

Advice in psychotherapy;

Creating a collaborative environment between patient and practitioner through mitigation strategies

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Abstract

This thesis delves into the intricate dynamics of psychotherapeutic communication through the lens of Conversation Analysis. Focusing on the risky linguistic task of advice-giving and how a psychotherapist employs mitigation strategies as a result of this risk. The study aims at understanding which mitigation strategies were used and what they aim to achieve. Through analysis of a psychotherapeutic session through the methodological framework of CA different mitigation strategies were found, namely perspective displays, leading questions, hedges, bushes and shields. Hedges and shields were found to be located in the advice while bushes were more often found in pre-sequences. In general, all mitigation strategies generally aimed at one thing: creating and fostering a collaborative environment between the patient and the psychotherapist. These results can aid psychotherapists in their practice when speaking to clients.

Keywords: Advice, psychotherapy, mitigation, collaboration in therapy, deontic asymmetry, epistemic asymmetry, hedges, shields, bushes

Contents

1. Introduction	4
2. Aims and objectives	7
3. Data	9
4. Method	10
5. Data analysis	11
5.1 <i>Mitigation strategies</i>	11
5.1.1 Perspective displays and leading questions	11
5.1.2 Hedges	14
5.1.3 Bushes.....	16
5.1.4 Shields	17
6. Discussion	20
7. Conclusion	22
8. Limitations and further research	24
Sources	25

1. Introduction

Advice is a broadly studied topic in the field of Conversation Analysis (CA). It has been studied in institutional (Greatbatch & Clark, 2018) and informal settings (Shaw et al., 2015), in symmetric (Stivers et al., 2017) and asymmetric communication (Limberg & Locher, 2012), in face-to-face (Shaw et al., 2015) and phone mediated communication (Rettie, 2009), among others. A common definition of advice states that advice is ‘a weak directive whose illocutionary force is to suggest a future action to the hearer that the advisor believes will benefit the hearer’ (Limberg & Locher, 2012). Another generally accepted definition is by Heritage and Sefi (1992, p. 368) where they say that advice is a speech act which ‘describes, recommends or otherwise forwards a preferred course of future action’. Both definitions leave much room for what advice can be and how it can be formed, the only essential features seem to be that advice is a suggestion, it regards something in the future, and it will, according to the advisor, benefit the hearer.

To narrow down what can be seen as advice, it is useful to look at some other features of advice. Firstly, advice is nearly always epistemically asymmetric (Limberg & Locher, 2012). In solicited advice, an advisee puts the advisor in a place of epistemic authority as they generally assume that this person has more knowledge about how to go forward in a specific situation. In unsolicited advice, the advisor puts themselves in that place of authority. Another form of asymmetry or authority that can be present in advice is deontic authority, i.e the power or right to give advice (Caffi, 1999). A doctor or boss, for instance, has deontic authority over their patient or employee. Deontic authority can also be put forward and managed in conversation.

Secondly, according to Paik (2019), advice is considered to be a risky linguistic task as it is directly linked to face work. For instance, Paik (2019) states that a solicitor of advice can feel incompetent. Advice solicitation also implies giving the other deontic authority, which can add to a felt sense of loss of autonomy. Paik (2019) shows that recipients of advice often experience emotional distress as a result of this face threat. Due to this risk, interlocutors have created strategies to diminish it. These are for instance, but not limited to, the cognitive processes of mindreading, argumentation, and empathy (Bates, 2019). These strategies, broadly, aim at putting the advisor in the place of the advisee, understanding their emotions and behavior (Bates, 2019). Furthermore, mitigation is a tactic employed by advice solicitors and advice givers (Bates, 2021). According to Bates mitigation reduces the threat of face in a few ways such as weakening the illocutionary force of a speech act, reducing the risk of contradicting oneself, and reducing the threat of conflict.

Following the above, it could be said that advice is a risky linguistic task, that aims at putting forward a future preferred course of action of which the advisor assumes it is best for the advisee. As a result, interlocutors use mitigation strategies, among others, to manage this risky task. The current study aims to examine these mitigation strategies in the context of a psychotherapy session. This is done to aid future psychotherapists in how they can utilize these strategies in their sessions.

Theoretical- and methodological framework

This thesis employs mitigation strategies as a theoretical framework. A useful definition of mitigation by Caffi (1999) states that mitigation is “the result of a weakening of one of the interactional parameters, and a downgrading when the parameters involved are scalar”. Additionally, Caffi defines mitigation as the rhetorical opposite of ‘reinforcement’, i.e. strengthening what is said. It mainly reduces the participants obligations. When epistemic authority is mitigated it reduces the obligations of the speaker, implying less epistemic commitment to the utterance. When deontic authority is mitigated it reduces the obligations of the listener, due to less illocutionary force. Using this definition, mitigation is used to make conversation occur smoothly because it reduces interactional risks mentioned earlier, such as conflict, self-contradiction, and generally threatening face.

One way of mitigation is designing advice to be implicit through different forms. In fact, advice is barely ever prefaced with the word ‘advice’ and is very often embedded in other speech acts (Limberg & Locher, 2012). For instance, Stivers et al. (2017) distinguish between pronouncements, suggestions, proposals, offers, and statements. Limberg and Locher (2012) mention more different designs, such as imperatives, interrogatives, declaratives, conditional sentences, agentive sentences, and non-agentive sentences. In some studies, even stories or anecdotes are regarded as advice as this is how they are interpreted in the context (e.g. when a story is told as a direct response to advice solicitation, the solicitor likely interprets the story as advice).

Caffi (1999) categorizes mitigation based on three components on which mitigation can operate: the proposition, the illocution, and the source of the utterance. In that sense, Caffi (1999) puts forward ‘Bushes’, ‘Hedges’ and ‘Shields’. A bush mitigates the content of a proposition (e.g. ‘I’ll give you cough syrup’ as opposed to ‘I’ll prescribe you cough syrup), a hedge mitigates the illocutionary force (e.g. I would suggest, if you like, in my opinion) and a shield mitigates the source of the utterance (e.g. generalizations, hypotheticals, defocalization.). In the words of the earlier mentioned asymmetries, a bush generally mitigates the epistemic asymmetry, a hedge generally mitigates the deontic asymmetry, and a shield can mitigate both deontic and epistemic asymmetry. In other words, by not explicitly stating advice, distance is created between the advice and the advisor, mitigating deontic asymmetry. The use of hypotheticals or generalizations as opposed to directly speaking to the situation of the advisee mitigates epistemic authority, as it implicitly communicates that the advisor does not know everything about the advisee’s situation.

Advice in psychotherapy can in some regards be seen as a separate field all together as a result of the delicacies of authority and the content of diagnoses. Previous research has shown different ways therapists can formulate their advice. In some of these, the patient themselves come up with the advice in some way (Garcia, 2023). This is in line with Maynard’s perspective display sequence (1989) that will be discussed in detail later. The effectiveness of such a technique is also underpinned by research showing the importance of collaboration in psychological assessment (Smith et al., 2014). Psychological assessment is the process of gathering information about a person to evaluate certain

characteristics, specifically used in a therapeutic context for diagnosis or treatment recommendation (APA Dictionary of Psychology, 2019).

2. Aims and objectives

The current study is aimed at investigating how a psychotherapist uses mitigation strategies and to what aim. It finds its basis in interviews held by a licensed psychotherapist in the United States of America. He is also the cofounder of a mental health organization. An element of this organization is his live streams on the streaming platform twitch where he invites internet personalities as well as viewers of his stream to talk about mental health issues. These live streams are also often recorded and archived on his YouTube channel. The decision to base the analysis of this study on these interviews is founded on a few main reasons. On the one hand a very practical reason of amount of data. With around 20 interviews each ranging from 30 minutes to 3 hours, the amount of instances advice is solicited, given, and responded to is plentiful. Additionally, the field of mental health is an interesting field as advice is necessary and simultaneously poses a great risk to face (Bates, 2019), which is only increased by the public nature of these live streams. Lastly, the psychotherapist is not the official mental health provider of the interviewees, something he clearly states to the audience as well as the interviewee. This creates an interesting relationship between the two regarding the deontic authority given to the psychotherapist by the advisee, the responsibility he takes for his advice and how all this is conversationally managed. The interview used for this analysis, is between the psychotherapist, Dr. J, and Eric (both pseudonymized for anonymity), the conversation broadly concerns Eric's anxiety.

A preliminary analysis was done. It shows interesting ways Dr. J employs mitigation strategies. It seems that he is very careful in how he manages the deontic and epistemic asymmetry between him and Eric. For instance, in extract one, Doctor J lets Eric come to an advisory conclusion by himself, through asking questions in lines 1-2, 7-8, 11-13, 15 and 19. This way, he's mitigating his own deontic authority as he is not directly ordering Eric to do anything, in this case view his actions as unhealthy, but is carefully directing Eric there. Additionally, Dr. J seems to include Eric into the process of diagnosing his issue.

Extract 1 – Leading questions

- | | | |
|----|---------|---|
| 01 | Dr. J → | Eric I'm gonna ask you a question (.) does that feel like |
| 02 | | you're feeding or satisfying something? |
| 03 | Eric | It feels- in the moment it feels like im: like okay |
| 04 | | everythings <u>actually</u> going normal <beCAUSE LOOKING |
| 05 | | like I said looking out the window [its hard to really judge> |
| 07 | Dr. J → | [so its- its] satisfying right so [your mind |
| 08 | | is hungry for something |
| 09 | Eric | [to me yes hmhm |
| 10 | | Yes |
| 11 | Dr. J → | And then you provide it with something (.) [and then |
| 12 | Eric | [yes |
| 13 | Dr. J | Its satisfied |
| 14 | Eric | Right |

15	Dr. J →	So [what happens to something (.) that is hungry
16	Eric	[yes
17	Dr. J	And then you give it food
18	Eric	Its satisf- its full
19	Dr. J →	Jep and what happens to it overtime
20	Eric	y- yo- you need to eat again
21	Dr. J	Absolutely

Extract 2 also shows how intricately Doctor J uses mitigation. In line 1 he uses a shield by saying ‘it sounds like’ in line 1, mitigating his epistemic authority about the specific situation. Just a few words later he emphasizes the necessity of speaking to someone with the word ‘definitely’, strengthening the content of the message. As a response Eric confirms that he has a lot to say in line 4, solidifying his epistemic authority on the situation.

Extract 2 – Bush

01	Dr. J →	But- yknow it sounds to me like you should definitely find
02		someone to talk to because it sounds like you have a lot to
03		[say
04	Eric →	[£yeah I’ve got a lot to say£ yeah sorry [sorry
05	Dr. J	[£Which is good£,

This short analysis of both extracts show that Dr. J uses different types of mitigation strategies throughout his speech. This seems to have multiple aims such as collaborating and saving face.

Given the complexity of advice-giving sequences in the context of psychotherapy, this study focusses on how and to what end mitigation strategies are used in psychotherapy sessions.

Following the literature review and preliminary analysis, the research questions discussed are these:

RQ1: What mitigation strategies does a psychotherapist employ in advice-giving context?

RQ2: What do these mitigation strategies achieve to aim?

RQ3: What are the practical implications of the results for healthcare provision?

3. Data

Data set

As previously mentioned, the data used for this analysis exclusively came from a YouTube channel. One interview was used in which the advisee's anxiety surrounding flying is discussed. The interview is 2 hours 13 minutes and 22 seconds. Fourteen sequences are taken out of the interview to be analyzed.

Transcription

Data were transcribed using the transcription convention developed by Gail Jefferson (Jefferson, 2004). Since the interview is long, merely sequences in which advice is given have been transcribed as only these are relevant for the analysis. The rationale behind how sequences were chosen is discussed in the following section.

4. Method

The analysis has been done in the theoretical and methodological framework of Conversation Analysis (CA) (Greatbatch & Clark, 2018; Sidnell & Stivers, 2012). CA is an analytical methodology that finds its origins in ethnomethodology. First, the whole interview mentioned in the data set was watched to pinpoint advice sequences. A sequence was seen as advice if it met the following requirements. The source of the advice had to be the psychotherapist and the utterance had to regard a future action of the patient, in line with the definitions by Limberg & Locher (2012) and Heritage and Sefi (1992). After these sequences were found they were transcribed as described above. In addition to the advice sequence, relevant context around it was transcribed (e.g. pre-sequences, advice solicitation, etc.). After observing a large number of transcripts containing mitigation strategies, they were categorized according to Caffi's (1999) categories of mitigation strategies. Sequences were recognized as containing a mitigation strategy if the formulation was less direct than a more neutral formulation through vocabulary, sentence structure or interactional choices. In recognizing the relevance of the speech act of advice as embedded in the speech event, some more groundwork sequences have been transcribed as well, as according to Limberg and Locher (2012, p. 4) "the surrounding text further supports the interpretation of the advisory act". These groundwork sequences have then been recognized and categorized as either perspective display sequences or leading question sequences. These selected transcripts, henceforth referred to as extracts, have then been analyzed with the use of the CA method and existing CA literature regarding advisory interactions and psychotherapy in order to draw conclusions.

5. Data analysis

The data analysis section is divided into some subsections, each focusing on a different strategy used by the psychotherapist. After this, the aim of every mitigation strategy is discussed.

5.1 Mitigation strategies

5.1.1 Perspective displays and leading questions

Perspective display is a concept in conversation analysis introduced by Maynard (1989). It is a strategy to mitigate the interactional risk of simply offering an opinion or assessment. The perspective display sequence is a three-part sequence consisting of an opinion query (1), the reply (2), and the askers report (3). Optional extra turns in the sequence can exist in the form of a prompt (P) and a prompt response (PR). A prompt is given by the first interlocuter and happens when the reply is seen as not adequate. The sequence is often used in either a ‘diagnostic news delivery’ setting, or a ‘getting acquainted’ setting (i.e. when two people are meeting each other).

A leading question is a broad and not clearly defined concept. In short, it is to ask a question that suggests how to answer it. One way, among others, that a speaker can do this is through designing a question with a strong epistemic stance towards the question. Polar questions (e.g. yes/no questions) can also function as leading questions (Seuren, 2018).

In extract 3 and 4 Dr. J employs a perspective display. In extract 3, Dr. J starts by offering a candidate understanding of Eric's situation in line 1-2. Eric completes the adjacency pair by confirming the understanding in line 3. Dr. J follows by asking another WH question in line 4, inviting introspection and elaboration (Limberg & Locher, 2012). This WH question also initiates a perspective display sequence. Point 1 of the sequence is the previously discussed WH question found in line 4. Line 5-18 is point 2. There are also a few interjections by Dr. J to encourage elaboration such as line 9. Point 3 is found from line 19 and onward.

Extract 3 – Candidate understanding and perspective display

- | | | |
|----|-----------|--|
| 1 | Dr. J | Yeah so (.) heres what im hearing from you Eric (.) you're not |
| 2 | | allowed to |
| 3 | Eric | ((nodding)) yeah [basically |
| 4 | Dr. J 1 → | [what do you think about that? |
| 5 | Eric 2 → | Like (2.3) I feel like im not allowe- uhh like like I feel like im |
| 6 | | not allowed to express myself in <u>this particular way</u> >an an I and |
| 7 | | again there I I go I my mind just went to like uh a justification |
| 8 | | (.) like [to try to clear up any: |
| 9 | Dr. J → | [okay tell me- >tellme tellme tellme< |
| 10 | Eric | Like my mind at that moment (.) when you said that (.) my mind |
| 11 | | went to ↑>i dont feel this way all the time and i actually dont |
| 12 | | really feel like i even need to talk about it like its just this is just |

13 were talking about things that happened and its not even a big
 14 deal an i<↑ y'know thats where my mind went
 15 Dr. J Yeah
 16 Eric That's where it went (.) [EVEN in the context of a place where
 17 Dr. J [i- its
 18 Eric We're talking about this sort of thin (.) y'know
 19 Dr. J 3→ Yeah so its also weird because like y- you almost said that
 20 you're not allowed to be happy (.) >i mean sorry< youre not
 21 allowed to be s- >cause like we've been talking about< you dont
 22 have the right to be sad or suffer and yet that part of you thats
 23 self judgemental and doesnt allow you to (1.3) actually pops up
 24 when your expressing gratitude appreciation and good feelings
 (((12 lines taken out)))
 36 Dr. J and yet (.) y'know you still feel like like when y- y- like you can
 37 say the words im privileged but you cant show it to people
 38 Eric Right
 39 Dr. J Its weird

Dr. J follows a similar structure elsewhere, which can be seen in extract 4. Here, after a pre-sequence question in line 1-2 he offers a candidate understanding in line 4-5 which gets confirmed in line 6. In line 7 Dr. J initiates another perspective display sequence. Interestingly, Eric does not give a direct response on how it could affect his anxiety but offers a story starting at line 9 about what his mother used to do and ends it by mentioning that he wonders if that has anything to do with his anxiety in lines 26-29. In this way, he does fulfill the second part of a perspective display sequence but hedges it and abdicates any epistemic authority given to him by Dr. J through the question. Dr. J responds to this with another perspective-display invitation through two prompts in lines 29 and 31 before eventually accepting the non-perspective in line 33.

Extract 4 – Perspective display

1 Dr. J :so Eric let me ask you something so you offer this you said I
 2 psychoanalyze myself
 3 Eric [hmmhmm
 4 Dr. J [my mom used to s- your words were scare the ever-living shit
 5 out of you,
 6 Eric Yeaheh
 7 Dr. J 1→ ↑How do you think that's related to your anxiety? ↑
 8 (1.8)
 9 Eric 2→ Well (0.6) I think that like my mom would describe things the
 10 way that I think of it- and its weird like when im conscious of
 11 this but I still have this- the reaction (.) y'know? But the way
 12 that my mom would describe things uhmm (0.7) like lets say
 13 that there was eh: y'know like lets sa:y (.) th- th- the helmet
 14 thing right, (0.6) like I dunno she would go to describe just
 15 uhmm like the £traumatic brain injury£ that I- that could be

16 sustained of oh that o:r the drug related thing like you- it just
 17 takes one time an heres a situation where this person died
 18 £y'know£ instantly and they were jus- they were just like
 19 you↑ and they just died y'know↑ uhm AND I FEEL LIKE
 20 ALL THESE THINGS AS A MOTHER I don't blame her for
 21 telling me in these particular situations because obviously it
 22 prevented me from doing drugs .hh it prevented me from
 23 wearing a helmet .hh but like I wonder if there were certain
 24 situations where ih- w- w- th- th- ih- maybe- like sorta wen-
 25 my mind sortof just goes to everything that I do to the worst
 26 **Eric 2→** case scenari^{eh} >an I don't know if that's true or not< I'm just
 27 sortof wondering if that had anything to do with it >cause I
 28 dunno< where this comes from at all=
 29 **Dr. J P→** =What do you think?
 30 **Eric PR→** I DUNNO [i- just I don't know
 31 **Dr. J P→** [where do the thoughts in our heads come from?
 32 **Eric PR→** ((sniffs)) I have no idea
 33 Dr. J Okay
 34 Eric I don't know where they come from

The extract below, extract 5, is an extended version of extract 1. In extract 5 Dr. J uses leading questions. Instead of stating a conclusion he frames questions in a way to get Eric to realize something. Dr. J opens with similar pre-sequence work to extract 4, stating that he is going to ask a question in line 5, followed by the question after a short pause. Since the question is a polar question, needing a yes or no as an answer, when Eric gives a dispreferred response in lines 7-9 it gets treated as not accountable by Dr. J in that he interrupts Eric to get a concrete answer to his question in line 10. Then, in line 13, 17 and 21 Dr. J asks questions about what this satisfaction that is talked about means in the long-term, in a general sense. By saying “what happens to something (.) that is hungry (.) and then you feed it” he puts the satisfaction in a different context framing it as a question with a right and wrong answer. The fact that there are right and wrong answers to these questions is emphasized by Dr. J confirming Eric's answers (e.g. line 21 “jep”, line 23 “absolutely”). After this interrogative series, Eric himself mentions the conclusion that his behavior is not healthy in lines 24-26. Dr. J lastly confirms his conclusion in line 27.

Extract 5 – Leading questions

1 Eric Or: y'know or- or like I'm expecting that
 2 [we're gonna turn this
 3 Dr. J [Eric I'm
 4 Eric [What
 5 **Dr. J →** [gonna ask you a question (.) does that feel like you're feeding
 6 or satisfying something?
 7 Eric It feels- in the moment it feels like im: like okay everythings

8 actually going normal <beCAUSE LOOKING like I said
9 looking out the window [its hard to really judge.
10 Dr. J → [so its- its satisfying right so
11 [your mind is hungry for something
12 Eric [to me yes hmhm yes
13 Dr. J → And then you provide it with something (.) [and then
14 Eric [yes
15 Dr. J Its satisfied
16 Eric Right
17 Dr. J → So [what happens to something (.) that is hungry (.) and then
18 Eric [yes
19 Dr. J you give it food
20 Eric its satisfy- its full
21 Dr. J → jep and what happens to it overtime
22 Eric y- yo- you need to eat again
23 Dr. J absolutely.
24 Eric → (2.0) ((thinking)) b- bu- but i- ive never- ive never thought of
25 these behaviors ars being like exceptionally like healthy like it-
26 cause- cause like- f- for me: I feel like-
27 Dr. J Because [theyre not.
28 Eric [going on my ph- yea- yeah exactly

5.1.2 Hedges

As noted in the introduction a big focus of this study are the concepts of hedges, bushes, and shields. The following sections will focus on each individually, analyzing how the psychotherapist utilizes each one, starting with hedges.

A hedge, according to Caffi (1999), is a strategy that mitigates the illocution of a speech act. In other words, it lessens the obligation on the part of the listener. An example from Caffi's data that exemplifies this is the following.

"I'd propose, if you like, a special medicine, to see if I can make you sleep."

The words 'I'd propose', 'if you like' and 'to see if it can make you sleep' all function to mitigate the illocutionary force. 'I'd propose' is a weaker version of 'I propose'. 'If you like' is a consultative device that puts power in the hands of a listener. 'To see if I can make you sleep' regards the listener as a rational partner that cannot be forced to do something they do not fully understand (Caffi, 1999).

Extract 6 opens with some pre-sequence work in line 1, which gets a positive response in line 2. After this, Dr. J inserts a side-sequence in line 3 and 4. The main focus of the analysis of this extract is in line 1.

“So- so what I really want eh to encourage you to do Eric”

This pre-sequence work signals that advice is coming. In this signal a hedge is used, namely the word ‘encourage’. This functions to soften the illocutionary force of the advice by leaving the decision completely up to Eric. In other words, Dr. J takes no deontic authority over Eric. The sentence could have also been formulated as “so- so what you have to do Eric”.

Extract 6 - hedge

- 1 Dr. J → So- so what I really want eh to encourage you to do Eric
- 2 Eric Hmhm=
- 3 Dr. J =and we’re gonna talk about this in a second with commercial
- 4 (.) pilot and fear of flying
- 5 Eric Hmmhmm
- 6 Dr. J Is instead of taking something that doesn’t make sense (.) and
- 7 adjusting the data (.) we need to adjust the way we look at the
- 8 data for the data to make sense

In extract 7, a hedge can be found in lines 1-2, in this case directly in the advice. Here Dr. J says “that’s- that’s the way I want you to think about your anxiety”. While on the one hand this seems like a directive, formulating it as an opinion “I want”, distinguishes it from a harder directive and gives Eric space to accept or decline. Interestingly, again, while deontic symmetry is kept quite equal, Dr. J does take the epistemic authority. In line 3 the emphasis on “LITERALLY TAUGHT YOU” combined with the use of “literally” signal epistemic certainty and commitment. The two “its” in line 2 (“its not that its irrational its that its taught”) also signal this certainty through stating something as a fact.

Extract 7 – hedge

- 1 Dr. J → >an- i- thats- thats the way I want you to think about your
- 2 anxiety its not that its irrational its that its< tau:ght
- 3 She like LITERALLY TAUGHT YOU that like if you (.) put
- 4 on a bike helmet if you don’t put on a bike helmet your gonna
- 5 get a t b i and your gonna die

Lastly, extract 8 will be analyzed. The hedge found here is “I think” in line 2, again directly in the advice. This is a hedge as it adds uncertainty to the advice. Through this uncertainty, the patient is given room to disagree with the advice. This extract will be discussed later as two bushes can also be found.

Extract 8 – hedge and bushes

- 1 Dr. J And like I sit with the feeling kinda fully (.) and uhm so you
- 2 Dr. J → can kinda SIT with it which is what I think you need to- (.)
- 3 learn how to do but that’s challenging because its sorta like
- 4 sitting with a hungry stomach

As can be seen in the analyses above, hedges are generally located directly in the advice. This is due to the nature of what a hedge mitigates: the illocutionary force. By placing the mitigating device focused on illocution as close to the proposition itself, the importance of the mitigation is increased. In other words, the illocutionary mitigation is more top of mind if it is a direct part of the advice as opposed to preceding it.

5.1.3 Bushes

Bushes are another category of mitigation devices as explained by Caffi (1999). A bush aims to mitigate the content of a proposition. In other words, what the advice giver thinks the listener should do is weakened. Caffi gives the following sentence as an example of two bushes.

'I'll give you a cough syrup+DIM¹

In the above sentence, the focus of mitigation is centered around the diminutive suffix added to syrup. This suffix aims to reduce the “severity and unpleasantness of the therapeutic prescription, thereby both downgrading the burden for the patient in complying with it” (Caffi, 1999). The present study finds a number of bushes in the data, starting with extract 9, which we have already examined with regards to the hedges found (see extract 8).

The bushes found here are “kinda” and “learn” in lines 2 and 3 respectively. Through the use of the adjective phrase “kinda” directly in the advice, the proposition (sitting with it) is de-intensified. In other words, the difficulty of ‘sitting with it’ is lessened because the listener does not have to achieve perfection. The word “learn” does something similar, as it can also be found directly in the advice. The listener is put in a position where they are not expected to perfectly execute the advice, they merely need to learn how to execute it. This is an easier and less daunting task and therefore mitigates the proposition.

Extract 9 – hedge and bushes

- | | | |
|---|---------|--|
| 1 | Dr. J | And like I sit with the feeling kinda fully (.) and uhm so you |
| 2 | Dr. J → | can kinda SIT with it which is what I think you need to- (.) |
| 3 | Dr. J → | learn how to do but that's <u>challenging</u> because its sorta like |
| 4 | | sitting with a hungry stomach |
| 5 | Eric | (NODDING) |

¹ Caffi's data is originally Italian, since English does not have a similar word to syrup + diminutive, it has been translated as syrup+DIM (Caffi, 1999).

In extract 10, the focus of analysis is the pre-sequence work in line 1. The first two words in this sentence ‘I think’, aren’t necessary but add some tentativeness and uncertainty. In other words, Dr. J thinks Eric should do something, showing less certainty that it is the perfect piece of advice. In that way he is lowering his epistemic commitment to the utterance by framing it as an opinion as opposed to an absolute fact. From line 3 onwards, Dr. J stops using mitigating devices and is quite forward in his directives with phrases such as “you gotta do” (line 3) and “recognize first of all” (line 6).

Extract 10 - Bush

- | | | |
|---|---------|--|
| 1 | Dr. J → | >uh< I think if you want your anxiety to improve over time |
| 2 | Eric | Hmhm |
| 3 | Dr. J | ^first thing you gotta do is like ↓let yourself die bro. |
| 4 | | (2.0) |
| 5 | Eric | ((nodding)) |
| 6 | Dr. J | Like when your sitting there theres like recognize first of all |
| 7 | | tha- like £Eric loves flying li- lik- Erics like I love t[his stuff£ |
| 8 | | [yeah |
| 9 | Eric | |

Extract 11 shows two bushes, both in pre-sequence work in line 1, namely ‘I think’ and ‘this is just a preliminary thought right’. Both of these mitigate the information relevant for the later advice, i.e. “your mom taught yo:u”.

Extract 11 - Bush

- | | | |
|---|---------|---|
| 1 | Dr. J → | And so what I think happened in your case is: °this is just a |
| 2 | | preliminary thought right° >is tha- like< your mom <u>taught</u> yo:u |
| 3 | | >an- i- thats- thats the way I want you to think about your |
| 4 | | anxiety its not that its irrational its that its< tau:ght |

As seen in the analysis, with extract 9 as the only exception, bushes are found in pre-sequences. This is partly due to the inherent function of a pre-sequence. As Garcia (2023) explains, one of the functions of pre-sequences is to indicate something delicate is coming, in other words, to indicate the following proposition contains delicate content. It logically follows to add a mitigation device that functions to soften the intensity of the subsequent utterance, i.e. a bush.

5.1.4 Shields

The last mitigation strategy that will be analyzed is the shield. Shields are a bit more complicated than the earlier discussed strategies as they are not used through explicit linguistic means. A shield mitigates the source of the utterance through displacement, backgrounding, or defocalization of the source, among others. Caffi (1999) exemplifies what a shield is through the following example.

'there's an estrogenic hyperplasia - it is written here'

In the above example, the utterance is ascribed to a different, impersonal source as opposed to the speaker. Something is stated as a fact, strengthening the utterance precision but mainly weakening the doctor's personal commitment to the assessment.

The current dataset also shows the psychotherapist using shields in different manners. The first of which can be found in extract 12. In this extract Dr. J doesn't directly refer to Eric in the advice with the 'you' pronoun. Instead, he uses a general we. This 'we' is an impersonal, general and pseudo-inclusive 'we' (Caffi, 1999; Wilson 2019). This type of mitigation is considered a shield with no reference to the addressee in Caffi's categorization. Among other things, this 'impersonal we' weakens Dr. J's commitment to the advice, fosters a collaborative environment and mitigates face-threatening acts such as advice (Caffi, 1999; Wilson 2019).

Extract 12 - Shield

1	Dr. J	Yeah so- so [this is where
2	Eric	[unintelligible
3	Dr. J →	We learn how to do things like sit with it (.) okay so
4		[now like im gonna give you an alternate scenario
5	Eric	[right

In extract 13, we see the same 'impersonal we' in lines 1, 2, 8, and 10, again directly in the advice. Once more, Dr. J makes the advice collaborative by replacing 'you need to adjust the way you look at the data' with 'we need to adjust the way we look at the data'. While this mitigation strategy is used, Dr. J does strengthen his epistemic authority through stating facts as opposed to opinions (e.g. "that's actually whats happening in your mind" – line 9) and emphasis via volume (DOESN'T MEAN ITS IRRATIONAL – line 4).

Extract 13 – Shield

1	Dr. J →	Is instead of taking something that doesn't make sense (.) and
2	Dr. J →	adjusting the data (.) we need to adjust the way we look at the
3		data for the data to make sense the data is the data (.) just
4		because its <u>irrational</u> (.) for you to wanna be a commercial
5		airline pilot and have a fear of flying (.) DOESN'T MEAN ITS
6		IRRATIONAL IF BOTH OF THOSE THINGS EXIST IN
7		YOUR MIND THAT DOESN'T MEAN ITS IRRATIONAL
8	Dr. J →	we need to take a step back and assume for a moment that
9		that's perfectly rational (.) perfectly rational
10	Dr. J →	And then we need to unders- develop an understanding of the
11		<u>mind</u> (1.0) that makes those two thoughts coexist because
12		that's actually whats happening in your mind (.) does that make
13		sense,

14 Eric Yeah it makes sense (.) and
 15 (2.3)
 16 i- i- its wi- I- its weird dr. J cause I (.) hhh in the moment >like
 17 I talk about all the things that I do and the fear and whatnot<
 18 but it never would stop me from wanting to go on an airplane
 19 (.) does that make sense?
 20 Dr. J (nodding)

Extract 14 gives a different shield, which is still located directly in the advice. The advice is formulated in lines 1-6, as opposed to earlier extracts where Dr. J used the ‘impersonal we’, a declarative is used. Through this declarative (“you’ve got a couple of options” – line 1) Dr. J is deleting himself as the source of the advice. While taking oneself out of the picture of advice through declaring a fact is a shield, it is also somewhat direct. To soften this Dr. J gives options, and with them the illusion of choice. Dr. J frames the choices in a way that it is clear what the ‘correct’ option is. This is mainly present in the conciseness of the first two options in lines 3-4 and the emphasis on the third through literal emphasis on “third” (line 5) and a rise in volume in lines 4-5. An epistemic gap is close between Eric and Dr. J in lines 7-9. By saying he ‘stumbled on’ this piece of advice, the professional role of psychotherapist is taken out of the picture. In these words, Dr. J is saying that this advice is not the result of his extensive psychological knowledge, but of personal experience. This abdication of epistemic authority is intensified in line 8 where he says, ‘its not like I was smart or anything’. This pre-advice work can be regarded as a shield; by distinguishing it from his knowledge of psychology, it is given less power.

Extract 14 - Shield

1 Dr. J → So when you face anxiety you’ve got a couple of options
 2 Eric Okay
 3 Dr. J → One is to distract yourself (.) one is to feed it (.) or reassure
 4 → yourself (.) by giving in to it (.) okay,
 5 → The third optiON IS TO BE WITH IT BUT LIKE NOT DO
 6 ANYthing (.)
 7 → An- and somehow I was lucky enough to stumble on- I think
 8 its just random chance its not like I was smart or [anything (.)
 9 it was like I just stumbled
 10 Eric [°sure (.) sure
 11 sure°
 12 Dr. J On this like this- this way of sitting fully with my feelings I
 13 wasn’t trying to move away from them, I just sorta pretended it
 14 was like in a different context

As the analysis shows, shields are located directly in the advice. This is a result of the types of shields employed by Dr. J and the way these are constructed. The ‘impersonal we’ as well as the

directive defocalize the source of the utterance by omitting or replacing this source. This can only happen in the utterance itself.

6. Discussion

Before a deeper discussion of the aims of the mitigation strategies found, a summary will be given of the findings. In psychological assessment, an essential part prefacing advice, a pattern of using perspective displays as well as leading questions has been found. The advice sequences were often mitigated by hedges, generally through replacing or adding specific vocabulary to lessen intensity or weaken deontic authority. The bushes that Dr. J used were also mainly through vocabulary choices, in this case generally to lower epistemic commitment to the advice. The shields used in the data are an ‘impersonal we’, the deletion of the utterance source and abdication of the social role. Hedges are often found directly in the advice, bushes in pre-sequences and shields directly in the advice.

The perspective display sequences, as well as the leading questions, function to create and foster a collaborative therapy environment. This happens through the co-implication of the patient in the psychological assessment (Maynard, 1989). Extract 3 is a great example of this, where the opinion Dr. J gives poses a risk to Eric's face as it denotes his behavior as weird. Dr. J first explicitly asks what Eric thinks of the situation. The necessity of a respondent's opinion (i.e. point 2) is exemplified in extract 4, where Dr. J tries to elicit this response multiple times through prompts.

The use of leading questions is another technique used by Dr. J to foster a collaborative environment. Again, Dr. J co-implicates Eric in the conclusion by letting him come to one himself as opposed to stating it. While there is not much literature about how a therapist might use leading questions, analyzing the leading questions and Eric's responses to them can show the effectiveness of such a technique. In extract 5 Dr. J does not find the answer in lines 7-9 given to his question in lines 5-6 satisfactory as in line 10 he rewords his question “so its satisfying right”. When Dr. J gets confirmation, he goes into generalized questions about satisfaction. As mentioned in the previous chapter we can conclude that these questions have right and wrong answers. Eric then himself takes it back to his behavior, indicating an understanding of the link between the generalized questions and his behavior, and concludes its not healthy. This analysis, combined with the knowledge of the importance of collaboration in psychotherapy (Smith et al., 2014) leads to the conclusion that this is indeed a tactic employed by Dr. J.

The hedges employed by Dr. J are vocabulary choices that, just as Caffi (1999) describes, mitigates the illocutionary force. It is made very clear that the choice to follow a piece of advice is Eric's. Interestingly, in nearly all cases, this is paired with epistemic certainty through framing the psychological aspects of the advice as fact. For instance, in extract 7 Dr. J advises Eric to think about something a certain way. The hedge used is ‘I want’ in line 1, formulating the advice as opinion and

giving Eric space to accept or decline. In the words of Caffi (1999, p. 893) “the utterance is downgraded to a hypothesis”. According to her this redefines the social role of the patient to a less passive one, in other words, it decreases the asymmetry between Eric and Dr. J. The proposition, however, is very certain. By both verbal choices such as the word ‘literally’ and extra-verbal choices such as a rise in volume, Dr J’s certainty towards the proposition is emphasized. Extract 6 shows another example of a hedge, in which Dr. J makes explicit that he has no power to force Eric to do anything. By saying “what I really want eh to encourage you to do” (line 1) Dr. J acknowledges that all he can do is encourage Eric, giving deontic power to Eric. The sentence just as well could have been “what I want you to do”.

Bushes are used by Dr. J through similar means as hedges, namely vocabulary choices. The result of these choices is either less intensity of the proposition through uncertainty, or through making the proposition less daunting. The former can be found in extracts 9 and 10, as mentioned in the data analysis. In both cases, the uncertainty is given about preliminary information relevant to the advice. This consequentially de-intensifies the advice given as it is given with less certainty. How Dr. J lessens how daunting the advice is, is exemplified in extract 9 in two separate ways as shown in the data analysis. This is in line with what Caffi (1999) says about bushes. In general, the bushes here function to save face for Eric by lessening his obligations.

Lastly, shields are an effective way Dr. J mitigates his advice to Eric. Caffi (1999) notes that shields can function in three different ways, by deleting the source of the utterance, by deleting the addressee in the utterance and by displacing the utterance, either spatially or temporally. The current data does not include the third type of shield. As shown, a significant technique used is the ‘impersonal we’. In the words of Caffi, “the performance of the action prescribed is depicted as if it were somehow shared by the doctor”. This, in that sense, creates a collaborative environment and lessens the individual obligation of the listener. Concluding that this is its aim, as opposed to other functions of the ‘impersonal we’ Caffi mentions such as distinguishing something from personal experience can be done when considering the risk of the utterances and some conversational context. For instance, in extract 8 the same advice as in extract 12 is being discussed. In extract 8 Dr. J mentions “but that’s challenging”. He acknowledges the complexity of the task, making it reasonable that he would do work to lower the challenge. Additionally, according to Wilson (2019) replacing ‘you’ for ‘we’ can mitigate face threatening acts, such as advice. The shield found in extract 12 is different, as has been seen, it deletes the source utterance. As in the example in Caffi’s data, the utterance source is being defocalized and placed upon a third, impersonal source. This simultaneously weakens the doctor’s personal commitment to the advice and making it more authoritative and unquestionable (Caffi, 1999).

A short relevant analysis that can be found in extract 14, is the drastic downgrading of the doctors epistemic authority. This is interesting as it is different from what we have seen in other extracts, where he upgrades his epistemic authority. Previous work on therapist-patient interactions

about treatment advice has found that a response to being given treatment advice is resistance through formulating an inability to comply (Ekberg, 2015). Taking this into account, Dr. J's epistemic downgrading through saying he 'stumbled onto' the advice and does it himself, can be seen as a way of preventively responding to an inability to comply. In a way, Dr. J is saying that he is just a person ("its not like im smart or anything" – line 8), and if he can comply with the advice, so can Eric.

In general terms, Dr J's mitigation strategies, both in psychological assessment and advice delivery, aim at achieving the following interactional goals.

1. Fostering a collaborative psychotherapy environment
2. Giving deontic power to Eric
3. Mitigating threat to Eric's face

Simultaneously, in most cases, Dr. J does not weaken his epistemic authority. In multiple extracts Dr. J does not mitigate his epistemic claims and sometimes emphasizes them either through extra-verbal emphasis, increase in volume or vocabulary like 'literally'.

7. Conclusion

The present study set out to analyze a psychotherapeutic session to investigate what mitigation strategies are employed by a psychotherapist, what these mitigation strategies aim to achieve and if they seem to genuinely achieve them. In doing so, different extracts from the session have been analyzed for what mitigation strategies are used, principally according to Caffi's (1999) categorization, and compared to the existing body of literature about these strategies and psychotherapy generally.

The research questions were:

RQ1: What mitigation strategies does a psychotherapist employ in advice-giving context?

RQ2: What do the mitigation strategies used by a psychotherapist achieve to aim?

RQ3: What are the practical implications of the results for healthcare provision?

RQ1: What mitigation strategies does a psychotherapist employ in advice-giving context.

The mitigation strategies used are hedges, shields and bushes. In addition, perspective displays are used as mitigation devices. The psychotherapist does not use mitigation strategies to mitigate his epistemic authority, with one exception. The hedges generally follow the structure of formulating something as an opinion (e.g. 'I think' or 'what I want you to do') in addition to vocabulary choices (e.g. 'encourage'). The shields used overall function to either close symmetry gaps or distance the psychotherapist from his advice (e.g. an 'impersonal we' or a declarative, respectively). The bushes the psychotherapist uses either communicate uncertainty about the utterance (e.g. 'I think' or 'this is just a preliminary thought'), or to soften the intensity of the proposition (e.g. vocabulary such as 'kinda' or 'you need to *learn*'). Perspective displays are only used by the psychotherapist in the diagnostic phase,

not in the advisory phase. They take the form of WH-questions, in some cases multiple if the patient does not lend their perspective.

RQ2: What do the mitigation strategies used by a psychotherapist achieve to aim.

Based on the analysis, it can be said that the hedges, in accordance with the literature, mitigates the illocutionary force. In the case of this interview that means that the psychotherapist does his best to make the advice as non-committal as possible, giving deontic power to the patient. The shields used by the psychotherapist, as mentioned, aim at closing a symmetry gap between the patient and psychotherapist and distancing the therapist from his advice. The former of these happens more often in this data. By minimizing this asymmetry, the psychotherapist invites the patients ideas and perspectives and strengthens the collaborative environment. The psychotherapist uses bushes that aim at softening the intensity of the utterance or indicating uncertainty about an utterance. This again closes a symmetry gap through the acknowledgement of limited knowledge on the side of the psychotherapist. Additionally, it communicates to the patient that this assessment could be incorrect. The perspective displays used are besides information gathering tools, a way for the psychotherapist to create a collaborative environment with the patient.

RQ3: What are the practical implications of the results for healthcare provision?

This analysis confirms the importance of co-implicating a patients perspective and creating a collaborative environment in therapy. It also shows the effectiveness of weakening deontic authority and recognizing the patients autonomy, while strengthening epistemic authority when it comes to psychological facts. Additionally, the analysis has made clear that indicating uncertainty about certain utterances can be useful and at the very least does not have to have a negative effect on the perceived competence of the psychotherapist.

The current study contributes to the existing literature, by shedding light on how mitigation strategies are used by psychotherapists in order to create a collaborative environment. Studies have been done showing the importance of collaborating in psychotherapy (Smith et al., 2014) as well as how psychotherapists manage conversational aspects such as resistance, highlighting emotions, and more (Garcia, 2023). There is however a gap in the literature when it comes to creating a collaborative environment. By analyzing the mitigation strategies Dr. J used in the current data, it has been shown how psychotherapists can close symmetrical gaps and invite collaboration in order to give more effective advice.

The societal implications of this thesis focus most specifically on the professional field of psychotherapy. The importance of using certain mitigation strategies as well as the importance and relevance of these strategies is emphasized specifically in a psychotherapeutic session when it comes to psychological assessment and advisory sequences. In that sense, this study can help psychotherapists improve their practice. Additionally, the results can be applied to less formal settings, however this should be examined further in other studies.

8. Limitations and further research

The current study has dealt with some limitations that can be starting off points for further research. First of all, the context of this ‘therapy session’. While Dr. J is an actual psychotherapist, he mentions to Eric that the interview is not a therapy session. Although it does function as one, this knowledge could influence how Eric views Dr. J and how both engage in the conversation. Additionally, the public nature of this interview (i.e. it being a live stream) and the public nature of Eric's character (he is an online celebrity) add dimensions to the threat of face that would not be present in a private therapy session. This could result in both Dr. J and Eric acting differently than they would in private.

Future research could compare these results to genuine therapy sessions, eliminating the above mentioned limitations. Additionally, as the above analysis is a single case analysis, future research could pick specific phenomena found and analyze them further to either confirm or disconfirm. Furthermore, future research could examine more mitigation strategies to see if they have the same, or a completely different aim. Lastly, the application of these results in less formal or institutional settings should be analyzed.

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Appendix

Transcription conventions

(.)	micropause, estimated 0.2 second duration
(1.2)	measured pause of approximately 1.2 seconds
:	lengthening
< >	slower talk than usual
> <	faster talk than usual
[] []	overlap, simultaneous talk
£ £	laughing voice, laughing through talking
(())	non-verbal (e.g. nodding)
<u>Abc</u>	verbal emphasis
↑	higher intonation
?	ending in a rising intonation
= =	no hearable gap between turns
° °	lower volume
CAPITALS	higher volume
Hhh	breathing out/sigh