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Discourses of helping professions

Concepts and contextualization

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Discourses of helping professions unites contributions on prominent helping settings and interaction types and offers an overview of similarities and differences as regards interactive affordances and communicative tasks and the discursive practices applied for their solution within and across the various helping professions. Whereas traditional helping professions such as medical and psychotherapeutic communication are by now well-established objects of research in discourse and conversation analysis (see e.g. Byrne and Long 1976; Heritage and Maynard 2006; Spranz-Fogasy 2010; Sator and Spranz-Fogasy 2011 for doctor-patient interaction and Labov and Fanshel 1977; Peräkylä et al. (eds.) 2008; Pawelcyzk 2011 for psychotherapy), so-called developmental formats like supervision or executive coaching have only lately attracted linguistic attention (see Aksu in prep.; Graf et al. 2010; Graf 2012; Graf in prep.). Yet, research on both traditional and less traditional formats revolves around similar questions such as: What represents their endemic communicative core tasks and what is interactants' discursive repertoire to solve these? A closer look at the various professional practices thereby evinces a highly differentiated and complex picture of these helping professional formats with numerous sub-types, transitions and hybrid formats.

A helping profession is defined as a professional interaction between a helping expert and a client, initiated to nurture the growth of, or address the problems of a person's physical, psychological, intellectual or emotional constitution, including medicine, nursing, psychotherapy, psychological counseling, social work, education or coaching. To speak with Miller and Considine (2009:405), helping professions deal with "the provision of *human* and *social services*". The helping profession is constituted in and through the particular verbal and non-verbal interaction that transpires between the participants. Interaction types, in turn, are (tentatively) defined here as bounded (parts of) conversations with an inherent structuring of opening, core interaction and closing section, in which participants solve complex communicative tasks. The specific interaction the participants

engage in thereby evinces the respective interaction type. To put it differently, the principal communicative task(s) define(s) the overall rationale of the (specific part of the) conversation, i.e. the interaction type. Interaction types are thus both located on the macro-level of interaction, when referring to entire conversations or interactions such as the anamnestic interview and on the meso-level of interaction, when referring to parts of conversations that center on clearly demarcated communicative tasks within the overall layout of the interaction (such as troubles telling in psychotherapy). Although closely related with, and at times hard to differentiate from, neighboring theoretical concepts such as 'activity type', we prefer 'interaction type' over 'activity type' in Levinson's (1992) and Sarangi's (2000) sense for its applicability on both the communicative macro and the meso-level.

Helping in and through communication as a means to solve an individual's problem has always been an endemic purpose of human communication and as such is inherent in its formats and characteristics: Especially the goal-orientation of communication, its overall purpose of solving tasks as well as the possibility to add another's perspective are central elements of helping professions (Kallmeyer 2001; Miller and Considine 2009) and thus experience a fundamental productivity in doctor-patient interaction, psychotherapy, counseling, coaching etc. These basal characteristics form the interactive baseline of helping professions. Socio-cultural and technological developments materialize in relatively recent professional formats such as coaching or telephone hotlines, while an ongoing specification and hybridization of communicative tasks like decision-making materialize in similar, yet format-specific, practices for their solution.

Communication is characterized by its constitutivity (i.e. communication is interactively constituted), interactivity (i.e. communication results from the intertwining and mutual coordination of participants' contributions and perspectives), processuality (i.e. communication evolves over time), pragmaticity (i.e. communication means interactively working on participants' shared and individual goals) as well as methodicity (i.e. applying socio-culturally shared practices for the communicative solution of common goals) (Deppermann 2008). Constitutivity transpires along a thematic-, identity- and relationship-dimension as well as an activity dimension (Kallmeyer 2005; see Sarangi 2000 for a related distribution into thematic, interactive, and structural dimension): Whereas participants co-construct a topic as 'primary concern', 'complaint' etc. on the thematic level, they co-construct their respective social roles and relationships as e.g. 'doctor-patient', 'therapist-client' etc. and finally, they apply and agree on particular activity formats to work on the primary concern, the complaint etc. In our post-modern world of increasing fragmentation, diversification and specialization of knowledge, the above mentioned implications and potentials of interaction result in a growing number of (communication) experts such as doctors, therapists, supervisors or

coaches and in growing affordances as regards their professionalization. Whereas helping interaction was originally understood to solve social and individual problems of a medical or psychological nature, it has become increasingly relevant for communication-intensive professions such as therapy, teaching etc., where counseling supervision helps professional communicators to reflect on their own professional communication with their clients. That is, helping professionals support other helping professionals in their respective communicative interaction with their clients, patients, customers. Another, more recent site of helping interaction is the larger organizational context of human resource development, where professional communicators support their clients in self-development and -reflection, optimizing managerial skills or eliciting peak performance for their own sake and the sake of the organization. The individual and his or her physical, psychological, emotional, professional or intellectual needs are thereby always embedded in some kind of institutional context. Besides communicative support on the individual level, the ongoing social differentiation and repartition of knowledge leads to a growing need for external professional support on the organizational level, too. However, the focus here is on helping interaction on the individual, not the organizational level as is found e.g. in management consulting (see e.g. Habscheid 2003).

Whereas the book's larger framework builds on the analogy between helping interaction and the basal characteristics of communication, the more specific framework zooms in on the similarities, differences and interferences within and across the various helping professional interaction types and their overall purpose of communicatively tackling a patient or a client's physical, psychological, emotional, professional or managerial concern.

The edited volume thereby adds the following two aspects to the analysis of professional interaction: Besides Sarangi and Roberts (eds.) (1999), it is the first discourse analytic book specifically dedicated to helping professions as its overarching thematic focus. Alongside research focusing on institutional discourse (see Drew and Heritage (eds.) 1992; Arminen 2005), professional discourse (see Gunnarson et al. 1997; Candlin (ed.) 2002), language and communication in organizations (see Candlin and Sarangi (eds.) 2011) or workplace discourse (see Koester 2010), and research with a specific helping professional focus such as language and health communication (Hamilton and Chou (eds.) 2014), it adds to our general understanding of helping professions and their particular communicative and interactive characteristics. Such insight is particularly relevant in sight of the omnipresence and socio-cultural importance of helping professions in late modern society as part of the expert-system in our therapeutic culture (Giddens 1991; Furedi 2004).

The second innovative aspect lies in the inter-professional perspective. Up to this point, various helping settings and interaction types have been analyzed

intra-professionally in their own right, i.e. within their respective professional boundaries (see e.g. Neises et al. 2005; Heritage and Maynard 2006; Nowak and Spranz-Fogasy 2009 for the medical context, Peräkylä 1995; Muntigl 2004 and Hutchby 2007 on various types of counseling and e.g. Labov and Fanshel 1977; Peräkylä et al. 2008 and Pawelcyzk 2011 for the therapeutic context). One strand of research has thereby focused on the internal diversity and gradual morphology of e.g. medical interaction or therapeutic interaction (see e.g. Ruusuvuori 2005 on the difference between homeopathic and GP consultations in the case of problem presentation). Yet, the recurrence of particular interaction types or discursive practices across different helping professions has not been at the center of discourse-analytic attention on a larger scale (for individual projects see e.g. Pawelczyk and Graf 2011 on stereotypical feminine strategies as agents of change in psychotherapy and coaching and Pick et al. (in prep.) on the interactive characteristics of initial sequences in legal consultation, supervision and executive coaching). Although the overlap and reappearance of particular discursive practices has been acknowledged for institutional and professional interaction in general (cf. Drew and Heritage 1992:27; Sarangi 2004:6), the possible sharing of interaction types as well as its local and global consequences has so far not been addressed in the context of helping professions. The attested fluctuation and recurrence of particular interaction types across helping professions must be interpreted as a product and consequence of the "plurality and fragmentation of late modern social life" (cf. Chouliaraki and Fairclough 1999:5). This in itself is of linguistic and interactional nature as the processes of fragmentation and differentiation are constituted in a proliferation of language uses.

The purpose of the edited volume is to spark off a theoretical and conceptual discussion on variation and recurrence of communicative tasks and discursive practices in helping professions by focusing on their hybrid character as well as on the gamut of their discursive intra- and inter-variation. Authors from different linguistic, sociological, conversation analytic and helping professional practical backgrounds offer their expertise in medical, psychotherapeutic, supervision and coaching interaction. The contributions are united on the theoretical level by recurring thematic aspects such as empathy and feelings-talk, keeping clients on track in spite of their verbosity or resistance, professional identity and role construction. Another recurring topic is deviation from the professional agenda or other communicative disturbances, findings that offer valuable insight into interactants' underlying expectation as regards the particular activity format. On the structural level, the contributions are united by aspects such as the relevance of specific sequential positioning of participants' contribution. As regards data and research methods, all contributions work with authentic data from professional helping interactions (in Peter's contribution, the data stem from an authentic

medical training context). Yet, given that the studies were carried out individually in different contexts for different purposes, the data are analyzed with a variety of methods such as CA, applied CA, integrative qualitative analysis or discourse analysis. Due to the same fact, the data are transcribed following different conventions such as Jefferson, GAT2 or HIAT from (slightly) different theoretical backgrounds; these conventions are laid out in the respective references of the individual contributions.

Although the practical application of their findings in the various fields of helping professions is not the primary motivation of all contributions, already the more theoretical insight is of practical value: the increasing fragmentation and specification of the helping business results in a growing insecurity on the side of the patients, clients and consumers of helping professional services. A clearer picture of how and where interaction types in helping professions truly differ offers the necessary orientation for those in search of such services (see e.g. Graf and Pawelczyk (this volume) and their comparison of psychotherapy and executive coaching in their respective dealing with feelings-talk). Another relevant practical aspect is the training context of (future) helping professionals: discourse-analytic findings as regards the interactive specifics of their professional doing could and should be integrated in (future) trainings and the respective manuals for doctors, therapists, coaches, counselors etc. This is in accordance with Antaki's (2011) claim for using conversation analytic findings as forms of intervention and change in institutional talk and is particularly exemplified e.g. in the contributions by Sator and Graf or Menz and Plansky.

Contributions

In more detail, the contributions in *Discourses of Helping Professions* focus on the following discursive practices across helping professional communication:

The first chapter by **Antaki**, *How practitioners deal with their clients' "off-track" talk,* addresses professional practices of keeping clients on track from the above mentioned applied conversation analytic perspective: The popular expectation of helping professions is that the client's troubles and concerns take priority on the floor. On the other hand, professional staff may have other more pressing objectives and priorities. There is then a dilemma. For example, at some point in a psychotherapy session, the therapist may have a specific therapeutic or managerial objective in mind which is to be pursued closely, even at the expense of seeming to be unresponsive to the client's currently expressed concerns. What is a therapist to do when the client's talk is not – as the therapist judges – 'on track' with the therapeutic agenda? To the degree that psychotherapy texts address the question at all,

they may be firm in their recommendation that the therapist proceed sensitively. However, as Peräkylä and Vehviläinen (2003) observe about psychotherapy practice, textbooks are not helpful in giving detailed instruction in how therapeutic principles are actually to be embodied in the details of talk. Here, then, is a chance for a close, detailed reading, such as is offered by Conversation Analysis (CA), of the actual recorded practices of therapists and other helping professionals. Based on an inspection of sessions with intellectually impaired and non-impaired clients, seven conversational practices are identified by which staff may keep the session "on-track" in the face of possible deviation.

Muntigl, Knight and **Watkins**' contribution *Empathic practices in client-centred psychotherapy. Displaying understanding and affiliation with clients* explores how client-centred empathy is practiced within a specific interaction type: troubles telling sequences. Building on the work of Carl Rogers, who viewed empathy as a form of understanding that privileges the client's point of view, empathy is examined as an interactional achievement in which clients create empathic opportunities by displaying their affectual stance, followed by therapists taking up these opportunities through affiliative displays. It is found that empathic practices could be realized through a variety of verbal (naming other's feelings, formulations, co-completions) and non-verbal resources (nodding, smiling). Further, the data evinced that continuers played an important role in helping clients to develop their troubles stance in more detail, which, in turn, invited more explicit empathic displays from therapists.

Empathic practices and feelings-talk are also at the centre of the contribution by **Graf** and **Pawelczyk** *The interactional accomplishment of feelings-talk in psychotherapy and executive coaching – same format, different functions?* looks into the forms and functions of feelings-talk in two important 'helping' contexts, i.e., psychotherapy and executive coaching. In psychotherapy, the therapist's elicitation of clients' experiences of stressful and traumatic events fulfills important functions such as facilitating clients' new appraisals of the stressful situations. In this sense a psychotherapeutic interaction emerges as a model of performing emotional labor offering multiple modes of communicating emotional experience. As one consequence of the therapeutic culture of late modern society feelings-talk has also entered the managerial realm. Despite the entrepreneurial and business-oriented character of executive coaching, clients' verbalizations of emotional experience constitute a central element in coaching interaction. By applying an integrative qualitative analysis, **Graf** and **Pawelczyk** discuss the particular function of feelings-talk in the two different professional formats and illustrate how this endemic communicative task of therapeutic interaction is adapted to meet managerial affordances in the context of executive coaching.

The next chapter by **Sator** and **Graf** is also dedicated to the relatively recent and under-researched helping profession 'coaching'. In *"Making one's path while walking with a clear head" – (Re-)Constructing clients' knowledge in the discourse of coaching: Aligning and dis-aligning forms of clients' participation*, the authors focus on the communicative task of (re-)constructing clients' knowledge. Knowledge (re-)constructions represent an endemic interactive feature of this helping profession, which aims to solving clients' business-related concerns via developing concrete solutions for their problems. Besides its solution-orientation, coaching is guided by the professional norm of enabling help for self-help. This action-guiding assumption locates all relevant information in clients' territory of knowledge and disapproves of strongly directive interventions such as interrupting the client. A dilemma may arise for the professional when clients non-align in constructing a solution given that concrete plans of actions are required, but should be developed co-actively based on clients' own knowledge. The chapter tackles the interactive consequences of such dis-aligning forms across one coaching session between an apprentice coach and his client by illustrating the coach's strategies in struggling with his professional dilemma and client's strategies to resist the professional's attempts to non-directively keeping her on track.

Form, function and particularities of discursive practices in one-on-one supervision in Germany by **Aksu** extracts discursive practices in supervision, another helping profession that has so far received little discourse analytic attention. One-on-one supervision in Germany is not always the counseling of a professional in the helping professions by a supervisor from a similar field. It can also be – due to its adaptation to modern work contexts – a counseling format for a professional in a managerial position, not unlike business coaching. In some cases, these two aspects converge. In her analysis, the author describes how two of the ubiquitous communicative tasks in one-on-one supervision ('establishing the need for counseling, establishing the counselor as authority' and 'presenting the problem') are tackled in light of this convergence and show that supervision is a conversation between experts who create a specific supervisor-supervisee relationship.

The next two chapters, *"I mean is that right?": Frame ambiguity and troublesome advice-seeking on a radio helpline* by **Hutchby** and *Professional roles in a medical telephone helpline* by **Landqvist**, tackle professional helping interaction that is not realized face-to-face, but mediated via radio and telephone, respectively. **Hutchby** analyzes the operation of the "expert system" for the provision of advice in the setting of a call-in radio program. He investigates the sequential properties of calls in which the central communicative activity of advice-seeking is merged with another activity, that of troubles-telling. In most calls, advice-seekers (members of the public) succeed in identifying a clear advice topic and advice-givers (the radio host and a social welfare expert) succeed in advising

on that topic, albeit within the distinctive constraints of the broadcast setting. In a small number of cases, however, there is a difference in that the advice-seeking turns instantiate an ambiguous framing in which it is unclear whether the caller is seeking advice about, or making a complaint about, the social welfare system. This poses a problem for the expert system comprising the show's host and accredited expert, in terms of how they design the reception of advice-giving turns and the development of subsequent sequences. The author shows how the different speaker identities of caller, host and expert operate in different ways as the expert system responds to the call's frame ambiguity and seeks to re-invoke the standard features of advice-giving.

Landqvist, in turn, addresses the professional roles of medical advisors working in a medical help line. The analysis focuses on calls about the swine flu epidemic in 2009 and analyzes role shifts of the advisors due to changing situations and callers' needs. This study is mainly instructed by the concept of hybridity as a main characteristic of counseling as an interaction type. Several sub-types, communication tasks such as expert-based problem solving and strategies such as social chatting and joking are identified, all of which are connected to the shifting contexts of call. Tasks and strategies used by the advisors are examined and described as relevant and to some degree typical subtypes in a modern medical help line. Phenomena like hybridity and role shifts are thus viewed as reflections of the context models used and as their updates, and as a necessary trait of an advisor's professional communicative competence.

The last group of four chapters is dedicated to the traditional helping profession 'doctor-patient interaction' and adds to our already extensive discourse analytic insight into how doctors and patients communicate with each other within and across medical schools, specializations and settings, by examining patients' anticipatory reactions in history taking, by zooming in on the doctor-patient relationship, by investigating into reasons for protractions in medical consultation and finally, by showing the hybrid communicative character of neurologists' making psychosocial attributions in the interaction with patients with functional neurological symptoms. In more detail, *Anticipatory Reactions – Patients' Answers to Doctors' Questions* by **Spranz-Fogasy** examines patients' answers to doctors' questions during history taking as a central activity format which reveal a deeper understanding of each other. An analysis of medical interactions shows that patients mostly expand the topical, structural and/or pragmatic scope of the doctors' questions. The sequential positioning of answers provides more possibilities than is to be seen from a strict perspective of question types. Patients' answers reflect their understanding of the current interaction type, and of the question's implications, doctors' relevancies as patients assume them, or even the doctors' presupposed next question; a phenomenon which is called anticipatory reaction. Both action

formats and their interplay point to two important principles of interaction: the principle of cooperation and the principle of progressivity within the frame of the particular interaction type.

Peters' contribution on *"Doctor vs. Patient" – Performing Medical Decision Making Via Communicative Negotiations* investigates into how the physician-patient-relationship is initially established in the context of medical decision making. While the relationship is of major concern in linguistics and medical ethics, the theoretical constructs on medical decision making hardly provide insights into how it is discursively constructed. The relationship is not fixed at the beginning of the initial conversation and is continuously negotiated between doctor and patient in the course of the interaction, based on their respective specific ideas and perceptions. The findings of videotaped interactions between medical students and standardized simulated patients indicate that the physician-patient-relationship can be explored in respect of at least three different aspects, namely (1) the conversation structure, (2) the content focus of the dialogue and (3), the process of decision making. A change in one of these aspects – initialized by both conversational partners in using the whole spectrum of multimodal communication – will influence the other ones. By use of different instruments of power in communication, physician and patient negotiate the type of their physician-patient-relationship and thereby determine the mode of decision making.

In *Time pressure and digressive speech patterns in doctor-patient consultations: Who is to blame?* **Menz** and **Plansky** ask who is responsible in protracting medical consultation: Medicine, among the oldest and institutionally best developed helping professions in Western societies, finds itself characterized by a number of unique aspects, among which is the increasing fragmentation of the medical sciences which in turn has resulted in the "fragmentation of the patient" (Mishler 1984). One of the most visible forms of fragmentation is the fragmentation of time in medical treatment represented by small time slots and long waits for the patients. In this respect public health service differs significantly from other types of helping professions as executive coaching, psychotherapy or supervision counseling. Physicians frequently blame verbose patients, who cannot easily be prevented from talking, for increasing scheduling problems. This contribution, however, will present some opposing results. On the basis of a quantitative and qualitative analysis of 268 transcribed medical interviews the findings indicate that it is not so much the patients' psychic structure ("being talkative") that protracts medical consultations, but rather the physicians' interactional patterns. For medical education (in particular, and counseling settings in general) these results might be of considerable interest as they counter popular prejudices on patient behavior and might contribute to reshaping the doctor-patient relationship.

The final chapter by **Monzoni** and **Reuber** on *Neurologists' approaches to making psychosocial attributions in patients with functional neurological symptoms* zooms in on neurologists' approaches to making psychosocial attributions in patients with functional neurological symptoms: Doctors perceive consultations with patients with functional neurological symptoms (FNS) as challenging because of the dichotomy between the psychosocial nature of the symptoms and patients' perceptions that their condition is essentially physical. Through conversation analysis, the authors describe some communicative strategies neurologists employ to make psychosocial attributions, ranging from unilateral to more bilateral approaches. In unilateral approaches doctors employ general explanations about the psychosocial aetiology, thereby pre-empting any potential resistance. In bilateral approaches, doctors actively involve patients in discussing potential psychosocial causes, by also making direct and specific psychosocial attributions. These practices display doctors' great caution in this communicative task; and they exhibit a hybridization with those employed by psychologists, which might be strictly linked to this type of patients.

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