

Solution-Focused Brief Therapy

A Handbook of Evidence-Based Practice

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Connecting the Lab to the Therapy Room

*Microanalysis, Co-construction,
and Solution-Focused Brief Therapy*

■ JANET BEAVIN BAVELAS

Contemporary experimental research in psycholinguistics and communication can contribute to solution-focused brief therapy (SFBT) both substantively and methodologically. First, these experiments support a central tenet of SFBT, namely, the co-constructive nature of communication in face-to-face dialogue. Second, the methods of basic research have led to the refinement of microanalysis of dialogue, which is the moment-by-moment examination of actual communication sequences with an emphasis on how they function within a dialogue. As shown in this chapter, both of these sources are beginning to reveal the details of co-construction in psychotherapy sessions.

It may be helpful to locate these two kinds of research in a wider view of the evidence base for SFBT (e.g., Bavelas, 2006). The standard of “*the best research evidence available*” (Sackett et al., 2000) can be interpreted to mean a wide variety of methods that answer different questions and therefore complement each other. Table 10.1 outlines four such methods, each of which offers evidence that the others cannot. Outcome research (e.g., Gingrich et al., 2011, in this volume) aims for randomized controlled designs that seek to establish the effectiveness of SFBT, as measured after therapy is over. Perhaps less well known are studies that focus on the effects of specific techniques within SFBT sessions (e.g., Beyebach et al., 1996; Beyebach, 2011). The present chapter features two other approaches: first, lab experiments that provide evidence for theoretical assumptions such as co-construction and, second, the use of microanalysis of dialogue to assess the details of SFBT in practice.

■ BACKGROUND

Solution-focused therapy has a special affinity with language and communication. De Shazer and Berg were both influenced by the Palo Alto Group (e.g., de Shazer & Berg, 1991), which focused as much on communication as on psychotherapy (e.g., Jackson, 1968a, 1968b; Watzlawick et al., 1967; Watzlawick & Weakland, 1977). Both Berg and de Shazer went on to contribute their own sophisticated and detailed emphasis on language and co-construction as central to psychotherapy process (e.g., de Shazer, 1994; De Jong & Berg, 1998, 2002, 2008). A primary purpose of this chapter is to show

TABLE 10.1. *Four Corners of an Evidence Base*

Method	Setting	Focus	Purpose	SFBT Question
Outcome studies (e.g., randomized controlled trials)	Therapy	Therapy outcome	Applied research on the effectiveness of therapy	Does SFBT lead to better outcomes than a placebo or other therapies do?
Within-session studies of techniques or interventions	Therapy	Particular techniques	Applied research on the utility of specific techniques	Do key components of SFBT work as proposed?
Experimental tests of theory	Research lab	Theoretical foundation	Basic research on fundamental assumptions	Is there evidence for co-construction? How does it work?
Microanalysis of dialogue	Therapy	Therapy process	Applied research on the details of practice	Is SFBT communication consistent with its model and different from other models?

Note: Adapted from Bavelas (2006). The third and fourth methods are the topics of this chapter.

the theoretical and empirical congruence between their observations, derived from SFBT sessions, and the findings of lab experiments on dialogue.

To study communication in psychotherapy is to study face-to-face dialogue. Many scholars have proposed that face-to-face dialogue is the fundamental form of language use (e.g., Bavelas & Chovil, 2000, 2006; Bavelas et al., 1997; Chafe, 1994; Clark, 1996; Fillmore, 1981; Garrod & Pickering, 2004; Goodwin, 1981; Levinson, 1983; Linell, 2005). However, only in recent years have there been theories that focus specifically on face-to-face dialogue and are supported by experimental research; these theories and research are not widely known outside of psychology and psycholinguistics. Because of the separation of practice from research, what most practitioners have learned about communication in psychotherapy (e.g., about active listening or body language) has no research foundation. Indeed, contemporary research contradicts most of the usual curriculum on applied communication. Moreover, communication courses for psychotherapists and counselors usually start with the assumption that therapists and clients lack communication skills and therefore need to learn them from “the experts.” The research described here strongly suggests that having a face-to-face dialogue is the most skillful and efficient activity that humans engage in, and they do it naturally, without formal training.

■ THE COLLABORATIVE MODEL

Psycholinguist Herbert Clark and his research group (e.g., Clark, 1992, 1996) have developed a collaborative model of dialogue, which challenges the view of language and communication that has previously dominated linguistics, psychology, and communication. They called this older tradition the *autonomous model* (e.g., Schober & Clark, 1989) because it focuses on individuals and treats dialogue as simply alternating monologues: The speaker delivers information, the listener is attentive but passive; when they take turns, they switch roles. In contrast, Clark’s *collaborative model* treats communication as joint action: The speaker and listener produce the information together; they collaborate, moment by moment, to ensure mutual understanding. (See also Roberts & Bavelas, 1996.)

The isomorphism between the collaborative and constructionist models is striking, although these two models developed independently. Social construction (e.g., Berger & Luckmann, 1966) rejects the essentialist premise that meanings are “in” words and that communication is simply a neutral channel that transmits the words. Similarly, the collaborative model rejects the premise that information is independent of the details of the dialogue in which it arises. More specifically, both co-construction and collaboration focus on social interaction in dialogue as the process that inevitably shapes meaning. Meaning is created and sustained in dialogic processes. It is possible that future historians will see the autonomous and essentialist models as parts of a paradigm that went unquestioned until collaboration and co-construction offered an alternative paradigm.

This chapter proposes that experimental research within the collaborative model can provide a much-needed empirical basis for co-construction, which has otherwise remained primarily theoretical and anecdotal, seldom examining systematically *how* co-construction happens, moment by moment, in an actual dialogue. To appreciate how speakers and listeners co-construct in dialogue, it is necessary to examine their communication extremely closely, a few seconds or a few words at a time, that is, at the level of microanalysis of dialogue. It is noteworthy that this method originated with the Natural History of an Interview project, which was an intensive study of a psychotherapy session (cf. Bavelas et al., 2000b; Leeds-Hurwitz, 1987).

Experimental Evidence for Collaboration and Co-construction: The Stanford Language Use Group

Clark's program of theory and experimental research has provided evidence for a collaborative rather than an autonomous model of dialogue (e.g., Clark, 1992, 1996; Schöber, 2006; Schöber & Brennan, 2003). The two early articles summarized here laid the foundation for this model and still illustrate its main features.

Clark and Wilkes-Gibbs (1986). This study was a microanalysis of referential language in dialogue. Specifically, what determines the language that two individuals use to refer to things that are hard to describe? Each pair had the same set of 16 Tangram cards; see Figure 10.1. One of them (the speaker) had a subset of 12 of the cards in a particular order, and she¹ had to explain to the other person (the listener) how to put the same 12 of his cards in the same order. The cards themselves had no names, so it was necessary to invent a way to refer to each of them. There were six successive trials, each with a new subset in a new correct order. Because they were interacting through a partition, the pair could not see each other or each other's cards, but otherwise they could interact freely. Clark and Wilkes-Gibbs analyzed these dialogues and found that, even though the speakers were the ones with the correct information, they did not simply impose their own references unilaterally. A close analysis, turn by turn, revealed that the speaker and listener produced the references together. In the examples below, two different pairs were working on identifying the same Tangram (which is third in the top row of Figure 10.1).

Example 1

SPEAKER 1: “[The] third one is the guy reading with, holding his book to the left.”

LISTENER 1: “Okay, kind of standing up?”

SPEAKER 1: “Yeah.” (Clark & Wilkes-Gibbs, 1986, p. 22)

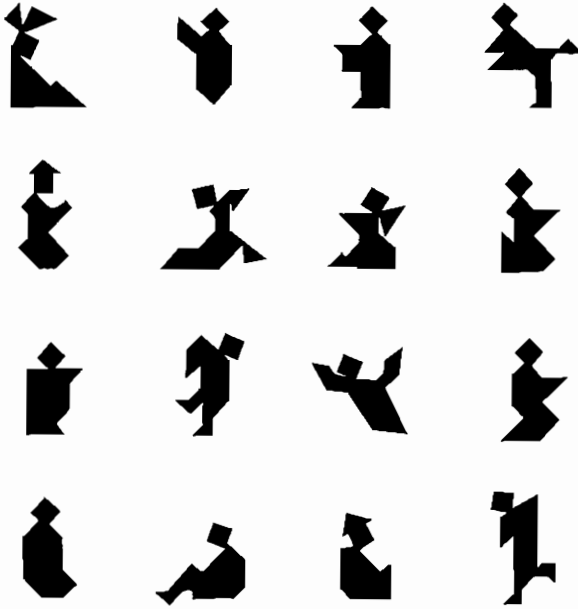


Figure 10.1. The full set of Tangram figures used in Clark and Wilkes-Gibbs (1986) and Schober and Clark (1989); adapted with permission.

Example 2

SPEAKER 2: "Okay, and the next one is the person that looks like they're carrying something and it's sticking out to the left. It looks like a hat that's upside down.

LISTENER 2: "The guy that's pointing to the left again?"

SPEAKER 2: "Yeah, pointing to the left, that's it!" (laughs)

LISTENER 2: "Okay." (Clark & Wilkes-Gibbs, 1986, p. 23)

Neither of these descriptions was more accurate than the other; what was important is that both pairs established that they understood each other.

All of the cards reappeared (in a new order) in later trials, and the pairs soon honed their references to the minimum features salient to both of them. As a result, they used significantly fewer and fewer words over the course of the six trials. For example, one speaker's successive descriptions of the fourth Tangram in the top row of Figure 10.1 were as follows:

Example 3

SPEAKER 3:

TRIAL 1. "All right, the next one looks like a person who's ice skating, except they're sticking two arms out in front."

TRIAL 2. "Er, the next one's the person ice skating that has two arms?"

TRIAL 3. "The fourth one is the person ice skating, with two arms."

TRIAL 4. "The next one's the ice skater."

TRIAL 5. "The fourth one's the ice skater."

TRIAL 6. "The ice skater." (Adapted from Clark & Wilkes-Gibbs, 1986, p. 12)

As their dialogue progressed, the pairs began to use shorter, often idiosyncratic terms that they both understood. This process is sometimes called *entrainment* and is easily observable in many dialogues, including in psychotherapy. In psychotherapy, it is of particular interest whose terms are adopted. Does the therapist use the client's description or does the client learn the language of the therapist's model? In SFBT in particular, does the therapist systematically introduce or entrain on more positive terms than negative ones? (The last section of this chapter points to research that has begun to answer these two questions.)

Schober and Clark (1989). This article presented two experiments demonstrating that it is specifically the moment-by-moment collaboration illustrated in Examples 1 and 2 that distinguishes dialogue from monologue. Schober and Clark began by pointing out that, in some dialogues, there are two functionally different kinds of listeners. Each listener in the Clark and Wilkes-Gibbs (1986) experiment was an *addressee* with whom the speaker was interacting. If someone else hears the speaker but cannot engage in a dialogue with the speaker, that listener is an *overhearer*. Schober and Clark used the same Tangram task as in the earlier experiment but created both kinds of listeners. For example, in one of their experiments, each group consisted of a speaker, an addressee, and an overhearer, all seated around a table (again divided by partitions). The overhearers had the same task as the addressees, which was to place their cards in the order the speaker was describing. The instructions were that the addressees could interact with the speaker, but the overhearers could not; they could only listen. So in each group of three, the addressee and the overhearer heard exactly the same information from the speaker.

If information were all that mattered, the overhearers should do as well as the addressees, but this was not the case. In both experiments, the addressees did significantly better on their task than the overhearers did. By the second trial, the addressees were already averaging close to 100% correct, whereas the overhearers did not do this well even on the last trial. The addressees' advantage could not have been due to the quality of the speakers' descriptions because, in each group of three, the addressee and overhearer heard the same description. In fact, each overhearer not only heard the same descriptions as the matched addressee, he or she also heard everything the addressee contributed. The results therefore contradicted the autonomous or essentialist view that information is all that matters.

To account for the overhearers' poorer performance, it is necessary to look closely at how the addressees and overhearers differed. The overhearers were essentially forced to act exactly as the autonomous model describes: they were passive recipients of information. In contrast, the addressees could collaborate with their speakers. They could "go beyond these autonomous actions and collaborate with each other moment by moment to try to ensure that what is said is also understood" (Schober & Clark, 1989, p. 211). This collaborative process is called *grounding*, in which the speaker and addressee ensured that the addressee had understood the speaker sufficiently for their current purposes (Clark & Schaefer, 1989; see also Clark, 1996, ch. 8). Grounding occurs constantly in the background of all dialogues. It consists of a microsequence in which

1. the speaker presents information,
2. the addressee indicates or displays understanding (or not),
3. the speaker acknowledges, explicitly or implicitly, that the addressee has understood (or not).

In its simplest form, a grounding sequence may consist of these three short steps, as in Example 1 above. However, if the addressee does not understand immediately, the process expands until they are both sure that he does. A close examination of the following example (referring to the second Tangram on the second row in Figure 10.1) shows both of them actively collaborating in the grounding process. Ensuring that they understood each other was a mutual responsibility, which they achieved moment by moment:

Example 4

SPEAKER 4: "Then number 12 is, (laughs) looks like a, a dancer or something really weird. And has a square head, and there's like, there's uh- the kinda this. . ."

ADDRESSEE 4: "Which way is the head tilted?"

SPEAKER 4: "The head is, uh—towards the left, and then th- an arm could be like up towards the right?"

ADDRESSEE 4: "Mm-hm."

SPEAKER 4: "And, it's—"

ADDRESSEE 4: (overlapping) "an- a big fat leg? You know that one?"

SPEAKER 4: (overlapping) "Yeah, a big fat leg."

ADDRESSEE 4: "And a little leg."

SPEAKER:4 "Right."

ADDRESSEE 4: "Okay."

SPEAKER 4: "Okay?"

ADDRESSEE 4: "Yeah."

By the last trial, their reference had become more compact, and the two of them took only one turn each:

SPEAKER 4: "The dancer with the big fat leg?"

ADDRESSEE 4: "Okay." (Adapted from Schober & Clark, 1989, pp. 216–217)

Notice that their final reference combined "dancer" from the speaker and "big fat leg" from the addressee. The speaker and addressee had collaborated, turn by turn, to produce a reference that worked for both of them.

The process that led the addressees to achieve near-perfect scores could not help the overhearers, because they could not participate in their own grounding with the speaker. Without the ability to interact, the overhearers could not contribute, seek clarification, or verify their understanding. Indeed, as the speaker's and addressee's descriptions became shorter and more efficient for themselves, the same descriptions became less and less helpful for the overhearer, who had had no part in creating them.

To critics who only hear anecdotal descriptions of collaboration and co-construction, these processes often seem to be insubstantial or merely hypothetical. However, Schober and Clark's (1989) experiments demonstrated significant quantitative effects

of being able (or not able) to collaborate and co-construct. In effect, their procedures created one group (the overhearers) who embodied the autonomous or essentialist model and another group who had the option of collaborating and co-constructing. The addressees took advantage of the possibility of working together and achieved measurably better mutual understanding than their passively listening cohorts.

Experimental Evidence for Collaboration and Co-construction: The Victoria Microanalysis Group

Our group's program of research on the unique features of face-to-face dialogue has made use of and also contributed to collaborative theory. First, we now use the terminology of the collaborative model (rather than the earlier language of interactional systems theory; Watzlawick, et al., 1967, chs. 4 and 5) because it focuses explicitly on the linguistic details of reciprocal influence. Second, in contrast to experiments on dialogues through partitions, we have contributed our expertise on *face-to-face* dialogues, especially our research and theory on the integration of verbal and selected nonverbal acts.

In our *integrated message model* (Bavelas & Chovil, 2000, 2006), participants in a dialogue communicate with spoken words plus a specific and limited set of visible speech-related acts, namely, conversational hand gestures, facial displays, and gaze. In spontaneous dialogue, these visible acts are precisely synchronized, in both timing and meaning, with the words they accompany.²

Moreover, these acts are essential to understanding communication in a face-to-face dialogue, because they often convey information that supplements or complements the words. The following excerpt illustrates how a transcript of a face-to-face interaction is incomplete and even misleading. The therapist's words on their own could be read as skeptical or even as challenging what the client is saying about himself. The client was young African-American who had problems with substance abuse and the law. He was answering an earlier question about what was helpful to him:

Example 5

CLIENT: "You s-, when I'm talking to a bunch of people and everybody laughs 'cause of somethin' you say or somethin."

THERAPIST: "Yeah."

CLIENT: "You know. It make you feel good. Then it's like you don't need no drugs if you do that."

THERAPIST: "I see. Do you have a good sense of humour?"

CLIENT: "Yeah."

THERAPIST: "You do?"

CLIENT: "Yeah."

THERAPIST: "Do- Is that what other people tell you?"

CLIENT: "Yeah."

THERAPIST: "You make other people laugh?"

CLIENT: "Yeah."

THERAPIST: "You do? Huh! Have you always been that way?"

CLIENT: "Yeah."

- THERAPIST: "Uh-huh." [slight pause]
 CLIENT: "Yeah."
 THERAPIST: "And you're saying that helps you."
 CLIENT: "Yeah, it helps me."
 THERAPIST: "Uh-huh."

In contrast to the transcript, the video shows everything that the client saw and heard. The therapist was Insoo Kim Berg (1994), and her tone of voice, facial displays, and gestures combined with her words to give an overall impression of warmth, encouragement, and being impressed by his answers. She asked her questions in a light, pleasant tone of voice that also conveyed an eager interest in the answers, even a mild surprise at discovering something positive. For example, as she began the first question ("Do you have a good sense of humour?"), she gestured out toward the client, circling her hand as if to encourage an answer. When she came to the words "sense of humour," she was nodding, looking expectant and interested, and smiling, as if already anticipating a positive answer. Each subsequent question elicited more information and affirmation from him, expanding the scope and importance of his sense of humour. The therapist's warm, slightly surprised tone of voice, her smiling, and her gestures toward him all conveyed that she was very pleased with what he was telling her. Thus, she was not doubting or challenging the client (as the transcript alone might suggest); she was engaged in co-constructing one of his positive resources.

Bavelas, Coates, and Johnson (2000a). We examined collaboration between speaker and addressee in experiments that differed from those of Clark and his colleagues in two ways: First, the pairs were in a face-to-face dialogue, not separated by a partition. Second, we created a stronger test of collaborative theory by using a task that was not as inherently cooperative as that of Clark and his colleagues. In the Tangram task, the speaker and addressee had shared knowledge (the same set of cards) and an explicit shared goal (the addressee's success). Our two experiments used a task where there was no shared knowledge and no shared or explicit goal. One stranger told another a true story about a close call from sometime in his or her past, when something bad could have happened but, in the end, everything turned out all right (e.g., a car or skiing accident, nearly missing a final exam). The addressees could only listen because they had no prior knowledge of the story. We predicted (a) that these apparently passive addressees would still contribute to the dialogue, both visibly and audibly, and (b) that their collaboration would be essential to the speaker.

Our first analysis focused entirely on the addressees. Using microanalysis, we located virtually every response each addressee made that was related to the speaker's story. Some of these responses were familiar ones, such as those illustrated in the following example, when the speaker was providing the background to her close call. (The addressee's responses are in italics and in brackets immediately below the speaker's words that they occurred with, which are indicated by underlining.)

Example 6

SPEAKER 6:

Uh, I have a single bed with a headboard on the back of it.

[*"mm, hm," nods,*
looks attentive]

And I got a light for Christmas,
 [slight nod]
 a lamp that you clamp on to the headboard.
 [slight nod]

We called these familiar responses *generic*. Nodding, “m-hm,” “yeah,” and similar stereotypic responses fit almost anywhere in the story because their form is usually not specific to what the speaker is saying at the moment.

In contrast, there were also *specific* responses, such as when the same speaker began to tell what happened.

Example 6a

SPEAKER 6:
 “And I guess I left it on.
 [stops smiling,
 raises her
 eyebrows;
 looks concerned]
 And it’s got a really, really strong, hot light”
 [bites lip]

Notice that the addressee’s specific responses fit closely with what the speaker was saying at that moment. The speaker had just begun to hint that the close call was going to be a consequence of leaving the light on, and the addressee started to look concerned, then worried. These responses would not be appropriate, for example, during the background information in Example 6 or at the end of the story when everything had turned out all right.

It is also noteworthy that both generic addressee responses (e.g., nodding) and specific addressee responses (e.g., facial displays of alarm) were often visible instead of audible and that they were often simultaneous with the speaker’s words. An apparent advantage of visible responses is that the participants do not treat them as either interruptions or a separate speaking turn.

Both generic and specific responses played a role in the addressee’s grounding with the speaker, although at significantly different points in the narrative. As we had predicted, generic responses occurred mainly at the beginning, while the speaker was giving background information. Specific responses started to occur later, as the nature of the close call began to unfold. Thus, although some might describe these addressees as “merely listening,” they made responses that aligned closely and appropriately with the speaker’s words at a particular moment. We proposed that the addressees’ responses were illustrating and co-narrating the speaker’s words.

We also tested our second prediction that collaboration between the speaker and addressee was essential even in this situation where the addressee had no information to contribute. In each of the two experiments, there was also a randomly assigned condition in which listeners had to do an unrelated cognitive task during the speaker’s story. For example, they had to count the number of words that the speaker said that began with the letter *t*. They were listening closely to the narrator’s words but at the wrong level, focusing on an irrelevant feature rather than on the story. The first

effect was that the addressees' rate of both generic and specific responses dropped significantly in this condition and their specific responses virtually disappeared. The second result was the effect on the *speakers*. Naive raters, who were unaware of the experimental conditions, rated the speakers in this condition as poor storytellers—significantly poorer than the speakers who were listening normally. Our subsequent microanalysis of the story endings showed that these endings were significantly poorer in specific ways. The speakers whose addressees were focusing on something other than the narrative became disfluent, justified their story, or needlessly repeated the ending. These speakers had neither a collaborative partner nor evidence that their addressee was understanding them and illustrating their story. They were talking to someone who was more like an overhearer than an addressee.

These experiments demonstrated, first, that an addressee's contributions in face-to-face dialogue are visible as well as audible and, second, that even what could be considered a monologue is co-constructed. The addressees who were listening normally were helping to shape the story by grounding with the speaker on background information and then providing specific illustrations of the dramatic parts of the story. Lacking this collaboration, the speakers could not tell their stories well. Most therapists to whom we describe this experiment point out the risk that a therapist can become a "t-counter," listening for something of theoretical interest to the therapist instead of attending to what the client is saying from the client's perspective. Another risk is for the therapist to use stereotypic and unvarying "neutral" listener responses (which are likely to be entirely generic) rather than spontaneously and naturally shaping their responses to match the moment-by-moment flow of what the client is saying.

Bavelas, Coates, and Johnson (2002). The next study examined *how* speakers and addressees coordinated their collaboration. The experiments described so far, among others, have shown that speakers and addressees interweave their contributions, moment by moment, to co-construct the dialogue. However, it was not obvious how they achieved this close timing, especially in our close-call experiment when the speaker was doing all the talking. Using an inductive approach, we reexamined the pairs in the normal listening condition, looking for what preceded and followed each listener response (whether generic or specific). Our microanalysis soon revealed that the speaker and addressee were coordinating their actions with gaze.

To understand how gaze coordinates addressee responses, it is first necessary to know how gaze works in the broader context of a dialogue. Several researchers have studied gaze in North American and European dialogues, when two participants were sitting vis-à-vis and talking back and forth (Argyle & Cook, 1976; Duncan & Fiske, 1977; Kendon, 1967). These participants do not maintain constant eye contact. Instead, whoever is the addressee at the moment looks fairly steadily at the speaker of the moment, and the speaker mostly looks away (e.g., down, around, or to the side). As they change speaking turns, their gaze roles also change back and forth, often very rapidly.

The speakers in our data were doing virtually all of the talking. As in the previous research, the addressee looked virtually constantly at the speaker, and the speaker looked only occasionally at the addressee. Each of these occasional glances by the speaker created a brief period of eye contact, which we called a *gaze window*. It was in these moments that the addressee made a generic or specific response. Statistical tests confirmed that the addressee's responses were occurring during gaze windows

significantly more often than could be happening by chance. This pattern was significant, not just for the sample, but for each of the nine pairs as well. The speaker looked, and the addressee responded. However, there was more to the pattern.

The actions of the pair were not linearly determined by the speaker's glances at the addressee, because the addressee's response was followed by the speaker's looking away. That is, the addressee's responses were significantly more likely to occur in the latter half of the gaze window, which meant that the speaker looked away shortly after the addressee responded, thereby closing the gaze window. The close-call story in Examples 6 and 6a illustrated this reciprocal pattern: the speaker glanced at the addressee, who responded during the brief gaze window; as soon as the addressee had responded, the speaker looked away. The only variation (in these and other data) typically occurred when the speaker was digressing briefly to explain or add to what he or she had just said. In these cases, the speaker would continue to look at the addressee, and the addressee would continue to respond. The effect of keeping the gaze window open was to receive more feedback.

It is important to point out that these gaze patterns cannot be universal. The data were from Western cultures and from situations in which the participants were free to look at each other. Some cultures treat gaze as a matter of respect or deference or put other restrictions on it so that gaze is not available for coordinating dialogue. Even in Western cultures, there are settings that preclude the above pattern (e.g., a car driver and passenger or multi-party groups). However, as Schober and Clark (1989, p. 229) emphasized, grounding is "an opportunistic process," so we predict that participants will find alternative ways.

Summary of Research Evidence

The above studies are a sample of the experimental research that (as proposed in Table 10.1) identifies and provides experimental support for co-constructive processes in dialogue. Put more strongly, they support the view that co-construction is inevitable in dialogue, including therapeutic dialogues. Co-construction is not a theoretical option that a therapist can either adopt or reject as an epistemological preference. Rather, it is the natural way that humans have learned to do dialogue. The experimental conditions that corresponded to the autonomous or essentialist model led to significantly worse outcomes for the participants than the conditions that permitted collaboration and co-construction. Microanalytic experimental evidence also contributed to knowledge of *how* co-construction happens (e.g., grounding, generic and specific listener responses, gaze patterns). Purely theoretical arguments for co-construction do not uncover these micro-details of collaboration in dialogue, details that are often surprising, fascinating, and directly applicable to therapeutic practice and training. The rest of this chapter will describe microanalysis of dialogue as a method, as well as some of the applications that are making the details of psychotherapy process more visible.

■ MICROANALYSIS AND CO-CONSTRUCTION IN SFBT SESSIONS

The experiments on listener responses (Bavelas et al., 2000a, 2002) required detailed analysis of video recordings of the dialogues. Since the mid-1980s, our research group has been analyzing a wide variety of video records of experimental data, which has led

to the refinement of a method that we call *microanalysis of dialogue*. Microanalysis of dialogue aims for a detailed and replicable examination of observable communication sequences as they proceed, moment by moment, in a dialogue, with an emphasis on the function of these sequences within the dialogue. (Some of the methodological differences from conventional research approaches are discussed in Bavelas, 1987, 1995, 2005.)

Starting in the latter half of the 1990s, we began to apply microanalysis to psychotherapy sessions by experts in training videos, including especially the SFBT videos that Insoo and Steve were donating to us. There seems to be a natural fit between solution-focused therapists and microanalysis, presumably because of the precise focus on language and communication intrinsic to SFBT. Most SFBT trainers and practitioners would probably agree with our assumption that “communication is the tool of therapy just as physical instruments are the tools of surgery, and it is incumbent on us to treat therapeutic communication equally carefully and precisely” (Bavelas et al., 2000b, p. 6). Our projects so far have examined how three different “tools” function to co-construct therapeutic dialogues. There are many, many more possibilities to explore.

Formulations

Bruce Phillips (1998, 1999) began with a sophisticated analysis of the underlying assumptions of traditional communication approaches. One manifestation of an autonomous or essentialist approach is the *conduit metaphor* (Lakoff & Johnson, 1980; Reddy, 1979), which treats communication as a neutral conduit through which ideas, packaged in language, shuttle back and forth between minds. This assumption is implicit in the notion of active listening, which supposedly reflects or restates what the client said, sending it back without altering its meaning. Both active listening and the conduit metaphor contrast sharply with our view, which Phillips called a *collaborative-constructionist model*. Because he was particularly interested in mediation, Phillips compared a traditional problem-focused mediation session that emphasized active listening with an SFBT approach to a marital conflict (Berg, 2008).

Phillips's microanalysis of these two sessions focused on all instances of what Garfinkel and Sacks (1970), who were describing everyday conversations, had called *formulation*, that is, when one person in a conversation summarizes or talks about what the other person has said. Formulation also occurs in mediation and therapy, where it may be called *reflecting*, *echoing*, or *paraphrasing*. The following excerpt is from the problem-focused mediation session, which involved an older woman and the young man next door about whom she was complaining. The formulation is in italics.

Example 7

MEDIATOR: “. . . what brought you down here this evening?”

CLIENT: “Well, I’ve been to the police, and I asked them many times and called them out on this disturbance and, uh, nothing seems to happen and, uh, it just goes on just the way it was before and, uh, last time I went down to the station and complained, about these intolerable situations, why, uh, they said, well, you can take it to court, and I said, uh, I don’t have money for a lawyer. What can I do? You know. And, uh, the officer down there said well, there is a

mediation process, (Mediator “M-hm”) and we might be able to resolve this with your help, but I don’t know. (Mediator “Well . . .”) I’m at a loss, I really am. I don’t know what to do.”

MEDIATOR: “Well, you mentioned disturbances and you’ve been to the police.”

CLIENT: [interrupting] “Oh, it’s disgusting.”

MEDIATOR: “Tell me a little more about that if you would.” (Adapted from Phillips, 1998, p. 52)

In the active listening model, the mediator’s formulation was an objective and non-evaluative restatement of what the client had said. However, Heritage and Watson (1979) pointed out that formulations are inevitably selective and therefore transform the original statement (see also Davis, 1986). Phillips (1998, 1999) tested these contrasting views by examining whether the mediator’s or therapist’s formulations were neutral (as the active listening model assumes) or not (as a collaborative/constructionist model proposes). He analyzed two features of formulations: First, the topic of a formulation could be *problem focused* or *solution focused*. That is, given that both possibilities were often present in what the client had said, which one did the mediator or therapist select for emphasis in the formulation? In Example 7, the mediator chose to formulate the problems in the client’s description, rather than the part that pointed toward a solution (“we might be able to resolve this with your help”). Second, Phillips examined whether the formulation invited the client’s collaboration or agreement. An *open* formulation gave the client an opportunity to respond to the formulation, whether by an explicit request or implicitly (e.g., by a questioning intonation or a pause). The formulation in Example 7 was open, with the mediator allowing the client to interrupt and then explicitly asking her to continue. A *closed* formulation was one that precluded a response from the client, for example, the mediator or therapist would continue to speak immediately after the formulation, leaving no opportunity for the client to comment.

Phillips’s analysis revealed that the formulations by the mediator who was using active listening were more likely to be problem focused than solution-focused. He also tended to use open formulations with one client and closed formulations with the other. Thus, one client had less opportunity to elaborate, correct, or redirect the formulations than the other did. In the SFBT session, the formulations were, as predicted by the model, almost entirely solution focused and open, and this was equally true for both clients.

Korman, De Jong, and Bavelas have made two further contributions to understanding the role of formulations in therapy. First, we elaborated on the important role of formulation in co-construction (De Jong et al., 2011) by showing how it functions within a grounding sequence. Formulations are a common way for therapists to display their understanding of what a client has said:

1. the client presents information,
2. the therapist displays his or her understanding with a formulation,
3. the client acknowledges, explicitly or implicitly, that the formulation is a correct understanding (or not).

Recall that a formulation inevitably transforms what was said to some degree, so when the client acknowledges the therapist’s formulation as correct, it becomes part of their co-constructed version.

Next, we compared formulations in sessions by expert therapists from three different approaches (Korman et al., 2011). Focusing on the beginnings of these sessions, we developed a highly reliable microanalysis for identifying the parts that each therapist preserved or added to what the client had said. SFBT emphasizes the importance of using the client's language rather than inserting the therapist's interpretations. As predicted, the formulations of the solution-focused therapists contained a significantly higher proportion of the clients' own words and a lower proportion of terminology added by the therapist than did the formulations of cognitive behavioral or motivational interviewing experts. Thus, as noted in Table 10.1, microanalysis is a method that can provide evidence regarding whether SFBT practice fits its model and differs from the practice of other approaches.

Questions

Dan McGee (1999; McGee et al., 2005) focused on therapists' questions as another tool of co-construction. Rather than classify questions, he examined how they function (intentionally or not) as therapeutic interventions. Drawing on psycholinguistic principles and his own clinical experience, McGee developed a model of how questions initiate an interactional sequence that can have a powerful co-constructive effect: A therapist's question initiates a sequence that leads the client to provide answers within the framework of the therapist's theoretical approach. The main features of McGee's model will be summarized here.

The impact of a question begins with its *presuppositions*, which are assumptions that form the background of the question. Presuppositions in questions are usually implicit rather than overtly expressed. In the following excerpt, the client had been describing his long-term problem with alcohol when de Shazer (1994) asked two successive questions (in italics):

Example 8

THERAPIST: "*What about in the last few weeks? Some days have been better than others?*"

CLIENT: "Some days, yes it has. (Therapist: "M-hm") Some days've been better."

THERAPIST: "OK, and *when was the most recent good day? Without—*"

CLIENT: [interrupting] "problems 'n . . ."

THERAPIST: "M-hm." [long pause]

CLIENT: [sounding surprised] "Just about every day. (Therapist: "M-hm") It's just the physical part, really, that-that, you know, makes things uncomfortable for me when I drink. Although, you know, I- I might have problems in my life just like anybody else."

THERAPIST: "Oh, of course, (Client: "You know") Sure." (transcribed from the unpublished video, *\$250,000 is enough*; also in de Shazer, 1994, pp. 246ff.)

De Shazer's first question had several presuppositions: that it is possible for things to be better; that some whole days could have been better; and that some days could have been better in the last few weeks. The question constrained the client to search for an answer within these presuppositions, that is, to search the last few weeks (not his whole life) for specific days (not the whole period) that had been comparatively better

(not perfect). Although this question set the parameters, it was the client and not the therapist who provided the answer, so both contributed to this co-construction. By answering the question, the client accepted and gave evidence for the presuppositions in it. It became common ground between them that it is possible for things to be better and that some whole days have been better in the past few weeks. Therefore, the next question could go on to ask about “the most recent good day.” Indeed, the client completed the second question himself and answered as if he were discovering how well the presuppositions fit his experience. A question about whether “some days have been worse than others” would probably have initiated a different sequence. (Of course, clients can and do challenge the presuppositions in questions, in which case the therapist can backtrack quickly and modify them—precisely because they had been only implicit; see McGee et al., 2005, p. 380.)

McGee (1999) applied his analysis to a wide variety of questions from different therapeutic approaches, demonstrating how the therapist’s theory shapes the presuppositions in his or her questions and how the client’s answers accept and contribute evidence for the theory. This analysis has a direct practical application: The therapist can choose among alternative possible questions according to the presuppositions that each would bring into the session. For example, compare a question that opens the session with “What would you say most bothers you today?” (McGee, 1999, p. 5) with a question such as “How can I be helpful today?” (De Jong & Berg, 2008, p. 55).

Positive/Negative Content

Recall that Phillips (1998, 1999) examined the content of each formulation for whether it was problem talk or solution talk (de Shazer, 1994, ch. 7). More recently, Tomori (2004; Tomori & Bavelas, 2007) also analyzed this feature, which is a distinguishing characteristic of SFBT. This study microanalyzed the content of questions and formulations in the initial stages of four demonstration videos, two by SFBT experts (Berg and de Shazer) and two by client-centered experts (Rogers and Raskin). The content of each question or formulation could be positive, negative, or neutral. The operational definition was simply whether, in the context of this client’s life, the *content* of what the therapist said was in a desirable or undesirable direction for the client. For example, talking about having a “good sense of humor” (Example 5) or “the most recent good day” (Example 8) is positive, whereas talking about “disturbances and [having] been to the police” (Example 7) is negative. Neutral content would not point in either direction—for example, the mediator’s opening question in Example 7. (It is important to emphasize that “positive” and “negative” in the three studies described here were not value judgements about whether what the therapist had said was appropriate or useful; these terms referred solely to content.) Independent analysts had good agreement for rating the content as positive, negative, or neutral.

The results showed striking differences between the two approaches to therapy. Consistent with the SFBT model, Berg’s and de Shazer’s formulations and questions were overwhelmingly positive. Surprisingly, Rogers’s and Raskin’s were primarily negative. The client-centered model would predict primarily neutral or positive contributions by the therapist, but this was not the case in the openings of these expert sessions.

Smock and colleagues (2011) went further and compared positive versus negative content in three SFBT and three cognitive behavioral therapy (CBT) expert sessions.

These analyses, which also had high interanalyst reliability, covered each entire session, including virtually everything the therapist and the client said. The results showed that, as predicted, the content of the SFBT therapists was significantly more positive and less negative than that of the CBT sessions. Both of the above studies on positive versus negative content have illustrated the point (in Table 10.1) that microanalysis can show how SFBT practice is consistent with its model and is different from practices derived from other models.

There were two other findings of interest in Smock et al. (2011). Across all of the therapists, the clients responded in kind, that is, positive talk led to more positive talk, and negative talk led to more negative talk. Thus, a therapist's use of positive content seems to contribute to the co-construction of an overall positive session, whereas negative content would do the reverse. The third finding was that, as a group, the SFBT experts were all consistently more positive than negative, whereas the CBT experts differed widely among themselves. (Korman et al., 2011, found the same pattern in their analysis of formulations, described above; i.e., the SFBT experts were homogeneous and the CBT experts were heterogeneous.)

■ CONCLUSIONS

This chapter introduced SFBT researchers and practitioners to experimental research that confirms the inevitably co-constructive nature of language in dialogue. It also illustrated how a method that grew out of this experimental research, microanalysis of dialogue, can (a) explicate specific co-constructive processes in psychotherapy and (b) compare SFBT practice to its model as well as to other therapeutic approaches. The past decade has seen considerable evolution in this method. In particular, microanalysis of therapeutic dialogues can now achieve the same standards of operational definitions, high interanalyst reliability, and replicability as found in experimental work or randomized controlled trials. These standards should give it a place in a wider view of evidence-based research and lead to more extensive applications of the method.

■ ENDNOTES

1. For clarity of presentation, the speakers in these experiments will always be female and the addressees male. In the actual experiments, all gender combinations occurred.
2. Our theory is the opposite of the notion of a separate *body language*, a term that usually refers to an unspecified set of nonverbal actions that are unrelated to speech and are believed (without empirical evidence) to reveal unspoken emotions or thoughts.

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