

On the use of formulations in person-centred, solution-focused short-term psychotherapy

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Abstract

According to Carl Rogers, therapy must be non-directive in order to be effective. This means that the therapist needs to be trained to work within the clients' frame of reference and do so in their practice. Conversation analytic research, however, suggests that therapists who claim to practise non-directive, non-authoritarian therapy nevertheless exercise subtle means of influencing their clients (e.g. through active listening, see Fitzgerald and Leudar 2010). The questions are: what in practice counts as being non-directive and how (relatively) nondirective psychotherapy is accomplished in practice. The present paper focuses on formulations which are one of the therapist's most useful tools and we demonstrate how these are used to guide clients to think along lines conducive to change.

Keywords: *conversation analysis; formulations; non-directive; psychotherapy; reflecting back*

1. Introduction

This paper investigates the use of formulations in person-centred, solution-focused short-term psychotherapy. Certain managed care systems, such as Employee Assistance Programmes, offer short-term counselling to employees with therapy courses lasting anywhere between one and eight sessions. The therapists are expected to have training in solution-focused therapy in addition to their core training in, for instance, Humanistic, Psychodynamic or Cognitive-Behavioural Therapy. We use conversation analysis (CA) to examine in detail the use of formulations by one such therapist.

Previous CA investigations of psychotherapy in general found that formulations are devices used by the therapist (i) to express to clients their understanding of what they said but also (ii) to guide them to consider their presenting problems from therapy appropriate perspectives (Davis 1986; Hak and de Boer 1996; Buttny 1996; Madill *et al.* 2001; Vehviläinen 2003a; Drew 2003; Peräkylä 2004; Antaki *et al.* 2005; Hutchby 2005; Antaki 2008). These two uses of formulations, however, may be somewhat inconsistent with the therapists' professional understandings of what they do with formulations in therapy. A person-centred therapist, for instance, might think of formulations as empathic responses, or as techniques used to 'reflect back' to the client what he or she had said (see Rogers 1995; Freire 2007; Witty 2007). In solution-focused therapy, formulations may likewise be thought of as empathic responses but may in addition point to problem solutions. A person-centred, solution-focused therapist may hold that 'reflecting back' through formulations facilitates clients' internal dialogues about their problems and enables them to change through such dialogues (Witty 2007) but not to consider their problems from therapist perspectives.

Detailed examination of psychotherapeutic talk helps us to understand what techniques such as 'active listening' and 'reflecting back' may mean in practice (Fitzgerald and Leudar 2010). Moreover, as pointed out by Peräkylä and Vehviläinen (2003), CA analysts may find that therapists do not always quite do what they say they do – a disparity which may not necessarily be obvious to themselves (Drew 2003; Antaki 2008). In time-restricted psychotherapy, the therapist can over-step boundaries and break person-centred and/or solution-focused therapeutic maxims in rushing to get the client to resolve their difficulties. Moreover, formulations as conversational devices may require that therapists delete, select or

edit in a focused way aspects of the clients' accounts. Because of this, the therapists' intention to act in a person-centred, solution-focused way could transform into something controlling, combative or even distorted (see Antaki 2008). If that is the case the use of conversational devices, such as formulation, would of course go against principles of both Rogerian and solution-focused therapies.

CA-inspired investigation then may help to determine both what 'reflecting back' through formulations is like in practice and whether therapists who claim to use formulations strictly as a means of 'reflecting back' indeed do just that (Peräkylä and Vehviläinen 2003). In our investigations we use CA/Ethnomethodology to make aspects of this psychotherapeutic task explicit by investigating one of this therapist's main language tool.¹ To do this we will first briefly consider the professional understanding of what 'reflecting back' means.

2. Formulations as empathic responses in person-centred, solution-focused therapy

Rogers (1980, 1995) defines empathy as a way of being with another person – a whole-hearted display of their belief in *the actualizing tendency* and growth promoting potential of the client. An empathic response is a term used in person-centred therapy when a therapist communicates this way of being or attitude to the client. When a therapist uses an empathic response it is expected that they become attuned to the client's inner world of feelings and the meanings these feelings have in their current experience (Rogers 1995; Greenberg and Elliott 1997). When the client feels understood they begin to develop a more internal locus of evaluation with less distortions and denials of experience (Rogers 1995). An empathic response, if used correctly by the person-centred therapist, would exert very little influence or coercive power over the client (Rogers 1995). The approach is essentially non-directive which requires that the therapist act as a non-coercive companion maintaining unconditional positive regard and a non-judgemental attitude. The question again arises: what does being non-directive consist of in practice?

Solution-focused therapists focus on the clients' resilience and strong points when they tell their troubled story. In addition to the core Rogerian counselling skills and techniques (Sharry *et al.* 2001), empathic responding in solution-focused therapy assumes that the therapist will engage with the client's problematic experiences, but will focus on the client's strengths,

skills and resources and will communicate these experiences back through a positive filter. The general question asked in conversation analytic studies of psychotherapy is: how are these techniques realized in conversational practice?

3. Formulations and Psychotherapy: What have CA researchers found?

Work to date examines formulations as interactional devices used by the therapist to translate the client's story into a language which would define and interpret the clients' experience in a psychotherapeutic fashion (Davis 1986; Hak and de Boer 1996; Buttny 1996; Madill *et al.* 2001; Antaki 2008; Hutchby 2005; Antaki *et al.* 2005). Davis (1986) found that this reformulation of the client's problem is achieved by the therapist when he or she firstly psychologises the client's problem so that it is treatable by psychotherapeutic means. Antaki *et al.* (2005) argued that formulations are a resource which can be used by the therapist to shape the client's talk about their problem in a focused way so that the therapist can then treat them in a way which fits in with the therapist's therapeutic beliefs or orientation. This can be achieved by deleting and editing elements from the clients' account (Antaki 2008).

Researchers also argued that therapists expect to have their formulation ratified and accepted by the recipient. According to Antaki *et al.* (2005: 3), 'it will be no surprise to see therapists work to transform the raw material of their client's talk, and get this transformation accepted by their client'. In the literature on formulations in psychotherapy, the therapist is seen as the professional expert who uses formulations as a form of conversational control to get the client to view and speak about their problem in a different way – a way that fits in with the therapist's orientation.

Madill *et al.* (2001) looked at how the therapists attempt to bring about a transformation of the clients' problems and focus on inconsistencies and mismatches between the therapist and the client. The client is seen as a person who either complies or does not with the therapists' formulations. The process of negotiation is subject to constraints and depends on whether the client resists or takes up what the therapist said or whether or not a mismatch occurs between the two. According to Madill *et al.* (2001) and Buttny (1996), successful therapy may depend on the client complying with the expertise of the therapist. Antaki (2008) also sees clients' ratification of the therapists' formulations as a display of the client's co-operation.

Formulations then are co-operative devices which may contain a directive element, which may not be visible to both therapist and client. Antaki (2008: 40) sums this up by saying that formulations 'allow the therapist to suggest a tendentious reading of the client's situation and expect to have this confirmed.' This suggests that therapy serves the interest of both participants. However, this kind of engagement is not strictly consistent with the Rogerian approach.²

The literature coming from the CA tradition then suggests that therapists use formulations to take control and 'to manage the interactional progress of the therapeutic interview' (Antaki 2008: 37). The management typically has three elements. Firstly, the therapist psychologizes the client's account. Secondly, the therapist transforms the client's description of something through the linguistic art of re-phrasing, lexical substitution and extensions (Antaki 2008) and thirdly, the therapist expects the client to accept this new version of the problem (Davis 1986; Antaki *et al.* 2005; Antaki 2008). The formulation is seen as a powerful therapeutic device as it directs the client to do something, such as to think about it from a different perspective provided by the therapist. CA research to date has, however, concerned psychotherapy in general and has not examined whether person-centred, solution-focused therapists use formulations in this way. In this kind of therapy, formulations could be used to 'unobtrusively lead' on to transformation or re-formulation of the whole presenting problem simply because they are a major interactional tool. In this paper we investigate an approach adopted by a therapist working for an Employee Assistance Programme's short-term managed care programme in order to gain a more detailed picture of how a therapist can deviate from their orientation when 1) they combine two approaches and 2) they are restricted by time.

4. Formulation as a therapeutic tool

In CA, formulations have been categorized as either *gists* or *upshots* (Heritage and Watson 1979). This implies that formulations as therapeutic tools can either summarize or draw out an implication from what clients said in their previous turns. Formulations have many specific functions as therapeutic tools. The therapist may formulate statements in order to develop a point, draw out an implicit meaning, summarize utterances made by the client, explain utterances in order to obtain more clarity for the client or, as is most common in therapeutic practice, draw out

a client's feelings and thoughts by either maintaining a focus or shifting a focus. Formulations can re-represent the clients' utterances in a more explicit fashion by being inferentially elaborate (Heritage and Watson 1979). This enables the therapist to focus on certain elements of the client's prior account, re-reference them and explicitly describe their relatedness to one another. Formulations re-establish the problems built into the descriptions of the experiences offered by the client and so flag them as topics for further exploration or highlight aspects of the solution which may be hidden from the client's view.

To understand the work of formulations in the therapeutic conversation it is necessary to examine how they are introduced into talk and how participants display sequentially appropriate responses to them. Sequential appropriateness refers to the way that one utterance places a restriction on the production of the next utterance, i.e. a therapist expects a response to their formulation. As formulations, first and foremost, allow the therapist to air his or her understanding of the client's preceding section of talk they are deeply implicative for subsequent talk. It is this sequential nature of the adjacency pair structure that necessitates the existence of a 'formulation-decision' pair (Heritage and Watson 1979). The decision part of this adjacency pair in everyday conversation and much institutional talk can either take the form of a confirmation or disconfirmation of the formulation (Heritage and Watson 1979). Disconfirmations of formulations may place the sense of order and accountability of 'the talk thus far' in jeopardy (Heritage and Watson 1979). To disagree with a formulation may serve to terminate the present topic (Heritage and Watson 1980). Antaki (2008: 37) suggests 'it is difficult to disagree without paying an interactional cost'. In therapy, as in most types of conversation (Heritage and Watson 1979; Pomerantz 1984a), there is preference for confirmation of the formulation presented by the therapist (Antaki *et al.* 2005; Antaki 2008). However, unlike in everyday conversation, in psychotherapy a mere 'yes' response to a formulation may not be enough. This is so because the client needs to demonstrate that she is adopting the orientation to the problem indicated by the therapist and the way to do this is through extended response (Muntigl and Zabala 2008).

We focus on how a person-centred, solution-focused therapist gets the client to elaborate or reflect using *gists* or *upshots*. Checking implicit meanings are all functions of *gist* formulations while *upshot* formulations are used to channel the client to think things out in a different way. The therapist uses

the formulations as reflexive devices to help create mutual understandings but also to achieve something else – to get the client to change through interactive work. We firstly examine whether or not the therapist is helping the client to come up with their own solution in a purely person-centred manner. Secondly, we investigate whether the therapist is helping the client to focus on their own resources to solve the problem as would be expected from a solution-focused therapist. In doing so we examine, if, where, and how the therapist may deviate from their theoretically non-directive orientation.

5. Method

Our data comes from a corpus of 50 sessions occurring between a therapist and seven clients, each of whom attended for between four and eight sessions. The clients presented an array of difficulties ranging from mild depression to interactional difficulties at work. The therapist was first and foremost trained in the non-directive client-centred Rogerian framework but she was also trained in solution-focused therapy. The therapist has been working with EAP clients in Ireland and the UK for over ten years. All clients provided their written consent to have the therapy sessions recorded for research and development purposes. This was done in accordance with the ethical rules as set out by the ethics committee at the University of Manchester.

Each session was recorded using an Olympus digital sound recorder. The recordings were transcribed using Adobe Audition 2.0 program, using Gail Jefferson's transcription conventions (these are provided in Atkinson and Heritage 1984: ix-xvi). All the formulations identified in the corpus were analysed but only six of them are used as exemplars in this paper. The analysis itself draws on praxiological analytic techniques developed in CA/Ethnomethodology (cf. Leudar *et al.* 2008).

6. Analysis

In this section we present four examples showing typical uses of formulations found in our corpus. We examine whether these non-directive formulations are in fact directive. To do this we pay particular attention to their placement and timing and consider whether they are used with a solution-focused spin together with how the therapist listens and gets the

client to expand on the theme. In what follows we investigate how the therapist uses their main language tool. As we do the analysis we touch on discrepancies between the person-centred, solution-focused therapy programme and its realization in practice.

Extract (1)

In this extract the client had been telling the therapist about how her manager's negative attitude towards his staff was causing a lot of problems in the company. However, despite the fact that the atmosphere had become much more positive recently, the client finds it difficult to accept this change.

Session 2 (M = Mary)

- 8 M: So he changed comple:tely
9 but (0.5) in a w:a:y it doesn't matter
10 because your kinda waitin on whether
11 you see cos you kinda think cos
12 you kn↑ow he can be (.) like (0.2) cos
13 he's go↑ne through this huge
14 phase of being like really bad once (.)
15 for such a long ti:me that's it's left
16 such a deep mark on peo↑ple (0.3) tha
17 I think tha in a w:a:y even though
18 he's grand no:w your sti::ll (0.5) in
19 a w:a:y he's ruined it > you know
20 what I me[an<.
21 T: [mm:m
22 M: like it's hard to come back from that
23 cos he's ruined the mo:od.
24→ T: o.k so you you
25 >obviously are a bitt (.) a little<
26 bitt da↑mag↑ed by it are ye.
27 M: ↑Yeah (.) it's like we don-
28 .hhhhh (.) personally anyway I think its
29 nicer (.) o.k I feel a >little bit<
30 more like doin stuff >with ↓him- (.)
31 I feel a bit bETTer about MY stuff (.)
32 .hh you know em.m (.) but-
33 on the other hand (2.6) (sniffs) (.)
34 I sti:ll >don't re::ally 'feel like
35 goin out and killin myself over it
36 either° you know< I feel li[ke
37 T: [°yea°

In the above, the therapist enters the client's experience, which contains a lot of negative expressions concerning her boss (*really bad* line 14, *left such a deep mark* lines 15-16, *ruined it* line 19). These feelings are communicated back to the client in an empathic response on lines 24-26. It is the negative expressions which are given attention as these contain the client's feelings. The formulation requires that the client explores these feelings deeper by presenting the idea that she may be damaged by the experience. The formulation indicates engagement with

the client but displays the therapist's perspective on what the client is saying. It is the perspective that requires an extended response, not just agreement as such a response is required in therapy and is consequential to the participants (Schegloff 1972, 1991) as clients learn what is expected of them, i.e. elaborate on responses and not just provide yes/no answers (Muntigl and Habala 2008). However, *damaged* seems relatively harsh for person-centred, solution-focused therapy and deals more with the problem than the solution.

The therapist interrupts the talk with *ok* (line 24) and re-directs the topic using *so*. The client also accepts the formulation indicating that the proposal inherent in the formulation has been accepted and the therapist is given the control. This formulation interrupts the turn, links it to a previous turn and it has psychological consequences as it turns the account in lines 8-20 into a therapeutic situation. It is an *upshot* formulation as an implication has been drawn from what the client has said in the extended turn. It introduces as a topic the possibility that the client is psychologically damaged and the use of *obviously* (line 25) indicates that this implication is not debatable. The use of *obviously* may relate to the idea that such negative treatment by a boss will surely cause damage. The topic of the client's problem at work has been turned into a therapeutic topic as the therapist has put a direct psychological proposal to the client that she may need to explore this situation further.

The therapist's use of the formulation on lines 24-26 seems to maintain a complex connection with the client's prior utterances and this formulation presents the client with a pragmatic implication. The perspective maintained by the client (lines 8-20) is essentially an expression of opinions and feelings held towards her boss. However, in her account she avoids talking about herself directly and instead uses general terms such as *people*, *your*, *you*, throughout the turn. It is not until line 17 that the client introduces herself but at the same time continues to hold her feelings about this person and the situation at a distance. This reticence to fully engage with her feelings around the problem makes the problem definition unclear.

This lack of transparency according to Davis (1986) may make the problem untreatable in therapy. As a result the therapist uses an *upshot* formulation on lines 24-26 which isolates the problem from the context and draws the client in on a more personal level. The client does this by accepting the formulation and practising it (lines 27-36). The above *upshot* formulation alters dramatically the focus and in doing so proposes a new direction.

We will now present three more examples of this therapist's use of formulations. Some of these work as therapeutic tools and some do not.

Extract (2)

In this extract the client had been telling the therapist about how her mother's over-protective behaviour was beginning to grate on her and how she cannot find a way to solve this. Her mother was becoming overly affectionate with her and smothering her somewhat. The therapist had asked her if she could discuss this with her mother but the client felt it would really hurt her if she did.

Session 4 (A = Anna)

- 73 T: ri:ght and (.) e:m (0,7) like (.)
 74 >do you think you'd really HURT
 75 her< if you said↓mum you know:: I
 76 A: rea::lly think so yeah:: (0.5)
 77 yeah (0.3)
 78 T: right=
 79 A: =°she's quite sensitive° (0.7)
 80→ T: ↑o.k so right one is the the
 81 affectionate thing and >the other thing
 82 is< (.) her::: (banging sound) >getting
 83 too involved in your life<
 80 A: ye[a::h
 81 T: [eh getting too (.)
 82 A: ↓yeah
 83 T: concerned about you
 84 A: ↑yeah (.)
 85 T: right (.) ↑what is it about
 86 tha:t that bothers you (1.8)

What is noteworthy about this formulation is its placement. The therapist is attempting to understand the client's experience and sets up and completes the sequence with questions which clarify for the therapist the client's stance towards her mother. Both of the questions which frame the sequence (lines 73-75 and 85-86) begin with *right*. This indicates that the therapist accepts the problem. After the initial question the therapist indicates, by the *right* on line 78, that she accepts the client's assessment of her reasons for not talking to her mother about the problem. Having obtained enough information she is then in a position to produce a *gist* formulation, lines 80-83, thus drawing together two points which summarize what the client had been complaining about up until now. On line 76, the client not only reiterates the belief that talking to mother would hurt her; she also warrants the belief (line 79). The therapist's *ok* at the start of the formulation (line 80) acknowledges the client's assessment of her mother's likely reaction but it also, together with the following *gist* formulation, stops the client from becoming emotionally involved in her mother's sensitive feelings and towards her

problem with those feelings. It does this by seizing the topic and re-directing it towards a focus on two aspects of the mother's behaviour rather than on the mother's feelings. This serves to keep the client on track of helping her to cope as the therapist is quite selective in what she picks up from the account. She ignores the revelation of the mother's sensitivities, which might be a valid point here, and instead directs the talk back to the client's experiences and feelings when confronted with the mother's behaviours. By using a formulation at this point (end of line 79), the therapist presents some sort of an understanding of the experience only after she is clear and then gets the client to agree to that understanding over a few turns. So what matters is not just the content of a formulation but when it is done, i.e. not too soon, not too late.

The formulation here foregrounds and crystallizes an aspect of the problem which is that the mother aggravates the client in two areas. A third area is revealed between lines 81-83 *getting too concerned about you*. The formulation is designed around what Sacks (1992, LC2) refers to as a 'category-bound activity' for members of the category of mother. The three problematic aspects depicted in the formulation are activities which a mother would be likely to engage in. However, the problem is that these activities are overdone. The formulation then works to keep the focus on what the therapist has understood to be the problem. It works to restrict the topic and keep the client focused on her own feelings and not on those of her mother. The restriction may have been necessary in order to get the client to reflect more, and explore further what it is that bothers her. Once the client accepted the formulation with a series of *yeahs* and a final punched up *yeah* on line 84 the therapist takes up the topic (*right*, line 85) and pins it down by using a direct question which guides the client to elaborate on her problem in a particular way. However, while this *gist* formulation provides agreed grounds for topicalizing the problem at hand – what in this is the problem *for you*. From a person-centred perspective there may be a loss of empathy and unconditional positive regard here for the part of her that is sensitive to her mother's feelings and this CA/ethnography analysis has revealed that.

Extract (3)

This client came to therapy as she has always found criticism from those in authority difficult to take. She is the shop steward at her company and believes the only way staff can develop is if the bosses change radically and the staff are given more power. In this extract the client had been explaining how one of her bosses provided positive

criticism. She has come to the conclusion that there are two types of criticism and that it is destructive criticism that she has a problem with. Here the client is giving the therapist an example of how she responds to constructive criticism.

Session 4 (E= Emily)

- 106 E: so that was kinda good like (.)
 107 you know I got an honour in the [end
 108 T: [°mm°
 109 E: which was great to hear (.)
 110 and he went through stuff (.)
 111 (with less abuse)
 112 his criticism was good (.) cos it
 113 >was very constructive you know
 114 T: ↑m:m (.)
 115 E: and that's actually had a
 116 very positive >influence<↑ (.)
 117 T: ↑right=
 118 E: =it's the way it's given
 119 you know (0.7)
 120 → T: ↑o.k so they're right ok so
 121 yu- you you do know what (.) you do
 122 know wha-what ah::: hmm (0.9) gives
 123 you that feeling of feeling
 124 more motivated to a little bit to maybe
 125 E: ↑yeah
 126 → T: do well in the next
 127 assignment is if somebody (.)
 128 E: yeah
 129 → T: gives you the proper (.) criticizes
 130 you properly (.)
 131 E: m:::m↓ well he's a counsellor↑.
 132 T: so the feeling you get is one
 133 of power ↑eh:: (1.2) power over your
 134 own motivation
 135 E: development (0.8). I just feel
 136 that an injustice::: has been done↓

The formulation (lines 120-130) in this extract is an example of a situation, where the formulation does not quite work. The therapist seems unsure about how to express what she wants to say and this uncertainty leads her to provide a *gist* formulation which develops over three turns at talk. After some false starts the therapist provides a summary of the client's ability to know what causes her to respond positively when she is receiving feedback. The therapist latches the positive expressions *criticism was good cos it was very constructive* on lines 112-113 and *a very positive influence* on lines 115-116 to a feeling of being *more motivated*. The therapist selects these positive expressions and edits them in a way which indicates their understanding of what the client needs to do in order to do well in an assignment, e.g. self-motivation. The therapist deletes the reference to how the criticism was given on lines 118-119 and instead opts to summarize the positive feelings by

re-referencing them and projecting them forward in time to the next assignment. Also, in the trajectory leading up to the formulation the therapist uses 'channeling continuers' (Fitzgerald and Leudar 2010) on lines 114 and 117 demonstrating how this therapist, trained in the solution-focused approach, listens out for the solution and becomes more involved in the talk when positive expressions are uttered in the client's prior turn. The therapist moves from listening to formulating when the client is moving in a more positive direction.

The use of *ok so* on line 120 indicates that the therapist is interrupting the topic and taking control of its direction. By choosing to ignore an exploration of how the boss imparted this positive influence on the client, the therapist keeps the talk focused on the client's feelings. As change in this form of therapy aims to bring about more positive feelings of self-worth, as well as an increase in awareness of a client's strengths and coping abilities, the focus will remain on the client's reactions. Other people's behaviours are only discussed when they have an impact on the client's positive sense of self. The formulation focuses on what the client inherently knows about themselves. This refers to the client's own inner skills and resources which become highlighted in the way the therapist constructs the formulation. The therapist does not use a tag here because, as the formulation occurred over three turns, the client had already indicated her agreement on lines 125 and 128 with the re-formulation of the topic. However, this formulation was possibly brought in too soon. The therapist ignored the client's concerns *it's the way it is given* on line 118, and as a result failed to secure an elaboration of topic. Instead the client uses short-turns at talk (lines 125 and 128) before bringing the topic back to her boss. After the therapist attempts to use a further *upshot* formulation (line 132) the client comes in with a strong disagreement as she continues to move the topic from her own motivation to her development at work and her feeling towards her boss. This indicates that the topic was not fixed in a way that suited both parties.

Extract (4)

In this extract the client had been telling the therapist how she found it difficult to make decisions and put herself first where family and friends were concerned. As a result she believes she tries to satisfy the needs of others at great expense to herself.

Session 3 (N= Niamh)

263 N: I'm trying >to get ah< I'm
264 ↑try::ing (.) I mean it's not always
265 working an- (.) I think I transfer any

266 > bad vibe to I (like) have
267 to>it's more about that then< (1.1)
268 yu know (0.9) I (.) come
269 Saturday night I went out an I
270 was (0.5) able for it an- (.)
271 one day I'd kinda (.) done what I
272 wanted to do and >people came over< and
273 it was really nice:: you know (.)
274 → T: so you're makin some progress
275 in making your own decisions (.)
276 N: °yeah° (.) °hopefully° (.)
277 T: mm yea::h (.)
278 N: trying to anyway you know (.)
279 just kind of (1.1)

The formulation on line 274 is a summary of what the client had been saying and is implicit in the telling on lines 263-273. The *so* which begins the formulation signals that what follows relates to something that was just said. However, the therapist then adds to this by introducing something new in the formulation. The new topic concerns the client's progress in decision-making as it is a topic in this therapy. The client presents something she did which had positive consequences concerning her problem (lines 263-273). The therapist maintains cohesion between the client's and the therapist's turn by picking up the bits of progress and using a formulation to tie it to the solution. The therapist, in a solution-focused manner, focuses on the times when the client did not have the problem and picks up *done what I wanted to do* (lines 271-271) and the *it* on line 273 and from that formulates the reason for this positivity or nice feeling.

By using a combination of CA and ethnomethodology we have ascertained that in tying the positive aspects to the solution the therapist attempts to instil more clarity into the client's account. This is achieved by re-phrasing what she has said in such a way to make it fit into the type of psychological speak one may expect to find in this practice. By deleting the problem area on lines 264-265 *I mean it's not always working*, the therapist ensures that the focus stays on the exception time. Although the answer on line 276 is preferred the client remains hesitant. The low volume and uncertainty of the reply indicated by the word *hopefully* (line 276) and the *trying to anyway* (line 278) suggest that the formulation did not quite work as an accurate summary of the client's feelings and is therefore not an accurate empathic response. The therapist here may have misread the client's account by deleting the feelings involved in the client's effort. The therapist could have stayed with these feelings but chose to see the positive aspect.

Similar to what Davis (1986) talks about when dealing with a problem, the therapist here has used

the formulation in an attempt to force through a solution which in some way misaligns with what the client is trying to say.

7. Discussion

In this paper we hope to have shown how a therapist can deviate from their orientation. To achieve this, our analysis demonstrates how CA combined with ethnography can be used to provide a detailed investigation into a therapist's use of empathic responses and 'reflecting back' techniques. While we accept that a more detailed picture can be obtained by adopting a comparative approach, where one could compare different therapists coming from various theoretical backgrounds, we nevertheless believe that some comments and observations are possible. Our investigations led to the conclusion that while Rogers insisted that therapists adopt an empathic attitude and in doing so let go of their control and be purely transparent in the relationship, he failed to see that there is an element of internal control in how topics can be talked about using formulations. One could argue that therapeutic policies (Leudar *et al.* 2006) can be used flexibly and may be suspended if necessary. Leudar *et al.* (2008) found that therapeutic orientations are not used as recipes set in stone. Instead they are used sensitively and flexibly. In our therapy context, where the therapist combines two therapeutic approaches and is also confined by the short-term nature of therapy, flexibility is essential. On the other hand, in person-centred therapy the therapist is supposed to work within the clients' frame of reference and act in a nondirective manner in order for therapy to be effective. The way formulations are offered could lead to too much divergence from Rogerian policies, i.e. the therapy becomes directive. Rogers (1995) argued that the therapist must avoid the temptation to subtly guide their client. Nevertheless, therapists use devices such as formulations which can subtly lead the client to talk about their problem from a particular perspective. We found that person-centred therapy (especially if this approach has other theories included) can be subtly directive as there are subtle ways of changing the way people think. The therapist's use of formulations is an unobtrusive device for doing just that.

We found that there are several ways in which this is accomplished. Firstly, formulations, or 'reflecting back' in therapy, do what has been suggested by Heritage and Watson (1980), i.e. 'fix' topics, which then ensures that there is continuity of topic. When

the formulation is confirmed by the client, the topic gets fixed. It is through their fixing properties that formulations can function to maintain interactional control and in doing so direct the client to think in a certain way. Instead of seeing it as a form of control it can be seen as a type of guided practice and it is this guiding and channelling that makes person-centred therapy more directive than nondirective.

Secondly, we agree with the literature which argues that formulations in therapy trim down a client's definition of their problem into something treatable in therapy (Davis 1986; Antaki *et al.* 2005; Leudar *et al.* 2008; Antaki 2008). Davis argues that a therapist's inferences and interpretations can be so well packaged and efficiently presented that they are difficult to resist. However, sometimes the therapist has to work at having her formulations accepted. This may require that the therapist works the formulation over several turns and then timing becomes very important. If they go on too long the therapist may come across as forceful. It cannot come in too soon or too late if the topic is to be fixed for further development.

Thirdly, we agree with Antaki (2008) who states that the therapist deletes aspects of the clients' account and selects others before offering a formulation. This analysis can appear positive or negative. On the one hand the therapist may delete or ignore aspects of the clients' account which could be crucial to the clients' understanding of their situation. On the other hand the therapist may select pieces of information which they believe need to be highlighted. We found that what is important is not the exact contents of the formulation, but how the client comes to work with the formulation through an elaboration. The question arises: is the process of reformulation positive and growth-promoting for the client? A key feature to knowing that a formulation has been successful is if the client elaborates on the topic over an extended turn. This marks the topic as being important for both parties and especially for the client who picks up some value from having been understood. It is through further development of a topic that a client may achieve insight. Further to Antaki's (2008) findings, a mere 'yes' to a formulation does not indicate that the client has become more aware as this can only be carried out by the client themselves and becomes evident when the client starts to speak about it in an elaborate way. This elaboration of topic could be a topic for further research.

Fourthly, we found, like Heritage and Watson (1980) and Antaki (2008), that the form and function of formulations is shaped by the activities and the settings where they are used. In some settings

formulations can appear more challenging. Where time restrictions occur, e.g. in EAP settings, therapists may rush to get the client to see things from a different perspective resulting in a distorted form of empathy. Solution-focused therapists may also use formulations to impose the solution onto the client. This paper demonstrates that a CA and ethnographic analysis can reveal if the therapist is using the formulation for the clients' benefit or to fulfill their own institutional needs, i.e. nudging the client to stay with the solution.

Some of the CA literature (e.g. Davis 1986; Antaki 2008) which shows that therapists' use of formulations serves the therapists' interests places them in a somewhat negative light and can appear too critical of therapists. We suggest that this can happen if CA analysts overlook the therapist's theoretical orientation in their analysis. As formulations can have different meanings depending on the therapeutic approach, analysts need to respect what the therapist is attempting to do with the formulation in their practice. On the other hand therapists may idealize their practice, and if this is so, CA can make this publicly visible (Peräkylä and Vehviläinen 2003).

The fact that formulations are deeply implicative for the development of subsequent talk (Heritage and Watson 1979) has important ramifications for what can be said in the sessions. Formulations restrict the client to produce a decision. As the therapist can use formulations to nudge through tendentious readings of the client's account (Antaki 2008; Antaki *et al.* 2005), the therapist can direct the way the talk develops in the sessions. If the therapist notices that the client feels understood the therapist is then in a position to either move the talk on to a further elaboration of the first formulation or to move the talk onto a further variant of the original topic. In other words, in addition to the interactional control held by the therapist by virtue of the asymmetrical character of the setting, the therapist can direct and so control the development of the subsequent talk through their use of formulations. CA/Ethnomethodology can reveal if this control is positive or negative for the client and so can help to make the therapist accountable for their usage.

Notes

1. This analysis is as proposed by Leudar *et al.* (2008a).
2. See *On Becoming a Person* (1995), chapters 2 and 3.

References

- Antaki, C. (2008) Formulations in psychotherapy. In A. Peräkylä, C. Antaki, S. Vehviläinen and I. Leudar (eds) *Conversation Analysis of Psychotherapy*, 26–42. Cambridge: Cambridge University Press.
- Antaki, C., Barnes, R., and Leudar, I. (2005) Diagnostic formulations in psychotherapy. *Discourse Studies* 7 (6): 627–647. <http://dx.doi.org/10.1177/1461445605055420>
- Atkinson, J. and Heritage, J. (eds) (1984) *Structures of Social Action: Studies in Conversation Analysis*. Cambridge: Cambridge University Press.
- Buttny, R. (1996) Clients' and therapists' joint construction of the clients' problems. *Research on Language and Social Interaction* 29 (2): 125–153.
- Davis, K. (1986) The process of problem re(formulation) in psychotherapy. *Sociology of Health and Illness* 8: 44–74. <http://dx.doi.org/10.1111/1467-9566.ep11346469>
- Drew, P. (2003) Comparative analysis of talk-in-interaction in different institutional settings: A sketch. In P. J. Glenn, C. D. LeBaron and J. Mandelbaum (eds) *Studies in Language and Social Interaction: In Honor of Robert Hopper*, 75–119. Mahwah, NJ: Erlbaum.
- Fitzgerald, P. and Leudar, I. (2010) On listening in person-centred, solution-focused psychotherapy. *Journal of Pragmatics* 42: 3188–3198. <http://dx.doi.org/10.1016/j.pragma.2010.07.007>
- Freire, E. S. (2007) Empathy. In M. Cooper, M. O'Hara, P. F. Schmid and G. Watt (eds) *The Handbook of Person-Centred Psychotherapy and Counselling*, 194–206. New York: Palgrave Macmillan.
- Greenberg, L. and Elliott, R. (1997) Varieties of emotional expression. In A. Bohart and L. Greenberg (eds) *Empathy Reconsidered: New Directions in Theory Research and Practice*, 75–99. Washington DC: APA Press.
- Hak, T. and de Boer, F. (1996) Formulations in first encounters. *Journal of Pragmatics* 25: 83–99. [http://dx.doi.org/10.1016/0378-2166\(94\)00076-7](http://dx.doi.org/10.1016/0378-2166(94)00076-7)
- Heritage, J. and Watson, D. R. (1979) Formulations as conversational objects. In G. Psathas (ed.) *Everyday Language: Studies in Ethnomethodology*, 123–162. New York: Irvington. <http://dx.doi.org/10.1515/semi.1980.30.3-4.245>
- Heritage, J. and Watson, D. R. (1980) Aspects of the properties of formulations in natural conversations: Some instances analysed. *Semiotica* 30 (3/4): 245–262.
- Hutchby, I. (2005) Active listening: Formulations and the elicitation of feelings-talk in child counselling. *Research on Language and Social Interaction* 38 (3): 303–329. http://dx.doi.org/10.1207/s15327973rlsi3803_4
- Leudar, I., Antaki, C. and Barnes, R. (2006) When psychotherapists disclose personal information about themselves to clients. *Communication and Medicine* 3 (1): 27–41. <http://dx.doi.org/10.1515/CAM.2006.004>
- Leudar, I., Sharrock, W., Truckle, S., Colombino, T., Hayes, J. and Booth, K. (2008) Conversation of emotions: On transforming play into psychoanalytic psychotherapy.

- In A. Peräkylä, C. Antaki, S. Vehviläinen and I. Leudar (eds) *Conversation Analysis of Psychotherapy*, 152–172. Cambridge: Cambridge University Press.
- Madill, A., Widdicombe, S. and Barkham, M. (2001) The potential of Conversation Analysis for psychotherapy research. *The Counselling Psychologist* (29): 413–34. <http://dx.doi.org/10.1177/0011000001293006>
- Muntigl, P. and Zabala, L. H. (2008) Expandable responses: How clients get prompted to say more during psychotherapy. *Research on Language & Social Interaction* 41(2): 187–226. <http://dx.doi.org/10.1080/08351810802028738>
- Peräkylä, A. and Vehviläinen, S. (2003) Conversation Analysis and the professional stocks of interactional knowledge. *Discourse & Society* 14 (6): 727–50. <http://dx.doi.org/10.1177/09579265030146003>
- Peräkylä, A. (2004) Making links in psychoanalytic interpretations: A conversation analytic view. *Psychotherapy Research* 14 (3): 289–307. <http://dx.doi.org/10.1093/ptr/kph026>
- Peräkylä, A., Antaki, C., Vehviläinen, S. and Leudar, I. (2008) Analysing psychotherapy in practice. In A. Peräkylä, C. Antaki, S. Vehviläinen and I. Leudar (eds) *Conversation Analysis of Psychotherapy*, 5–25. Cambridge: Cambridge University Press.
- Pomerantz, A. (1984a) Agreeing and disagreeing with assessments: Some features of preferred/dispreferred turn shapes. In J. M. Atkinson and J. Heritage (eds) *Structures of Social Action. Studies in conversational analysis*, 57–101. Cambridge: Cambridge University Press.
- Rogers, C. R. (1980) *A Way of Being*. Boston MA: Houghton Mifflin.
- Rogers, C. R. (1995) *On Becoming a Person. A Therapist's view of Psychotherapy*. London: Constable.
- Sacks, H. (1992) *Lectures on Conversation*, Vol. 1 and 11. Blackwell: Oxford and Cambridge.
- Schlegoff, E. A. (1963) Toward a reading of Psychiatric Theory. *Berkeley Journal of Sociology* 8: 61–91.
- Schlegoff, E. A. (1972) Notes on a conversational practice: Formulating place. In D.N. Sudnow (ed.) *Studies in Social Interaction*, 75–119. New York: Free Press.
- Schlegoff, E. A. (1991) Reflections on talk and social structure. In D. Boden and D. Zimmerman (eds) *Talk and Social Structure*, 44–70. Cambridge: Polity Press.
- Sharry, J., Madden, B. and Darmody, M. (2001) *Becoming a Solution Detective. A Strengths Based Guide to Brief Therapy*. London: BT Press.
- Vehviläinen, S. (2003a) Preparing and delivering interpretations in psychoanalytic interaction. *Text* 23: 573–606. <http://dx.doi.org/10.1515/text.2003.022>
- Witty, M. C. (2007) Client-centered therapy. In N. Kazantzis, L. L'Abate and F. Gerard (eds) *Handbook of Homework Assignments in Psychotherapy. Research, Practice and Prevention*, 65–83. New York: Springer.

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