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Jennifer Gerwing  
jennifer.gerwing@gmail.com

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*ARTICLE***A Case for Videorecording Practice**

Jennifer Gerwing

Akershus University Hospital, Health Services Research Unit (HØKH), Sykehusveien 25, Lørenskog, Norway 1478

**Introduction**

For therapists or coaches and their clients, talking matters. It is through talking that practitioners learn about their clients, perhaps eliciting their clients' hopes for the future or discovering what they might find useful. By listening carefully, practitioners can discern much, perhaps evidence for the client's current strengths and resources. Through talking together, they might draw the client's attention to what is already going well. In the process, they encourage the client to articulate the next small step towards a preferred future and signs of progress. In these conversations, clients may gain insights, come to understandings, and make decisions.

One arena for talking is *face-to-face dialogue*: Practitioners and clients sit down together, watch and listen to each other, and have a conversation. Dialogue, whether face to face or on the telephone, has a few unique characteristics. These are worth considering, because they have implications for practice. Here, I introduce four of these characteristics as apparent contradictions.

**Face-to-Face Dialogue is Both Persistent and Ephemeral**

Take a moment to recall one of your more recent conversations. Close your eyes and really focus on what you remember.

Moments from that conversation may persist in your memory. These outcomes may be fragmentary snapshots of something the other person said or did, a few back-and-forth exchanges, how you felt at a particular moment, or the general impression you were left with afterwards. Our memories of conversations do more than exist passively in the background. Recollections of conversations influence concrete actions in the world. Some consequences are relatively inconsequential (e.g., taking up a friend's recommendation for a new TV series). Others are potentially life-changing (e.g., starting a particular treatment after a consultation with the doctor). In conversations with therapists and coaches, what can persist for clients are, for example, hopes, insights, plans, next steps, new perspectives. New perceptions of one's self and one's story may motivate concrete, life-enhancing actions.

Despite all these persistent, consequential outcomes, conversations themselves are ephemeral happenings. People say a lot, they nod, they laugh, they move their eyebrows, and their hands and arms. They also say words in different ways, imbuing their speech with emphasis and demonstrative tone. As fleeting phenomena, a myriad of details pass unnoticed, leaving no discernable trace. The sheer abundance of detail, including our inability to view ourselves, makes it no wonder that memories of these details can be neither complete nor accurate.

Dialogue's dual characteristics of persistence and ephemerality combine such that we often leave conversations with impressions, new ideas, or decisions, yet we cannot fully recall the processes by which they came about. Consequential things happened, but precisely how they happened can remain a mystery to the interlocutors.

**Face-to-Face Dialogue is Both Quantum and Incremental**

Conversations sometimes generate "a-ha" moments, that is, moments of sudden insight or discovery (Oxford English Dictionary, 2020). A-ha moments can be characterized as quantum, in the sense of being abrupt transitions (whether small or large). For clients, such quantum leaps may be an unexpected and entirely new way of thinking about the past, or the sudden realization that they have already been creating their preferred future, in hitherto unnoticed ways. During conversations, these unnoticed aspects of the past can be suddenly available for reflection, appreciation, and amplification. Consider an example. It is from an actual therapy session (de Shazer, 1994). The client had been



tend to use them to indicate indecision about what to say (Debras, 2017); the therapist's use during the silence after the word "without" suggests this usage. He also stretches his arms out wide, in a more embodied interactive gesture, which encourages the client to provide the end of the question. The client again cooperates by supplying what he would like to be without: problems. Thus, by line 10, the two have co-constructed the question: In the last few weeks, what was the most recent good day without problems. The therapist confirms this construction of the question in line 11, and by keeping quiet for the 3.0 seconds it takes before the client replies, the therapist provides space for the client to think before answering. After this full three second pause – a long duration compared to the other silences in this short excerpt - the client shares his insight that just about every day in the recent past has been a good day without problems. He shakes his head as he answers. As with facial shrugs, the meaning of this head movement is highly contextualized (McClave, 2000); in this case, when integrated with his slightly surprised tone of voice and abrupt change in topic from the earlier part of the interaction, it could indicate intensification of the insight.

This brief journey through a fraction of a much longer conversation demonstrates that the therapist laid the groundwork for the client's insight well ahead of time, orienting the client to the recent past, confirming that some days have been better than others, and allowing the client and therapist to co-construct the question. The therapist used his words and particularly visible actions to invite the client's active participation. Bit by bit, the two individuals in this conversation responded to each other, building new understandings incrementally that led to perhaps a quantum shift in how the client was able to interpret his recent past. Conversations between clients and therapists or coaches are full of interesting moments, fertile ground for examining and reflecting on the process that led up to them.

### A Divergence into Practicalities

Although the main point of this essay is to promote the use of video for examining moments of practice, one or two practical matters must be mentioned here. First, in the excerpt, I was able to include an analysis of visible behaviors, but only those that were captured by the videorecording, which was filmed moving from the therapist to the client. The camera showed the therapist from most of line one (the word "weeks" and the 0.5 s of silence) through to line 12 (during the client's words, "just about every day"). Consequently, how the client may have integrated facial action, head movements, or gesture with his own speech in lines 4, 6, 10, and 12 is unavailable for analysis. Additionally, what the client did while listening, something that was visible to the therapist, is invisible to the analyst. When the camera changed the view from therapist to client (line 12, at the client's 0.64 s of silence, through to the end of the excerpt), any visible actions from the therapist were rendered unavailable to analysis. Thus, the first practical matter for those planning to use video to observe their own practice is that both practitioner and client should be captured in the recording view, so that the visible micro-contingencies during the interaction are available for close analysis.

The second practical matter is the following: My interpretation of the sequences of interaction was guided by microanalysis of face-to-face dialogue (Bavelas et al., 2016), in that I used what we call a "microanalytic lens" (Gerwing et al., 2019). This lens is the interpretive discipline that guides our (and many others') analysis of interaction. It includes four components: (a) focus on observable behaviors (e.g., words and visible actions), (a) analyze those behaviors during specific moments in the interaction (such as the moments examined above), (c) derive the meaning of participants' behaviors using their timing in sequence (i.e., note what happens immediately before and afterwards), and (d) use those observations and the overall context to consider how this behavior is functioning in that moment. I have supplemented the brief analysis with some literature that used a compatible lens. In addition to microanalysis, I drew on theory and experimental evidence that shows how participants integrate their speech with visible actions (e.g., Bavelas & Chovil, 2000). Indeed, Steve de Shazer, the therapist in the example, gave silences, gestures, and facial expressions the same status as words as part of language (de Shazer, 1994). Finally, without naming it as such, I drew on empirical work showing that interlocutors co-construct meaning using the micro-process of calibrating (Bavelas et al., 2017; De Jong et al., 2020).

If you are inspired to record and reflect on your own practice but you are concerned that you lack sufficient relevant scientific background, do not let that stop you. The brief analysis I presented here was from my own position as a researcher, for whom the study of language use has been a particular passion and occupation. While I happen to be familiar with certain methodologies, theory, and literature, attaining this level of knowledge is certainly not a prerequisite for using video to learn from one's own practice (although I hope my citations provoke some curiosity). Rather than being dissuaded by notions of specific expertise, one can nurture curiosities simply by starting to watch videorecorded actual practice, either one's own or others. Close, utterance-by-utterance examination of how the

practitioner and client respond to each other (perhaps guided by the four components of the microanalytic lens) can generate helpful insights that can have implications for practice.

### In Conclusion: Responsibility as Practitioners

Clients' insights during conversations with a therapist or coach might persist as outcomes, perhaps providing a new sense of strengths and resources. Due to the ephemeral nature of dialogue, clients would probably not remember the details of the process that led to these insights. But there is no need for them to do so; it would be enough if those insights helped to mobilize further progress.

For practitioners, if they did not videorecord a session, the exact details of the interaction would be similarly inaccessible for reflection. When looking back on sessions, they might remember that they had asked a few questions that the client responded to with interest, but they might not be able to recall and reflect upon the myriad of micro-behaviors that unfolded incrementally to make those moments happen. In the end, these practitioners might fixate on just the specific interventions themselves, such as the questions they asked. They might get focused on how to formulate good questions, rather than noticing all the co-constructive work that led up to them.

The inaccessibility of every conversational detail constitutes the reality of our everyday experiences, and usually it does not really matter. But for practitioners who use talk as their medium of practice, capturing what was ephemeral can be a primary means for reflective practice. A videorecording of practice that shows both the therapist and the client reveals the observable details that led, incrementally, to interesting moments in the conversation. It can allow practitioners to locate those exact moments and discover how they occurred. In the excerpt presented here, some observable clues for a quantum shift were the client's significant pause before answering, a subtle change in his intonation, and the transformation from "some days have been better" to "just about every day". How those moments occurred was a process to which both interlocutors contributed, as the therapist and client co-constructed the question and allowed sufficient time for the client to answer. A videorecording lays bare the co-constructive process that is always going on in dialogue, whether we choose to be aware of it or not. Such recordings allow practitioners to examine precisely how they influenced the unfolding interaction. Talking truly does matter; capturing the details of talk is an essential element for developing a reflective meta-awareness about one's own and others' practice.

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Jennifer Gerwing  
Email: [jennifer.gerwing@gmail.com](mailto:jennifer.gerwing@gmail.com)