CARING CONVERSATIONS & THERAPEUTIC COMMUNICATION

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Introduction

Questions:

- What makes a conversation an encounter of spiritual care?
- What makes communication therapeutic?
- What's the difference between the two?

Spiritual Care conversations used to be called "pastoral" conversations. Originally the assumption was that an ordained pastor needs to sit at the table of conversation to make it pastoral. A more encompassing and inclusive view is that "God," or involvement with an ultimate concern, must be at the table to make it an authentic spiritual care conversation.

In a similar line, therapeutic communication has been taken as "therapy talk," a conversation conducted by a therapist. The questions then may be "what school(s) of therapy must sit at the table to make it therapeutic?" or "what kind of therapist is considered therapeutic?"

This module does not ask the question what criterion makes a conversation caring or therapeutic. The assumption is that with a diversity in communication the question of caring is not which one is best but what particular approach fits best a particular context. The module outlines four distinct schools of therapy in their theory and practice of communication. Correlating these four styles of "therapy talk" with traditional roles in spiritual care (shepherd, wounded healer, and wise fool), caring conversations become multiple and multi-lingual.

I. Four Dances of Therapeutic Communication

Therapeutic communication can be defined as a linguistic exercise in making contact. The various psychotherapies have each crafted their own language as the instrument by which their respective theories and basic perspectives are articulated. Each major school has its own way of defining the meaning and practicing the art of communication. If therapy is visualized as a dance in balancing talking with listening, the psychotherapies can be differentiated by their respective dance:

1. In the psychoanalytic tradition, the patient is encouraged to talk in free association without the interference of internal censorship or fear of external judgment. The analyst listens to the inner world of the patient and the patient listens to the analyst's expert commentary. In this therapy there is an orderly economy where therapists listen so that patients can listen and gain insight into their inner life. The talk and listen balance tilts towards the analyst as the one who has the last word. In the listen and talk interaction the primary role of the analyst is to interpret and lend meaning to what seems to defy the patient's own self-understanding.
2. In the more common medical and behavioral therapy setting, the patient faces the physician or therapist who listens to the presented problem as a potential symptom of a physical or mental disorder. The helping practitioner listens not only to the patient but also to countless other patients who have generated a vast body of research data that constitutes the clinical knowledge of common pathologies and corresponding treatment responses. When the practitioner talks it is an evidence-based response that seeks the best possible outcome to the problem. In the listen and talk interaction the primary role of the physician/therapist is to actively intervene and remedy.
3. In the person-centered therapy context, it is not so much the professional knowledge and clinical expertise of the therapist but the client who determines the course and outcome of the therapy. The client is honored as the one best equipped to locate the problem and articulate its pains and related indignities inherent in the human condition. Not only the expert on the problem, the client also has the inner wisdom and courage to come to insights and solutions. Therapy is the art of listening, being attuned to the felt world of the client. With this preoccupation in empathic identification, the therapist's words merely prompt the strength that is present in the client. In the listen and talk interaction, the therapist is to witness the fullness of the client's life, subordinating the talking to a function of the listening.
4. In the present postmodern era, therapy has struck yet another balance between listening and talking. In the hermeneutic perspective, representing the current prevalence of the constructivist and narrative schools of therapy, listening and talking have separate but equal standing in therapy. In constructivist therapy, talking is more than reflective listening. Talk advances to something not yet talked about, beyond a problem to a solution perspective on the client's life. This task belongs equally to client and therapist as they work collaboratively in entertaining novel perspectives and unthought-of possibilities. Talking constitutes the cutting edge of the therapeutic conversation where the therapist's vocation as catalyst is to wonder and incite.

A Case Example of Four Therapeutic Responses

Four responses, each different and each addressing the same presenting problem:

> *I am just obsessed with this woman at work – and it is not love. It's total disgust and frustration. I try everything to avoid her but I just cannot screen out this loud voice and pretentious laugh of hers. I am sure that my dislike of her is apparent to others. I just seem unable not to emotionally react to anything coming from her.*

1) You sound incredibly stressed at your work place, and it is not the work but the presence of this woman. I hear the conflict: the more you are trying to get out of her way, the closer she gets into your face and the more helpless you end up feeling. It is a growing and debilitating obsession: you just cannot escape her.

2) You say, you do everything to avoid her. That's exactly where you get into trouble. Your response of choice, avoidance, only adds to your reactivity to her. Do the opposite: spend as much time with her as you can possibly get away with. Take her to lunch. Embrace rather than avoid her presence.

3) This overwhelming aversion you feel is too powerful to stem just from this woman by herself. She is merely the emotional trigger that unleashes a flood of unresolved conflict and resentment that you have harbored within yourself for a long time. This woman is doing you a favor in opening the door to revisit that part of your life - a place that has been for far too long too painful for you to enter.

4) You make the point that it is an obsession solely driven by negative stimuli: the loud voice and shrieking laugh. The constraint here is that you cannot pick up anything redeeming or human about this woman. I wonder, what could come out in an experience of her that screens out the offensive stuff? Is there a part of her that could generate different feelings for you?

The above case example provides an overview of different therapeutic languages and styles of caring conversation. It provides an opportunity to test one's personal preference or routine use in communication. The *four responses* chart new territory of the therapeutic/pastoral landscape. This repertoire of diversity in communication becomes the lure to go beyond the restraints of personal or theoretical limitations. For an analysis of the respective therapy base of the four responses and further examples and suggestions for CPE based exercises see the Appendix.

In these four dances of therapeutic conversation two major distinctions stand out:

1) One is the distinction between a <u>directive</u> (the teaching role of the analyst and the intervention role of the medical/behavioral practitioner) and a <u>facilitative</u> style (the person-centered empathic identification and the constructivist therapist working alliance).

2) The other major distinction is between a <u>person-oriented</u> (the analyst and the person-centered therapist) and a <u>task-focused</u> approach (the medical/behavioral practitioner and the constructivist therapist).

II. Four Roles in Spiritual Care

It is remarkable that the four therapy dances are paralleled in the stylistic varieties of caring conversations. In the history of pastoral care, the common images of the care-giver - *shepherd, wounded healer,* and *wise fool* – indicate role-diversity. The *shepherd* fits a more directive style of care expressed in active intervention (the care-taking function) or in authoritative counsel (the guiding function). The *wounded healer* fits a facilitative approach articulated in a compassionate and intersubjective involvement. The *wise fool* also fits an empathic approach but with a focus that includes the cognitive perspectives by which the person sees the world and his or her life with its meanings and difficulties. The following *multiple caring roles map* seeks to embrace these multiple dances in spiritual care in a double-axis model of four quadrants.

CARING ROLES MAP

DIRECTIVE STYLE

Action Orientation

"what to do"

Shepherd-care-taker

Theory Orientation

"what to know"

Shepherd-guide

TASK FOCUS

PERSON FOCUS

Life- Issue Orientation

"what to see"

Wise Fool

Person Orientation

"what to be"

Wounded Healer

FACILITATIVE STYLE

III. Three Communication Styles

The role-diversity generates three main styles in caring conversation or therapeutic communication:

1. The ***representative*** role in therapeutic communication focuses on the caregiver as the messenger who knows and delivers a message originating from an authoritative source. In the classical pastoral tradition, the representative role is defined in terms of a faithful and informed adherence to a sacred reality believed to be of ultimate significance.

There is justified sensitivity and apprehension about abuses stemming from a power differential inherent in privileged information and expert skills. Despite well-grounded suspicions of the politics of special knowledge and truth claims, informed guidance represents potent health resources. Most people, from time to time, need such assistance from a trusted higher source in order to manage the tasks of life and experience healing in the midst of critical times.

2. The ***reflective*** role in communication is for most caregivers a more comfortable style of conversation than the representative approach. The reflective style does not claim external verities but articulates the subjective realities active within the caring relationship. It values the person's ability to access inner resources of knowledge and guidance. A reflective style in communication celebrates the person's special worth through the discipline of respectfully attending to the person by "active listening" – in person-centered practice the heart of communication.

The caregiver's presence becomes a grace-filled mirror that through reflective responses traces and honors the person's feelings, beliefs, hopes and aspirations. Reflective communication reflects both partners in conversation. The two-sided mirror metaphor is rich in religious meanings and the main source of inspiration for the "*what to be*" focus of caring presence. The mirror image is also a basic concept in psychology. Being born without a self-concept, young children need to be "mirrored" by adults who take delight in them. *Madonna with child* images project a universal icon: a child being reflected in the knowing and admiring eyes of the parent, eyes which mirror to the child his or her special being and calling in life.

3. The ***reconstructive*** role in communication is performed on the postmodern stage of continually emerging constructions and reconstructions of life experience. Human beings are defined as meaning-making creatures: not passive recipients of general knowledge that reflects external, objective realities, but active agents in generating inner constructs of highly particularized meanings and maps of orientation by which to live their lives. This constructivist process, however, is not a solitary one of private minds but recruits cooperation from other meaning-systems that exist on many levels (individual, family, social, cultural, religious) that jointly co-author evolving life scripts.

Reconstructive communication is joining others in the meaning-making process based on the belief that there are many possibilities in viewing the world and in living our lives. Rigid personal constructs often hamper a person's social integration or constrict his or her range of responses to new situations. Reconstructive communication seeks to clear these obstacles by enhancing the adaptive, creative abilities to "live a life." The process of reconstructive communication is one of collaboration. In the process of

meaning-reconstruction, the caregiver actively participates in a communication process where change can emerge.

All three communication styles can be appropriate expressions of spiritual care depending on the specific context. In providing specialized information or conducting worship, the representative role stands out. In being with those who suffer, the reflective stance often makes for the most sensitive fit. When facing a crisis or grieving a major loss, a reconstructive approach can facilitate the painful task of adapting to disorienting change and redefining one's place in the world. Caring conversations cover a wide diversity of variables, which for analytical purposes are sorted here into three pure styles of conversation, but in practice blend into countless composites of unique therapeutic encounters.

IV. Caring and Therapeutic Conversations

An overview of communication styles features a series of isolated counselor responses, highlighting one or another particular use of communication. The more comprehensive concept of a *therapeutic conversation* grounds communication in a helping relationship. A caring conversation does not consist of a string of clever responses but as a total unit shapes and inspires the process of caring. As a relational system, a conversation is more than the sum total of its constituent parts of statements and responses. Consequently, the therapeutic value of a particular caregiver's response can only be assessed as a part of the conversation in which it is embedded. As each therapeutic conversation is particular to its context, it has a unique integrity of its own that cannot be duplicated or generalized into a technique. No therapy model or talking/listening recipe can produce a set formula that guarantees a conversation to turn out therapeutic. At the same time, caring and therapeutic conversations will incorporate a variety of communication styles as illustrated in the following case example:

An intern seminary student is asked by the placement pastor/supervisor to visit a recently widowed South American immigrant with a traumatic background of civil war and displacement

(W – widow, P– pastor intern)

W1: During the civil war my husband was separated as a child from his parents, and he never saw them again.

P1: The war made him an orphan. Did he hold on to the memories of his parents?

W2: When he had his first heart attack, there was a bright light and he saw his parents waiting for him. He wanted to go to them but a voice said that he had to come back to this world.

P2: He finally found his parents, and wanted to stay with them.

W3: He did not want to come back to this life. There has been too much pain and struggle.

P3: Now he has gone to his parents. (silence)
And you are left behind.

W4: (more silence and some tears)

P4: (reaches out and lightly touches her hand)
W5: It was hard to leave our country and come to Canada. Now I feel really without a home (begins to cry).
P5: (silence)
W6: On the third day after my husband's death, when I woke up, the tree outside my window was filled with beautiful birds, I think they are called blue jays…
P6: Must have been amazing… What did you make of it?
W7: I believe that there is a way back to this world.
P7: You don't feel totally alone anymore; you sense your husband is still here with you.
W8: He cares for me.
P8: That is an amazing story… (a moment of reflection)
It makes me think of the resurrection story – that new life comes when not expected… You are not left alone.

This verbatim can illustrate the process of scoring the dance pattern of a therapeutic conversation:

- The spiritual care conversation is clearly grounded in a listening, caring presence communicated in words (P1, 2, 7), silence (P5), physical touch (P4) and, I presume, eye contact.
- The listening, however, is not restricted to what is shared by the widow. The pastoral visitor listens to and expands the widow's story. The intern's responses include her interpretation of the dynamics of grief and alienation. In P1, the husband's violent loss of his parents in his childhood is framed as a traumatic event that made him a life-long orphan, continually looking for his parents. The husband's near-death experience thus spells orphan release by finally finding his parents (P2). The process climaxes in P3 that equates the husband's returning to his parents with leaving his wife. The intern shifts the focus from the husband to the widow, portraying the parallel process where the widow is now left an orphan: "you are left behind"
- When the widow connects with her own loss and displacement (W5), the intern's listening is a response of empathic identification (P4, 5).
- The story of the birds (W6) is punctuated by the intern in its impact on the widow who, rather than having come to the end, "woke up" to another day. The counsellor accentuates how amazing this is, inviting the widow to a process of collaborative meaning-making: "what did you make of it?" (P6), a process that leads to the affirmation that she is "not left alone"(P8).
- A crucial part in this narrative process happens when the pastoral visitor connects the story of the birds to the story of the resurrection, the meta-story of the widow's faith community (P8).

This verbatim process analysis provides the data for the assessment of the "tree of birds" conversational pattern. The dance is held in the steady support of the listening contact between the widow and the pastoral visitor. The listening is of an active kind that incorporates the intern's interpretations in formatting the widow's story. The intern balances the role of teacher with the one of student that questions and wonders in a joint quest of meaning-making. Rather than one dominant communication style, this conversation profiles an active listening presence that stages a lively interplay between the communication roles of interpreting and collaborating, teaching and learning, leading and following.

A Brief Annotated Bibliography

- Gilligan, Stephen & Price, Reese. (Eds.). *Therapeutic Conversations* (New York: Norton, 1993).

A cast of leading theorists/practitioners of solution-oriented and narrative approaches elaborate on the theme that psychotherapy consists of communication that creates new perspectives and possibilities. The therapist's expertise is measured by conversations that elicit clients' own expertise to empower them to change.

- Havens, Leston. *Making Contact: Uses of Language in Psychotherapy* (Cambridge, Massachusetts: Harvard University Press, 1986).

A literary text describing three different ways in which a person can be absent, and therapeutic means to make contact. The three kinds of therapeutic communication developed by the author are empathic, interpersonal and performative language.

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The following materials on different styles of therapeutic communication and pastoral images in relation to essential therapies were adapted in this module:

  - Ch. 5, "What to Say: Therapeutic Communication" in *Spiritual Care and Therapy: Integrative Perspectives* (Waterloo, Ontario: Wilfrid Laurier University Press, 2003),
  - "Therapy Talk and Therapeutic Conversations: The Formation of Pastoral Counselors." *The Journal of Pastoral Care & Counseling. Vol. 60, No.4,* 2006.
  - "God Talk in Therapeutic Conversations." *The Journal of Pastoral Care & Counseling. Vol. 62, Nos.1,2,* 2008.

- Paul L. Wachtel, *Therapeutic Communication: Principles and Effective Practice* (New York: Guilford Press, 1993)

An integration of psychoanalytic, behavioral and interpersonal approaches that offers a comprehensive overview of therapeutic strategies through communication.

Use of Film

In this module CPE group sessions can benefit from movies that abound with conversations. Movie clips can be used to analyze communication styles and explore alternative possibilities in role plays.

Popular "conversational" movie examples include:

- *Ordinary People.* 1980. Directed by Robert Redford
- *Hannah and her Sisters.* 1986. Directed by Woody Allen

APPENDIX

COUNSELLOR RESPONSES ANALYSIS

These four different counselor responses are designed to demonstrate four styles of therapy talk:

- In the first response, the listening pose is maximized. In most basic clinical education programs this is the response distinguished as the preferred, therapeutic one. By active listening the counselor empathically identifies with the speaker's felt world and in talking reflects this shared subjective reality.

- The second response, in contrast, maximizes the talking. From a scientific perspective the counselor addresses the presenting problem as a phobic disorder that can be remedied when encountered rather than avoided. With clinically validated know-how the counselor instructs the client how best to solve the problem.

- The third response also favors the talking but the instruction is didactic rather than a behavioral injunction. In this case, the counselor's words come from a psychodynamic perspective: locating the present problem in the past and the source of the conflict not externally in the woman but in the internal dynamics of the client's psyche. The counselor speaks with the authority of a teacher and interpreter.

- The fourth response strikes an equal balance: a listening reflection focusing on the client followed by a talking response representing the counselor wondering aloud what might come from a contrary perspective. This listening and talking interaction sets the stage for client and counselor joining as a therapy team. The counselor is the one who both does and does not know in a shared quest for new, hopefully creative and transforming, ways of framing and responding to life's disconcerting challenges.

Another example:

FOUR COUNSELLOR RESPONSES

A few nights ago, I looked at my husband of 28 years, and suddenly felt flooded by, uhh, a wave of love… gratitude… wellbeing. I wanted to tell him, but didn't. I felt almost embarrassed, a bit silly - to be so emotional - to feel so good. He might think that I was losing it, or having some religious experience.

Counsellor Response #1. *(reflective)*
When I listen to you describing those feelings of love that overwhelm you, I feel overwhelmed myself. With that incredible flood of intimate feelings rushing through you, I can understand that it is almost a bit frightening to expose that to him.

Counsellor Response #2. *(representative-teaching)*
I think that letting him know these very powerful and private feelings is to become not only open but vulnerable. How will he react when you put these feelings into words? Will he be able to respect these most intimate feelings? We all have had experiences in the past that our feelings were not understood, sometimes even put aside or ridiculed. Yet allowing yourself to be vulnerable seems to be what intimacy is all about – it feels wonderful yet embarassing. Strange that it often feels safer to fight than to love.

Counsellor Response #3. *(representative-instructive)*
You think that your husband might take your feelings to say more about you – that you are a silly woman – than about how treasured he is in your eyes. What if he knows already that you are crazy about him? I think he knows. What he doesn't know is that you can be actually crazy enough to tell him more about it. I say, surprise him.

Counsellor Response #4. *(collaborative)*
Those were very intimate moments and feelings that you experienced. I think that there might have been good reasons for you to decide not to tell him. Yet you wanted to tell him. I see intimacy as a mobile moving between being totally open and totally closed. Where do you see your comfort zone between these two extremes? And if you could, how and where would you move the mobile?

Another Statement – an invitation to compose and practice the four responses:

- ***I am not a very happy person anymore – the way I used to be. I feel hyper critical of everybody, strangely enough especially those I feel closest to. My wife Mary is a great person, whose love is everything to me, yet I do everything to lose that love. I'm unhappy, one hell of a discontented man, no fun to be with.***