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Therapeutic work with the present moment: A comparative conversation analysis of existential and cognitive therapies

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Abstract

Therapeutic work with the client's present moment experience in existential therapy was studied by means of conversation analysis. Using publicly available video recordings of therapy sessions as data, an existential therapist's practice of *guiding a client into immediacy*, or refocusing the talk on a client's immediate experience, was described and compared with a therapist's corresponding action in cognitive therapy. The study contributes to the description of interactional practice of existential therapy, and involves the first application of conversation analysis to a comparative study of psychotherapy process. The potential utility of this approach and the clinical and empirical implications of the present findings are discussed.

Keywords: existential psychotherapy; present moment; immediacy; conversation analysis; cognitive therapy; comparative psychotherapy process research

Introduction

The “here and now” of therapeutic interaction is emphasized in a number of models of psychotherapy, in particular gestalt, existential, relational, expressive, and systemic therapies. In these approaches, the perspective is the here-and-now of living, a client's immediate experience, the present moment in therapeutic relationship, the here-and-now dynamics in the session. The common basic assumption is that change is based on lived experience: verbal account of the client's problem by itself is not sufficient (see e.g. Stern, 2004).

One of the therapeutic models centered on the present moment is the existential psychotherapy of James Bugental, in which the essence of therapeutic work is the persistent focus on the actual client's experience. Bugental's existential psychotherapy was developed within the existential-humanistic approach in psychotherapy. This approach, called a “third movement” in contrast with Freudian psychoanalysis and behaviorism, has grown out of a complex confluence of existential philosophy and humanistic psychology. The point of departure is the understanding of a patient phenomenonologically through the patient's unique subjective experience.

Presence, as both focusing on the actual therapeutic process and the relationship, and the therapist's personal involvement in it is fundamental principle of existential therapy, and is considered central to effecting change. James Bugental, one of the founders of the existential-humanistic movement in psychotherapy, above all emphasized the practice of presence, which is cultivated by illuminating what is implicitly and explicitly happening in the present moment (Brack & Bugental, 2002; Bradford & Sterling, 2009).

The purpose of this qualitative study was to explore, from the perspective of conversation analysis, the ways, not stated explicitly in Bugental's theory, in which an existential therapist directs a client into the present moment. The central concept of Bugental's existential psychotherapy is “living moment”—the client's actual, in-the-room, in-the-living moment experiencing (Bugental, 1999). In the notion of “living moment” two crucial aspects are emphasized: focusing on the *immediate moment* of therapeutic process, and on *client's experiencing* rather than the information about the client. The living moment is a focus for the therapist's attention. The therapist's goal is to heighten the client's immediate self-awareness and to bring the immediate experience closer to him

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or her. The guiding principles of Bugental's therapy are: the therapist's attention must be quite persistent in its alertness to the client's moving away from what is actual in the moment; and the therapist's input must be confined chiefly to observing the actuality of the client's searching (Bugental, 1999). What, then, are the concrete actions of the therapist that facilitate working in the living moment? The major action described in detail by Bugental involves an accurate identifying of what is *implicitly present but unregarded* within the client's consciousness at each moment. The 'identifying' involves the therapist shining a light on something that is already present and is just awaiting recognition. Thus the therapist launches a searching process inside the client, which is regarded as the chief form of the client's psychotherapeutic participation (Bugental, 1987, 1999).

Conversation analysis (CA) is a qualitative method for investigating social interaction. It has its roots in Garfinkel's (1967) ethnomethodology, and focuses on sequential organization of interaction. CA seeks to explicate how participants in interaction achieve action, meaning and mutual understanding through the composition and the placement of their utterances (see e.g. Shegloff, 2007). CA investigation of psychotherapy process originates in the studies of institutional interaction (see e.g. Arminen, 2005; Drew & Heritage, 1992), i.e. studies that explicate the ways in which professionals and clients in different settings (such as medical consultation, classroom, or psychotherapy session) accomplish their tasks through talk and social interaction. A number of studies have demonstrated the applicability of the CA method to psychotherapy research (for the overview see Peräkylä, Antaki, Vehviläinen, & Leudar, 2008). Previous discussions of the potential of CA as a method for psychotherapy research (Madill, Widdicombe, & Barkham, 2001; Peräkylä, 2004b; Peräkylä et al., 2008) have shown that it can provide a new insight into the dynamics of psychotherapeutic practice at the level of the interactional detail, although it does not offer means for assessing the outcome of psychotherapy.

Peräkylä and Vehviläinen (2003) argued the possibility of a dialogue between CA findings and practitioners' theories of institutional practices—"stocks of interactional knowledge" (SIK). CA studies on institutional interaction can include an attempt to "explicate the similarities, gaps and differences between CA findings, and the written, codified versions of the practitioners' theories" (Peräkylä & Vehviläinen, 2003, p. 729). Possible ways in which the dialogue can develop include a more detailed picture of the usages of a practice that has been discussed in a professional SIK, and expansion of the description of practices provided

by a SIK. The latter seems to be particularly relevant in the cases when the SIK is very general and abstract, and the relationship of the theoretical ideas to concrete practices is not explicitly suggested (ibid.).

The present investigation was a case study. We examined two consecutive video-recorded therapeutic sessions with James Bugental, attending to the therapist's utterances that undoubtedly dealt with being in the present moment, and helped the client to stay in it or to bring her back into the here-and-now of her experience. Actions of this kind are not explicitly described in Bugental's theory, though to our concern they are an important part of his work with the actual client's in-the-moment living.

The study also provided an attempt at comparative psychotherapy process research from a CA perspective. Thus far, comparative psychotherapy studies have mainly been dedicated to estimation of the efficacy of different psychotherapy treatments. There is still a lack of comparative studies explicating specific process features of psychotherapeutic models. In conversation analytical studies on institutional interaction (other than psychotherapy), comparison between practices found from different settings is often used for revealing the characteristics of a particular setting. Comparison can show in great detail what practices (in terms of composition and placement of utterances) it takes to accomplish the role of a professional or a client in a particular setting (Arminen, 2009; Haakana, Laakso, & Lindström, 2009). In this study, therapeutic work with the present in existential therapy was compared to similar practices of a cognitive therapist. The focus of cognitive therapy is not on experiencing but on thinking: the goal is to correct the patient's dysfunctional attitudes and beliefs. Still one of the major principles of cognitive therapy is its initial emphasis on the present: the beliefs targeted for change are in-session present-focused beliefs rather than those about daily life events (see e.g. Beck, 1995; Beck, Rush, Shaw, & Emery, 1979). We were trying to develop a comparative conversation analytical study of psychotherapy, in order to explicate specific practices that may be fingerprints of particular therapeutic approaches.

Data and Method

As data, we used the publicly available video recording *Existential-humanistic psychotherapy in action: A demonstration with James F.T. Bugental, PhD* (Psychotherapy.net, 1995, 2006). The video presents two consecutive actual therapeutic sessions (about 40 minutes the first and 50 minutes the second) conducted by James Bugental with a female client, Marie.

This teaching example of existential therapy was recorded more than 15 years ago, but still serves as training tool for therapists today and is reissued, which is evidence that this demonstration is relevant to how the therapy is practiced today. Although the situation of filming is artificial in itself, the client and the issues brought for therapeutic work are true. According to James Bugental's commentary to the video, the client showed great ability in doing her work despite the presence of other people in the room (those working with the video equipment and three more therapists, who observed the session and took part in the discussion afterwards).

Apart from not involving a sample of the everyday work of a psychotherapist, a demonstration session to our judgment represents in a vivid and powerful way what is specific in the therapeutic work in a given approach. It is possible that the therapeutic process in a demonstration session is as it were intensified and may involve somewhat "exaggerated" techniques. Training films with demonstrations of how the therapist works and should work are used in a number of empirical studies (e.g. Hawkins, Suviola, Tapola, & Almeida, 2004; Hilsenroth, Blagys, Ackerman, Bonge, & Blais, 2005; Mercier & Johnson, 1984; Stiles, 1979; Wickman & Campbell, 2003). Usage of such specific quasi-natural data is not typical for CA research, although as we look at specific SIK ("stocks of interactional knowledge") bound techniques these specific data considered as exemplary by proponents of the clinical theories appear to be usable. Furthermore as our study involves the first CA-based comparative therapy process study, it seems reasonable to start the empirical research with the data representing classical interactional patterns of the therapeutic models.

In contrast to quantitative methods of interaction research CA does not operate through coding and counting, and offers qualitative description of interactional practices instead. It entails examining turn-by-turn sequences of utterances in term of the actions they perform, and proceeds from three basic theoretical assumptions: (1) talk is action; (2) action is structurally organized; (3) talk creates and maintains intersubjective reality (see Peräkylä, 2004a). In our study the analysis of the therapeutic interaction was conducted according to the classic procedure of CA (see e.g. *ibid*). The video of the sessions was carefully watched by the authors several times and the extracts where the therapist focused on the here-and-now of the client's experience were selected and transcribed with the help of the CA notation symbols (they include pitch variation, prolongation of sounds, amplitude, overlapping speech and silences; see Appendix and e.g. Heritage & Maynard, 2006, pp. xiv–xix). The next step in the research process

involved unmotivated exploration of the transcribed extracts, the goal of which was to identify recurrent patterns of interaction that could be specific to the data studied. The process involved watching the video and examining the transcripts by the authors and in group discussions within so called "data sessions". The data sessions included the team of four to eight participants, trained in CA, who watched the data repeatedly and discussed their observations. In the process of the exploration of the data the phenomenon to be examined was identified: the further focus of the study was on a particular kind of sequences that recurred in the sessions. These were the sequences in which the therapist invited the client into the immediacy of her experience. The authors then went through all the extracts transcribed thus far and picked up the sequences where the therapist directed the talk from some other perspective to the here-and-now. Thus a collection of instances of the 'guidance into immediacy' was composed, and each instance of the collection was further examined in terms of its sequential environment, function and structure.

In attempt to find out whether the 'guidance into immediacy' is a unique therapeutic device of existential psychotherapy, we compared correspondent James Bugental's turns with a similar type of action found in cognitive therapy. As the initial existential therapy data were provided by a demonstration video, we considered it reasonable to compare it with cognitive therapy data of the same nature. The cognitive therapy data were provided by a video recording of a demonstration therapeutic interview with therapist Aaron Beck, *Demonstration of Cognitive therapy. Aaron Beck, M.D., Judith Beck, PhD* (video-taped in Las Vegas, December 1995 within the conference "Evolution of Psychotherapy," produced and distributed by The Milton H. Erickson Foundation Inc.). In the interview, which lasts for about 40 minutes, a patient is role-played by a volunteer from the audience (a conference participant-therapist role-plays one of the patients from her practice).

CA comparison of an interactional pattern in different therapeutic models is a new approach for CA psychotherapy research. In our CA comparison we followed general methodological principles of comparative studies in CA (see Arminen, 2009; Schegloff, 2009), as well as the principles of comparative CA of the interactions to be found in different institutional settings (see Drew, 1998). The research trajectory of the comparative CA we followed was suggested by Schegloff (2009) and comprised explicit statement and illustration of the target phenomenon, exploration of the target phenomenon in a different environment, and specification of what is to be gained by pursuing it in these different environments.

In order to avoid dependency on existential or cognitive therapeutic theories in our data analysis, we prefer vernacular (rather than clinical) terms in the description of the interactional patterns that we found. We will return to elaboration on the implications of findings for therapeutic theory in the discussion. To underline our meta-position to the therapeutic approaches studied we use both terms 'client' and 'patient', which are traditionally accepted within existential-humanistic and cognitive-behavioral paradigms correspondingly. Thus we will call the addressee of the existential therapy a client, and the addressee of the cognitive therapy a patient.

Results: Function, Environment and Structure of "Guidance into Immediacy"

We started the analysis by identifying in our data all segments in which the therapist worked in the actual moment. We then further narrowed our focus on sequences where the therapist was guiding the client to attend to her immediate experience. In the two existential therapy sessions studied, there were 16 sequences of this kind. The total duration of the

extracts transcribed and included in the collection of instances was over 26 minutes, which is close to 30% of the total time of the two sessions (90 minutes). Thus the sequences examined appeared to constitute a considerable part of the therapist's work.

The therapist's actions of guiding the client into immediacy could be linguistically structured differently, but they all had several crucial features in common. The first, and the most obvious, was a shift in time perspective: the therapist's utterance followed the client's talk about some kind of issue viewed from past or present-in-general perspective and requested the client to view it from the perspective of immediacy. The second feature was a call to the client for inner work or reflection that initiated work with the client's inner experience.

The illustration that follows comes from the beginning of the first session with James Bugental. The client is telling about her biggest concern of the moment—the illness of her father, who is dying from cancer. The passage comprises two examples of the therapist's immediacy utterance: in line 14 and lines 18–20 (they are in bold).

Extract 1 (Therapist—James Bugental, Client—Marie)

(for notation symbols see Appendix)

1. C: but I think erm: (.) <even more (1.0) more than (0.8)
2. feeling SAd > about this (.) because I had to go through
3. somewhat as unacceptance during (.) December (with) the
4. crisis (.) erm (0.5) is a matter of (.) of being worried
5. all the time.
6. T: Mm hm =
7. C: =Because they are three thousand miles [away], =
8. T: [Mmm.]
9. C: = I'm as worried about my mother in this whole pro[cess] =
10. T: [Mmm]
11. C: = as my father, (.) erm (0.3) and so there is a (.) there
12. is a sense of (.) of (.) worry and anxiety and it's kind
13. of been back on my mind all the time.
14. **T: Mm hm, mm hm (1.2) and is there now?**
15. (.)
16. C: Yeah, (.) oh yeah (.) it's always there
17. (0.3)
18. **T: That's may be a little difficult (.) but see if you can**
19. **just sort of tune into (0.2) so I (can) hear how it's (.)**
20. **in you right now.**
21. C: Erm: (6.0) (.hh) > RIGHT this very minute it's (.) it's
22. under control (0.2) it's under control (.) erm: (hh) I
23. think (hh) (I) (.) that is by virtue to the fact (.) that
24. I had a (.) a (.) very positive conversation with them
25. yesterday,
26. T: Mmm
27. C: erm: (.) so (.) (ss-) a lot of times after (0.2) chatting
28. with them (.) it (.) leaves one wanting (.) for (0.3)

29. numerous reasons (.) [erm:]
 30. T: [mm hm]
 31. (.)
 32. C: buta (.) I think (0.2) yesterday they sounded (.) both
 33. sounded upbeat [(.) and]
 34. T: [mm hm] (#hm:#)
 35. C: so in a fact (.) that was (0.2) >you know < (.) you get
 36. off the phone and say (.) few: (.) (they) are ok for
 37. T: Yeah
 38. C: (\$a [half and next\$ =])
 39. T: [(yeah: #hm:#)]
 40. C: =\$conversation\$ (0.2) erm: (0.3) so (.) <as far as (.)
 41. really (.) searching myself > (.) erm: (2.5) I think (1.0)
 42. that (0.8) if I: (.) allowed myself (.) to really-really-
 43. really start thinking about the inevitable consequences of
 44. this disease, (.) erm: (0.5) that (.) I (.) would get (.)
 45. very SAd once again (.) buta: (.) >right this < (.) >right
 46. this minute < (.) I'm (.) I'm okay on it. (0.2) [it's =]
 47. T: [mm hm]
 48. C: =it's something thata: (.) that I'm (.) I'm coping with
 49. all right. (.) [today.]
 50. T: [mm hm]
 51. (.)
 52. C: right now.

In the extract the client is telling about her feeling of anxiety and worries for her parents in a wide “all-the-time” present tense dimension, which is narrowed by the therapist (line 14) to the present “now.” The therapist’s utterance in line 14 sounds like a slight hint for the client, it is said in a soft voice and presupposes the client to answer in now-dimension. The client agrees with the therapist readily but shifts back to the “always” perspective again (line 16), and after a short pause the therapist formulates a request to the client to “tune into” herself and tell about her immediate experience (lines 18–20). The request is formulated in a cautious manner, and contains acknowledgment of the difficulty of the task (“that’s may be a little difficult”). After a rather long pause, indicating an inner work, the client answers about “right this very minute” (lines 21, 45–46, 52). Through this sequence of utterances, the participants co-construct a shift into the actual present moment of the client’s experience. The client manifestly shows alignment with the temporal shift, and explicates that she is talking about the present moment experience: stresses time markers (with loud “right this very minute” in line 21, repetition of “right this very minute” in lines 45–46, accented “right now” in line 52), and corrects herself changing “today” into “right now” (lines 49 and 52). Although her recognition of the fact that she doesn’t allow herself to “really-really start thinking” and keeps her feelings “under control” seems to indicate resistance to working with her

current experience, that might be quite anticipated at the beginning of the therapeutic encounter.

In this example the two utterances by which the therapist guides the client into actuality of the therapeutic process are structured differently. The first one (line 14) is a follow-up question that works for further unfolding the topic started by a client from the perspective of immediacy. The second therapist’s turn (lines 18–20) is formulated as an instruction to the client to “tune into” herself. These are two major forms of the therapist’s guidance into immediacy revealed in our data. Further in the text we will distinguish between and refer correspondingly to an *immediacy question* as a question that unfolds the issue introduced by the client from the immediacy perspective, and an *immediacy instruction* as the therapist’s request to the client to listen to her immediate experience. Both the immediacy question and the immediacy instruction evidently work for making the client to face her immediate experience, to recognize it and to reflect upon it—thus inviting the client to construct with the therapist her immediate experience. The therapist’s question and instruction following it in extract 1 seem to be complementary parts in the therapist’s project in guiding the client into the here-and-now.

In our data, immediacy questions usually occurred after the client’s talk concerning the client’s experience viewed from the past or future perspective or from the present in general (in the context of the

whole client's life). Immediacy questions clarified or expanded what had been previously said by the client but from the right-now-moment perspective. In extract 2 below, we will provide one more example of such questions, taken from the later stage of the same therapeutic session. The extract

shows more involvement of the client in the co-construction of her immediate experience. Before the extract shown, the client was telling about her experience of giving up heavy drinking with the help of strict control over herself, which turned afterwards into her way of coping and living.

Extract 2 (Therapist—James Bugental, Client—Marie)

1. C: A:nd so: (.) #er:# I don't know (.) may be it has (.)
2. gotten worse ((laugh))
3. T: It seemed like you were kind of (.) speculating or or
4. trying to estimate (just saying) <
5. C: Yeah
6. T: Can you? (.) let me (you know) (.) what was that
7. (about) (what what you were doing just)
8. C: What I was just doing?
9. T: Mm hm
10. C: [I was trying to: (2.0) conjure: tha::t my own
11. (head draw back then) (.) [and just] =
12. T: [(> m hm <)]
13. C: =kind of to see
14. T: What d' you-? =
15. C: =how I was operating and remember how I was (.) how I
16. was operating what my perspe^ctives were
17. T: Mm hm
18. C: And how it was kind of (.) working out for me
19. T: **As you look back [from today] =**
20. C: [(mm hm)]
21. T: **=at that (.) what does that trigger inside of you?**
22. (.)
23. C: .hh How > (there) poor girl <. hhhhh
24. [((laugh)) \$Yes\$ ((laugh)) \$exactly\$
25. T: [Aaa:: \$Aga:\$
26. C: ((laugh)) <\$How (.) did (.) you do it\$ >
27. T: *Ye:s* (.) *yeah*
28. C: he (.) [\$that's\$
29. T: [*yeah*
30. C: \$exactly what it [triggers\$] =
31. T: [Mm hm]
32. C: =\$inside of me\$ I mean that effort ((swallowing)) #was
33. pretty [overwhelming for me#
34. T: [(I hear the swallow)
35. C: yeah.
36. T: *yeah*
37. C: I don't I don't think thata:
38. (2.5)
39. T: *slow*
40. C: yeah
41. (3.0)
42. C: <the amount of (0.3) willpower (0.2) that I had (.) to
43. (0.2) find >.
44. T: Mm:[hm mm hm
45. C: [<in myself > (.) wasa: (0.3) was something that I
46. don't know if I'd ever be able to do again

47. T: yeah
 48. C: I mean I suppose because I did it once I can do it
 49. again
 50. T: Mm hm
 51. C: but there was a:
 52. T: **but when you look back (.) today (.) at (#er#) thāt**
 53. **time of change (.) you have simply and and real**
 54. **admiration to the girl who did that?**
 55. C: #er# #er# that that is (0.4) #er# >Yeah I do <
 56. T: *ye[ah*
 57. C: [>I sure do <
 58. T: yeah
 59. C: >I sure do < that's probably (.) what I consider (0.3)
 60. the greatest credit (.) to me

The extract is a vivid example of the way the therapist guides a gradual shift in the client's talk from contemplating what was going on in the past to estimating the meaning of that past event from today's perspective. The shift from past to present is performed in several steps, two of which comprise immediacy questions in lines 19–21 and lines 52–54. The therapist starts with a noticing of what has just been done by the client in the session (lines 3–4: “it seems like you were kind of speculating or trying to estimate”) and a question about the sense of the client's action (lines 6–7), and thus makes the client reflect on what has just been done by her, and to face her present moment actions (this is done by the client in lines 10–11, 13, 15–16, 18). The direct shift in time perspective is proposed in the immediacy question in lines 19 and 21, in which past (“look back”) and present (“from today”) are contrasted. The question is formulated with the help of an ambiguous verb “trigger” and presupposes a focus on the inner processes (“inside of you”). The client's response is highly emotional with laugh and lots of feeling in her voice; through this response, she takes part in the co-construction of the shift to immediacy. In her subsequent talk, however, the client departs from the present moment perspective, reminiscing about the past effort (“I mean that effort was...,” see lines 32–33) and assessing her ability to make the same effort again in general (lines 37, 45–46, 48–49,

51). While the client seems to be moving towards a past tense description (line 51), the therapist directs her back into the actuality of her experience by an altered immediacy question. The therapist's question again contains past-present contrasting (“but when you look back from today at that time of change”) and offers a candidate understanding (see Kurhila, 2006, pp. 154–157) of what has just been said by the client (“you have simply and real admiration to the girl who did that”). The client agrees emotionally, with repetitions (lines 55, 57), and expands her agreement (lines 59–60) by expressing her attitude to the past experience from the point of view of its actual meaning in her life today.

The therapist's request to a client not to hurry to respond (line 39: “slow”), said in a cautious manner and low soft voice, was a frequent component of the sequences where the client was directed into immediacy. It was typical for the sequences comprising immediacy instruction. The environment and the major function of the therapist's immediacy instructions were similar to those of the immediacy questions, but they had a more complicated structure: the instructions usually contained a preparatory part (e.g. “that's may be a little difficult” in line 18 of extract 1), as well as a possible explanation of the action proposed (e.g. in the next extract a nonverbal sign, lines 11–13). One more example of the immediacy instruction appears in lines 10–14 of the following extract.

Extract 3 (Therapist—James Bugental, Client—Marie)

1. T: Well (0.2) let's make one ground rule
 2. (.)
 3. C: Okay
 4. T: that any time you find it too uncomfortable you just
 5. tell me that (.) and if we can't (.) balance it up (.)
 6. more comfortably we'll just stop (.) give you just
 7. (.) do whatever you need to do with it
 8. C: Okay.
 9. (0.2)

10. T: Good. (0.2) .h **Let's take a minute now for a transition.**
 11. **Can you do it? Just just going inside may be down in**
 12. **here ((is tapping on his stomach with his hand)) in**
 13. **Maria (0.3) See what's: (.) what's stirring**
 14. **after all this talk (0.3) .h h h h**
 15. C: (#Erm#) the the initial thing is (0.2) fear
 16. T: (#okay#)
 17. (4.5)
 18. C: .h h h
 19. T: tak- (.) take take your time (#er#)
 20. C: h h h h h h h h
 21. T: [fear comes first,
 22. C: Mm hm
 23. T: *then,*
 24. (1.0)
 25. C: .h h h (0.2) then a certain amount of accēptance (.)

The therapist's turn containing an immediacy instruction consists of several parts: (1) preparatory part (line 10); (2) a question, referring to the client's ability ("can you do it?" in line 11); (3) and the immediacy instruction or request itself, formulated in a vague manner with great cautiousness (lines 11–13). The instruction contains an explanation how to follow it with nonverbal reference to body perception (by tapping the stomach in line 12). It does not comprise the indication of the time moment (e.g., "now" or "right now"), instead here is a contrasting time boundary "after all this talk" (line 14). In response the client reveals her feelings ("fear," line 15). When the client is ready to continue her talk (inhalation in line 18), she is interrupted by the therapist with a request to take her time, pronounced in a low soft voice (line 19), which is followed by the client (exhalation in line 20 and pause in line 24).

A common feature of immediacy question and immediacy instruction was ambiguity and metaphorical character of the verbs and word combinations

used for the description of the action to be performed by the client to explore her inner processes (e.g. "*tune into*," "*hear how it's in you*" in extract 1, "*what does that trigger inside of you*" in extract 2, "*what's stirring*" in extract 3), as well as indication of the innerness of the experiences to be explored ("inside of you," "in you" etc.). As has been shown above, the therapist encouraged the process of the client's inner search by asking not to be in a hurry for verbalization (by "slow," "no rush," "take your time" pronounced in a low almost whispering voice). As soon as the client moved away from recounting her actual inner experience, the therapist came in again either with an immediacy question or an immediacy instruction. This happened, in particular, in the continuation of the extract 3: when the client adopted again a more general temporal perspective (see lines 32–42 of extract 3), the therapist asked an immediacy question which guided her back to the present moment (extract 3 continued, line 43).

Extract 3 (continued)

(...)

32. C: in general terms (0.2) death is something that (.) I've
 33. not had to (.) deal [with a lot in my li]fe,
 34. T: [Mm: hm (#mm hm#)]
 35. C: anda: I'm getting to the age (.) that many of my
 36. friends' (0.2) parents are getting ill or die
 37. T: Mm [hm
 38. C: [<I mean it's becoming mo:re (0.2) e[vident
 39. T: [Mm hm mm hm
 40. C: anda: (.) and it brings up a whole bunch of issues
 41. T: *yes.*
 42. C: .h h h h buta:
 43. T: **What does it bring up right now for you?**
 44. C: Erm: (4.5) I think (1.2) just (0.2) an overwhelming (.)
 45. sense of anticipated lo:ss (.) and (.) sorrow,

46. T: Mm hm
 47. C: Erm: (0.4) in relation to: (0.2) my father (.) it would
 48. bring up (.) a lot of things that (.) >GOD I wish I
 49. would have < (.) >you know < explo:re that (.)
 50. further with him

In this continuation the therapist takes a turn at talk at the moment when the client seems to be heading towards a continuation of her account (see line 42) about her life and the concept of death in general. The therapist's immediacy question (line 43) contains two specifications "right now" and "for you" bringing in immediacy and subjectivity into the client's perspective. The therapist uses the client's word—"bring up," and in particular refers to the clarification of the client's vague expression "whole bunch of issues." After a pause the client responds by identifying her feelings (lines 44–45). Her answer is highly emotional both in its content (lines 40–45) and the way it's spoken out (particularly in lines 48–49).

The most evident effect of the therapist's immediacy questions and instructions was the shift in the temporal perspective of the client's talk: shift into viewing whatever was considered from the point of view of the present moment experience. Immediacy questions and instructions guided the patient to take part in co-construction of, and reflection upon, her actual experience. In cases when, after the therapist's immediacy question or instruction, the client still shifted back to a perspective other than that of the present moment, the therapist reformulated the initial utterance (e.g. lines 19, 21 and 52–54 in extract 2) or formulated it again, changing its structure (e.g. from question into instruction in example 1, lines 14 and 18–20; from instruction into question in extract 3, lines 10–13 and 43), often interrupting the client (line 51 in extract 2; line 42 in extract 3). The frequency of the therapist's turns by means of which he directed the client into the immediate moment decreased till the end of the second session, presumably because the client became more trained in keeping to her present experience and required less guidance.

Therapeutic Shift into Present in Cognitive Therapy: A Conversation Analytical Comparison

In conversation analysis, comparison is considered to be especially relevant within those institutional settings that share similar features but differ in certain ways (Haakana et al., 2009). Psychotherapeutic approaches are an example of such institutional settings. Each different school of therapy considers and evolves distinct interactional practices between therapists and clients (Peräkylä et al.,

2008). Therapeutic work with the client's present experience can plausibly be expected to take place in a number of therapies. To find out whether, and in which ways, the therapist's action of "guidance into immediacy," described above, is a unique feature of existential therapy we have made an attempt to find a similar type of action in data coming from other therapeutic models. Looking through our data (involving demonstration tapes) coming from gestalt, client-centered, rational-emotive, cognitive and multimodal therapies, we were searching for a therapist's action that could be comparable with what we had found from Bugental's data. Such an action would comprise at least two distinctive features: it would contain a temporal shift or redirecting into present "now" and would serve for exploration of a client's actual subjective experience.

The therapist's action complying with these characteristics was not found in any of the listed approaches but cognitive therapy. In the other therapies temporal shifts into the present, although performed, were accomplished and initiated by therapists by means of significantly different actions that did not work for unfolding the client's subjectivity. The exploration of a wide scope of the ways in which a therapist can work with and in the present moment is beyond the scope of this study and might be an implication for further research. We will confine this comparative section to exploring common and distinctive features of the "guidance into immediacy" and a cognitive therapist's action comparable to it in terms of the two distinctive features mentioned above: temporal shift and reference to a client's subjective experience. The therapist's utterances accomplishing a temporal shift in cognitive therapy at first sight seemed similar to guidance into immediacy in existential therapy—they for example often involved the temporal marker "right now." The illustration given below comes from the initial stage of the therapeutic session with Aaron Beck. The client claimed to have a problem in relationship with women, and to feel frustrated and frightened as a result of his failures in dating. Before the extract shown below the patient was telling how he was treated by his parents in his childhood: he was beaten and rejected by his father, and felt close to his mother and sisters, who also suffered from his father's violence. The patient admitted experiencing a feeling of inferiority and weakness, of being a mom's boy.

Extract 4 (Therapist—Aaron Beck, Role-Played Patient—Mike)

1. P: >and I was the baby (.) and my family my
2. mother used to tell me she wants to keep me in a jar (.)
3. and keep me little
4. T: Ah-[hah
5. P: [and keep me (.) put me in a jar put (.) me on a
6. shelf.
7. T: Ah-hah (.) **So you think you're still in a jar (0.3)**
8. **[right now?**
9. P: [Mm hm. (.) very much
10. T: And when you (.) erm (0.3) then go out with women, >who
11. don't fit the stereotype of the tall (.) women and so on
12. (0.3) d'you start to feel small,

In the extract the therapist's follow-up question (lines 7–8) occurs after the client's talk about his past experience (childhood memories in lines 1–3, 5–6). The therapist invites the patient to shift to the present perspective and to check whether his self-image is still the same as in childhood. The shift is linguistically provided by means of present tense verb form and “right now” indicator as well as the word “still” connecting past and present experiences. After the patient's answer in the positive (line 9), the therapist formulates an interpretation (lines 10–12), relating the patient's present experience originating from childhood to the actual relationship problem. The therapist's reference to “tall women” concerns the patient's earlier remark that he is used to choosing women taller and bigger than him. The therapist's question in lines 7–8 brings up a temporal shift to the present (the further talk no longer concerns childhood memories, but present events and attitudes) and refers to the patient's subjective experience. However, it is in many ways different from Bugental's immediacy questions. First of all, the shift is not provided into the immediate moment of living, but to an unspecified present outside and around the therapeutic encounter. “Right now” used by the therapist in line 8 does not mean the immediate moment of the therapeutic encounter but rather extends the “still” marker and indicates the present tense in opposition to the past. In his

answer the patient does not attend to the “right now” marker, but starts his response before it is delivered (overlap in lines 8 and 9). Second, the question does not evoke a further reflection process upon the immediate, as Bugental's questions did. In his subsequent talk, the therapist keeps to the present-in-general perspective (lines 10–12), and does not initiate work with the patient's actual experience. If we compare this extract with the extract 1 from existential therapy we can see a clear difference in the therapists' subsequent actions. Unlike the cognitive therapist, the existential therapist goes on further in exploration of the client's immediate experience and formulates a request to “tune into” (lines 18–20 in extract 1).

Thus our data showed that in cognitive therapy the interactional function of the shift into the patient's present experience was different from the one in existential therapy. The shift was not geared to facilitate further co-construction of the patient's immediate experience. The following extract is taken from the later stage of the same therapeutic interview. The patient was asked to picture in his imagination a traumatic episode from his childhood when his mother was beaten by his drunken father, and to image himself as a grown-up person instead of a small child. The extract starts with the patient picturing how after standing up to his father he takes care of his mother.

Extract 5 (Therapist—Aaron Beck, Role-Played Patient—Mike)

1. P: Mm hm (0.3) mm hm (.) and I would pick her up and- and-
2. erm (0.4) I guess I see myself just holding her >I feel
3. bad for her but- cleaning her up
4. T: Mm hm
5. P: And: (0.8) and: (0.8) maybe sitting her in a chair too
6. (.) so that I I she was- sat her down and and (0.3) make
7. her listen what I'm saying because maybe she needs > ()
8. my dad too <

9. T: So maybe you can help her out too
 10. P: Mm hm
 11. T: So you've been on a helping road (.) just as you're (.)
 12. with your (.) children
 13. P: Mm hm
 14. T: if something happen to them
 15. P: Mm hm
 16. T: you are like the good parent
 17. P: Mm hm (0.3) Mm hm
 18. (0.6)
 19. T: **Well (0.3) now Mike (.) we've been through this**
 20. **experience (.) and I'll be very interested in knowing**
 21. **how you view yourself right now? (.)** do you see
 22. [yourself-?
 23. P: [very powerful (.) I I feel erm (0.3) I do feel powerful
 24. T: You do feel more powerful? (0.5) And >and you think (you)
 25. go out and then be a powerful (.) cool person (.) and
 26. meet any woman (0.3) and be a powerful person (.)

In the extract, after summarizing and interpreting to a certain extent what was depicted by the patient (lines 9, 11–12, 14, 16), the therapist asks a question, making a shift from the imagery situation into the immediate moment of the interaction (lines 19–21). First the therapist makes a concluding boundary with what has just been done (“we’ve been through this experience”), thus emphasizing that the previous stage of work is over. Then he asks the patient to reflect upon his present moment self-image (“how you view yourself now”), and shows his personal involvement and interest in the patient’s answer (“I’ll be very interested in knowing”). The patient is asked about his self-image (“*view* yourself”) but answers about his feelings (“I feel powerful” in line 23).

Although the therapist’s question in lines 19–21 has design features similar to the guidance into immediacy in existential therapy, and as well evokes the patient’s response about his immediate feelings, the interactional function of the shift is still different. The therapist’s question serves as a means for checking the effect of the therapeutic technique applied—the work with the imagined situation. Unlike the existential therapist, the cognitive therapist does not encourage the client to further reflection after his initial response in line 23 and extends the patient’s answer instead (lines 24–26). Furthermore the therapist’s utterance (lines 24–26) that follows the client’s answer involves a shift to a time perspective other than immediate here-and-now; the therapist talks about consequences of the changes in the client’s self-awareness in the nearest future. Thus, as in extract 4 from cognitive therapy, also here the therapist’s question involving temporal shift is not geared to facilitate further co-construction of the patient’s immediate, present experience.

The common feature of the target sequences from the existential and cognitive therapies was a temporal shift into the present guided by the therapist and reference to the client’s subjective experience. Nevertheless the cognitive therapist’s utterances did not work interactionally in the same way as the “guidance into immediacy” in existential psychotherapy did. The comparison showed that there was an observable difference of whether or not the patient’s response to the question eliciting the temporal shift was made subject to further exploration or not. In both examples from the cognitive therapy session, the therapist came in after the patient’s response to the proposed shift with an expansion of the patient’s answer. These expansions continued the patient’s thought and talk from the time perspective other than here-and-now (lines 11–13 in extract 4, and 24–26 in extract 5). In the existential approach, in contrast, after the immediacy guidance the therapist left a space for the client’s talk and encouraged inner processes. Thus the cognitive therapist’s utterances served as a clarification of the patient’s present experience and after the patient’s response the therapist moved to the next stage of therapeutic work, while the existential therapist’s utterances constituted an invitation for the client to reflect upon her immediate experience and the client’s response was treated as a start of a reflection process orchestrated by the therapist.

On the basis of the comparison presented above, we are now in a position to suggest what might be distinctive in the existential therapist’s utterances that accomplish “guidance into immediacy.” First, “immediacy instructions”—the therapist’s requests to the client to listen to her immediate experience—were found only in the existential data. Second, the existential therapist’s immediacy questions had distinctive features in their design, the most remarkable

of which was usage of ambiguous verbs and word combinations for describing the inner processes to be launched in a client, as well as often neutral “it” or “that” subject (“how *it’s* in you right now” in lines 19–20 of extract 1; “what does *that trigger* inside of you” in line 21 of extract 2, “what does *it bring up* right now for you” in line 43 of extract 3). In contrast to that, the cognitive therapist used concrete descriptions and person references (in the above examples: “you think,” “you view yourself”). And third, perhaps the most crucial distinctive feature of the “guidance into immediacy” was its sequential environment: the immediacy questions and instructions served as springboards for extended segments of talk where the therapist elicited from the client further reflections on her immediate experience.

It should be added that the comparison between existential and cognitive psychotherapies was made from the perspective of existential therapy, with the interest to pin down distinctive features of that approach. For this technical reason, cognitive psychotherapy was described through “negative observations” (pointing out what the cognitive therapist does *not* do while the existential therapist *does*). This should not be taken as criticism of cognitive therapy. It goes without saying that practices that are distinctive to cognitive therapy deserve, in future research, attention similar to that we have here given to practices of existential therapy.

Discussion

The present conversation analytic study explicated one aspect of therapeutic work with the client’s present moment experience in existential psychotherapy. The CA perspective made it possible to perform a microanalysis of the sequential organization of the interaction in the therapeutic process and to track the ways a therapist was refocusing the talk on the client’s present moment experience.

The theoretical assumptions of existential psychotherapy offer general principles for therapeutic work with the client’s immediate subjectivity. The existing clinical and theoretical literature is, however, sparse when it comes to the ways in which these theoretical assumptions are put into practice in the actual interactions between the therapists and the clients. The literature mostly describes the way the therapist might formulate observations of what is being experienced by a client but still remains unregarded by him or her (Bugental, 1987, 1999). This study explicates another practice of guiding the client into the actual moment. Examination of two sessions of James Bugental’s existential therapy made it possible to identify two types of utterance—immediacy questions and immediacy instructions—

that Bugental used in guiding a client into the actual moment and in launching therapeutic work with the immediate.

The notion of “immediacy” or “therapeutic immediacy” is not clearly identified in psychotherapy studies and is used with different meanings: as a degree of perceived physical or psychological closeness between people (e.g. Andersen & Andersen, 2005; Andersen, Guerrero, & Jones, 2006; Robinson & Richmond, 1995; Wiener & Mehrabian, 1968), as an action of delivering feedback: the act of formulating the observation of other’s behavior (e.g. Claiborn, Goodyear, & Horner, 2001) or a disclosure of how a therapist and a client are feeling about each other or therapy relationship (e.g. Hill & Knox, 2009; Kasper, Hill, & Kivlighan, 2008). In its most general meaning in terms of therapeutic interaction immediacy denotes discussions about the here-and-now therapeutic relationship (Kasper et al., 2008; Yalom, 2002). In this sense immediacy is viewed as an effective therapeutic tool at a therapist’s disposal: a therapist “uses immediacy” to process the here-and-now client-therapist relationship, to build up a therapeutic alliance, to “go deeper” in therapeutic work (Bugental, 1987, 1999; Kasper et al., 2008). Referring to the actions studied by means of the term “immediacy” we used it in the sense of instantaneity or immediateness and straightness (trueness), of the “immediate moment” as a temporal unit toward which a client is redirected.

The study has shown that “guidance into immediacy” in the form of immediacy questions and immediacy instructions works as a therapist’s device of directing talk to the present-moment perspective. Detailed analysis of this therapist’s action allowed tracing the way the therapist initiated co-construction of the client’s actual subjectivity. The therapist’s immediacy questions performing a temporal shift into the present invited the client to view her past experience or general reasoning in the light of the way they were being lived in the actual now. Immediacy instructions made the client to listen to her actual experiencing apart from rational thinking upon the problem discussed. Both worked for launching a searching process and making a focus on the client’s subjectivity in the living moment. The reoccurrence of the therapist’s immediacy questions and instructions evidenced the therapist’s alertness to the client’s moving away from what is actual in the moment and revealed the way the therapist maintained constant reference to actuality.

In our data, “guidance into immediacy” was interlaced with the therapist’s other ways of working with the present moment. These include the therapist’s observations or noticings on what the client was currently experiencing or the way she was behaving in the current interaction. These other

actions have been described in existential therapy literature (see Bugental, 1999). The distinctive function of the therapist's immediacy questions and instructions lay in *guiding* the client into the living moment or directing the talk to the present-moment perspective. Thereby, the immediacy questions and instructions, alongside other interactional patterns initiated by the therapist, worked to involve the client in searching and exploring the instant of her subjective living. Further research is needed to reveal interrelations between the therapist's different actions that constitute therapeutic work with the here-and-now of client's experience.

A comparative perspective regarding different psychotherapeutic approaches is new for conversation analytical research on psychotherapy. Our study has demonstrated the fruitfulness of such a research approach: through comparison, it became possible to outline more clearly the "fingerprint" of existential psychotherapy—to show what features of a therapist's actions are specific to this particular type of psychotherapy. The promise of CA in comparative psychotherapy research resides in this sensitivity to detail. Earlier comparative psychotherapy process research has employed a "coding and counting" approach, by measuring the prevalence of different verbal activities (Elliot et al., 1987; Stiles, Shapiro, & Firth-Cozens, 1988) or general therapy process characteristics (such as directivity, behavior focus, emotional arousal, focus on patient-therapist relationship; see Brunink & Schroeder, 1979; Hilsenroth et al., 2005; Malik, Beutler, Alimohamed, Gallagher-Thompson, & Thompson, 2003; Watzke, Rueddel, Koch, Rudolph, & Schulz, 2008) in different psychotherapies. While such global comparison can be extremely informative, what CA yields is quite different: it seeks to show the ways in which specific interactional patterns, such as shift to the immediate experience, are accomplished in different therapies, thereby explicating what might be approach-specific. If, for example, the findings of Brunink & Schroeder (1979) show a general preference for a present tense focus in three therapies—psychoanalytic, gestalt and behavioral—"with no significant differences among the therapist groups" (p. 571), our study suggests that although both existential and cognitive therapists work with a present focus and direct a client into it, they do it in essentially different ways in terms of both interactional structure and therapeutic aims.

The comparison of the existential therapist's "guiding into immediacy" with similar actions by the cognitive therapist helped us to identify and explicate what is distinctive in the existential therapist's actions. Although the cognitive therapist's turns caused a temporal shift in the patient's talk and evoked his response about actual feelings, they did not initiate

further co-construction of the patient's immediate experience: penetration into, and exploration of, the patient's actual subjectivity. This interactional observation is quite explicable in terms of cognitive therapeutic conceptual postulates and assumptions, according to which a therapist's role is seen rather as that of a coach changing dysfunctional thinking and emotional responses, than that of a facilitator stimulating and highlighting a client's awareness of the immediate experience, which, in turn, is intrinsic to Bugental's existential therapy. The findings confirm the assumption about the diffuse nature of psychotherapy as interactional practice (Peräkylä, forthcoming) and offer the challenge of comparative studies between different forms of psychotherapy.

The results of the study contribute to the theory of psychotherapy and have implications for future research and clinical practice. In terms of psychotherapy theory they concretize and operationalize the notion of presence or immediacy in experiential sense in contrast to immediacy as relational event. By guiding his client into immediacy, through actions that we have explicated in this paper, the existential therapist brings the client closer to her authentic self. In Bugental's process-focused approach to experiencing the therapist leads the client to her authenticity by deepening the client's inner processes, in contrast to the approaches focused on the here-and-now of relationship as an active mechanism of change (intrapersonal via interpersonal focus; see Krug, 2009). It seems promising for future research to compare Bugental's guiding into immediacy with key interactional practices intrinsic to relationship-focused approaches (such as gestalt therapy, the existential therapy of Irvin Yalom), as well as therapies emphasizing the curative potential of the expressing mind (such as psychodynamic therapy, interpersonal therapy).

A number of studies have shown that present-focused interventions predict improved outcome of the treatment (e.g. for present-focused interventions of cognitive therapy, see Kanter, Schildcrout & Kohlenberg, 2005; for working with relationship via immediacy to repair alliance ruptures, see Hill & Knox, 2009). Although CA as a qualitative descriptive method does not provide a means for assessing therapeutic alliance and outcome, we can assume that "guidance into immediacy" contributing to a client's genuine relation to oneself should also contribute to alliance as authentic relationship. Thus the study results have training implications, as they provide detailed description of an effective interactional tool for an existential therapist.

An obvious limitation of the present study is the demonstration character of the video therapeutic sessions that have been analyzed. It may well be that

demonstration videos bring forward in a clear way the specific practices of the particular approach they are demonstrating. In spite of this—or perhaps because of this—further research is needed in terms of comparative analysis with naturally occurring data. Two more limitations of the study are sample size and comparability of the therapy approaches. They bring forth possible avenues for future research. As the research is a case study, its results are not generalizable in a conventional sense, and further studies of greater sample size are needed to obtain more robust results. However, the rationale of using case studies as an empirically grounded method to explicate and expand the theories of psychotherapy is being discussed (see Stiles, 2007, 2009). The non-equivalent significance of present-moment work on theoretical grounds in existential and cognitive therapies limits their comparability in terms of the therapist's actions initiating present-focused talk. The next studies with a wider comparison group of therapies might provide more potential for conceptualization of the notion of the present moment and an account of present-focused interventions.

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Appendix: The Transcription Symbols in CA:

T:	Speaker identification: therapist (T), patient (P), client (C)
[]	Starting point and end point of overlapping talk
(2.5)	Silence measured in seconds
(.)	Pause of less than 0.2 second
=	No gap between two utterances
.	Falling or final intonation
,	Level or continuing intonation
?	Rising intonation
↑	Upward shift in pitch
↓	Downward shift in pitch
word	Stress or emphasis
wō:rd	Prolongation or stretching of sound
WORD	Raise in pitch or volume, loud voice
word	Quiet or soft voice
wo-	An abrupt cutoff
#word#	Creaky voice
\$word\$	Smile voice
(word)	Unclear but likely possible segment of talk
()	Inaudible segment of talk
((laugh))	Description of nonverbal event
.hhh	Inhalation
hhh	Exhalation
>word<	Compressed or rushed talk
<word>	Slowed or drawn out talk