

Emergency SMS-based intervention in chronic suicidality: a research project using conversation analysis

Michael B. Buchholz and Horst Kächele

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 Service (SMS) conversation subjected to the research technique of microanalytical conversation analysis. The spare aspect of text messaging condenses affect. Using the research technique of conversation analysis, we show the presence of a working alliance, the mode of operation 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.

In acute psychosocial distress, exploratory psychotherapy usually is not the first response. We do not subscribe to emergency psychotherapy, as described by Bellak and Siegel (1987). Instead, we recommend admission to a psychiatric inpatient treatment, because being removed from the triggering situation rapidly relieves intrapsychic pressure, and because outpatient 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 outpatient 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 email, Skype, or SMS 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 is a study of 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 SMS messages occurred in the context of the patient's work-related absence at the same time as her therapist's vacation. The patient is a thirty-year-old woman who became suicidal after the death of her mother and sought out-patient psychotherapy. During two years of treatment, dissociative symptoms emerged and pointed to a possible history of traumatic experiences with her 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 email. 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, Okon, & Sea, 2008); in this study, the functionality of the text-messaging was limited to mere data-exchange. Real possibilities of a 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 the actual day followed by the month of the SMS, but we have eliminated the year to for reasons of confidentiality. The usually cryptic and fragmented nature of SMS communications is somewhat exaggerated by literal translation from the German and by leaving misplaced punctuation to preserve authenticity.

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, many 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 has she 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 in XX? 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 weary of life, there's no good and it does not matter
31. T (26.8.): *Ubi bene, ibi patria—so say the Romans. Your inner self cannot 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 not 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 arm, 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 call 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, punishments 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 beating, I hardly can stand it
54. T (27.8.): *Yes, she may, because what 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 email 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? Greetings* T
68. P (1.9., 6:59pm): Yes, no problem, thought that you do not go to the Internet
69. P (1.9., 7:06pm): 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 from? 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. Greetings T*
78. P (3.9.): Dear T, thanks for the mail, I have replied. Went very well today
79. T (3.9.): *Dependency be 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 fluctuation come about? As 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 (6.9.): I may come to you, but I may not actually touch. You give me your hand, but do not hold me. I sometimes bounce off. This 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. Greetings 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 email. Thanks and greetings 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

Commentary

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 (1992) had 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” (Baranger, 2012; Ferro, 2003) and relational perspectives (Altmeyer, 2011; Buchholz, 2005; Mitchell, 2000).

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 (1999) identifies the “scene of the conversation” and the “scene of reference”.

In this SMS material, the scene of the conversation is characterized by shortage 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 an elegant 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” happened. 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? With regard of content, 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.

Analysis of 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 had 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 eight messages

("Dear T") 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 eight 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]. "Dear 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] at 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, as 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 her 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 each other 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 utterance and putting down bait

Let's look at three days' later. In [8] P now evokes a reaction from T by the sentence, "No right to live" in response to a message about her condition—"internal hard, outside ok". "Almost" kept missing the words "I ...", or even "He has ...". Again, shortage 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. In the scene of conversation the subject is missed, too. However, emotionality is quite involved by just the same means. The phrases condense both scenes into an intensified emotionally stimulating impact. This influences T to respond.

Look at [9] where T responds in quotes, on to which he hangs a question mark. Again, use of quotation marks and question mark transform a statement into a question, condenses the scenes of conversation and 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 has she done?” could imply that there is another person who denied P’s right to live. The conversation format is again of great importance because T reacts with his first answer in more than two weeks, so P now knows how to motivate him to respond. But he does not respond with a statement of concern, but the question format “What has she done?” This is a call for information! To manage the task of answering this question she must stay alive! It remains unclear how the therapist arrived at his question: “What has she done?” Where does that come from? Perhaps a simple spelling mistake or lack of capitalization which often happens in SMS-conversation. (In German „Was hat sie getan?“ and „Was haben Sie getan?“ are distinguished by capitals. So “What has she done” might be understood instead as “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 P addressed in the third person? In any case, the question itself unfolds enormous impact.

To characterize the therapist’s overall strategy, we might use the phrase “to put down bait.” The therapist does not answer for a long time. He shortens the “feeding conditions” in addition to the given shortage of text messaging, and when he sends his first utterance, it unavoidably carries greater charge. It *must* be downright ambiguous in order to tighten emotional bonds and to attach P.

The therapist’s strategy seems counter-intuitive. Under conditions of extreme scarcity of conversation by text, one would expect the therapist to 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? Undoubtedly, the answer is yes! We see a high degree of affective complexity and focus of attention—both very good conditions for therapeutic work. With surgical precision, as it were, the surgical field is uncovered and work can begin. How can empathy be possible under these circumstances?

Beginning to work

The therapist’s question—“What has she done?” [9]—is answered in an important dimension 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. “She” hates “herself”, 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 patient’s self. The patient responds [12] in a bizarre narrative of cruel tormenting referring to “she” and “herself—the other”. T’s everyday question can be read with an accent on “you” (“How are *you*”) and she then reminds P who she is and who is the pest.

Now the therapist chooses a different format: He’s talking to his patient, “Dear 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 format. Doctors use such “pre-announcements” when they have to deliver bad news from diagnostic 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 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”. Words and 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 or distressed. The audience for a great story will marvel, friends being told a joke will—hopefully—laugh.

Look at “Dear P” [13]. Here we see the greeting phrase as 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: “the other who is she and what she has done? That is our number-one issue T.”

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 cannot do anything against the feeling ...” This is constructive, succinct and limit-setting (“I” against “the other”) against what comes from the other side of the border: “against the feeling: 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 counterpart of a therapeutically risky regression that would always be associated with dedifferentiation. The therapist then in his response [15] “understands” that the patient suffers. The differentiation-work underway is continued in the next message that P wants to be “allowed to live” and immediately the therapist responds, questioning: “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 allowance and forbidding. A diffuse, physically almost unbearable feeling has become a solvable problem by therapeutic intervention, the steps of which we can track right here

The therapist’s second question—“What can I contribute?”—inserts the frame of prohibition/permission into another frame, called transference in psychoanalysis. To both questions, the patient responds separately. She works with “what you can help—the mere questioning feels good” [19]. T’s question is reformatted in a statement. It responds to the unspoken but clearly audible intent of the therapist to be helpful.

Frame, format, schema—notes on the working mode of the interpretation

We have just used the concept of frame and framing and want to take the opportunity to seek further differentiation. Frames are seen in cognition research as dynamic social constructs

(Altheide, 2002). They are not stable regardless of the activities of the parties in the frame, but dynamic and flexible and adaptable to given changing situations.

The concept of framing (as conversational activity) is useful for understanding how an interpretation can be successful by providing different frames for one and the same experience—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, “via the head”. It goes “top-down” and not “bottom-up”. The same experience is suddenly “seen” in a different frame and this metaphor of “seeing” articulates the experience of cognitive-affective transformation (see Buchholz, 1996).

Conversational framing activities must be distinguished from relatively stable frame-formats of a message that are independent from a particular interaction. The most common formats are report or story, question and answer, representation or information. Formats have a “recipient-design”; they are recipient-oriented. You tell a story to children in a different way, you do not deliver a “report”. The story is told for them in a different fashion than it is to an adult. You do not “know” this, but you do it. Formats use unconsciously acquired cultural tools of cognitive representation of “others” and social integration. Framing processes and supports cognitive-emotional experience. Formats, however, are ways of communicating and describing these experiences. In the example discussed here, T attacks the modal verb “allow” in [16] and makes the frame visible, within which P had been caught in her gloomy experience. T echoes “allow” in “permission” [17] using a question format that nevertheless makes a statement at the same time. Adults, like children, can be suffering or determined in the face of prohibition or permission.

In addition to frame sizes, conversation analysis and cognition research alike know the meta-concept of 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 example here we find an interplay of question format and schema. The question format [17] directly implies that P is seen by T as a “child” seeking 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 appealing value; P is called upon to bear witness to 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 and obedience. P responds to these multiple valences directly [18]—“That’s a good question”—and confirms that just the questions “feels good”.

Let us analyze these ideas in two further examples of how an interpretation works to secure these findings. Consider the expressions [54] to [56]. Again we see a ban on enjoyment: “she” has no right, it was even time for a “beating”—and speaking in the first person P adds that she “hardly can stand it”. The response of T: “Yes, she may because what happened is over” evokes the temporal dimension of P’s entitlement now. P is no longer a child, which “hardly” stands being beaten, but an adult that has grown far out from this experience, but again and again staggers back into this schema of experience. The format of T’s utterance is not a question, but a statement. T issues the permission. T takes over 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 [78], P represents a direct question: "Why am I so dependent on you?!" a question format with question marks and exclamation marks to be read as a statement. To ask the question makes perceivable the frame of negative self-evaluation and against this framing the therapist works with "Dependency is ... a basal motivation" with the implication that being dependent is a positive ability. The format used by T: " $x = y$ " is typical for an interpretation. And he adds a new metaphor: "Your independence was a protective armor". This metaphor operates as a framework for a past which is opposed to the perceived dependence and can be framed positively now. P's response "my soul is weak and helpless" [80] alludes to this armor imagery.

The methodological concepts of frame/framing, format and schema seem to us to provide valuable information to investigate the operation mode of an 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 with some reflection that empathy is indeed "articulated" in text-based therapy. Empathy is a somewhat ominous term for most therapists, but deeply appreciated in most schools. Like the word "love" it is hard to define. In many circumstances, you can rely on love and empathy as unassailable forces. Conversation analysis does not ask what empathy *is*. Rather, CA translates such an ontology into a procedural question: "How and by what means in the conversation is empathy *done*?" That sounds technically awkward. However, using that formulation opens the path to study empathy as a joint production of both sides. Patients contribute; they *do something* so that therapists can be empathic. Empathy is no "one-way conception".

How are we doing this when we are empathic? In everyday situations we can articulate formats that describe empathy. It was Goffman (1978) who described the empathic "Response cries" such as the "Oh!", "hmm", and "aah" of sighing compassion, silent participation, or evanescent excitement. We find hardly any of these in this text-message material, but for many people 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 sometimes use an "ancillary question" instead of a "response cry". This observation of conversation analysis is important because such a question can be omitted and conversation can be brought to a stop. Here T asks the ancillary question of who "she" is and what "she" has done—an example of utterance of ancillary questions.

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 analogue of his own experiences. We have seen a therapeutic example in the conversation analysis: "I understand that" [15], which comes as if out of one's own experience. Apart from empathic responses, there are 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 describes 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 has already tasted it. Both go through an empathic moment with an experience they have in the subjunctive only.

We see a “subjunctive assessment” in the messages analyzed above, as the therapist says: “I am convinced that the experience of a good relationship underpins that right” [19]. This is, grammatically, formulated in the indicative; but it points to a not yet occurred future to come, assured of the right to live. The impressive expression [31]: “Your inner self cannot be destroyed”, is a “subjunctive assessment”, too. This sentence defies the logic of falsification: it cannot be rebutted, it cannot be confirmed. He focuses on the future of P’s own experience and draws strength from there for the present moment of living.

Finally Heritage also mentions “observer responses” in which a listener responds in the role of an imaginary witness. This response 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 ideas to psychoanalytical interpretation as an exposition of a further stage of empathy. For this you can cite such therapeutic phrases as “It’s a love that is not reciprocated” [34] or “You had reasons to give him many things—only these don’t apply anymore” [38].

The format is in two parts. It adds new details to the experience of what is already known and links them together. That P feels “love” is one detail; that it is not reciprocated by the other is the other detail. 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: “She had reasons to give him a lot” is followed by the statement: “This is grim”. This evaluation is not a moralistic but an empathic opinion, a “parallel assessment”. The same interpretation format can be found in the therapeutic expression [42]: “This idea also contains the seed of a desire to be close to me and that’s a good thing.” Again, an evaluation follows from empathic “parallel assessment”. This format obviously protects the patient from being terrorized and attacked by her introject in the future.

Concluding remarks

We have presented for the first time a continuous sequence of text-based messaging in a clinical setting. We might call this therapeutic intervention another example of “secular pastoral care” (*weltliche Seelsorge*) after Freud (1913, 1927). As far as we know, this is the first time such material

has been subjected to conversation analysis. Conversational analysis differentiates types of intervention in terms of therapeutic strategy and empathy. We have explained the technique and have tried to formulate the results in order for them 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 obviously less limited than it seems at first glance. We want to pose further questions and try some answers.

Can this type of 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?

The means of therapeutic talk-in-interaction can be reconstructed—belatedly from an *ex-post-facto* point of view. We think it would be an error to believe that these practices of talk could be applied in advance, in a forward direction.

We have reconstructed a text-based conversation and our analysis of it. This kind of professional help can be delivered only in the context of a pre-established therapeutic relationship by a therapist who in his own professional development no longer clings to the schematic of “diagnosis” and “intervention”. The therapist should be able to use the peculiar opportunities of “conversation under restricted conditions” in a manner that allows the patient to participate in his own humanity.

We cannot say that our analysis establishes an art of text-messaging negotiation in all clinical situations, that “basic SMS-communication competencies” can be taught, and that it could take the place of established forms of psychotherapy. It would be an error to suppose that everyone could now conduct such a conversation. Any application to practice is for the future.

Our main intention is to demonstrate that therapists need not demonize text-based therapy, but that they can take a chance on using it when patients are in circumstances like those 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, to be euphoric about text-based therapy, would be at least as great a mistake as to demonize it. We need to wait for further careful studies on process and outcome of such conversation formats in therapy and counseling.

References

- Altheide, D. L. (2002). Tracking discourse. In: K. A. Cerulo (Ed.), *Culture in Mind: Toward a Sociology of Culture and Cognition* (pp. 172–187). London: Routledge.
- Altmeyer, M. (2011). Social network psyche. Essay on the state of modern psychoanalysis. *International Forum of Psychoanalysis*, 27: 107–128.
- Argelander, H. (1979). *The Cognitive Organization of Mental Functioning. An Attempt to Systematize the Cognitive Organization in Psychoanalysis*. Stuttgart: Klett-Cotta.
- Baranger, M. (2012). The intrapsychic and the intersubjective in contemporary psychoanalysis. *International Forum of Psychoanalysis*, 21: 130–135.
- Bauer, S., Okon, E., & Sea, R. (2008). Follow-up via SMS. In: S. Bauer & H. Kordy (Eds.), *E-Mental Health: New Media in Mental Health Care* (pp. 207–217). Heidelberg: Springer Medizin Verlag.

- Bellak, L., & Siegel, H. (1987). *Manual for Intensive Brief and Emergency Psychotherapy (B.E.P.)*. Larchmont, NY: C.P.S.
- Buchholz, M. B. (1996). *Metaphors of "Cure": Qualitative Studies on the Therapeutic-Process* (2nd edition 2003). Giessen: Psychosozial-Verlag.
- Buchholz, M. B. (2005). The body of the language: encounters between psychoanalysis and cognitive linguistics. In: H. R. Fischer (Ed.), *A Rose is a Rose: The Role and Function of Metaphors in Science and Therapy* (pp. 167–198). Weilerswist: Velbrück.
- Ferro, A. (2003). *The Bipersonal Field: Constructivism and Field Theory in Child Analysis*. Giessen: Psychosozial-Verlag.
- Freud, Sigmund (1913). On beginning the treatment (Further recommendations on the technique of psychoanalysis). *S. E.*, 12: 123–144. London: Hogarth.
- Freud, S. (1927). Postscript to "The question of lay analysis: conversations with an impartial person. *S. E.*, 20: 251–258. London: Hogarth.
- Goffman, E. (1978). Response cries. *Language*, 54: 787–815.
- Goodwin, C. (1984): Notes on story structure and the organization of participation. In: J. M. Atkinson & J. C. Heritage (Eds.), *Structures of Social Action*. Cambridge, UK: Cambridge University Press, 1992.
- Heritage, J. C. (2011). Territories of knowledge, territories of experience: empathic moments in interaction. In: T. Stivers, L. Mondada & J. Steensig (Eds.), *The Morality of Knowledge in Conversation* (pp. 159–183). Cambridge, UK: Cambridge University Press.
- Heritage, J. C., & Lindström, A. (2012). Knowledge, empathy, and emotion in a medical encounter. In: A. Peräkylä & M. -L. Sorjonen (Eds.), *Emotion in Interaction* (pp. 256–273). New York: Oxford University Press.
- Jefferson, G. (1978). Sequential aspects of storytelling in conversation. In: J. Schenkein (Ed.), *Studies in the Organization of Conversational Interaction* (pp. 219–248). London: Academic Press.
- Mandelbaum, J. (2013). Storytelling in conversation. In: J. Sidnell & T. Stivers (Eds.), *The Handbook of Conversation Analysis* (pp. 492–508). Chichester, West Sussex, UK: Wiley-Blackwell.
- Maynard, D. W. (2004). On predicating a diagnosis as to attribute of a person. *Discourse Studies*, 6: 53–76.
- Mitchell, S. A. (2000). *Relationality: From Attachment to Intersubjectivity*. Hillsdale, NJ: The Analytic Press.
- Sacks, H. (1992). *Lectures on Conversation* (edited by G. Jefferson, with an introduction by E. A. Schegloff). Oxford: Basil Blackwell.
- Stivers, T. (2008). Stance, alignment, and affiliation during story telling: when nodding is a token of affiliation. *Research on Language and Social Interaction*, 41: 2272–2281.
- Tomasello, M. (1999): *The Cultural Origins of Human Cognition*. Cambridge, MA: Harvard University Press.

