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A Critical Consideration of the Use of Therapeutic Recordings in the Training and Professional Development of Psychologists

Andrea Lamont-Mills, Steven Christensen, & Charlotte Brownlow

There is little critical consideration of the discursive features of recordings of therapy. This paper moves beyond a focus on what is being done by the therapist to the client and focuses on how psychological practice is discursively co-produced, and how power and ideological assumptions about psychology practice are oriented to and made relevant by therapist and client.

Viewing video or DVD recordings of therapy sessions is neither new nor uncommon in psychology. In the supervision of provisional, registered psychologists, supervisees' commonly record themselves engaging in therapy with a client. This recording is then presented to the supervisor for comment and advice (Biggs, Bambling, & Pearce, 2009). Recordings of therapy sessions are also used as professional development (PD) or training resources (Gossman & Miller, 2012). These include recordings of prominent therapists, such as Albert Ellis and Carl Rogers, as well as recordings of lesser known but still experienced therapists engaging in therapy sessions. What both recordings capture for the viewing audience is the interaction between therapist and client. That is, what becomes the focal point for the viewer/s is what is being said by the therapist and how this is being understood by the client, and vice-a-versa.

Despite this focus on therapist-client interactions, there is an absence of critical debate about how such interactions should be treated by viewers. We mean this not in respect to the ability of these interactions to inform practice or their utility as learning resources as there has been ample discussion on this already (see Haggerty & Hilsenroth, 2011). Rather we believe that there has

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been an absence of critical consideration of the discursive features of such interactions, and the assumptions that are bought to bear upon these interactions in terms of how this therapeutic discourse is treated by the viewer.

The aim of this article is to begin this debate by presenting an illustrative example of a recorded interaction analysed for its discursive elements. In our analysis, we move beyond a focus on what approach was used by the therapist or what the therapist does with the client, and instead we respecify the interaction to explicate how psychological practice is discursively co-produced, and how power and ideological assumptions about psychology practice are oriented to and made relevant by both therapist and client.

In order to do this we have adopted a broadly critical psychological perspective. We use 'broadly critical' here as per Hepburn (2003) and Hepburn and Jackson (2009). Theoretically and analytically we are interested in how participants make relevant, produce, and deal with 'psychology' in situated interactions. In this way we do not treat discourse as being reflective of some cognitive process. Rather our focus is on how versions of reality and psychology are worked up as factual through discourse. We do not approach therapeutic interactions with predefined notions of what psychology will look like in discourse, how psychological practices will be discursively enacted between therapist and client, or how psychological assumptions will present in discourse. Instead we are interested in how psychology becomes a participant concern or a 'live issue for participants' (Hepburn & Jackson, 2009, p. 182). In this way we are interested in how discourse is used by clients and therapists to legitimise therapeutic practices in a way that makes them seem obvious. What is important for us is the local interactional context and the work of the participants in this context.

Therefore we will touch upon some but not all of critical psychology's components. In our view, critical psychology can play a significant role in commenting on the taken for granted and often overlooked discursive features of client-therapist interactions. Critical psychology has the means for making explicit the manner in which recordings of therapy are given meaning through examining the processes of co-construction. It also has the ability to remind our profession, in general, that neither professional nor lay understandings of client-psychologist discourse are value-free.

Before we begin, it is helpful to understand how such recordings are used in respect to psychological practice as this informs how client-therapist interactions have traditionally been treated. We argue that as a supervision device and a training/PD resource, recordings of psychological practice are currently used as exemplars of what should be done, or should not be done, in a psychology consultation. We see this reflected in the discourse that surrounds the promotion of such resources and in academic publications relating to the use of recordings as a supervision device. For example, the Alexandra Street Press Counseling and Therapy in Video Series states that this is an opportunity to 'view expert therapists at work' (Alexandra Street Press, 2014, 'Counseling

and Therapy', para. 3), and that viewers are given the opportunity to 'learn intricacies of behaviour … that define successful counselling experiences' (Alexandra Street Press, 2014, 'Counseling and Therapy', para. 3). Similarly the American Psychological Association describes their psychotherapy series as being focused on 'demonstrating specific approaches to a wide range of patient problems' (American Psychological Association, 2014, 'About the APA Psychotherapy', para. 1) and as allowing viewers to 'gain a firsthand look at what happens in a live session' (American Psychological Association, 2014, 'About the APA Psychotherapy', para. 2).

In academic publications we see a similar focus. For example, Haggerty and Hilsenroth, (2011) argue that recordings allow a focus on what the supervisee is actually doing in the session with their client so that the supervisee can 'understand what he or she did right and why' (p. 195). Further, the Integrated Developmental Model of Clinical Supervision (Stoltenberg & McNeill, 2009) provides suggested supervisor questions to be used with supervisee video-recordings such as 'What are you doing here? Is it working? What are you feeling?' (p. 167).

We contend that such a focus encourages treating the client-therapist interaction as a neutral medium that is devoid of local displays of epistemic authority, positioning, and power: a medium that overlooks how these discursive features are accomplished in the interaction. Further, such a focus reinforces psychology's traditional view of discourse, whereby what is said is assumed to be reflective of the therapist and client's underlying cognitive and emotional states (Potter, 2012). In this way discourse is considered a secondary or peripheral matter, and it is largely a transparent communication medium for exploring something about the client or therapist. That is, discourse is seen as an instrument, and the talk as an empirical object that reliably represents the psychological, physical, and/or social functioning of the client and the behaviour, motivations, and skills of the psychologist (Potter, 2012). According to this traditional view, the discourse of such interactions is simple, un-intrusive, referential, and descriptive of intra-psychic mental states. What is of interest for the viewer taking up this perspective is the cognitive and emotional processes and states that the interaction is assumed to transmit.

In contrast, this article adopts an alternative focus and this is how psychological practice is accomplished rather than what particular psychological practice is being done. That is, we are not interested in what particular therapeutic approach is being used by the therapist, what therapeutic protocols or guidelines the therapist adheres to, or what the therapist said or did not say to the client. Rather we are interested in how therapists and clients work together to co-construct the therapeutic interaction, how psychological practice get discursively negotiated, what social actions are being achieved in the therapist and client interaction, and how psychological practice discursively situated. Approaching psychological practice in this way allows for a critical consideration of client-therapist talk and makes examining such talk a

legitimate means for understanding how psychological practice is done in therapeutic encounters. A focus on how psychological practice is accomplished allows us to make explicit the implicit discursive features of client-therapist interactions, and how such features are used in the positioning of both client and therapist. It allows us to examine meaning-making explicitly for how particular accounts of psychological practice are maintained and made explicit through various discursive practices; for how ideological assumptions about psychology and psychology practice are produced and re-produced in talk by both therapist and client; and for how any power positions are both constructed and co-constructed in such interactions.

Data and analytic approach
We have purposively selected a commercially available PD resource as our data source for a number of reasons. The resource contains recordings of real-life therapy sessions that come with accompanying verbatim transcripts that allow for an immediate focus on the client-therapist interaction. This is encouraged by the promotional material which alerts viewers to the provision of transcripts that allow the viewer to gain access to the client-therapist relationship, and to follow how this relationship unfolds and develops across sessions. The recording itself is tagged as giving viewers the opportunity to learn how successful service delivery is achieved in terms of therapist behaviour and discursive features such as tone of voice. Finally, many universities in Australia subscribe to this therapy and transcript series thus making it a resource that many psychology students and staff, such as practicum supervisors, can access. The resource that we have drawn from is the Alexandra Street Press Counseling and Therapy in Video Series.

The analytic framework that has informed our analysis is critical discourse analysis and discursive psychology. Thus the works of Edley (2001), Potter (2012), and Potter and Hepburn (2006) and the analytic approach of Larsson, Loewenthal, and Brooks (2012) have been drawn upon in our analysis. By adopting such works, we explicitly acknowledge that psychological practice is a conversational activity. Therefore, it is in the client-psychologist interaction that therapy understandings, meanings, and actions are achieved.

The data we have selected have been chosen for their illustrative nature. Our analysis focuses on how the 'normal and problem child' is produced and contested in a therapy interaction as this reflects our collective research interests. The subject positions, interpretative repertories, and analytic observations that we make are consistent with this focus, and we acknowledge that there other positions, repertoires, and observations that can be made about these data.

In order to identify data for analysis, the PD series was first searched for therapy videos that specifically focused on child clients. As a result of this a number of videos were identified. From these videos we selected 10 counselling sessions pertaining to one family consisting of a mother and her 11 year-old son Jonah (we have changed names to preserve confidentiality) for further

consideration. We felt that these sessions would most likely contain productions of the 'normal/abnormal' child given the 10 sessions start with an intake interview and contain therapy sessions where the child is present as well as sessions when the child is absent. We then examined each session in its entirety by reading the accompanying verbatim transcript for possible instances where 'normal and abnormal child' positions were being produced and contested. Two sessions that contained such possible positions were examined in more detail as we believed that these sessions' represented data that best reflected the normative construction of the 'normal/abnormal' child. This meant re-reading the transcripts and identifying those sequences of interaction where we believed that productions of the normal and/or abnormal child were being constructed by the interactants through their use of interpretative repertoires and subject positions. From these sequences, we selected one example for detailed and systematic analysis as we felt that this example best reflected the points we wish to make in this paper. The example comes from the intake session that occurs between mother and therapist. It should be noted that Jonah is not present at any point during this intake session.

It was at this point that we applied the micro-analytic approach of Larsson et al (2012) and Potter (2012) to the data whereby the sequence was examined for its situated, action orientation, constructed, and constructive nature as these reflect the premises of discursive psychology. That is, we examined the interaction for its sequential, institutional, and rhetorical aspects, for how both therapist and client use their discourse to produce actions, and how the therapist and client co-construct versions of reality using various linguistic resources. Thus the following questions were asked of the data: 'What action is being done here?' 'How is this action accomplished and constructed?' 'What is the situated nature of this talk and how is this constructed?', 'What rhetorical work does this talk accomplish and how is it constructed?', and 'How do the participants work up versions of reality?'.

To do this we applied a reduced set of Jeffersonian (1984) transcription conventions to this selected sequence in order to illustrate how privilege is given to particular voices, subject positions, and interpretative repertoires in client-therapist turn-taking. The Jeffersonian transcription captures the prosodic aspects of speech as these are critical to participant's own understandings of the interaction and reflects discursive psychology's theoretical focus on discourse. Thus pauses (0.5), sped up talk (>he's …<), the elongation and emphasis of words (a<u>mazing,</u> o::kay), overlapping speech (o[h), pitch movement (!o!kay), latched speech (more=so), stopping intonation (problem.), and hearably quieter speech (°oh°) are included on the transcript.

In approaching our work we acknowledge that there are potentially alternative interpretations of the text. Our approach was one that sought to enable more marginalised voices to become apparent in understandings, and we approach the text in this way. In order to best illustrate our points we have

presented in the analysis section both the traditional transcription and then the Jeffersonian transcription for comparison.

Analysis
The following extract displays an interaction between the therapist (T) and Mum (M) during the intake interview session. The presenting problem was, according to Mum, that Jonah has ADHD as indicated by his inability to pay attention, his hyperactivity, and his disorganisation.

Traditional Transcription.
    M: Yes. He's an amazing drummer and he can just barely write his name, and it's been a really, as a matter of fact he is writing with the Alpha Smart things hoping that we could, you know, do a little bit more.
    T: So handwriting is a big problem.
    M: A big problem.
    T: OK.
    M: Yea. I should have brought in an example. It's dreadful. And so he doesn't, and he writes very slowly so he doesn't, he never can get everything he is thinking out onto the paper.

A traditional psychological reading of the transcription would most likely identify Jonah's reported hand writing problems at 11 years of age as being consistent with a potential diagnosis of ADHD. That is, failure to meet 'normal' motor developmental benchmarks is consistent with children diagnosed with ADHD (Gilbert, Isaacs, Augusta, MacNeil, & Mostofsky, 2011). What may also be noted is the significance that Mum gives to this problem and that Jonah's problems appear to be related only to fine motor skills given Mum's statement that he is a competent drummer. Thus this interaction would most likely be treated as information gathering that contributes toward a possible diagnosis of ADHD. However we argue that such a reading overlooks how psychology practice is produced within a specific discursive context. It overlooks how certain accounts, positions, and assumptions are talked into being by both client and psychologist. That is, it misses how power, positions, and assumptions are exercised and drawn upon by the speakers.

    A different reading of the transcript is made possible when we focus on how psychological practice is accomplished as a discursive act.

Jeffersonian Transcription
    M: >he's an a<u>maz</u>ing drummer and he can (.) not< he can just <u>bare</u>ly write his name.
    (.)
    T1:o[h:. okay
    M: [and it's been (.) a really [as a matter of fact
    T1:   [°so that's not good°
    M: they got him on this the Alpha Smart things

T1:°oh°
M: hoping that we can- (0.5) you know do a little bit more=
T1:=so handwriting is a big problem.
M: a <u>big</u> problem
T1:o::kay.
M: yeah I should have brought in an examp(h)le (0.8) it's <u>dread</u>ful
T1:°°!o!kay°°
    (0.7)
M: and so he doesn't- (0.3) an he writes very s<u>lowly</u> so he doesn't (0.7) he <u>never</u> can get everything he's <u>thin</u>king out [onto the paper.
T1:   [right

By focusing on the discursive features of the interaction, we argue that Mum draws upon a 'Problematisation of behaviour' repertoire to position Jonah's handwriting as problematic but Jonah himself as being 'normal'. Thus Jonah is not all abnormal but neither is everything about Jonah not a problem, Jonah is both normal and abnormal, something that is missed in a traditional psychological reading of the transcription. We see this as an instance where understandings of what constitutes normal, abnormal, and problematic behaviour are themselves interwoven and negotiated.

We see the problematic repertoire being talked into being in the above extract where Jonah is at first presented as an 'an a<u>mazing</u> drummer'. Here the extreme case formulation (ECF: Pomerantz, 1986) of amazing with its prosodic emphasis draws attention to Jonah's exceptionality. Yet immediately following this, Mum moves Jonah to the other extreme by describing his handwriting as not just problematic but a significant and concerning problem. We see this marked as such through her use of 'he can just <u>barely</u> write his name' where the just works rhetorically (Potter, 1996) to strengthen Mum's description of Jonah's hand writing as being unacceptable. What is interesting here is that the ideological assumption that psychology practice deals with problems is produced by Mum in this utterance. It is not the therapist but Mum who talks this assumption into being.

The therapist receipts this problem information as something new and unknown through her use of 'o[h:.' (Maynard, 2003). At this point in the interaction the therapist could have receipted this information as new and asked about Jonah's exceptionality but does not, instead she utters 'okay'. Sidnell (2010) argues okay can be used to acknowledge the action of an utterance, which in this case is describing Jonah's handwriting as problematic. The okay attends to Mum's prior turn and sets up the next positioned matter, that of the problem behaviour. By not taking up the exceptionality description, the therapist draws upon her power by choosing Jonah's handwriting as the topic, thus re-producing the problem ideology that Mum has invoked. Mum orients to this topic focus and follows with reference to a specific learning aid that 'they got him on', with the 'they' presumably referring to Jonah's teachers or his school. This works to

increase the facticity of her description of Jonah's handwriting as being a concern for not only does Mum see the handwriting as an issue, so does the school via the writing aid intervention. This draws upon the shared understanding that if school thinks Jonah needs help with his handwriting then it must be problematic. What is unsaid but implicitly being drawn upon here is the power that schools have in determining what is a problem and who has a problem, thus making it difficult for the therapist to refute such a claim, if she wished to. Again the therapist receipts this information with '°oh°' indicating that this is news that is not known to her.

What is interesting in this exchange is the therapist's response when she explicitly assesses Jonah's revealed handwriting deficit as '°so that's not good°' and 'a big problem'. Up to this point, Mum has provided descriptions of Jonah's behaviour and it is these that the therapist uses as the basis of her assessment of the handwriting. The use of 'that's not good' and the 'big' before problem marks Jonah's handwriting as in need of attention. Mum's repetition of 'a big problem' with prosodic emphasis on big, reinforces the therapist's assessment of Jonah's handwriting as being problematic (Zimmerman & West, 1975). Thus the shared understanding that clients provide descriptions of their or others behaviour and therapists make assessments based on these description is re-produced in these turns.

Such exchanges in therapy sessions indicate that not all of the contributors to the therapeutic exchange have equal status in terms of power, both in terms of the choosing topics for discussion, and positionings in terms of diagnostic labelling and making behavioural assessments. In terms of therapist power, we see in this example that the therapist re-produces Mum's original problematisation position and maintains the dominant account of psychological practice through her assessment of Jonah's hand writing. What should be noted here is that without even having seen Jonah's writing, the therapist has problematised this, and by default Jonah. That is, Mum has told the therapist what the problem is, and the therapist has made an assessment of Jonah's reported hand writing difficulties and this is as being not good and problematic.

This then moves Mum's original description of Jonah into the problematisation repertoire space, a space that may be difficult to retreat from. We see this as Mum takes up, expands upon, and upgrades her assessment of Jonah's hand writing by using more extreme descriptions of Jonah's writing marked with associated prosodic emphasis, 'it's dreadful'. Thus the position that clients need help from psychologists is maintained and made explicit in this discursive exchange.

The above exchange is an interesting demonstration of the exercise of power, particularly in terms of topic selection, assessment, and legitimising the problem. The exchange is an example of Jonah being positioned as both problematic and typical by Mum but only problematic by the therapist. Despite Mum invoking 'normal', and sometimes extraordinary aspects to Jonah, as seen in his drumming ability, the unfolding of the session later indicates that Mum comes

to share the therapist's construction of Jonah's behaviour as being different to what could be considered 'normal', and by default, problematic despite Jonah displaying aspects of normality.

Conclusion

A traditional psychological reading glosses much of what a critical discourse analysis/discursive psychology approach makes explicit. What we argue is that by not focusing on the discursive features of the therapeutic interaction, power, dominant accounts of psychology, and ideological assumptions of psychological practice are simply produced and re-produced. We contend that by not seeking alternative viewings of such interactions, the power differentials and the status quo that critical psychology rails against is maintained.

Returning to our aim, we have sought to begin a critical debate concerning how client-therapist recorded interactions may be alternatively viewed. Be these recordings used in supervision or as PD resources. The example that we have used displays how power, positions, assumptions and meaning are constructed, co-constructed, and realised in this therapy space. Our key point is it is this that needs to be examined in supervision and in PD just as much as what is done or not done.

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