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## **Emergency Short Message Text Intervention in Chronic Suicidality Studied by Conversation Analysis**

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Until now, no therapeutic conversation, conducted over a month only by text messaging has been analyzed. For the first time, we present the analysis of a Short Message (SMS) conversation subjected to the research technique of microanalytical conversation analysis. The spare aspect of text messaging condenses affect. Using text analysis, we show the presence of working alliance, the work of psychoanalytic interpretation, and gradations of empathy. However, we caution against promoting the new electronic media as a new mode of therapy, because we must await the results of more research on further individual case studies of text-based interventions.

Keywords: SMS-based therapy; crisis intervention; suicidality; conversation analysis; empathy

## INTRODUCTION

In acute psychosocial distress, exploratory psycho-therapy usually is not the first response. We do not subscribe to emergency psychotherapy, as described by Bellak & Siegel (1987). Instead, we recommend admission to a psychiatric inpatient treatment, because being removed from the triggering situation rapidly relieves intrapsychic pressure, and because out-patient psychotherapy loses value with chronically suicidal patients when they are in crisis. Whether admission is suggested by the psychotherapist or initiated by the patient, the disruption threatens the therapeutic relationship and challenges the therapist's flexibility.

Admissions to inpatient settings may support out-patient treatment but the outpatient treatment may be burdened by too many such accommodations.

Now we are working in an age of new media. What if

therapists were to consider the use of e-mail, Skype or text messaging? What changes might they then make to the design of useful therapeutic processes with the chronically suicidal patient? There is already a growing literature proselytizing the use of technology in therapy and analysis, but it is based on clinical narrative or anecdote. What is lacking are detailed transcripts from clinical practice that will allow us to learn new things and to justify our position on the use of new media in clinical practice.

## THE MATERIAL

We will present and examine text-based clinical material provided by a media-savvy colleague with the consent of the patient. This sequence of messages occurred in the context of the patient's work-related absence at the same time as his therapist's vacation. The patient is a 30-year-old woman who became suicidal after the death of her mother and sought outpatient psychotherapy. During two years of treatment of dissociative symptoms emerged and pointed to a possible history of traumatic experiences with the father.

The patient planned a stay of several weeks on travel for work in South America, while the therapist would be on annual leave in northern Russia. Until then, during

disruptions in the treatment, they had communicated relatively reliably via e-mail. On this occasion, they had to resort to text messaging, a medium that has been the subject of few empirical studies. The Stuttgart working group had tested the efficacy of text-messaging in relapse prevention (Bauer et al., 2008); in this study, the functionality of the text-messaging was limited to mere data-exchange. Instances of text-messaging in clinical situations are still under-reported.

Imagine the situation confronting patient and therapist. On July 27, the patient is about to depart, and a text conversation begins and continues until a month later, when it ends on September 7. Their text conversation is relatively fully documented here. However, we cannot completely exclude the possibility that shorter responses of the therapists were not recorded. We follow with an analysis of the text-message conversation. We use the symbol P to indicate message coming from or signed by the patient. We use the symbol T for the therapist, and we show his contributions in italics. In brackets we give day and month of the text message, but not the year for reasons of confidentiality.

- [1] P (27.7): Thank you, think a lot of you, get along, much uncertainty, many open questions. Greetings, P
- [2] P (7.8.): Dear T just in time - now I can clean up and pack. Couldn't do it before. Thank you. Greetings, P
- [3] P (8.8.): Thank you, now I have to keep moving and must continue, again extremely lonely. P
- [4] P (9.8.): Dear T, I checked in. It was okay with him {her father}. He has to leave me. I am strengthened. And he has become suddenly old, weakened. thank you.  
Greetings, P +
- [5] P (11.8.): Dear T both, well received and accepted. How are you doing, I shall mail this evening? It is a lot.  
Thank you + Greetings, P
- [6] P (12.8.): I am missing you, P
- [7] P (12.8.): Do I cling too much to you? So far I am getting along well, but still. Greetings, P
- [8] P (15.8.): Dear T, new number does not seem to reach you - then I keep going. Interior difficult, outside ok. No right to live. Today, much thoughts of you. Greetings P
- [9] T (15.8.): *"No right to live"? What has she done?*
- [10] P (16.8): Now in clear distance I see everything clear

- ahead of me, like the story of another. I hate this person
- [11] *T (16.8): How are you? T*
- [12] *P (16.8): She is bad + will never lose it. The efforts are pointless. She is tormenting herself + other*
- [13] *T (16.8): Dear P, the other who is she and what she has done. Our number one issue. T*
- [14] *P (16.8): I cannot do anything against the feeling: I'm bad and worthless + without rights. It is ingrained + physically, not susceptible by logical reasoning*
- [15] *T (17.8): I understand that*
- [16] *P (17.8): Look, I want to be allowed to live*
- [17] *T (17.8): Who gives permission to do so? What can I contribute? T*
- [18] *P (17.8): Who? That's a good question: it is not the father, not only, it is superior, to what you can help – the mere questioning feels good*
- [19] *T (17.8): I am convinced that the experience of a good relationship underpins this right. Greetings Your T*
- [20] *P (17.8): Can you call me at times when you are back? Since yesterday I work, that's good, it's too much what comes up when I'm free, I hope you are well, and thank you P*
- [21] *T (17.8): I'll call you then at times, number via email.*

*Work certainly helps. T*

[22] P (17.8): Thank you, I hope time and again. There are moments where I feel liveliness, but it is strenuous. P

[23] P (17.8): Thank you, go crisper in the day as without you. P

[24] P (18.8): Good morning! For you it is evening. the support of yesterday is sufficient for the start of the day. Greetings P

[25] *T (23.8): Back in mobile phone country. T*

[26] P (23.8): I am pleased. I'm okay. Somehow I am relaxed what concerns the next few weeks. The states are changing again, here too I am so lonely, fears only at night in a dream

[27] *T (23.8): This pleases me to read. T*

[28] P: (25.8): Dear T, others are homesick or have fears of diseases; a German woman is therefore flown home 4 days ago. I have no home anyway but I'm okay so far. P

[29] *T (26.8): Dear P, thanks for the news. How is HOME generated? greetings T*

[30] P (26.8): There I feel sure there I am allowed to exist .- my heart is lebenmsüde, there's no good and it does not matter.

[31] *T (26.8): Ubi bene, ibi patria - so say the Romans. Your inner self can not be destroyed. T*

[32] P (26.8): He might call, but he does not. He could come and visit me, but he does not. I lie here and it is hot and humid, falling apart. I crumble, dissolve me.

[33] *T (26.8) A longing for redemption, an end. at its best, it would be like to be alone*

[34] *T (26.8): It is a love that is not reciprocated. Let it go. T*

[35] P (26.8): Yeah, cry, it hurts so much. Also the fact that you are so far away

[36] T (26.8): Crying is necessary, grieving process means detaching oneself. And I'm very connected with you.  
Greeting Yours T

[37] P (26.8): That's true, but why. My life, my mind, my body, all in vain, in vain. Be killed on the spot, so bad it is.

[38] *T (26.8): You had reasons to give him much - only these don't apply anymore. This is grim. T*

[39] P (26.8): You understand me, my life is over.

[40] P (26.8): I imagine that I can be with you, up close and that you can stand me until I'm dead

[41] P (27.08): Dear T it is better now, and I'm sorry, but it was terrible. I just wanted it to stop. P



[42] *T (27.8): This idea also contains a seed of a desire to be close to me and that's a good thing. T*

[43] P (27.8): I imagined that I would be in your arms, to tell you how bad it was and stop breathing

[44] *T (27.8) Dear P, this is okay like that. T*

[45] P (27.8): I'm doing better now, but I do not take this anymore, again forever.

[46] P (27.8): I would now like to talk

[47] *T (27.8): Why not calling right now! T*

[48] P (27.8): So I try.

[49] P (27.8): Does not work with German chip and also not with local chip , but thank you - you see, here many things are easier for me, less stress, more space, but I still cannot get rid of it.

[50] P (27.8): She inflicts pain on herself, but nothing is enough and something holds her back, ripped, torn apart, bind tightly, rape

[51] P (27.8): Everything in her is dirty and bad, the shell is deceiving and lying, punishment come quickly and bend me down that I know again that life does not apply to me

[52] *T (27.8): She is identified with the perpetrator - the father? - But what was her share? T*

- [53] P (27.8): She should not feel live, enjoy, she does not have the rights that others have, now it would be time for another blow, I hardly can stand it
- [54] *T (27.8): Yes, she may, because what's happened is over. T*
- [55] P (27.8): I am worth nothing
- [56] P (27.8): Wretched, she is despicable. She deserves the utmost bad, abasement, humiliation. For this she is there, one must misuse her, she has no rights
- [57] P (27.8): I do not know what I can do, run against the wall
- [58] *T (28.8): For me she is valuable precisely because of her experiences. T*
- [59] P (28.8): Do not be mad at me once it just does not work anymore. Think not bad, then it is good
- [60] *T (28.8): I think not bad. You suffer yourself. T*
- [61] *T (28.8): Is it better again T*
- [62] *T (30.8): How are you? Do I have to worry? This is my third inquiry. T*
- [63] P (30.8): Dear T in a bad state these days I was traveling alone. Cannot say what I did. I hate that. And to start again and again is robbing the energy for anything else what I should do or could. You do not

have much vacation time left, despite Time is running out . P

[64] *T (31.8): Good that you are back from the PENAL COLONY. Was the trigger a current tension with a colleague?*

[65] *T (1.9): I'm in a hotel with e-mail connection T*

[66] *P (1.9, 10.32am): Dear T, I'm feeling better, many greetings P*

[67] *T (1.9): Thank you. Do you have time for email? greeting T*

[68] *P (1.9, 6:59 pm): Yes, no problem, thought that you do not go to the Internet*

[69] *P (1.9.0, 7:06 pm): I wrote to you, but received no reply from you, therefore I will rather wait. I'm so glad that the state of my misery is better now. How are you. P*

[70] *T (1.9): Dear P, I will read the mail today at lunch time. T*

[71] *T (1.9): Did not receive any mail. Send it again. T*

[72] *P (2.9): Dear T would you consider to visit me? In all seriousness. P*

[73] *T (2.9): This is a question that I cannot just answer from here; how can I reach you by phone from xx? Greetings T*

[74] *P (2.9): This is easy. We need to make contact only via*

SMS. Until 9/15. I live here and can be called. Will you think about it?

[75] *T (2.9): I will think about it, certainly. T*

[76] P (3.9): Dear T I have just e-mailed to you, it goes like this. outside I shall not get quite old. Inside I am already old. When and how the end will come and what is it ? Greetings P

[77] *T (3.9): Let's see if this time I find your mail . greeting T*

[78] P (3.9): Dear T, thanks for the mail, I have replied. Went very well today. Why am I so dependent on you?!

[79] *T (3.9): Dependency according to John Bowlby, is a basal motivation, an ability for times of need. Your independence was a protective armor. T*

[80] P (3.9): Dear T, the day was good, but my soul is weak and helpless. I'm on duty at the weekend, it will be right. Drink now wine on the balcony and go to bed. It is hot

[81] *T (3.9): Yes, we have to do some more working through T*

[82] P (3.9): Maybe, now. It's too late. A vacuum that hurts

[83] P (4.9): I bodily feel the parts. Children, adolescents, and adults with bad intentions then, bondage pain shame shame contempt of myself

[84] P (4.9): She also has security and strength, indeed, but

the other things are often so strong and overwhelming.

I'm too heavy, too dirty, too bad

[85] *T (4.9): In due time we will clarify the events that are troublesome - clarify differentiate what when who has done it to her! Greetings T*

[86] P (4.9): Thank you for your reply. I wake up and get a sign from an important human being for me. That's good. How are you doing?

[87] *T: (4.9): I'm fine, thank you, again today conference. Greetings T*

[88] P (4.9): And I thought you are on vacation. Is it very difficult for you that I am so fixated on you? For me it is difficult. P

[89] *T (4.9): Holidays for most of the time - Your fixation: for me it is desirable T*

[90] P (4.9, 10.47 am): And it is good for me if I allow it? As long as our relationship is good yes, but if not, it torments. It tears me at the moment

[91] *T (4.9): That is true. Now I go away, until later T*

[92] P (4.9): Dear T, I believe I cannot stand through this . I absolutely cannot imagine to come back and I do not know any other place for me. Slowly drifting out of the world.

[93] P (4.9, 2:58pm): to go. I'm desperate. lonely

[94] P (4.9, 11:40pm) That's nice that you write, I'm so heavy, so heavy

[95] *T (5.9, 7.35am) a loneliness arises in you, but you are not alone. T*

[96] T (5.9, 7.45am) you need this echo. T

[97] P (5.9, 11:32am): Dear T, you said that the dependence is desirable. I cannot see the point. I think so often of you

[98] P (5.9, 1:30pm): I cannot anymore. I always think that I am something I kidding myself with this connection. I do not know what I should do.

[99] *T (5.9, 9.30pm): In times of distress dependency is useful. T*

[100] *T (5.9, 9.35pm): A therapeutic connection may be a help. Can, should express that you are not deserted. T*

[101] P (5.9): But I feel deserted; I know that what you do for me, is something special, but I cannot really feel and believe it. I leave you now.

[102] *T (5.9): How are these fluctuations come about? So quickly? T*

[103] P (5.9): Both hurts so much. The waiting and hoping and giving up. Thanks anyway. To immerse, to sink, be

gone

[104] *T (5.9): This was known to the little prince, as he felt his feelings for the fox. T*

[105] P (6.9): I do not know what to think, what can I believe in, what I can keep myself

[106] P (6.9): It is distressing this feeling I may –I may not. Tomorrow we can talk

[107] *T (6.9) what time - tonight, what number? T*

[108] P (6.09): I may come to you, but I may not actually touch. You give me your hand, but do not hold me. I sometimes tense. The torments me

[109] *T (6.9): I would be sorry for that. T*

[110] P (6.9): May I or may I not, yes that is the mother, not father. Have a good return home.

[111] *T (6.9): I'm on my way home. T*

[112] P (6.9): Thank you for this information. Greeting P

[113] P (6.9): Dear T! Thanks God, have again some ground under my feet. What I experience in the jobs, makes me helpless. But it has also helped me, where are you? P

[114] P (6.9): Dear T, I hope you have arrived well. Let me know if you have time, these days or send me an e-mail. Thanks and greeting P

[115] P (7.9): Thank you. What is it that makes me cling to

you like that. It hurts, maybe more than it does good.  
Come home well. P

## COMMENTS

### OVERCOMING A POLARIZED DEBATE

Dealing with the new electronic media to exploit their potential and usefulness for psychotherapy leads quickly to a polarization between supporters and opponents, both set in their positions. Trying to analyze concrete material for each camp to review can build bridges.

You may recall that psychotherapy and counselling have been conducted on the telephone for many years. Harvey Sacks had (1992) developed his method of analysis of conversation in such telephone-based counselling sessions. Conversation over electronic media is more than encoding and decoding between "sender" and "receiver" (Peräkylä 2004). As they "see" and "read" the minimal words, people add to the objective message the symbolic meaning and affective tone, according to their own perceptions and subjectivity. This resonates with newer psychoanalytic approaches that speak of the "field" (Ferro 2003; Baranger 2012) and relational perspectives (Mitchell 2000 Altmeyer 2011; Buchholz 2005).



## **Text-based therapy in crisis conditions**

Here it is important not to persevere on the difference between text-based therapy and a "normal" variant of psychotherapy and not to regard it as "deficient" just because the rhythm and inflection of speech, tone of voice, and gesture are missing, but rather to focus on what problems can this kind of conversation address and resolve? Text messaging allows relatively short communications and wherever communication has to be concise, each and every word carries a charged meaning. Informal language, abbreviations, and greetings and signing off are often missing, unlike an email and vastly unlike a written letter. How are such shortcuts used? How are we to understand them? Does the concise nature of the communication carry within it a special, unusual complexity?

## **THE SCENE OF CONVERSATION AND THE SCENE OF REFERENCE**

It is useful to distinguish between two levels. Tomasello (2002) identifies the one as the "scene of the conversation" and the other the "scene of reference".

The scene of the conversation is characterized by paucity of words. Attention turns to the way the participants operate under these reduced conditions. This may sound strange, but is not so unusual. We illustrate it with an example: The English word "flirt" comes from the French; it is derived from *fleureter*, the art of flirting. If a gentleman (as one might find in Balzac) is invited to visit a lady, he carries a bouquet for her in one hand. We might think narrowly that he is making a simple, conventional expression of courtesy. On the other hand, he could express the feelings in his heart for this hostess by the choice of flowers, the size of the bouquet, small variations in what he says as he presents the bouquet, and how long he keeps it in his hand, perhaps for a fraction of a second longer than necessary. Bystanders might not notice the flirting intent behind these gestures, but the hostess might. This is the scene of the conversation. The apparent nothingness of the interaction allows the parties a measure of control. They can approach an intimate moment and withdraw with no loss of face if the flirting is not reciprocated. In case of failure, "nothing" happens.

The scene of the conversation is similarly colored. This model of a social scene is illustrative of the model of text-

based therapy, not in terms of the word content (“the bouquet”) but in terms of the various aspects of control of the conversation and the conditions of constraint. Who answers and who remains silent? Is the one or the other in demand? What rights are granted or denied?

The scene of reference, however, is that which relates to the content of the communication: What are the writers saying in their communications? How do they know what is meant? How do they cope when the utterances are ambiguous because of the concise nature of texting? On this more substantive level, psychotherapists often set their sole attention. But they would lose out. The combination of both levels offers a delightful game of revelation and obfuscation, from which deeper meaning and emotional resonance can be drawn. In the momentary encounter, we need to attend to both "scenes" to relate to the patient's mood regulation and arrive at the moment for interpretation (Argelander, 1979). We will use the two "scenes" as complementary perspectives on the material.

## THE MATERIAL

An interesting point arises immediately upon observing that

the text conversation starts with a "thank you" [1]. This implies that the therapist already have done something for which P thanks him. In everyday conversation a response would be expected, such as "You're welcome" or "Sure." But in the text stream there is nothing. Silence. Omissions are significant. P does not take this as rejection, but thinks of it as a waiting. She reacts by writing another 8 messages about how the way they think together and get along, should not subside. She refers to a "him" by which her therapist knows she means her father. Patient and therapist must therefore already have a shared knowledge so huge that the reference to "him" is enough and the other knows who is meant. The scene of the conversation generates meaning: it does away with formats of reciprocity such as please and thank you. This is interpreted as familiarity, not as "infraction" by the participants. No one complains about lack of courtesy. The agreed upon minimal nature of the texts encourages the tendency for an informal style. Our observation of the scene of the reference indicates "shared knowledge" from which only we are excluded. The patient writes 8 messages unilaterally. How her phrase "it's a lot" [5] on 11.8 came about, we do not know. Even as P writes: "You are missing, P" [6] T does not respond. This

statement by P is ambiguous in terms of how to classify it. It could be continued in very different ways. For example, she might have continued, "You are missing, so write me!" or "You are missing, I miss you," or "You are missing, I need you," or it can stand for itself in terms of simply locating where she is and where her therapist is not. We are unable to assign P's comment as it is intended. If the therapist would react, then his answer based on his reading of the comment, would drive our decision on the category and thus assign to this small, tight phrase a meaning that the patient may or may not yet have. T is silent as in any good analytic hour. P writes [7] On the same day a question: "Do I hang too much on you?" This too is an ambiguous conversational format. The question in the quantitative "too much" calls for a "quantitative" determination by T, which could be given only as an evaluation. At the same time, the question can only be answered by the questioner herself. She seems to have an implicit knowledge of it, like the second part suggests: "... but anyway". What this means and what it opens up is not clear. From the perspective of the scene of reference we might consider that the phrase connects to their well-being, "here so far along well". From the perspective of the scene of the conversation "but still" could mean that they question

whether they really like them in theory, although they got along well.

The construction of two scenes brings out the complexity when you imagine another sequel, "Come here so far along well, but still (even if you do not reply)." We cannot decide what was meant.

This uncertainty for the participants arising from the structure of texting drives the affective density. It shows how parsimony and compression of expression is used by both parties to the conversation so that the therapist is obliged to speak with P. This is what the patient is trying to achieve. There is far more than encoding and decoding a message going on. We see blurring of communication and a complex mixing of the two scenes.

## THERAPEUTIC STRATEGY: SCARCITY OF BENEFITS AND "LURES EJECT"

Let's look at three days' later [8] of P 15.8 now evokes a reaction of T by the sentence "No right to life" in response to a message about her condition "internal hard outside ok". "Almost" kept missing the words "I ..." or even, "He has ...". Again, paucity of words and pronouns creates an indiscriminate response that therefore shows affective

density. In the scene of reference, lack of subjectivity is implied by the phrase without a pronoun. The phrases squeezes both scenes into an emotionally stimulating **compact**. Emotionality is quite involved by the same means. What these are will be discovered in the analysis.

Look at T [9] in quotes (for his reply of 15.8) on to which he hangs a question mark. Here again, the use of the quotation marks and the question mark, transforming a statement into a question, compresses the scenes of the conversation and the reference. We would now expect the message "What do you mean?" but instead, we find a second question that refers to something within the conversational format, something that has already been discussed between the two: "What did she do?" could imply that there is another person who is denied the right to life. The conversation format is again of great importance because T reacts to this "yes silence" with his first text in more than 2 weeks, so P now knows how to motivate him to react. But he does not respond with a statement of concern, but the question format "What did she do?" This is a call for information! Will they manage the task that she must stay alive! It remains unclear how the therapist arrived at his question: "What did they" Where does that come from? Perhaps a simple clerical error

(instead of: "What have you done?") Perhaps even more likely, it stems from the psychoanalytic notion of suicidality as being due to the introjection of a malignant introject in the self. Is being being addressed in the third person? In any case the question itself has an enormous impact.

To characterize the therapist's overall strategy, we might use the word "casting." The therapist does not answer for a long time. He tightens the "feeding conditions" in addition to the given tightness of text messaging, and when he sends his first text, it therefore carries a greater charge. Being downright ambiguous, P remains "hanging"

The therapist's strategy seems counter-intuitive. Under the conditions of extreme scarcity of conversation by text, one would expect that a therapist would send a long message from time to time, or short texts at least once per day. The opposite is the case here. Has something constructive been achieved thereby? The answer is undoubtedly yes! We see a high degree of affective complexity and focus of attention - both very good conditions for therapeutic work. With surgical precision, the surgical field is uncovered and the work begins. How is empathy can be possible in these circumstances?



## BEGINNING

The question of the therapist "What has she done?" [9] is answered in an important dimension on the same day. "You" is "like the story of another" [10] In this compressed and enigmatic way, the patient is told that "she" is the patient herself. "They" hate "is" we learn from the text of the same day ("I hate this person"). The therapist responds with a question in everyday format: "How are you". But the context of the conversation converts the everyday meaning of this greeting to an update of the self perception. The patient responds [12] in a bizarre narrative of cruelty referring to "their" and "the other".

Now the therapist chooses a different format: He's talking to his patient "Love P" [13]. This address, which we have not seen before, has a conversational meaning. It falls in the category of "pre-announcement," a well-studied conversational analytic. Doctors use such "pre-announcements" when they have to deliver news from findings (Maynard 2004) or narrators when they are about to tell a story (Goodwin, 1984; Jefferson, 1978; Mandelbaum 2013; Stivers 2008). Such "pre-announcements" advertise the kind of conversation that follows, they cancel out

distractions, and indicate a special need for attention. They also indicate which response is expected ("Do you know what great/sad/awesome/funny thing happened to me today?") What is interesting is that the conversation analysis (Heritage 2011) shows that such "pre-announcements" co-organize the type of the following "empathic moments". The doctor, who prepares his patient for a bad diagnosis, uses other twists than a speaker who is going to tell a "great story". The words and the tone of the "pre-announcement" are informed both by the speaker's intention and the listener's expected reaction. The patient, so the doctor knows beforehand, could be shaken. The audience for a great story will marvel, the friends being told a joke are expected to laugh.

Look at "Love P" [13] Now we see the salutation more usually found in a letter format. Because it was omitted in the previous texts, it will now have the effect of a "pre-announcement". The scene of the conversation could therefore be "translated" as "Look out! Here's an important message and I am easing you into it '. After this gentle "pre-announcement" the therapist can follow with the main question: "that other woman, who is she and what she has done? That is our number one issue. Th. "[13]

The soft, familiar form of the letter format together with the visually evocative expression "number one issue" is an active attempt to build a working alliance even under the minimal conditions of text messaging. This is crowned with success. Whereas the patient previously had "the other" and the "I" dramatically mixed together in the scene of reference, now she makes [14] a clear differentiation: "I can not help it." This is constructive, succinct and limit-setting ("I" against "something") against what comes from the other side of the border,: "against the feeling that I'm bad and worthless + without rights." Self and introject are set against each other for a moment, can be formulated in their difference, are thus also felt. This differentiation is the opposite of a therapeutically rather risky regression that would always be associated with dedifferentiation. The therapist then in his response [15] "understands" that the patient suffers. The differentiation underway is seen in the next message that the patient so would like to live "may" and immediately asks the therapist: "Who gives permission to do so?" [17] The effect is amazing: What had been a diffused, irresistible impulse is inserted into a new frame of prohibition and permission. What the patient experienced as distressing, is now a matter of Allow and Deny. A diffuse, physically almost unbearable

feeling has become a solvable problem by therapeutic intervention, the steps of which we can track right here

Let's look at the second question of the therapist: "What can I help?" We need to look at this in another frame, the frame of psychoanalysis transmission. To both questions, the patient responds separately. She works with "what you can help - that's good but the question" [19] the therapeutic question, is reformatted in a statement. It responds to the unspoken but clearly audible intent of the therapist, trying to be helpful.

## FRAME FORMAT, SCHEMA - NOTES ON THE FUNCTIONING OF THE INTERPRETATION

We have just used the concept of the frame and want to take this opportunity to seek further differentiation. Frames are seen in cognition research as a dynamic social construct (Altheide 2002). They are not stable regardless of the party activities of the parties in the frame, but dynamic and flexible and adaptable to given changing situations.

The concept of the frame is useful for understanding how an interpretation can be successful by providing one and the same experience in a different context - and so transforming

their meaning. Such framing is connected to the success of interpretation in positively changing cognitions - and, therefore emotions. The interpretation works, if you will, "over the head". It goes "top-down" and not "bottom-up". The same experience is suddenly "seen" in a different context and this metaphor of "seeing" articulates the experience of cognitive-affective transformation (see Buchholz 1996). This must be distinguished from the interactively generated and stabilized frame format of a message. The most common formats are report or story, question and answer, representation or information. Formats have a "recipient-design"; they are address-oriented. Children tell a story they do not give a report; A child's story is told differently than an adult's. Formats therefore use unconsciously acquired cultural appropriation tools of cognitive representation and social integration. Procedural frameworks support cognitive-emotional) experience. Formats, however, are ways of communicating and describing these experiences. In the example discussed here Th attacks the modal verb "may" in [16] of P and makes the frame visible, within which P had been caught in her gloomy experience. T transformed "may" in "permission" [17] in question format that nevertheless makes a statement at the same time. Adults can be

suffering or determined in the face of prohibition or permission.

In addition to frame sizes, conversation analysis and cognition research alike do not know the meta-concept of the schema. Schemas represent different types of knowledge, from simple shape formats (four-legged animal) to complex knowledge. Schemas can link with one another. The activation of schemata affects memory and visualization of certain stocks of knowledge and experience.

In the research sample, question format and schema interact. The question format [17] directly implies that P is seen by T as a "child" seeking the permission or having to depend on prohibition. The schema of prohibition and permission is linked with corresponding, unspoken anger-experiences from childhood scenes. At the same time the question format has an appellative value; P is called upon to profess her adult personality. The question format has thus, psychoanalytically speaking, multiple valences: it looks like an "information search", but it actually articulates a statement about regression that calls upon patients to force themselves to adopt internalized dictums. P responds to these multiple valences also directly [18] "That's a good question," and confirmed that only questions "do good".

Let us analyze these ideas in two other examples of an interpretation to secure these findings. Consider the expressions [54] to [56]. Again we see a ban on enjoyment : "they" have no right, it was even time for a "blow" - and speaking in the first person P adds the same, "I think it is hardly". The response of T: "However, they must, because what's done is over." T just evokes the temporal dimension of the right now. P is no longer a child, which strikes "hardly endure", but an adult that has grown from this experience far out, but again and again staggers back.

**Experience scheme.** T's statement format is not a question, but statement. Theory itself issues the permit. T takes on the role of the mighty, who opposes the ban exerted by the inner power of P, and fights on the side of growth and life in the schema.

In [79], P represents a direct question: "Why am I so dependent on you?!", a question format with question marks and exclamation marks to be so read as a statement. To ask the question appears to detect a negative rating and this works against the therapist. The idea that "x = y" is typical for an interpretation format: "... ..a be dependent's ability". And he adds a new metaphor: "independence was a protective armor". This metaphor operates as a metaphorical

framework for a past which is opposed to the perceived dependence and can be framed positively now. The response of P "my soul is weak and helpless" [81] responded to this armor imagery. The methodological concepts of frame format and schema seem to us to provide valuable information to investigate the mode of operation of the interpretation, and could be useful in accurately investigating the mode of operation of other statements in the future.

## EMPATHY IS POSSIBLE in TEXT-BASED COUNSELLING

We would like to conclude this reflection with some evidence that empathy is indeed "articulated" in text-based therapy. Empathy is a somewhat ominous term for most therapists. Like the word "love" it is hard to define. In many circumstances, you can rely on love and empathy as unassailable forces. The technique of conversation analysis does not ask what "empathy" is. It translates such an ontology into a procedural question: "How and by what means in the conversation is empathy made to happen?" That sounds technically awkward, but a light tweak in that formulation we can show that empathy can be studied as a joint production of both sides. Must a patient do something



so that therapists can be empathic? How is an empathic statement from the therapist "acknowledged" by the patient? How are we doing this when we are empathic? In everyday situations we can articulate formats that describe empathy. Already Goffman (1978) described the empathic "Response cries" such as the "Oh!" "hmm" and "aah" of sighing compassion, the silent participation, or evanescent excitement. We find hardly any of these in this text-message material hardly, but for many people in in-person therapy, these are the clearest articulations of another's empathic participation. You may use these utterances yourself, if you get to hear of someone's experience of a tooth being removed, a first kiss, or news of a death.

Conversation analysis yields other empathic formats and different levels of empathy on a spectrum (Heritage 2011; Heritage & Lindström 2012). We look for "ancillary question", "response cry" and "alternative demand". This observation of conversation analysis is important because a repeated demand may increase the conversation. The therapist asks the question of who "they" and what it has done, and that could be mentioned as an example amongst others here.

Heritage refers to a second level called "parallel

assessments". For instance if a person tells how painful it was to fall on her knees, and the listener says: "Yes I know full well." That listener has responded in "parallel" with an analog of his own experiences. We also have seen a therapeutic example in the conversation analysis: "I get that," [15].

Empathic responses in this way are not always possible, and so there must be other forms of empathic articulation. The practical dilemma to be solved is how to avoid being superficial, shallow, conventional, or downright indifferent and at the same time not be too exaggerated, possessive of the affect, or so "richly attentive" that the experience of the other is overshadowed and attention to other topics is removed.

Heritage cites forms of "subjunctive assessment" by which he is referring to expressions that are not in the indicative but in the subjunctive. Again, a common example: Someone tells a kitchen recipe and then mentions an ingredient which he has not yet tried adding, and then the listener says, "Oh wonderful, fantastic" as if he might have already tasted it. We see a "subjunctives assessment" in the messages analyzed above, as the therapist says: "I am convinced that the experience of a good relationship that right sound" [19].

This is formulated in the indicative; but it indicates a not yet occurred future, assured of the right to live. The impressive expression [31]: "Your inner self cannot be destroyed" is also a "subjunctive assessment". This sentence defies logic: it cannot be rebutted, it cannot be confirmed. He focuses on the future and draws strength from it for the present.

Finally Heritage also mentions "observer responses" in which a listener responds in the role of an imaginary witness. It manifests itself in such a way that the speaker is clear that the empathic listener follows the speaker's experience and then responds in a way that shows he actively imagines the scene being reported. The listener has been given access to the event without having experienced it. He positions himself as "observer" by the response he makes. Several points in the material argue for this particular position. Here it will suffice to cite the example [36]: "And I'm much obliged to you."

We can apply Heritage's idea to psycho-analytical expression as a further stage of empathy. For this you can cite such therapeutic phrases like "It's a love that is not reciprocated" [34] or "had reason to give him many things - but apply no more" [38].

The format is in two parts. It adds to the experience of

already known details and links them together. That P "love" feels is a detail; that it is not returned by the other. Now a connection is made as in the second example: There were reasons to give him much - and then the link to the time that has run by and so the reasons no longer apply.

In the second part of the transcript, the therapist repeatedly closes with evaluatory statements: "They had reasons to give him a lot" is followed by the statement: "This is bad". This evaluation is not a moral but an empathic opinion, a "parallel assessment". The same interpretation format can be found in the therapeutic expression [42]: "This idea also carries the germ of a desire to be close to me and that's good." Again, an evaluation follows from empathic "parallel assessment". This format protects the patient from the being terrorized and attacked by her introject in future

### **Concluding remarks**

We have presented for the first time a continuous sequence of text-based intervention, and as far as we know, the first time such material has been subjected to conversation analysis. This differentiates types of interventions in terms of therapeutic strategy and empathy. We have explained the technique and have tried to formulate the results to be of

relevance to clinicians.

Our research raises some questions. Can this observation and analysis of text-based intervention lead to some new methodology of crisis intervention?

When indicated in a particular situation, such a text-based conversation is less limited than it seems at first glance.

Can this text-based conversation be of help only in an already established relationship?

Even when not dictated by the patient's work travel, or the analyst's absence, or the specific diagnosis of suicidality, can a dose of text-based conversation be helpful in any therapy or situation of human need?

We have reconstructed a text-based conversation and our conversation analysis of it. We could say that this establishes an art of negotiation of text-messaging in clinical situations, that it can be taught, and that it could take the place of established forms of psychotherapy. It would be an error to suppose that you could now conduct such a conversation or conversation analysis. Any application to practice is for the future. Our main intention is to demonstrate that therapist need not demonize text-based therapy, but they can take a chance on using it when patients are in circumstances like that described above when

communication cannot be achieved otherwise. There is a historical precedent for text-based therapy in telephone therapy. To go to the other extreme, a euphoric celebration of text-based therapy would be at least as great a mistake. We need to wait for further careful studies on the process and results of such conversation formats in therapy and counseling.

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