MICROANALYSIS OF COMMUNICATION IN THERAPY

Microanalysis on the use of past, present or future tensed verbs in client-centered and solution-focused therapy.

Nikkie Laros
469886

Bachelor Thesis
University of Tilburg
Faculty of Social and Behavioural Sciences
Department Psychology and Health
June 2010

Supervisor:
Machteld Ouwens
University of Tilburg

Nikkie Laros
469886

Abstract

Microanalysis is used to study the communication actions of the psychotherapist closely. This article used microanalysis to study one of the features of solution-focused therapy. This feature assumes that solution-focused therapists mainly formulate their sentences in the future tense. In this study two analysts examined four videotaped therapy sessions, two for each therapeutic approach: client-centered and solution-focused. The therapists Steve de Shazer and Insoo Kim Berg represented the solution-focused approache. The client-centered therapists were respectively Carl Rogers and Nathaniel Raskin. Results showed that the client-centered therapists use significantly more verbs presented in the past than in the future, whereas solution-focused therapists use significantly more future tensed verbs than past tensed verbs.

Keywords: client-centered, communication, microanalysis, solution-focused, therapy.

Introduction

Solution-focused therapy (SFT) is still a method in infancy. Steve de Shazer and Insoo Kim Berg developed this methodology in the seventies. De Shazer and Berg were inspired by Milton Erickson and the philosophical theory of constructivism (Lewis & Osborn, 2004).

Milton Ericksons approach was based on the future and on the competency of the client (Lewis & Osborn, 2004). Erickson assumed that people are changeable and that problems can be turned into an advantage. In his work Erickson emphasizes the positive behavior of the client. This method is based upon two assumptions. First of all, Erickson believes that every person has an instinctive desire for personal growth. The second assumption is the believe that the client is more willing to cooperate with the therapist if he or she emphasizes the positive behaviors of the client (Haley, 1973).

The other important inspiration for solution-focused therapy was the constructivist ideology (Lewis & Osborn, 2004). This philosophy assumes that we all construct our own understanding of the world based on our own experiences and our reflections of those experiences. So if we encounter something new, we decide, based on our own construction of the world, if we want to change our previous believes or if we want to label this new information as irrelevant (Mahoney, 2003).

Solution-focused therapy itself is based on two assumptions. The first one is that people have strengths (besides weaknesses). The second one is that what people changes in therapy is communication. The client is considered to be the expert of the problem (Walter & Peller, 1992). He or she is the only one who knows what works for him or her. In solution-focused therapy is co-construction very important, the therapist has to work *with* and *for* the client (Lewis & Osborn, 2004). So it is obvious that the most important instrument of this therapy is the use of communication from the therapist (Tomori & Bavelas, 2007). The focus in a conversation between client and therapist is on the achievements of the client, instead of the problems he or she has experienced. The therapist encourages the client to speak about his or her ideal future and thereby the therapist gains a lot of information about the strengths, history, relations and how often the problem does occur. Or, even more important, when the problem does not occur. Therapists who work with solution-focused therapy want to make their client aware of the fact that they are sometimes closer to the solution then they think. If the problem is not there all the time, what is different at that particular moment? Solution-focused therapy highlights the small successes which are already there (de Jong & Berg, 2004).

One can roughly distinguish three important steps which a solution-focused therapist has to take. First he has to cooperate with the patient to set his or her future goals. What are the client's goals for coming to therapy? After this step there comes an exploring part; are there already little pieces of this ideal future happening? If so, when, where, with whom and how? Now, the third step arises. This becomes a hypothetical solution (Walter & Peller, 1992). This third step is also known as the 'miracle question'. This type of question is very important in a lot of ways. First of all, it allows the client to think of alternatives without boundaries. It's a type of brainstorming about all the options the client has and all the changes they are longing to. Second, the miracle question is future-focused. The client is in a way forced to leave the past and his or her troubles behind (de Jong & Berg, 2004).

'What if a miracle took place and your problems would be solved. What would be different in your life?'

There are some other types of questions which build further on the miracle question. They are being used to focus on the strengths of the client. For starters, the scaling question. This method is very skilful to make an estimation of future possibilities of a client. This type of questioning also invites clients to predict their observations, emotions and expectations (de Jong & Berg, 2004).

Th: 'How high would you rate your self-esteem right now on a scale from 0 to 10?'
Cl: 'I'd say about a five.'
Th: 'How high would the grade need to be, if you would stand up for yourself?'
Cl: 'An eight.'
Th: 'How could we make a six out of that five?'

The exception seeking question is also frequently used. This question points out when the problem does not occur. These questions are an exception in the use of time. The therapist asks examples from the recent past.

Th: 'Are there moments that took place in the last month that slightly looked like the ideal situation you described earlier?'

This question makes especially clear *why* sometimes the problem is not present (de Jong & Berg, 2004).

Coping questions are also frequently used in solution-focused therapy. They are being used to derive the client from his problems and to focus on the ways the client handles his or her problems before coming to therapy. These questions help both the therapist and client to clarify the moments where the client fights his/her problem. Coping questions are in a special way some kind of exception seeking questions (de Jong & Berg, 2004).

Th: 'What helps you to calm down?'

Solution-focused therapists often compliment their client to encourage them. Furthermore, therapists who work with solution-focused therapy shift frequently from perspective.

Th: 'What would your mother say?'

They use this method to encourage speaking and thinking about solutions without boundaries.

Until now, there are four features known that are frequently used in solution-focused therapy. First of all the formulations from the therapist are future-focused. In addition the perspective of the client is being used (client is expert). The third feature is that the formulations of the therapist are positive. Finally specificity plays an important role in solution-focused therapy. The purpose of specificity is that the therapist wants to make the client aware of the situations, characteristics or ideas that are present when the problem does not occur. The therapist and the client are achieving this during the probes (Goijaarts & Laros, 2010).

Only one of these features is confirmed by research. Christine Tomori and Janet Bavelas have analyzed several solution-focused and client-centered therapies and compared them on the use of positive, neutral or negative utterances of the therapist. The outcome of this study confirmed the feature about positive formulations. In solution-focused therapy the therapist uses significantly more positive and neutral formulations compared to client-centered therapists, who use more negative formulations (Tomori & Bavelas, 2007).

Although there is no empirical evidence, very often the use of verbs in the past, present and future is assumed to be a particular method in solution-focused therapy. Therefore this article will perform a microanalysis on the use of the past, present and future verbs in solution-focused therapy compared to client-centered therapy. The first hypothesis assumes

that client-centered therapy will use frequently more past than present verbs than solution-focused therapy. The next assumption is that solution-focused therapists will use more future instead of past verbs than client-centered therapy does. The final hypothesis assumes that solution-focused therapy will use more present than past or future verbs compared to client-centered therapy.

Method

Materials

Four videotaped therapy sessions were used as data, two for each therapeutic approach. The client-centered therapists in the videos were Carl Rogers (1980) and Nathaniel Raskin (1994). The solution-focused therapists were Steve de Shazer (1990) and Insoo Kim Berg (1994). The analysis covered approximately the first 50 utterances of each therapist, minimal answers not included. This was about 15 minutes of the session. The analysts used also four matching transcripts, and an instruction example to analyze the data. The instructions can be found in the appendix. The analysis contained two steps. The firt step was to highlight all the useble verbs in the formulations of the therapist. The second step contained the ascribing of time tense at the highlighted verbs.

Proceidure

There were two independent analysts in this study, Nikkie Laros and Peter Laros, for the purpose of demonstrating reliability. The first analyst examined all of the data. The second analyst examined approximately 30% of each transcript and began at step 2. The verbs were already highlighted. If the analysts could not achieve an agreement, they solved their disagreement in a conversation. And if necessary, they recruited a third analyst (Janet Bavelas) to come to a final decision.

The analysts achieved 86% agreement for the Carl Rogers session, 94% for the Nathaniel Raskin session, 81% for Insoo Kim Bergs session, and 95% agreement for Steve de Shazers session, before they solved their disagreements.

Results

As shown in Table 1, the two approaches differed in their use of time in their formulations. For the client-centered therapists, 92 of the 276 verbs (33%) were formulated in the past, and 17 of the 281 verbs (6%) from solution-focused therapists. The use of the verbs in present is approximately in equilibrium, 150 (55%) for client-centered therapists and 169 (60%) for solution-focused therapists. Client-centered therapists used 34 of the 276 verbs

(12%) in the future tense and solution-focused therapists use 95 of the 281 verbs (34%) in future tense.

The Chi-square for the effect of therapeutic approach on the use of past versus present versus future verbs was significant (see Table 1 and Figure 1).

Table 1. The use of past, present or future verbs in formulations and questions by client-centered and solution-focused therapists.

	Client-Centered Therapists			**Solution-Focused Therapists**		
	Rogers	**Raskin**	**Both**	**De Shazer**	**Kim Berg**	**Both**
Past	4	88	92 (33%)	9	8	17 (6%)
Present	53	97	150 (55%)	133	36	169 (60%)
Future	20	14	34 (12%)	89	6	95 (34%)
Total Verbs	77	199	276 (100%)	231	50	281 (100%)

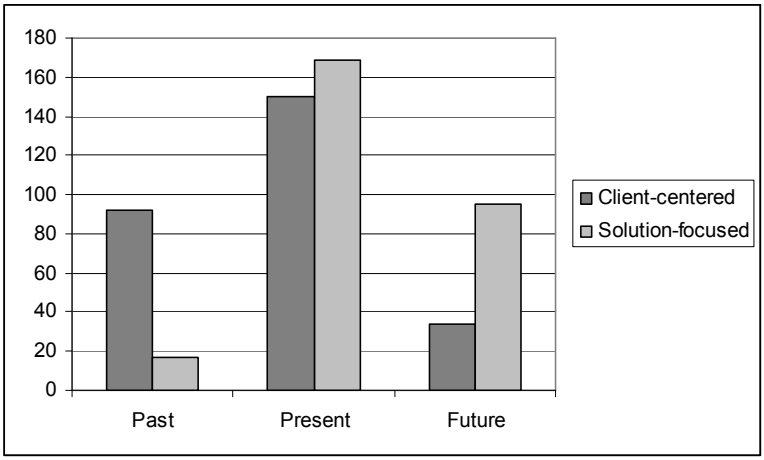
Note: χ^2 (2, 557) = 81.5, $p < 0.000$.

The Chi-square test for the effect of therapeutic approach on past versus present verbs was significant (χ^2 (1, 428) = 46.2, $p < 0.000$

The Chi-square test for the effect of therapeutic approach on past versus future verbs was significant (χ^2 (1, 238) = 79.9, $p < 0.000$).

The Chi-square test for the effect of therapeutic approach on present versus future verbs was also significant (χ^2 (1, 448) = 16.2, $p < 0.000$).

Figure 1. Frequency of the use of past versus present versus future verb tense in formulations or questions in client-centered (Total n = 276) and solution-focused therapies (Total n = 281).



Discussion

As predicted, the client-centered therapy uses significantly more verbs presented in the past tense instead of present than solution-focused therapy does. The hypothesis about the use of the future tense is also confirmed by this study. Solution-focused therapy formulates significantly more verbs in the future tense instead of the past tense than client-centered therapy does. The hypothesis about the amount of present tensed verbs compared to either past or future is not entirely confirmed. The rough scores and the Chi-square show a little difference, but not enough to validate the hypothesis. This last hypothesis could be researched in a follow-up study with more datasets. This also applies the first two hypotheses.

Although this study was rather small, it already achieved some groundbreaking results. It is recommendable to do follow-up studies, which require some adjustments. For example, one might wonder whether the difference between clients has had an influence on the results. The largest difference might have been between de Shazer, who talked with a teenager, and Rogers, who was talking with a divorced mother who had two children. It might be less obvious to talk about the past with someone who is a lot younger. This could be prevented in a follow-up test using more clients.

An additional argument is that this study has had the privilege to work with tapes of the founding fathers of both therapies. Because they have invented these types of therapy, they know exactly how to react on their clients from their point of view. In practice, a lot of therapists are trained to use respectively the client-centered or solution-focused therapy, but they might not use these standards as strict as the founders would do. This critical note could bring discount to the external validity of this study. To investigate this, it is necessary to analyze more distinctive therapists, including also the ‘ordinary’ therapist.

Another point of discussion is the possibility and necessity to analyze the transcripts blind. In this study the second analyst did the analysis, not knowing which transcript belonged to which therapist. However, after reading a few utterances it was clear to the analyst which therapy he was scoring. Nevertheless, it is discussable if this changes the objectivity of the analyst, because determining the time of the verb is very basic. Besides that, there was a very precise guideline to analyze the verbs (see appendix).

The number of the session could also influence the type of conversation. It is clear that Raskin had talked to this client before, but the other three therapists have a first meeting with their clients. It is possible that the first session is an exploration, so the therapist talks about things that already have happened. Later on, when the problem has been diagnosed, all of the

therapists might focus more on the present and future. It would be a recommendation for a follow-up study to use the same number of session for each therapist.

There is also a possibility that the social-desirability-bias could come up in this study. Both the therapist and client are aware of the fact that the conversation is being taped and therefore watched by other people. This kind of bias is rather difficult to circumvent, because tapes are necessary for scientific research on therapies.

The results of this study confirmed one of the features of solution-focused therapy. Solution-focused therapists formulate their verbs in the future-focused tense. That leaves us with two other features that could be studied, namely specificity and perspective (Goijaarts & Laros, 2010). According to Tomori and Bavelas (2007) the microanalysis of communication has a great value. The results could be used for several utilities, for example to train and help (new) therapists. It could make therapists more aware of the things they are doing and could do. This could lead to an increase of the effectiveness of their therapy.
The instruction tool designed for this study can remain for studies which want to analyze and compare different therapeutic approaches other than client-centered and solution-focused therapy (Tomori & Bavelas, 2007).

Finally the studies about microanalysis of communication are confirming the theory that therapy is more about co-construction between client and therapist than about insight, empathy and a typical role-play between the ‘all-knowing’ therapist and the ‘suffering’ client (Tomori & Bavelas, 2007).

Appendix

Analyzing Past, Present, and Future in Therapy Sessions

J.B. Bavelas & N. Laros, 2010

Note: It is most efficient to do all of Step 1 for a set of data, then go back and do Step 2 for these data. This is better than constantly switching from one focus to the other.

Step 1: Highlight the verbs that indicate tense

In each utterance, highlight each verb that conveys information about the time the speaker is referring to.

Rule 1: Treat verbs separately unless they act as a unit. That is, keep compound verbs together. Examples:,

Therapist: Do you stay the whole day when you get there?

This example has two verbs: "do ... stay" and "get."
"Get" is a separate verb.
"Do ... stay" is a compound verb; "do" is an auxiliary verb that goes with "stay," so don't separate them. (A verb plus infinitive is also a compound verb; e.g., "I'm supposed to go."

Rule 2: Include contractions that are verbs

Therapist: "... it's a nice name"

The apostrophe and "s" in "it's" stands for the verb, "is."

Rule 3: Include implicit verbs

Therapist: So where do you go to school?
Client: Um, West High.

There is no verb in the client's utterance. However, it is implicitly the same verb as the therapist used, that is, "I go to West High." Write the full version (with the missing part} alongside the actual utterance, in brackets, and highlight the implicit verb, for example,

Client: Um, West High. [= I go to West High]

Rule 4: Utterances not analyzed

Some utterances are *not analyzed* (NA), that is, not included in the data because they are not informative as to tense. There are several possible reasons:

- The utterance is interrupted or left incomplete (e.g., "So ... (unfinished]"
- It does not have a verb tense (e.g., "Hi").
- The utterance is stereotypical and the tense cannot vary (e.g., "I'm Steve").

Step 2. Decide whether each verb is past, present, or future.

- Apply standard grammar for verb tense.
- Analyze the verb in context, not in isolation
- Be sure to analyze all verbs in the utterance.

Past tense: Verbs that refer to a past event that is over; e.g.,

> Therapist: So your friends have tried all of [those drugs}
> Client: Yeah
> Therapist: Yeah
> Client: Even passed out. And- it was scary.

All of these refer to events that have already happened.

Present tense: Verbs that refer to events that (a) are happening in the present or (b) are habitual (an established pattern); e.g.,

> Therapist: I want to thank you for coming today.

Both refer to events in the present.
The verbs in the following example are asking about her habitual or usual pattern of behaviour, so all are present tense:

> Therapist: Yeah, oh, So where do you go to school?

or

> Therapist: How often do you get there?

Future tense: Verbs that refer to events that have not yet happened; these can be hypothetical events. For example,

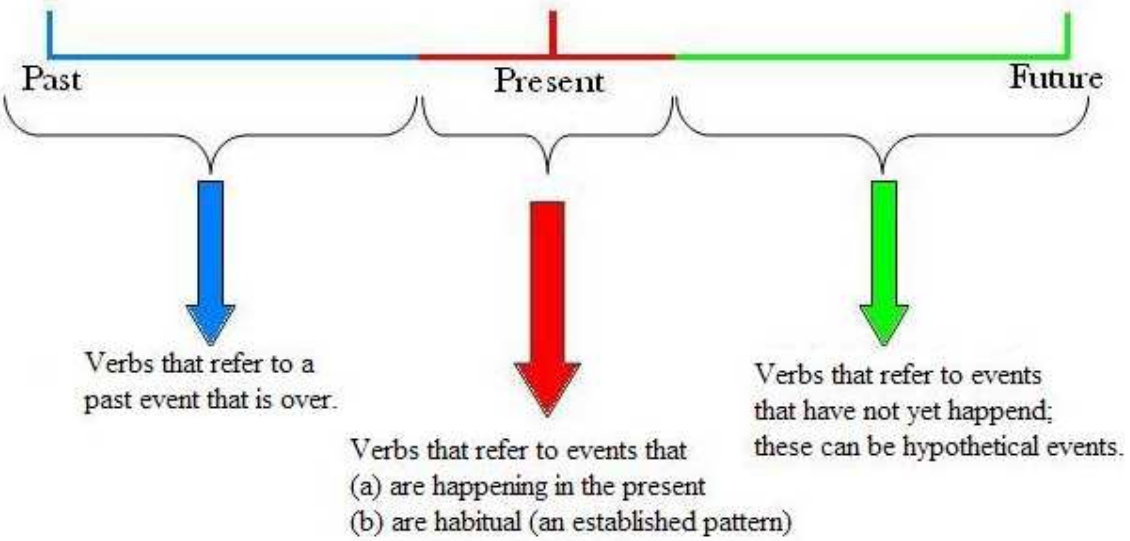
> Therapist: I hope this session will be useful in some way.

Note in this example, that the "hope" is in the present but the being "useful" is in the future (later in the session or after the session).

Future perfect tense describes an event in the future that is completed; e.g.,

> Therapist: What needs to happen here so that you know it was worth your time coming?

This means "What needs to have happened here so that you will know that it will have been worth your time to have come." It counts, simply, as future tense.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