MANAGEMENT OF THERAPIST DIRECTIVENESS IN INTEGRATIVE PSYCHOTHERAPY: A CORPUS-ASSISTED DISCOURSE STUDY

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Abstract

Healthcare practitioners often face the dilemma of whether to provide advice during medical consultations due to concerns around affecting patients' autonomy in decision making. Healthcare practitioners' directiveness in patient–practitioner interactions may influence the success of medical consultations. Research has revealed that healthcare practitioners employ various communicative strategies and linguistic patterns to manage directiveness in medical consultations, such as the notions of likelihood and uncertainty, use of information, and politeness. Nonetheless, few scholars have examined how psychotherapists manage directiveness in counseling or psychotherapy sessions. Directives are inevitable speech acts in counseling or psychotherapy. Therapists may encounter challenges when producing directives, such as preventing clients from seeking their own solutions or clients becoming excessively dependent on therapists' suggestions. Drawing upon the systems of mood and modality in systemic functional linguistics, this article employs a corpus-assisted approach to investigate therapists' directives in terms of phraseological patterns, use of modality, and corresponding interpersonal meanings. Results reveal that therapists tend to manage directiveness by forming indicative directives and using low-value modulation modality. This article is the first corpus-assisted study to contribute to an understanding of therapist directiveness in psychotherapy from a lexico-grammatical perspective.

Keywords

corpus linguistics, discourse analysis, directiveness, systemic functional grammar, psychotherapy

1 Introduction

Healthcare practitioners often face the dilemma of whether to offer advice in doctor-patient interactions (e.g. Kinnell & Maynard 1996, Couture & Sutherland 2006, Heritage & Lindström 2012, Zayts & Schnurr 2012). Practitioners may bear a certain degree of responsibility for the advice they offer; directive speech may also influence patients' decision-making autonomy, the therapeutic relationship, and even the outcomes of medical treatment. Research has shown that healthcare practitioners tend to uphold the principle of nondirectiveness; maintain a courteous demeanor; and present information with uncertainty, likelihood, and

Discourse and Interaction 15/1/2022, pp. 132-151
ISSN 1802-9930
https://doi.org/10.5817/DI2022-1-132

indirectness in medical interactions (e.g. Aronsson & Satterlund-Larsson 1987, Sarangi 2002, Sarangi & Clarke 2002, Flores-Ferran 2010, Defibaugh 2014, Pilnick & Zayts 2014). Therapist directiveness in psychotherapy is defined as "the degree to which the therapist is the primary agent of therapeutic process or change through the selection of specific techniques and/or the adoption of a specific interpersonal demeanor" (Beutler et al. 2011: 135). Therapist directiveness supposedly increases via advice, questions, clarifications, steering to topics, goal setting, self-disclosure, and session management (Rautalinko 2017: 600). Psychotherapy, known as the 'talking cure' (Russell 1987), aims to provide clients with guidance by exploring the meaning of their lives and suggesting ways to overcome difficulties (Pawelczyk 2011). Therapist directiveness plays a key role in achieving this goal, as therapists must inevitably produce directives and thus encounter potential risks of influencing clients' autonomy, face threat, and dependence on their advice. Healthcare professionals routinely engage in the providing of recommendations or guidance, and patients may request such information from them specifically (Zayts & Schnurr 2012).

Advising, a type of directive speech, is closely related to the concept of directiveness; more explicit and direct advice evokes a higher degree of perceived directiveness. Couture and Sutherland (2006) outlined several reasons why counselors and therapists should potentially avoid offering advice: advice may prevent clients from searching for their own solutions to problems; clients may come to rely heavily on therapists and request more advice; clients might blame therapists for unsatisfactory outcomes driven by providers' advice, thus compromising the therapeutic relationship; and therapists may feel disappointed when clients choose not to follow the advice offered. Essentially, therapists' directiveness may hinder the effectiveness of therapy. The ways therapists use language to manage their directiveness, and the meanings behind such directiveness, are crucial in psychotherapy. Although a wealth of research has addressed the strategies healthcare practitioners employ to provide patients with advice or suggestions, few studies have explored how psychotherapists manage directiveness toward their clients in terms of linguistic features and interpersonal meanings. A directive approach warrants further examination given its inherent abstractness. This study employs an approach rooted in corpus linguistics and takes systemic functional linguistics (SFL) as a reference tool to examine therapists' directive speech, revealing phraseological patterns and interpersonal meanings of therapists' directiveness in 32 psychotherapy sessions.

2 Linguistic (non)directiveness in medical communication

Despite the need to direct, advise, and introduce values to clients, psychotherapists and counselors tend to be nondirective and value-free given their desire to conform as members of the professional community (Gaylin 2000). None of the linguistics literature appears to have evaluated directiveness among mental health professionals; however, a growing number of studies exploring healthcare practitioners' use of language have revealed a common emphasis on nondirectiveness in medical interactions (e.g. Sarangi 2002, Sarangi & Clarke 2002, Sarangi et al. 2003, Pilink & Zayts 2014, Yip 2020). Nondirectiveness among healthcare professionals denotes an unbiased and non-imposing presentation of information intended to help patients or clients make decisions based on their own values and judgements (White 1997, Marteau & Dormandy 2001). Reviewing relevant studies could offer insights into therapists' linguistic directiveness in counseling or psychotherapy sessions. Aronsson and Satterlund-Larsson (1987) noted that doctors in a hospital clinic of internal medicine used negative politeness strategies (Brown & Levinson 1987) to maintain social distance when making requests and questioning patients. Specifically, the doctors used euphemisms such as "slight tuberculosis", "little problem" and "slight thyroidea"; used modalities when asking patients to undress (e.g. "You may…", "You could…", and "Would you possibly…?"); and used the collective pronoun "we" when giving directives. Sarangi and Clarke (2002) pointed out that genetic counselors tended to adhere strictly to the principle of nondirectiveness due to clients' lack of relevant medical expertise and the need to inform clients about the uncertainty of future events. Sarangi and Clarke (2002) found that the counselors used multiple communicative strategies, such as providing disclaimers about being in a zone of related expertise, affirming their scope of expertise while indicating uncertainty, and deploying discourse strategies such as contrast and hedging devices (e.g. "I think", "I suppose", "might", "from the point of view", "likely a little bit sooner"). Another study by Sarangi (2002) indicated that geneticists used the notion of probability, reflecting a degree of commitment and the notion of range or normalcy. Genetic counselors also used pragmatic devices such as hedging, disclaimers, and markers of frequency and distribution. The degree of commitment refers to the extent to which counselors expressed certainty of future events; the notion of range relates to *if–then always* and *if–then in a certain percentage* relation; and the notion of normalcy reflects the broadest sense of normality. Building on the principle of uncertainty in clinical communication, Pilnick and Zayts (2014) examined uncertainty through interactional analysis, revealing how doctors conveyed positive results

of antenatal screening tests for fetal abnormalities to female patients in an antenatal screening clinic. To demonstrate uncertainty, the doctors used numerals such as "1 in x" figure and percentages; provided imprecise and noncommittal formulations (e.g. "It's just a likelihood" and "It will still not be able to tell you for sure"); and evaluated numerical evidence using mitigators such as "not so high" or "a bit high". Flores-Ferran (2010) investigated mitigation strategies used in Spanish psychotherapeutic discourse, noting that the therapist offered a large number of 'shields', referring to impersonal mechanisms (e.g. "one", "as we know", and the generic "you") and hedges, to mitigate face-threatening acts when inviting clients to continue treatment and when guiding the interaction.

Studies have shown that healthcare practitioners apply various discourse strategies to manage directiveness in doctor–patient interactions, including hedges, disclaimers, presentation of likelihood and uncertainty, pronouns, and politeness. Research has also indicated that practitioners tend to mitigate the degree of directiveness in medical consultations. However, therapists' management of directiveness in psychotherapy or counseling sessions remains unexplored. Moreover, nearly all the aforementioned studies were informed by conversation analysis, and interpretations of the findings are predominantly context-oriented from a social pragmatic perspective; the phraseological patterns of directives produced by healthcare practitioners were not revealed. The present study combines corpus linguistics with the analytical framework of SFL to examine therapist directiveness in integrative psychotherapy sessions, revealing the linguistic patterns and their corresponding interpersonal meanings of directives to enhance our understanding of how therapists manage directiveness through language use.

3 Integrative psychotherapy for anxiety and depression

The general goal of psychotherapy is to provide "guidance on discovering the meaning of one's life as well as suggesting ways to surmount everyday difficulties" (Pawelczyk 2011: 1). Thus, psychotherapists will inevitably need to offer clients suggestions throughout the course of therapy. In this context, directives are used to guide clients and hopefully facilitate deeper understanding (Culley & Bond 2011: 126). However, the primary approach used in therapy can influence the degree of provider directiveness. Mental health professionals employ different techniques and strategies to achieve therapeutic goals; some approaches encourage the therapist to be directive, whereas others do not. For example, compared with narrative therapy, a provider who practices cognitive behavioral therapy may be more directive in an effort to help the client modify maladaptive thought patterns and collaboratively devise solutions to adverse

symptoms. Conversely, narrative therapists help clients co-author and re-author a new narrative and seldom offer suggestions; rather, these providers probe for details about events in the client's past by questioning. In other words, acknowledging and understanding the predominant approach employed by therapists in psychotherapy sessions is crucial as this information enables the researcher to scrutinize and elucidate directives performed by therapists in relation to the specific context. The psychotherapy sessions collected in the present study were classified as integrative psychotherapy, which is often associated with cognitive behavioral therapy. Integrative psychotherapy is informed by the relational perspective (Gilbert & Orlans 2011). The therapeutic framework focuses on the relationship between the self at an intrapsychic level and physiological level, the relationship of the self with others through interpersonal exchanges, the relationship of the self with past and present contexts, and the self as a spiritual individual. In short, therapists practicing integrative psychotherapy inevitably produce directives and must take care to manage directiveness when providing directives to clients, as directives play a significant role in modifying clients' thought patterns.

4 Theoretical background

SFL is intended to investigate how language functions as a human communication system. In this perspective, linguistic analysis is vital for considering form and meaning (see Halliday & Matthiessen 2004, Thompson 2008). The entire model of functional grammar is composed of three umbrella terms: textual, interpersonal, and ideational metafunctions. The model can be understood by beginning with the *textual metafunction*, which refers to sentence and clause formations. This metafunction enables operation of the latter two metafunctions (Halliday & Matthiessen 2004), as meaning is delivered through the textual construction of language. The *interpersonal metafunction* indexes personal and social relationships and the meanings people convey in communication. The *ideational metafunction* encompasses how people construe their worldview and human experiences. The interpersonal metafunction is the most relevant to this study; it "embodies all use of language to express social and personal relations, including all forms of the speaker's intrusion into the speech situation and the speech act" (Halliday 1973: 41). Applying key concepts of the interpersonal metafunction to analyze healthcare texts enables researchers to investigate the tenor of the relationship between doctors and patients using illustrative examples (Matthiessen 2013). In other words, the interpersonal metafunction can facilitate understanding of the social and interpersonal meanings therapists impose on clients via observed structural patterns.

Three main principal grammatical systems of English, namely mood, polarity, and modality, comprise the interpersonal metafunction. This study focuses on the mood and modality systems to examine therapist directives.

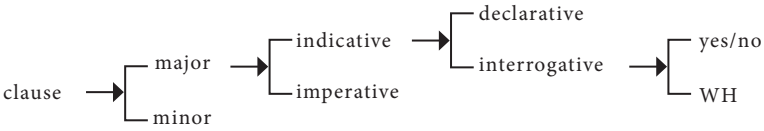

Figure 1: Simplified mood system (Halliday & Matthiessen 2004: 23)

As Figure 1 illustrates, an independent clause can be classified as either indicative or imperative; an indicative clause can be either declarative or interrogative; and an interrogative clause can consist of either *yes/no* questions or *wh*-questions. A declarative clause is constituted by a *subject^ finite* sequence, whereas an interrogative clause is formed by a *finite^ subject* or *wh-word^ finite* sequence. The system initially takes the syntactic structure of a clause into account, focusing on the subject and finite components. Accordingly, the subject supplies the remainder of what is needed to form a proposition: something by reference to which the proposition can be affirmed or denied (Halliday & Matthiessen 2004: 117). The subject is often responsible for the success or failure of the proposition in a declarative clause. For tag-questions, the subject in the tag specifies the validity of the information. A finite allows for the possibility of arguing about the validity of a proposition (Thompson 2008: 53). In other words, the subject carries propositional meanings, and the finite functions as a regulator that allows the language user to moderate the validity or reliability of the meanings of the subject.

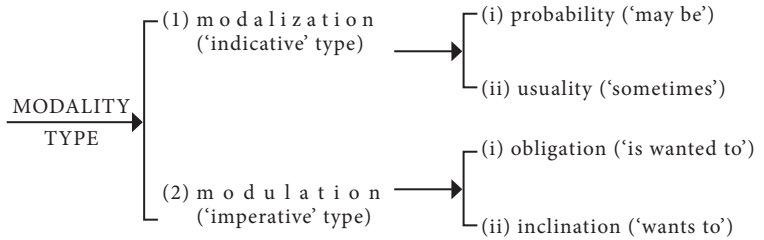

Figure 2: Categorizations of modality (Halliday & Matthiessen 2004: 618)

Modality assumes two basic forms: modalization and modulation (Halliday & Matthiessen 2004). *Modalization* can be categorized into probability and usuality; *modulation* is divided into obligation and inclination. Each division represents varying degrees of moderation in the validity and reliability of a proposition. Modality classifications can elucidate the degree to which therapists emphasize, validate, and rely on the advice they give their clients. This study employs the frameworks of mood and modality to investigate patterns and examine the social meanings of psychotherapists' advice. As mentioned in the literature review, several studies have concluded that modality is a linguistic element repeatedly used by healthcare practitioners (see Aronsson & Satterlund-Larsson 1987, Sarangi & Clarke 2002).

5 Methodology

This study drew examples from the *Counseling and Psychotherapy Transcripts*, *Client Narratives and Reference Works* database, which consists of thousands of psychotherapy session transcriptions published from 1877 to 2012. Database access was granted via a library subscription through the affiliated institution of the author.

Patient	Number of sessions	Duration (mins)	Number of words	Occurrences of directives
A	4	181	23,123	2
D	4	190	24,704	19
J	3	129	14,729	22
R	4	153	28,767	49
Ju	3	128	12,425	7
M	1	44	6,599	0
L	4	165	23,115	18
Ma	2	84	9,120	10
S1	2	96	25,492	4
B	2	74	8,697	4
K	1	50	7,769	6
S2	2	90	7,763	24
Total	32	1,384	192,303	165

Table 1: Overview of the dataset

As shown in Table 1, dialogues were analysed from twelve psychotherapy clients whose names have been anonymized in accordance with ethical considerations. Transcriptions in the database were most recently archived in 2012. To ensure the most up-to-date dataset, only transcriptions from 2012 were included in this study. Thirty-two samples of therapist–client dialogue were

selected randomly from the database for analysis. According to the database, the predominant approach adopted in the selected psychotherapy sessions was integrative psychotherapy. Each session lasted approximately 45 minutes, and the total length of all analysed transcriptions was 1,384 minutes (approximately 23 hours). The chosen transcriptions were extracted to compile a corpus of psychotherapy conversations, totalling 192,000 words. All selected transcriptions were double checked to ensure they represented complete psychotherapy sessions. Language mistakes in the transcriptions, including misspellings, inappropriate punctuation, and other typos, were filtered and corrected. The final corpus consisted of multiple transcription cases to ensure findings were not dominated by a single therapist; the final corpus included sessions from twelve providers. Although this corpus is modest, the small size enabled the author to conduct quantitative and in-depth qualitative analysis as smaller corpora are more suitable for studying specific genres (Handford 2012).

General information was gathered from the transcriptions, including the clients' symptoms, the main topic of the session, and the total length of the therapy. To maintain participant confidentiality, no personal information was revealed and only a few extracts from the corpus were used as examples in this study.

This study employed the approach of corpus-assisted discourse analysis. Data analysis began by identifying therapists' directives. As a speech act, a directive is defined as a speaker attempting to make an addressee carry out an action (Searle 1975). It could include specific speech acts, such as ordering, advising, requesting and inviting. Directives in psychotherapy sessions, particularly their lexico-grammatical structures, reflect the degree of therapists' directiveness. In this study, directives were identified contextually by considering conversational topics and clients' symptoms and responses to minimize decontextualization. The analytical unit of the directive was a clause, and 165 units of directives were identified in the corpus. These directives were then coded manually according to the mood and modality models in SFL (Halliday & Matthiessen 2004). Specifically, directives were categorized by mood type (i.e. imperative or indicative), and those involving modality were classified to compile three sub-corpora of therapists' directives. Table 2 lists the sub-corpora sizes.

Interpersonal metafunction	Sub-corpus	Number of words
Mood	Imperative advice	1,225
	Indicative advice	3,272
Modality	Directive with modality	2,072
	Total	6,569

Table 2: Sub-corpora compiled for analysis

Subsequent analysis focused on three topics, namely imperatives, indicatives, and modality of directives. This analysis employed a corpus linguistics approach to determine phraseological patterns in the directives. The corpus tool *AntConc 3.5.7* was employed to generate word frequencies and N-grams of words in directives. N-grams refer to clusters encapsulating two or more words and repeatedly occurring consecutively in a corpus (Cheng 2012). The imperative aspect of this study explored initial verbs and N-grams in directives in imperative forms; the indicative aspect examined sub-categories of indicative mood, the subject, and N-grams of directives in indicative forms. Instances of modality in directives were identified and coded manually according to the modality system (see Figure 2). The word list reflecting modality in associated directives was generated using *AntConc 3.5.7*. Though the present study focuses on lexico-grammatical characteristics of the therapists' directives, interaction analysis was conducted to examine the potential impacts of therapists' directives. The analysis shed light on how specific linguistic devices such as phrases and modality in therapists' directives function, delineating their effects on clients in the therapist-patient conversations.

An intercoder reliability test was conducted to enhance coding consistency and validity. The author and his research assistant were each involved in directive identification and coding. Coders identified directives from the compiled corpus and coded them independently. Ambiguous classifications were discussed after independent coding, and a consensus was reached for coding validation. Categories about which the author and his assistant could not reach a consensus were reviewed by a colleague in the English Department of the university. Eventually, the coders agreed on approximately 97 per cent of classifications.

6 Findings and discussion

Findings from this study are divided into two components: the mood types of directives and directives with modality. The linguistic features and patterns of directives were investigated using a corpus linguistic approach.

6.1 Mood of the advice

Mood	Number	Percentage
Imperative	50	30%
Indicative	115	70%
Total	165	100%

Table 3: Types of mood in advice giving

As displayed in Table 3, the ratio of imperative to indicative advice was three to seven, implying that a larger proportion of therapists' advice was conveyed indirectly. According to Kiesling and Johnson (2010), directness is a path "that goes straight from a point of origin to the destination with no other steps", whereas indirectness is "an alternate path, one that must go through some extra steps and often take a circuitous route" (ibid.: 293) to deliver meanings. Directives in imperative forms may have a relatively high degree of directiveness. If the speaker produces directives in forms other than the imperative, then the degree of directiveness will probably be moderated by the speaker and likely decline to a certain extent. Table 3 indicates that therapists in the study sample preferred to manage their directiveness by presenting directives in indicative forms. This could be explained by the fact that declaratives and interrogatives are often used to produce indirect speech act of directive, as illustrated in speech act theory (Austin 1962). The following sections explore the linguistic features of therapist directives in imperative and indicative forms.

6.1.1 Directives in imperative mood

The basic semantic meaning of an imperative clause can be either "I want you to do something" or "I want us (you and me) to do something" (Halliday & Matthiessen 2004). The former commonly begins with a verb, whereas the latter often begins with "let's". The initial verb plays a role in managing the directiveness of imperative directives. Table 4 lists initial verbs from therapist directives in imperative forms.

let (20, 40%), find (4, 8%), give (3, 6%), make (3, 6%), try (2, 4%), figure out (2, 4%), go (2, 4%), be (2, 4%), send (2, 4%), check (2, 4%), block (1, 2%), feel (1, 2%), put (1, 2%), take (1, 2%), allow (1, 2%), talk (1, 2%), see (1, 2%), catch up (1, 2%)

Table 4: Initial verbs in imperatives (frequency, percentage)

The above table indicates that the verb "let" was the most frequently used verb (40%; 20 out of 50) in imperatives. N-grams of "let" in imperative directives were investigated to further examine patterns of these types of directives.

N-grams	Frequency	Rank
let yourself	9	1
let's	5	2
let your	2	3
let go	1	4
let him	1	5
let it	1	6
let that	1	7

Table 5: N-grams of *let*

Table 5 shows that the N-gram "let yourself" occurred most frequently, and "let's" appeared the second most frequently as in the following examples:

(1) *THERAPIST: Let yourself take it step by step.*

(2) *THERAPIST: Let yourself enjoy having just met someone that you really like and spending the past month with someone to whom you're really attracted.*

(3) *THERAPIST: Let's actually put it on paper.*

As shown in the above examples, the therapists compose their directive in imperative forms which began with the verb *let* without mitigation. An imperative is a structure that is "not open to negotiation in interpersonal terms" (Thompson 2008: 56); therefore, imperative directives are likely to convey a relatively high degree of directiveness. Gaylin (2000) pointed out that therapists direct, advise, and introduce information out of a need to address complex human functioning involving emotions and aspirations for which few universally accepted norms exist. The use of the phrase "let's" is a frequent collocation of the initial verb *let*. The N-gram "let's" is an inclusive verb phrase akin to the first-person plural, which can be used to connect the therapist and client to establish a collaborative climate for therapy (Crits-Christoph et al. 2010). The following excerpt is an exemplar:

(4) *THERAPIST: What were your thoughts like? As you were sitting there and struggling to get the latch, what were you thinking?*
CLIENT: That same feeling of just, "I'm the one responsible for feeding him, and if this isn't going well he's not getting enough food, and then what does that mean?" I think that feeling of responsibility that is on me. And I know there are backup plans, but that I really want to make this work I think is putting pressure on it.
THERAPIST: Let's look at some of those thoughts and see how you can modify them so that it doesn't become so catastrophic.

CLIENT: Yeah. I know we're still figuring this out. Even my mom has been saying that I'm the perfectionist, so of course I want to go in and be a perfectionist with breast-feeding, and I just don't think that's going to happen right away.

The excerpt shows that the client felt stressed due to her thought that she was responsible for breastfeeding her baby and making sure he gets enough food. The therapist used the phrase 'let's' to form an imperative through which the therapist advised the client to examine her thought together. The client then agreed with a positive response 'Yeah'. This indicates that the therapist's directive was appropriate and acceptable to the client. More importantly, the collaborative atmosphere could be realized in the client's use of the first-person plural 'we' to be aligned with the therapist.

6.1.2 Directives in indicative mood

Mood	Number	Percentage
Declarative	103	89.6%
Interrogative	9	7.8%
Others	3	2.6%
Total	115	100%

Table 6: Types of indicative advice

Table 6 demonstrates that most (89.6%) indicative directives in the corpus were declarative. As demonstrated in Figure 1, declarative clauses can be either exclamative or non-exclamative. All directives identified in this study were non-exclamative. According to Halliday and Matthiessen's model (2004), a declarative begins with a subject that can optionally be followed by a finite. Table 7 reveals the most commonly used subjects in indicative directives in the study sample.

Subject	Frequency	Percentage	Rank
you	64	55.65%	1
I	14	12.17%	2
it	12	10.4%	3
we	7	6%	4
Others	18	15.65%	
Total	115	100%	

Table 7: Subjects of indicative directives

More than half (55.65%) of subjects in indicative directives were the second-person singular "you". In Halliday and Matthiessen's study (2004), therapists appeared to confer to clients the responsibility for the success and failure of suggestions. In this case, the pronoun specifies that the client is the one capable of achieving directives. This approach may also prevent clients from becoming overly reliant on therapists' advice and thus reduce the potential of being blamed for unsatisfactory outcomes related to providers' suggestions (Couture & Sutherland 2006). Conversely, the use of this pronoun might increase the degree of directiveness to a client because the structure of "you" followed by a verb is often perceived as an imperative, such as "You look!" The finite is similarly crucial to therapists' management of directiveness because it allows a speaker to moderate the validity of the proposition of the subject (Thompson 2008). Examining N-grams of "you" in the sub-corpus of indicative directives revealed how the subject of the second-person singular was used to manage directiveness.

N-grams	Frequency	Rank
you can	37	1
you could	18	2
you know	17	3
you're	15	4
you to	11	5
you were	6	6
you don	5	=7
you have	5	=7
you need	5	=7
you want	5	=7

Table 8: Top 10 N-grams of "you" in indicative advice

Table 8 shows that the N-grams "you can" and "you could" ranked first and second in terms of frequency, suggesting that therapists tended to use modal auxiliaries when producing directives in an indicative mood:

(5) *THERAPIST: You probably could have told them that and still gotten yourself out of work at twelve.*

(6) *THERAPIST: You can grab a box and put a lamp on it in the corner and give you enough light to see what you're doing. These are things you can do.*

(7) *THERAPIST: You could probably find you something more age appropriate.*

(8) *THERAPIST: Well, you could hang out and move stuff together.*

The examples above indicate that the therapists produced directives formed in declaratives which often began with *you* preceding "probably", "could" or "can". In the corpus, the N-gram "you can" often preceded the main verb of the directive clause. This phraseological use of declaratives aligns with work by Aronsson and Satterlund-Larsson (1987: 7), who found that doctors typically used the phrases "You may…", "You could…", and the more open construction "You could perhaps…" to present invitations in doctor–patient interactions in a hospital clinic. In addition, the cluster "you know" was the third most frequent N-gram of indicative directives in this study, often serving as a filler that did not contain specific literal meanings but rather social meaning in the directives. Therapists in this study used the phrase when producing directives:

(9) *THERAPIST: You know it might be possible to start some cover letters and then wait a day or two to give yourself more time to proof it.*

(10) *THERAPIST: You know, catch up on a couple episodes of whatever and it would be easier to structure yourself.*

The phrase "you know" could be a discourse marker facilitating intimacy between the therapist and client because the client tends to utter it before disclosing personal emotions and thoughts (Pawelczyk 2011); that is, the phrase functions as a mitigator to hedge potential face threat to the client, enabling therapists to moderate their directiveness. The following excerpt might explain.

(11) *THERAPIST: Well, I think and you know being comfortable with what you've decided is the most important thing and having sex with him once doesn't mean that you have to get right back to it when you're finished with your period.*
CLIENT: That's true.
THERAPIST: And, I don't think you're abstaining during your period.
CLIENT: Yes.
THERAPIST: You know having it not be a fantastic first experience also doesn't mean that you can't do it again or that the second won't be better.
CLIENT: Yeah.

The therapist in the above conversation used the phrase "you know" with another phrase "I think" as hedges to perform a directive that advised the client to put more importance on self-feelings when having sex for the first time with her boyfriend. The client agreed with the therapist by saying "that's true". The therapist then kept persuading the client and the client responded positively. The positive responses of the client indicated that the potential face threat of the directive might have been mitigated by the phrase "you know".

Directives in the interrogative mood, as illustrated in the mood system (Halliday & Matthiessen 2004), are composed of either a finite and subject to form a *yes/no* question or a wh-word and finite to form a *wh*-question. Therapists used each type of interrogative in their directives:

(12) *THERAPIST: So what if you turn that energy someplace else?*

(13) *THERAPIST: What about reassuring him?*

(14) *THERAPIST: Do you think you could challenge yourself to take one step of saying hello?*

(15) *THERAPIST: So can you disapprove of someone's choices but not excommunicate the person?*

Examples (12) to (15) manifest that interrogative directives produced by the therapists were often constituted by phrases in the initial position of a sentence, such as "What if…" and "What about…". Another form was *yes/no* questions that comply with the sequence of *finite^ subject*, such as "Do you…" and "Can you…".

6.2 Modality in indicative directives

From 115 indicative directives, 87 units of modality were identified. Modality can be categorized into two types, each with two sub-categories: modulation and modalization (Halliday & Matthiessen 2004, Thompson 2008). Modality in modulation includes the subcategories of obligation or inclination; modality in modalization includes the subcategories of probability or usuality. Tables 9 and 10 present the frequencies and percentages of modality categories in this study.

Basic type of modality	Number	Percentage
Modulation	65	74.7%
Modalization	22	25.3%
TOTAL	87	100%

Table 9: Basic types of modality in indicative advice

Basic type	Sub-category	Number	Percentage
Modulation	Inclination	3	4.6%
	Obligation	61	70.1%
Modalization	Usuality	0	0
	Probability	23	26.4%
TOTAL		87	100%

Table 10: Sub-categories of modality in indicative advice

Table 9 reveals that most instances of modality in therapist directives were categorized as modulation (65 out of 87; 74.7%) with the rest (25.3%) categorized as modalization. Table 10 reveals that 70 per cent of modulation-type modality involved the sub-category of obligation, which concerns the degree to which others are expected to achieve the proposed command with respect to permissibility, advisability, and obligation (Thompson 2008). The degree of obligation the therapist imposes as indicated by the finite position of directives could influence the degree of directiveness.

Modality	Frequency	Rank	Degree
can	41	1	low
could	28	2	low
probably	14	3	median
would	10	4	median
maybe	9	5	low
might	9	5	low
need to	9	5	low
really	6	6	high

Table 11: Word list of modality in indicative advice

Halliday and Matthessien (2004: 147) explained that the modality system "construes the region of uncertainty that lies between 'yes' and 'no'". Table 11 suggests that most modal items in therapist directives were low-value modulation, such as "can", "could", and "need to", reflecting "the lowest degree of pressure, opening the possibility for the other person to do the action but leaving the decision to them" (Thompson 2008: 69). The second most frequent modality type was probability, attached to propositions of varying degrees of likelihood (Halliday & Matthessien 2004) such as "probably", "maybe", and "might". Modal items of probability can convey a sense of uncertainty toward the effectiveness or feasibility of directives, similar to other healthcare practitioners who use the notion of probability (Sarangi 2002) in genetic counselling sessions and the principle of uncertainty in antenatal screening consultations (Pilnick & Zayts 2014). Therapists in this corpus tended to combine the modality of probability with that of obligation, as evidenced by directives in the declarative and interrogative moods:

(16) *THERAPIST: You probably could have told them that and still gotten yourself out of work at twelve.*

(17) *THERAPIST: Well you can probably go back and look online.*

(18) *THERAPIST: You can I guess solidify those kinds of skills.*

Therapists' mixed adoption of modal items in integrative psychotherapy could be ascribed to their tuning functions; modal items help avoid problems caused by directives, such as preventing clients from searching for their own solutions and minimize clients' excessive dependence on therapists' suggestions (Couture & Sutherland 2006).

7 Concluding remarks

Overwhelming directiveness from therapists may prevent clients from seeking their own solutions to problems, leading to over-reliance on therapists' suggestions; this pattern could compromise the therapeutic relationship due to unsatisfactory outcomes related to therapists' advice (Couture & Sutherland 2006). To achieve the general objective of psychotherapy, which is to provide "guidance on discovering the meaning of one's life as well as suggesting ways to surmount everyday difficulties" (Pawelczyk 2011: 1), therapists can manage their directiveness in the linguistic formation of directive speech acts. Informed by corpus-assisted study, this study reveals the most frequent mood types in chosen directives, their predominant phraseological patterns, use of modality, and associated interpersonal meanings. Findings show that therapists are likely to use directives formed in imperative and indicative moods. Regarding imperative directives, the pattern "let yourself…" was used repeatedly, presumably for the sake of directing clients toward a healthy lifestyle and positive thoughts. The inclusive "let's" helped establish a therapeutic alliance between therapists and clients. Moreover, directives in the indicative mood were most common. Most indicative directives were in the declarative mood, enabling therapists to achieve two communicative goals: shifting responsibility to clients by using the second-person singular pronoun "you" as the subject; and moderating the degree of pressure placed on clients. In addition to the mood types of directives, this study also found that therapists tended to use modal items categorized as low-value modulation to diminish the degree of directiveness. This study is the first to contribute to an understanding of therapist directiveness in integrative psychotherapy from a functional linguistic point of view, enhancing patients' understanding of therapists' advice. The findings of this study should raise patients' awareness about how the therapists managed their directiveness, maintained patients' autonomy in decision making, and discouraged clients from overly relying on their suggestions. Indeed, medical service users' understanding of healthcare practitioners' language is significant in health communication, as it is key to reducing the probability of patients' misinterpretation and anxiety with their health conditions (Berry 2007).

The results reveal that combining corpus linguistics with SFL can enable researchers to identify phraseological patterns using empirical evidence generated by corpus tools and interpret the social semiotic meanings of directives within a mood and modality system in SFL. Many studies related to healthcare practitioners' directiveness have been informed by conversation analysis, a qualitative approach (e.g. Sarangi 2002, Sarangi & Clarke 2002, Heritage & Lindström 2012, Zayts & Schnurr 2012). The corpus-assisted analytical approach to discourse analysis in this study enabled the researcher to examine a more representative collection of medical discourse compared with other studies without computational assistance. By generating sizable quantities of authentic language data, corpus methods can facilitate a more objective approach to large datasets common in empirical research on health communication (Brown et al. 2006). Drawing upon the analytical framework of interpersonal metafunction in SFL (Halliday & Matthessien 2004), the present study has demonstrated the application of corpus linguistics to reveal the predominant textual patterns of psychotherapists' directives, and subsequently evaluate the degree of directiveness in the directives. Interpersonal metafunction of SFL, which is a framework that emphasizes forms and meanings in discourses, enabled the researcher to quantify and code linguistic devices that indicate (in)directness and (un)certainty in clauses. Interaction analysis was also conducted to examine the impact of therapists' directives on patients, such as whether the patients accept the directives and whether they perceive the directives as appropriate. In other words, the corpus-assisted approach allows researchers to obtain quantitative results and conduct in-depth qualitative analysis at the same time. This approach is applicable to health communication research which aims to investigate and elucidate social relationship management, politeness, and attitudes of language users.

Despite the unique contributions of this study, limitations do exist. This work assesses therapists' directiveness by focusing on the lexical-grammatical meanings of directives, providing a general insight into psychotherapists' directiveness. The study may have overlooked directives with socio-pragmatic meanings that should be identified through conversational analysis. Mental health has attracted increasing attention from individuals in developed countries, owing to increasing social pressure. The need for counseling and psychotherapy services has risen steadily each year, and research related to language and medical communication is thus becoming more important. To contribute to this field, future research should explore therapist directiveness and its possible effect on therapeutic outcomes.

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