attentive and interested person. Pawelczyk describes in detail how the therapist 'notices' (Muntigl and Horvath 2014) one patient's smile or another patient's tears and tactfully addresses these emotional moments as part of being 'emotionally present'. But, what is meant by 'tact' or 'tactfully addressing' emotional moments?

In their paper, Muntigl and Horvath observe the structural family therapist making similar 'emotionally present' observations. Family therapists, they observe, are often 'used' by family members as listeners when talking to other family members. This is the first part of their observation, which is a graduated one. Family member A uses the therapist as listener and observes how the therapist listens and how their listening is – in turn – observed by other family members. Muntigl and Horvath clearly see observing observers observing other observers. From an epistemic dimension alone, not very much would follow. Therapeutically more relevant is how – during such a process – affiliation between family members alters and how the therapist is induced to participate in the family's power play, how therapists are tempted or even

blackmailed to take stance. To change a power dimension into a deontic dimension is one of the skills therapists must acquire. The structural family therapist Salvador Minuchin does it by noticing the power play, verbally pointing it out and inviting the speakers to change seats so that they can address each other in a more face-to-face manner, while the therapist takes up a more neutral position which enables him to become an observer. This carefully examined example demonstrates a more general problem in psychotherapy: how can a therapist *become* a neutral observer? How can he or she tactfully refuse an invitation to take a stance? These questions cannot be answered by a theory alone. The answer is performed.

Therapy as performance, not as 'application'

The described observations in the papers have the potential to point to a long-standing error in psychotherapy research: thousands of studies have been undertaken to reveal 'the method' that causes improvement, while disregarding the therapist. Researchers were so deeply enmeshed in this rat race of testing method after method and of searching for the most effective one that it took a long time for them to realize that it is the therapist that makes the difference!

As a rule, the study of psychotherapies has been favored over the study of psychotherapists – as if therapists, when properly trained, are more or less interchangeable. [...] This bias is supported by a scientific culture of modernity that prizes and emphasizes rationality, objectivity, and mechanisms conceived as impersonal processes [...] and that views the personal element or the subjective equation in human experience and relations as a source of error in research to be minimized or controlled [...].

(Orlinsky and Ronnestad 2005: 5)

Is it the therapist then? Should CA research join the many studies on therapists' personality? The answer is: No! Although one cannot deny that 'The therapist matters!' (Luborsky *et al.* 1997), other process researchers come close to a CA position:

The relationship does not exist apart from what the therapist does in terms of method, and we cannot imagine any treatment

methods that would not have some relational impact. Put differently, treatment methods are relational acts.

(Norcross and Lambert 2018: 304)

Relational acts include epistemics, affiliation and deontics. The therapist's emotional presence can be studied by CA, as illustrated in Pawelczyk's contribution. It is a presence not only for the patient's improvement, but also a presence that enables the therapist to perform a method, e.g. by requesting examples. 'Performing' concurrently includes tact. To think of the therapist as a 'causal agent', who does therapy by 'applying interventions', eliminates the therapist's presence. Conceptualizing the therapist as causal agent comes close to what Scarvaglieri quotes from a linguist as 'billiard-ball sociology' (Silverstein 2003: 206). The therapist's contribution is no billiard cue pushing the billiard ball, although therapists often talk in this way. The affiliative and deontic stance is something therapists learn from experienced professionals and colleagues as well as by studying their own therapies and learning from failures. CA is a good training for this self-examination.

Merton Gill, according to a reminiscence by Horst Kächele (personal remark, June 2017), once made a wonderful remark, that 'Who wants to *apply* a theory, must have earwax in his third ear.' In human relationships, theories always come after the fact. However, the schema of 'theory – application – practice' omits the most important thing, which was clearly articulated by a German philosopher known as the founder of pedagogy, J. F. Herbart. In his *First Lectures on Pedagogy* (1802: 126 – my translation) he wrote:

But no matter how good a theorist is, when he exercises the theory and only deals with the cases that occur [...] a middle link involuntarily slips in between theory and practice, namely a certain tact, a quick judgement and decision, which does not proceed in an eternally uniform manner as with a dilettante [...].¹

In his further remarks, Herbart speaks of skillfulness, dexterity, proficiency – qualities that can be subsumed under the heading of 'performance'. The verb *perform* describes a 'doing'; close to a human sphere and to the sphere of art where to perform means to give an element a new life, to vivify a

way of thinking or to endow it with some aesthetic allure. Conversation analysts have coined the term 'talk-into-being' (Gafaranga and Britten 2005).

Performing psychotherapy might explain why we have so many theories, sometimes articulating insights in the vicinity of others, but with the help of new terminology. Every analyst performing his/her theory in a way follows unconsciously a principle which conversation analysts have termed 'local sensitivity' (Bergmann 1990):

Thus, the concept of local sensitivity is introduced not to refer to the sequential and topical conditions for any next turn, but instead to the present extra-verbal, situational locale in which a next utterance gets placed and realized. Local sensitivity is meant to capture the tendency built into every topic talk to focus on elements of the encounter's context which are situated or occur in the participants' field of perception but have not been topicalized so far. (Bergmann 1990: 205)

Local sensitivity guides conversations in two ways, so that conversationalists (a) address components of situations which are accessible for both and (b) treat each other with unconscious reference to local roles, age and other relevant aspects of a person. The first aspect here could be addressed as 'factual', the second is articulated by finding the right tone, modulation of voice, and by using appropriate words etc. We shape utterances by 'recipient design'. The same story is 'designed' by observable details (Newman-Norlund *et al.* 2009; Hepburn and Potter 2011; Betz 2015). The factual and the phatic aspects of conversation silently cooperate, mostly unobserved by participants, but describable in many details. We *perform* psychotherapeutic interpersonal by conversation.

This description has deep roots in psychoanalytic heritage and social scientific tradition. The philosopher and phenomenologist Alfred Schütz (1967 [1932]: 102) observed the 'synchronism of two streams of consciousness' as an important dimension and effect of conversation, while the social researcher Jerome Bruner (2014 [1995]: 1) showed ways from 'joined attention' to what he described as 'meeting of minds'. The relational psychoanalyst Lew Aron (1996) uses the same phrase, 'meeting of minds', as his book title in order to describe the psychoanalytic process. This

coincidence is not a plagiarism; it is something in the tradition of Sandor Ferenczi's observation of 'unconscious communication' in the treatment room (Miller-Bottome and Safran 2018). In modern social theory, phenomena like 'joint attention' (Moore and Dunham 2014 [1995]) began to attract interest, were continued by observable steps into 'shared attention' (Baron-Cohen 2014 [1995]) and 'shared intentionality' (Schmid 2012) and, finally, a way was paved from the body to sociality (Pillet-Shore 2020), in both directions: 'Human experience is grounded in its shared nature' (Pillet-Shore 2020: 2), which we give the name of 'social nature'.

Conclusion

There is a growing stream of scientific papers taking up the call by Anna Madill (2015) for more integration of CA concepts and therapeutic concepts. This is not an easy task, though, as others have pointed out. There is much tacit knowledge in 'doing therapy' (Stiles 1995) and there are many detailed observations which run beyond the control of therapists although they are obviously highly relevant. No research method up until now has evinced such a distinct way of pointing to these micro-analytic elements of talk as CA and other discourse-analytic frameworks. Yet, how to relate these small building blocks to the idea of a therapeutic house-to-live-in, how to relate details to a biographical history, how to integrate 'larger chunks' of a telling *and* details of performing talk (Buchholz and Kächele 2017) still remain open questions.

Perhaps it is time to think about the little irony expressed in a quotation after many years of empirically evaluating process and outcome studies:

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)

The irony lies in the fact that what is named an intervention is said not to be an 'intervention' – human conversation is 'the ultimate in low technology'. It was a psychoanalyst, Merton Gill (2000 [1994]: 46), who observed:

There is no such thing as an intervention, including silence, that is not at the same time an action that arises from an interpersonal response and to which there will be an interpersonal response in return.

If we reconceptualize the 'core of human connection' as a technical tool or 'intervention', everything of value in psychotherapy is at risk of losing the power to heal. It is difficult to imagine how one could integrate the idea of an 'emotionally present therapist' with someone who 'applies' an 'intervention'. The technical language (or not) makes a difference. Patients are not billiard balls; they are thinking people responding to people thinking. Thus, we see how a therapist's emotional presence contributes to patients' change, how a family therapist creatively arranges sitting positions in order to prepare for a 'meeting of minds', how a wider opening of the therapeutic scope and interpretation to a cultural dimension gives biographical and emotional depth, how 'requesting examples' open the narrative details required for the therapist's empathy and how therapists can contribute to 'open therapies'. All these are valuable examples for proceeding with and deepening cooperation between the therapeutic field and CA researchers.

Note

1. 'Nun schiebt sich aber bei jedem noch so guten Theoretiker, wenn er die Theorie ausübt und nur mit den vorkommenden Fällen [...] verfährt, zwischen die Theorie und die Praxis ganz unwillkürlich ein Mittelglied ein, ein gewisser Takt nämlich, eine schnelle Beurteilung und Entscheidung, die nicht wie der Schlendrian ewig gleichförmig verfährt' (Herbart 1802: 126).

References

- Aron, Lewis (1996) *A Meeting of Minds – Mutuality in Psychoanalysis*. Hillsdale, NJ: Analytic Press.
- Baron-Cohen, Simon (2014) [1995] The Eye Detection Detector (EDD) and the Shared Attention Mechanism (SAM); Two cases for evolutionary psychology. In Chris Moore and Philip J. Dunham (eds), *Joint Attention: Its Origins and Role in Development*, 41–60. Hoboken, NJ: Taylor and Francis.

- Bergmann, Jörg R. (1990) On the local sensitivity of conversation. In Ivana Marková and Klaus Foppa (eds), *The Dynamics of Dialogue* 201–226. New York: Harvester Wheatsheaf.
- Betz, Emma (2015) Recipient design in reference choice: Negotiating knowledge, access and sequential trajectories. *Gesprächsforschung – Online-Zeitschrift Zur Verbalen Interaktion* 16: 137–173.
- Bruner, Jerome S. (2014) [1995] From joint attention to the meeting of minds. In Chris Moore and Philip J. Dunham (eds), *Joint Attention: Its Origins and Role in Development*, 1–14. Hoboken, NJ: Taylor and Francis.
- Buchholz, Michael B. and Horst Kächele (2017) From turn-by-turn to larger chunks of talk: An exploratory study in psychotherapeutic micro-processes using conversation analysis. *Research in Psychotherapy: Psychopathology, Process and Outcome* 20: 161–178. <https://doi.org/10.4081/ripppo.2017.257>
- Gafaranga, Joseph and Nicky Britten (2005) Talking an institution into being: The opening sequence in General Practice consultations. In Keith Richards and Paul Seedhouse (eds) *Applying Conversation Analysis*, 75–90. Basingstoke, UK: Palgrave Macmillan. https://doi.org/10.1057/9780230287853_5
- Gill, Merton M. (2000) [1994] *Psychoanalysis in Transition: A Personal View*. Hillsdale, NJ: Analytic Press.
- Hepburn, Alexa and Jonathan Potter (2011) Designing the recipient: Managing advice resistance in institutional settings. *Social Psychological Quarterly* 74 (2): 216–241. <https://doi.org/10.1177/0190272511408055>
- Herbart, Johann F. (1802) Die ersten Vorlesungen über Pädagogik. In Johann F. Herbart (ed.) *Kleinere pädagogische Schriften*. Hrsg. v. Walter Asmus. 2. Aufl., 121–131. Stuttgart: Klett-Cotta.
- Luborsky, Lester, Andrew T. McLellan, Louis Diguier, George Woody and David A. Seligman (1997) The psychotherapist matters: Comparison of outcome across twenty-two therapists and seven patient samples. *Clinical Psychology: Science and Practice* 4 (1): 53–65. <https://doi.org/10.1111/j.1468-2850.1997.tb00099.x>
- Madill, Anna (2015) Conversation analysis and psychotherapy process research. In Omar C. G. Gelo, Alfred Pritz and Bernd Rieken (eds) *Psychotherapy Research*, 501–516. Vienna: Springer Vienna. https://doi.org/10.1007/978-3-7091-1382-0_24
- Miller-Bottome, Madeleine and Jeremy D. Safran (2018) Ferenczi's contributions to relational psychoanalysis: The pursuit of mutuality. In Aleksandar Dimitrijevic, Gabriele Cassullo and Jay Frankel (eds) *Ferenczi's Influence on Contemporary Psychoanalytic Traditions: Lines of Development – Evolution of Theory and Practice over the Decades*, 227–231. London: Routledge.
- Moore, Chris and Philip J. Dunham (eds) (2014) [1995]. *Joint Attention: Its Origins and Role in Development*. Hoboken, NJ: Taylor and Francis. <https://doi.org/10.4324/9781315806617>
- Muntigl, Peter and Adam O. Horvath (2014) 'I can see some sadness in your eyes': When experiential therapists notice a client's affectual display. *Research on Language and Social Interaction* 47 (2): 89–108. <https://doi.org/10.1080/08351813.2014.900212>
- Newman-Norlund, Sarah E., Matthijs L. Noordzij, Roger D. Newman-Norlund, Inge A. C. Volman, Jan Peter de Ruiter, Peter Hagoort and Ivan Toni (2009) Recipient design in tacit communication. *Cognition* 111 (1): 46–54. <https://doi.org/10.1016/j.cognition.2008.12.004>
- Norcross, John C. and Michael J. Lambert (2018) Psychotherapy relationships that work III. *Psychotherapy* 55 (4): 303–315. <https://doi.org/10.1037/pst0000193>
- Orlinsky, David E. and Michael H. Rønnestad (2005) *How Psychotherapists Develop: A Study of Therapeutic Work and Professional Growth*. Washington, DC: American Psychological Association. <https://doi.org/10.1037/11157-000>
- Peräkylä, Anssi, Pentti Henttonen, Liisa Voutilainen, Mikko Kahri, Melisa Stevanovic, Mikko Sams and Niklas Ravaja (2015) Sharing the emotional load: Recipient affiliation calms down the storyteller. *Social Psychology Quarterly* 78 (4): 301–323. <https://doi.org/10.1177/0190272515611054>
- Pillet-Shore, Danielle (2020) When to make the sensory social: Registering in face-to-face openings. *Symbolic Interaction* (online first). <https://doi.org/10.1002/symb.481>
- Schmid, Hans Bernhard (2012) Shared intentionality and the origins of human communication. In A. Salice (ed.) *Intentionality: Historical and Systematic Perspectives*, 349–368. Munich: Philosophia.
- Schütz, Alfred (1967) [1932] *The Phenomenology of the Social World*. Trans. George Walsh and Frederick Lehnert. Evanston, IL: Northwestern University Press.
- Silverstein, Michael (2003) Indexical order and the

dialectics of sociolinguistic life. *Language & Communication* 23 (3-4): 193–229. [https://doi.org/10.1016/S0271-5309\(03\)00013-2](https://doi.org/10.1016/S0271-5309(03)00013-2)

Stiles, William B. (1995) Stories, tacit knowledge, and psychotherapy research. *Psychotherapy Research* 5 (2): 125–127. <https://doi.org/10.1080/10503309512331331236>

Wampold, Bruce E. and Zac E. Imel (2015) *The Great Psychotherapy Debate: The Evidence for What Makes Psychotherapy Work*. (2nd edition) New York: Routledge. <https://doi.org/10.4324/9780203582015>

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