

## The Poetics of Therapeutic Practice: Motivational Interviewing and the Powers of Pause

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**Abstract** Motivational interviewing (MI) is an increasingly prominent behavioral therapy that draws from and claims to synthesize two American therapeutic traditions long thought to be antithetical—“client-centered” and “directive” approaches. This paper proposes that MI achieves its hallmark “client-centered directiveness” through the aesthetic management of the therapeutic encounter, and more particularly, through MI practitioners’ marked use of silence. Drawing on data collected during the ethnographic study of MI trainings and the formal analysis of video-recorded MI sessions that are commonly used as models in such trainings, we identify three patterns of pause that regularly fall at specific grammatical junctures within seasoned MI practitioners’ turns-at-talk. We demonstrate how these pauses allow MI practitioners to subtly direct the conversation while simultaneously displaying unequivocal signs of client-centeredness. In other words, we show how and explain why the poetics of pause matter to MI. In presenting this case, we more generally highlight *practice poetics*—that is, the aesthetic management of the style and delivery of a professional message with a particular practical aim in mind—suggesting that this is a central if under-appreciated aspect of therapeutic practices.

**Keywords** Poetics · Pause · Psychotherapy · Motivational interviewing · Behaviorism · Client-centered therapy

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## Introduction

As marked by the famous debates between Carl Rogers and B. F. Skinner in 1956 and 1962, American psychotherapists have long been ideologically divided. On the one hand, there are those who engage behavioral interventions, which actively direct people's behaviors in part by managing ways of talking about those behaviors (e.g., Ellis 1962; Linehan 1993). On the other hand, there are supporters of nondirective or "client-centered"<sup>1</sup> approaches, which rely on the premise that people will naturally "self-actualize" given an appropriately supportive therapeutic engagement (e.g., Rogers 1946, 1951). For Rogers, to professionally direct clients—by offering examples of how they might think or act differently, for instance—is to interfere with the process of their self-actualization, and moreover, to violate the principle of individual freedom (Kirschenbaum et al. 1989). For Skinner and the behaviorists he inspired, "the inner events which seem so important to us are not essential to action and probably do not, in any important case, precede action" (ibid., p. 101). The goal of therapy, then, is to condition and direct people to act in unproblematic ways.<sup>2</sup> Given this seemingly stark opposition, it is no wonder that Rogers eventually came to the conclusion that the "basic difference between a behaviorist and a humanistic approach to human beings is a philosophical choice" (1980, p. 56).

However, strikingly, a relatively new and increasingly prominent therapeutic approach called motivational interviewing (MI) does not regard the historical division of American psychotherapeutic thought as offering a stark "philosophical choice," but approaches it instead as an opportunity for professional innovation. In the very first book length presentation of the method in the early 1990s, MI's developers emphasized that their approach is client-centered *and* directive at one and the same time (Miller and Rollnick 1991). Originally developed as an alternative to traditional methods of treating alcoholism (see Miller 1983), MI is now being practiced across an astonishing range of professional contexts and client populations worldwide, including primary care medicine, couples counseling, and child welfare practice in the United States, HIV risk prevention in Northern Europe and sub-Saharan Africa, smoking cessation in China, corrections and

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<sup>1</sup> Quite appropriately, medical anthropologists critically attend to the monikers clinical practitioners use to denote (and indeed interpellate) the people with whom they work, pointing out—for instance—how the term "patient" evokes medical interactions and institutions, whereas "client" and "consumer" index consumptive capitalism. While the genealogy of the term "client" in American psychotherapy is beyond the scope of this paper, it is important to note that it has roots in Rogers' central formulation of his approach as "client-centered therapy," a term which he insisted could be used interchangeably with "person-centered therapy" (see Rogers 1986). In prominent MI texts, the term "client" is most common, which may index the wide range of professional fields in which MI is currently practiced, as well as its Rogerian roots. We use the term "client" here as a native term, acknowledging both its clinical and cultural history, and particular resonance in a politico-therapeutic era in which American counseling approaches, like MI, are branded, marketed, and differentially valued.

<sup>2</sup> Notably, Skinner—unlike Rogers—was not a practicing psychotherapist. However, he was keenly interested in the practical implications of his theory of behavior, especially in the field of education. As in therapy, Skinner argued, the practitioner's job is "to implant or shape behavior—to build it up and strengthen it, rather than to find it already in the student and draw it out [as Rogers claims]" (Kirschenbaum et al. 1989, p. 118).

parole in Singapore, and even water purification interventions in Zambia and Malawi.<sup>3</sup> While enjoying these global travels, MI defines itself in relation to distinctly American therapeutic traditions, and has increasingly drawn from the now well-established Rogerian vocabulary in its self-promotional efforts.<sup>4</sup> And although MI's behaviorist roots are less evident in these texts, perhaps in part in order to avoid the hoary ethical questions of authority and autonomy that have long haunted American behaviorism,<sup>5</sup> MI offers a practical resolution to the ideological divide in American psychotherapy, as once famously animated by the Skinner–Rogers debate. MI's "client-centered directiveness" both connects it to and distinguishes it from the two traditions of American psychotherapy from which it draws.

This paper proposes that MI practitioners achieve the synthetic effect of client-centered directiveness by way of a carefully cultivated and highly stylized way of speaking.<sup>6</sup> More generally, we call attention to *practice poetics*—that is, the aesthetic management of the style and delivery of a professional message, in addition to its semantic content, with a practical aim in mind.<sup>7</sup> Arguably, all

<sup>3</sup> Published clinical research across these terrains of MI practice, which focuses on treatment efficacy measured in terms of specific client outcomes, includes examinations of MI in substance abuse treatment (e.g., Burke et al. 2004; Hettema et al. 2005; Miller et al. 1993), mental illness (e.g., Angus and Kagan 2009), primary care medicine (e.g., Emmons and Rollnick 2001; Rollnick et al. 2012), intimate partner violence and couples counseling (Cordova et al. 2001; Kistenmacher and Weiss 2008; Musser and Murphy 2009), corrections and parole (McMurran 2009), and HIV risk prevention in the U.S. (Picciano et al. 2001), Northern Europe (e.g., Baker et al. 1993), and sub-Saharan Africa (Cornman et al. 2008), smoking cessation with Chinese Americans (e.g., Wu et al. 2009), and water purification interventions in Zambia and Malawi (Thevos et al. 2002).

<sup>4</sup> In studying the three editions of the key text on motivational interviewing, which appeared successively in 1991, 2002, and 2013, one finds Rogers increasingly cited and Rogerian terms becoming more prominently woven through the text. Even the subtitles of each edition arguably signal the shift from a more explicitly behaviorist orientation to a more client-centered one: *Preparing people to change addictive behaviors* (1st ed.), *Preparing people for change* (2nd ed.); *Helping people change* (3rd ed.).

<sup>5</sup> The extraordinary debates between Rogers and Skinner unfolded before a cold-war American audience that was highly suspicious of Skinner's theoretical abandonment of the sovereign subject destined to craft his own ends. And if Rogers' post-Freudian focus on fully realizable interiority may have initially discomfited a pre-Oprah public (see Lowney 1999), the terms of "self-actualization" eventually came to permeate contemporary popular American psychological discourse. So although many psychotherapists continue to practice in line with behaviorist principles, the fundamentals of their practice are arguably far less culturally legible and acceptable than those of their humanist counterparts.

<sup>6</sup> Considering that the rules and conventions of speaking that MI cultivates in its practitioners are ones clearly rooted in Standard American English (SAE), with standardization being understood as a hegemonic process of institutional maintenance and naturalization within a given linguistic community (see Silverstein 1996), one of MI's bolder and more questionable claims is that the method "speaks" to a global audience. Here, we focus on the formulation, training, and practice of MI among American English speakers, understanding the meaning and effects of MI's signature pauses will differ as it travels, and indeed would be an especially fruitful terrain for anthropological research on cross-cultural applications and extensions of American psychotherapy.

<sup>7</sup> Poetics comprise the formal features of a spoken or written text, including intonation, turn-taking, parallelism, meter, and pause. Focused on the form of a message, rather than its semantic content, poetics "animates" that content in any number of ways (Jakobson 1960; see also Goodwin 1981; Holmes and Janet 1990; Schiffrin 1987; Stubbe and Holmes 1995). The idea of "practice poetics" builds on Jakobson's insight, which has been elaborated by a number of linguistic anthropologists, that poetics characterize many kinds of speech events, including everyday dyadic conversation (e.g., Bauman and Briggs 1990; Silverstein 1984), political discourse (e.g., Lempert and Silverstein 2012; Mendoza-Denton,

psychotherapeutic traditions agree that the therapist's presentation, including their verbal performance, is critical to client outcomes. Although it may be obvious that the *content* of a therapeutic message can be more or less efficacious, clinical practitioners also work to cultivate an effective *style* of speaking,<sup>8</sup> reflexively managing what tone of voice they use, what gestures and postures they incorporate, how much they speak relative to the client, etc. And although individual practitioners may develop their own communicative idiosyncrasies, *practice poetics* refers to the way such stylistic elements are cultivated within and enacted by a particular school of practitioners, and therefore mark and mobilize a register of professional practice.<sup>9</sup>

Arguably, all talk therapies are also styles of speaking, which differ in distinct ways from “everyday” conversation (see Ferrara 1994a, b; Labov and Fanshel 1977; Peräkylä 1995; Wilce 1998). In other words, psychotherapies are *registers*, in which the prosodic dimensions of speech—i.e., intonation, stress, and rhythm—are marked and therefore allow speakers to project who they (authoritatively) are and what they are (authoritatively) doing. Furthermore, there are discernable stylistic differences *between* schools of psychotherapy—particularly between the directive and client-centered modalities that MI seeks to integrate.<sup>10</sup> For instance, the overall ratio of client-to-therapist talk tends to differ dramatically between directive and client-centered therapy, with the former entailing more verbal intervention on the part of the therapist. This is strikingly portrayed in the classic educational film, *Three Approaches to Psychotherapy* (1965), which features Carl Rogers, cognitive behaviorist Albert Ellis, and gestalt therapist Fritz Perls.

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Footnote 7 continued

1995; Silverstein 2003) and legal discourse (e.g., Matoesian 1993). Yet poetics are also central to establishment and performance of particular genres of speaking, including professional registers (see, for example, Cicourel 1982), because they are a primary way speakers call attention to and distinguish their speech, if in an implicit way.

<sup>8</sup> Building on Hymes' (1974) and Gumperz's (1962) foundational proposal that there are rules for how and when one speaks that must be followed in order to be recognized as a member of a given speech community, we suggest that there are particular aesthetic markers of MI as a professional register, hence our particular attention to *style*.

<sup>9</sup> The degree to which practice poetics are readily evident to the lay listener differs across schools of psychotherapy, with some practices seeming obviously stylized (think of the psychoanalyst's marked degree of silence) and others seeming more akin to everyday speech. Furthermore, while some professional cultures have an explicit discourse about their linguistic practices, which is systematically transmitted to novice practitioners and/or is carefully delineated by psychotherapy process researchers working within that tradition, other professional cultures rely on more implicit, osmotic modes of cultivating and transmitting their practice poetics.

<sup>10</sup> The conversational strategies used in medical interviews have been studied along somewhat similar lines. Ainsworth-Vaugh (1992), for example, classifies strategies for introducing topics in doctor/patient conversations as either unilateral or reciprocal, with male doctors using controlling unilateral strategies relatively more often (see also, Fisher and Groce 1990). Relative to client-centered approaches to psychotherapy, directive approaches might be viewed as relying more heavily on unilateral topic introductions through using established agendas and other directive techniques. However, as the case of MI demonstrates, the avoidance of unilateral topic transitions does not necessarily mean that clinicians are not actively working to maintain control of the clinical interaction.

Whereas Rogers models the “client-centered” therapeutic principles of accurate empathy, understanding, and unconditional positive regard through the prolific use of verbal fillers and back channels (such as “hm-mmm” and “I see”) and a kinesics of attentiveness (such as nodding and leaning forward toward the client), cognitive behaviorist Ellis demonstrates “directiveness” by frequent interruptions, unabashedly evaluative statements, and pointed questions, all rapidly fired in an emphatically fluctuating tone of voice. In general, client-centered and directive therapists also tend to make very different uses of *client* speech: whereas client-centered therapists echo their clients, punctuating the therapy session with “reflections” that entail therapists repeating, if in somewhat altered terms, clients’ statements, directive therapists explicitly identify and work to “reword” clients’ “self-talk,” which they believe tends toward the irrational (Ellis 1962). Interestingly, some cognitive behaviorists also encourage clients to use mottos and mnemonic devices thought to prompt positive thought and action (see, for example, Beck 1967; Maultsby 1975; Meichenbaum 1972, 1977); client-centered therapists eschew such baldly professional language, working instead to evoke a language that is “true” to the client (Rogers 1995, p. 204). And whereas client-centered therapists accordingly disavow the “expert role” through hedges, meta-statements, and requests for repair (Wickman and Campbell 2003), behaviorists frequently deploy definitive and didactic statements (Blagys and Hilsenroth 2002; Stiles et al. 1988) and explicitly direct the “agenda” of the session itself (Blagys and Hilsenroth 2002) by controlling the course of the therapeutic dialogue.<sup>11</sup>

Given that directive and client-centered approaches to treatment entail very different communicative styles on the part of practitioners, the synthesis of these styles in a single professional register is especially difficult to achieve. Although there is very little explicit discourse in the MI literature about poetics per se, it is, in fact, a central focus of MI training where trainers model how to speak to clients in a simultaneously client-centered and directive way. Indeed, novice MI practitioners are intensively trained in an elaborate set of communicative techniques: how to punctuate “open questions” with sustained pauses, how to control the stress and intonation of an “affirmation,” and how to recharge clients’ relatively banal statements in movingly parallel “reflections.” Group trainings involve dozens of exercises in which novices tirelessly rehearse these rhetorical strategies as they anticipate and role-play future conversations with problem-plagued clients, working not just on *what* they might say in the course of a real-time therapeutic exchange, but also—and more concertedly—*how* they would say it. This is because, as we show below, the poetics of MI are central to how the method “works”—that is, how MI’s signature client-centered directiveness is produced in practice. It is in this sense that we argue that practice poetics are an “active ingredient” of motivational interviewing.<sup>12</sup>

<sup>11</sup> Researchers of behavioral interventions tend to view therapist language as a series of speech acts such as questions, reflections, or advisements (e.g., Stiles et al. 1988) or “speech content” (e.g., Luborsky et al. 1982) to the exclusion of the poetic features of therapist language. For an interesting exception, see Elkin et al. (n.d.) measure of “therapist responsiveness” in cognitive behavior therapy and interpersonal psychotherapy, which includes a number of poetic features.

<sup>12</sup> In the psychotherapy research literature, the term “active ingredient” generally refers to actions by the therapist, which are believed to affect the outcome of an intervention (e.g., Elkin et al. 1988). A growing literature addresses the extent to which the unique, hallmark actions characteristic of a particular

Practice poetics commonly involve a number of stylistic regularities, including repetition and parallelism, intonation, meter, code switching, and metaphor. In this paper, we attend to MI practitioners' marked use of silence, proposing that it is a particularly salient poetic feature of the MI register. Other students of therapeutic discourse have noted that a distinguishing feature of American psychotherapies is their marked tolerance of silence between therapists' and clients' turns-at-talk (Aull and Streat 1967; Hill et al. 2003; Lane et al. 2002).<sup>13</sup> Interestingly, in MI, we find distinct pattern of pauses, which occurs *within* seasoned practitioners' turns-at-talk and, moreover, that novice MI practitioners are trained to punctuate their speech in this way. In other words, intra-turn pauses are a managed stylistic element of the felicitous motivational interview. And although MI's distinctive intra-turn pauses may spawn particular therapeutic outcomes in terms of what clients say, do, or feel, we focus here on what they signify about the interviewer and the motivational interview, with a particular interest in how specific intra-turn pauses help realize and project MI's signature client-centered directiveness.

However, as seasoned MI practitioners intuit, not all intra-turn pauses are equally productive. Our analysis shows that pauses appear at very particular grammatical junctures within seasoned motivational interviewers' turns at talk, and that a pattern of pause holds across interviews and interviewers. We argue that these intra-turn pauses—placed as they are in the course of the motivational interview—help MI practitioners to demonstrate attentiveness, empathy, and thoughtfulness in relation to clients' statements (thereby realizing client-centeredness) while still allowing them to “hold the floor” and manage the conversation (thereby accomplishing directiveness). We further suggest that these pauses may also function to spur the client to fill in the dialogical gaps left open by MI practitioners—if not in the moment in which they occur—and thereby talk themselves into change. So although the pauses within therapists' speech, particularly when interlaced with verbal fillers like “ums” or false starts, contribute to the sense that the therapist does not know (quite and yet) what to say, we will explain why managed dysfluency is a resource rather than risk to the successful professional enactment of MI.

In elaborating these arguments, we draw from several sources of data. The significance of pauses in MI was first detected during the course of an ethnographic project on MI training, as trainers were observed modeling a speech style for trainees that made prolific use of intra-turn silence, or pause. Given that training is a site where MI is concertedly modeled as well as didactically explained, it is a particularly salient

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Footnote 12 continued

intervention or factors common across many interventions are actually responsible for client outcomes (e.g., Ahn and Wampold 2001). We use the term “active ingredient” somewhat differently here, to point to the way therapy-specific poetics—including the uses of pause demonstrated here—actively shape how clients and clinical researchers alike perceive a therapy as more or less effective.

<sup>13</sup> Some of these analyses suggest that sustained gaps between professional and client speech are ideologically and functionally linked to the therapeutic ideal of *client* reflectiveness. By contrast, consider Sabina Perrino's (2002) discussion of latching and overlap in Senegalese ethnomedical encounters, which mitigate against sustained lapses of speech between patient and practitioner turns-at-talk. A concern that silence at turn boundaries might be (mis)interpreted as a sign of disjuncture is reflected in the field of American palliative care, where some have been careful to distinguish between productive and unproductive silence (see for example, Back et al. 2009).

place to study MI-specific practice poetics. Over the course of dozens of ethnographic interviews with experienced MI practitioners around the United States—including many of the lead formulators of the method—this speech style was also apparent, suggesting that some MI practitioners habituated themselves to a pause-filled way of speaking, deploying it outside strictly therapeutic settings. However, when explicitly asked during the course of participant observation or during interviews, even the most seasoned MI practitioners reported only a vague awareness of this prosodic element of their speech and certainly were at a loss to identify attendant patterns.<sup>14</sup> Ultimately, it was our technical transcription and analysis of two video-recorded exemplars of MI practice, which are widely used in MI training settings, that provided conclusive evidence that (1) MI is a register in which intra-turn pauses regularly occur and (2) there are specific *patterns to the placement* of pause in seasoned motivational interviewers' turns-at-talk.

In the paper's final section, we read our analysis of the video-recorded models of MI practice against a "native" analysis of the same recordings, as instantiated by a fidelity instrument that is widely used by MI trainers, called Motivational Interviewing Treatment Integrity (MITI).<sup>15</sup> Although the MITI does not systematically account for pauses or other poetic features of the MI register, focusing on semantic content instead, practitioner speech acts that incorporate marked pauses are repeatedly coded by the MITI as "MI-consistent." This suggests that while there is not an elaborate reflexive discourse about the poetics of pause in MI training texts, there is nevertheless a sensitivity to the efficacy of well-timed ellipses. And, as we will see, MI practitioners intuitively understand that their pauses do not so much presuppose qualia, to which one can assign discrete codes, but function to entail or evoke desirable impressions, reactions, and sensibilities from participants in and observers of their practice.

This paper extends and formalizes this native intuition about the powers of pause through the technical and ethnographic analysis of MI training practices and texts. Taking the pause-filled poetics of MI as a case in point, we propose that practice poetics serve to distinguish therapeutic genres and shape the perception and experience of the therapeutic encounter, if not determine its efficacy in terms of actual client outcomes. Ultimately, our analysis suggests that across schools of psychotherapy, therapeutic principles like "empathy," "positive regard," and "directiveness" are operationalized through the aesthetic management of therapeutic discourse. This is true even when therapeutic principles are combined in seemingly paradoxical and unprecedented ways, as they are in MI.

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<sup>14</sup> Pertinent here are questions of which elements of speech are relatively available to speaker awareness, with many arguing that the presupposing elements of speech are more readily recognizable than the entailing (Silverstein 2001; cf. Carr 2010). These will be more fully addressed in the conclusion.

<sup>15</sup> As a treatment fidelity tool, the MITI plays a central role in on-the-ground MI training: trainers ask novices to audio record their MI sessions with clients and use the MITI to code and evaluate the recordings and provide constructive feedback. These trainers use the MITI, as intended by its developers, to assess "how well or poorly is a practitioner using motivational interviewing" (Moyers et al. 2009, p. 1).

## The Clinical Genealogy of Motivational Interviewing

Introduced in 1983 by American clinical psychologist, William R. Miller, as a treatment for “problem drinkers,” MI now frames itself as a “conversation style” (Miller and Rollnick 2013, p. 12) that is equipped to effectively address a wide variety of populations and problems. The vast native literature on MI is strikingly devoid of elaborated theories of human subjectivity or pathology, which might be immediately seen to limit its applications, focusing instead on elaborating a theory and practice of communication, which is less obviously if still certainly culturally specific. In short, MI is based on the metalinguistic principles that people can talk themselves into change and that the practitioner’s job is to create the conditions for this “change talk” to occur (see Miller and Rollnick 2002, pp. 8–9, 76).

Indeed, beyond its synthetic work bridging established traditions of therapeutic practice, MI claims to offer a novel clinical product—“change talk”—as well as the attendant practices for realizing it during the therapeutic exchange. Elaborating social psychologist Daryl Bem’s (1967, 1972) distinctly behavioral thesis that *people tend to believe what they hear themselves say*, MI practitioners subscribe to a theory of communication that highlights the performative function of language.<sup>16</sup> As Miller and Rollnick once succinctly put it, “Generally...what people say during counseling about the possibility of change is related to whether it will actually occur” (2002, p. 9). And because, in MI as in speech act philosophy (Austin 1962), change statements not only have illocutionary force (statements are actions in their own right), but also perlocutionary force (they index and precipitate future action), it is thought that clients can be transformed by the way they do things with words, but only if the practitioner facilitates the conditions for “change talk” to occur.<sup>17</sup>

Aside from Miller’s own voluminous writings—which range from meta-analyses and randomized controlled trials of MI to a treatise on the sudden and irreversible personal and spiritual transformation that he calls “quantum change”—scores of books about MI’s growing applications and thousands of research articles have been published since MI’s founding some 30 years ago. By far the most important of these texts within the MI community is *Motivational Interviewing: Helping People Change* (2013), co-authored by Miller and his longtime collaborator, Stephen Rollnick, and recently released in its much anticipated third edition.<sup>18</sup> All of MI’s foundational texts rehearse a genealogy of the practice, which prominently draws on the work of Carl Rogers. To be sure, Rogers is the single most prominent theorist invoked in the MI literature—his thought infusing MI’s definition of itself as a

<sup>16</sup> Note that this is a significant departure from insight-oriented therapies, in which the practitioner’s focus is to get the client to say what they truly believe (see Carr 2010, 2013).

<sup>17</sup> MI’s investment in the performativity of therapeutic language arguably intersects with the development of the concept of “expressed emotion” in psychological anthropology, particularly the exploration of the therapeutic possibilities of particular sorts of co-constitutive dialogues (Capps and Ochs 1995) and the potentially damaging effects of less engaged or interactive modes of communication (Jenkins 1991; Wilce 1998).

<sup>18</sup> In fact, some MI insiders refer, usually half jokingly, to this text as the “MI Bible,” and some tell conversion narratives that are plotted from their first encounter with it.

special “way of being” with people. For example, Rogers’ work is clearly reflected in Miller and Rollnick’s foundational statement about MI’s core beliefs:

We believe that each person possesses a powerful potential for change. The counselor’s task is to release that potential and to facilitate the natural change processes that are already inherent in the individual (2002, p. 40).

Rogers’ phenomenological theory of human nature and personality, which is focused on “self-actualization” as an innate driving life force (Rogers 1946, 1951), is clearly visible in such passages. Equally as evident are the principles of practice derived from Rogerian theory—i.e., “starting where the client is,” “following instead leading,” “reflective listening,” “unconditional positive regard,” and the therapeutic enactment of “accurate empathy.”

If increasingly downplayed in its self-descriptions, MI is a directive and behavioral therapy as much as a client-centered one; or, what Miller calls “client-centered...with a twist” (Arkowitz and Miller 2008, p. 4). “The twist” is that the motivational interviewer is always attempting to direct the client toward a specific change goal—an idea antithetical to the Rogerian focus on pure *self*-actualization—whether that goal is, for example, decreasing illicit substance use, taking prescribed medications more regularly, or practicing safer sex. Yet rather than lauding the philosophical tenets of behaviorism, the MI literature is strikingly pragmatic when it comes to its directive elements.<sup>19</sup> For instance, Miller once framed the motivational interview as the “conscious use of operant principles applied to speech” (Miller and Moyers 2006, p. 13), suggesting that the practitioner be reflexively attuned if not philosophically attached to MI’s behaviorism. More specifically, MI is directive when “the MI counselor responds to client speech in a way that differentially reinforces change talk and minimizes verbal commitment to status quo” (ibid., p. 7), a practice clearly out of line with the Rogerian idea of “following instead of leading”—that is, if *philosophical* cohesion was indeed the goal.<sup>20</sup> Rather, MI synthesizes a clearly articulated ideological commitment to client-centeredness with an implicit behaviorist pragmatic. This becomes particularly clear when one examines the practice poetics of MI, as we do below, with special attention to their mobilization of the powers of pause.

## The Powers of Pause

Sociolinguists have argued that, in everyday conversation, Standard American English (SAE) speakers tend to avoid sustained lapses between speakers’ turns at talk and

<sup>19</sup> Furthermore, in interviews and conversations, Miller and other lead MI proponents not infrequently point to research done by Rogers’ students (Truax 1966; see also Truax and Carkhuff 1967), who examined the “directive” elements of Rogers’ own psychotherapeutic practice. Their point is that even the most client-centered engagements have directive elements, and that philosophical purism is impractical, if not impossible. They also imply that in making conscious and explicit the inherently directive elements of the psychotherapeutic encounter, MI represents an advancement of Roger’s method.

<sup>20</sup> In the latest edition of their widely read text, Miller and Rollnick emphasize “guiding” as a middle ground in a “continuum of styles” between the implicitly Rogerian extreme of following and the implicitly behaviorist extreme of “directing” (see 2013, p. 4–5).

employ various sorts of verbal fillers (ums, ahs, etc.) to mitigate against intra-turn pauses (see Levinson 1983; Jaworski 1993; Schegloff 2007, p. 21; Scollon 1985; Tannen 1985). By contrast, American therapeutic discourse tends to be especially accommodating various forms of silence.<sup>21</sup> Silence between speakers' turns at talk can be particularly pronounced in some traditions of psychotherapy, and are commonly assigned different meanings depending on who is thought to initiate them. For instance, in the psychoanalytic tradition, whereas client silence has traditionally been seen as a sign of resistance (Freud 1912; c.f. Gale and Sanchez 2005), therapists often reflexively sustain lapses in their own speech, believing them to facilitate the therapeutic process (e.g., Langs 1973). Though a far less common object of study, therapeutic discourse may also be markedly tolerant of pauses *within* a single speaker's statements, with a more halted cadence of speaking capable of signaling any number of possible therapeutic products (i.e., thoughtfulness, denial, epiphany, etc.). So while marked lapses in speech might conventionally index that the speaker is finished with what they had to say and that it is the next speaker's "turn" to talk, they may function quite differently in therapeutic exchanges. This, we will argue, is very much the case with MI.

There is a long and rich history of scholarship on both silence and pause, with a few especially pertinent lines of thought relative to the purposes of this paper. First, psycholinguists have looked at intra-turn pauses as cognitive devices that allow a speaker to plan what to say next. Within this tradition, some have suggested that while speakers may plan when they pause at clause boundaries, pauses that occur elsewhere do not necessarily allow for this planning work (Ferreira 1993; Goldman-Eisler 1968; Krivokapic 2007). According to this line of thought, pauses in therapeutic discourse create junctures that afford practitioners time to carefully craft questions and responses to their clients. Though it is certainly conceivable that pauses can sometimes function in this way in therapeutic exchange, the patterned intra-turn pauses we find in MI do not fall at major constituent boundaries, nor do they generally precede words of high lexical content or follow the first word of an intonation group as empirical studies of intra-turn pause have found (see Cruttenden 1997). Furthermore, the fact that MI practitioners are *trained to* employ intra-turn pauses indicates that something institutional as well as cognitive is at play.

In contrast to psycholinguists, conversation analysts regard lapses in speech as an interactional resource rather than a cognitive device (Jaffe and Feldstein 1970; Levinson 1983; Sacks et al. 1974; Watts 1997). They suggest that silences—depending on their length and position in an ongoing verbal exchange—are one of the many features of conversation that help participants interpret what has already been said and decide how to respond in turn.<sup>22</sup> In other words, this mode of analysis

<sup>21</sup> While clinical theorists across traditions have recognized the importance of silence to the therapeutic encounter (Lane et al. 2002; Langs 1982; Reik 1926; Rogers 1942), and there has been work on the meaning of patients' silence (Gale and Sanchez 2005; Levitt 2001a, b), clinical process researchers do not commonly empirically examine pause and other stylistic features of expert psychotherapeutic registers (for important exceptions see Cook 1964; Gans and Counselman 2000; Wickman 1999; Wickman and Campbell 2003).

<sup>22</sup> For instance, in his study of dinner conversations, Watts (1997) argued that participants use silence in status negotiations to the control of possible interpretations of the legitimacy of what has been said and by whom.

assumes that conversants draw upon and mobilize the meaning of pauses when they speak. Taking the pair-structure of dialogue as its unit of analysis, conversation analysis (CA) is particularly useful in understanding American therapeutic registers, in which both participants are highly attuned to the meaningfulness of the exchange (see, for example, Peräkylä 1995). However, as critics of CA have argued, due to conversation analysts' intensive focus on and isolation of conversation as a unit of analysis, the social and institutional genealogy of the linguistic resources that people bring into interactions with them is unclear. For example, CA generally does not offer a way to appreciate the way that people's conversations—particularly professional conversations, like MI—are often intensively rehearsed before they are actually performed, including just when and how to pause (for important exceptions, see Drew and Heritage 1992; Matoesian 1993; Stivers 2007).

Given the disciplinary attention to situated speech events—and the particular attention to the cultural conventions and interactional histories that shape what people do and do not say—linguistic anthropology offers four additional lines of analysis, which are especially pertinent to this paper. First, and most basically, the ethnographic record has shown that silence is a complex discursive resource with a wide variety of context-specific functions and values. As Keith Basso explains, “Although the form of silence is always the same, the function of a specific act of silence—that is, its interpretation by and effect upon other people will vary according to the social context in which it occurs” (1970, p. 215).<sup>23</sup> It follows that we can expect that MI's poetics of pause—riffing from culturally specific linguistic conventions—will be differentially heard and experienced as it travels across speech communities, both within and outside the United States.

Second, anthropologists have shown how linguistic practices and proclivities, including patterns of pause, are institutionally as well as culturally mediated. To be sure, particular kinds of institutions—perhaps especially clinical ones—require speech and view silence as sign of pathology (e.g., Carr 2010). However, Gal (1991) points out that when institutions *require* self-exposure, “it is the silent listener who judges and who thereby exerts power over the one who speaks” (p. 175). Along these lines, Gregory Matoesian has brilliantly shown that in the context of American rape trials, different forms of silence can be used to hold the floor and exert authority (1993; see also Mendoza-Denton 1995). This body of work suggests that the cross-cultural legibility and effects of MI's signature pauses should be considered alongside the method's increasing institutionalization across professional and international lines.

Third, recognizing that various kinds of silences have specifiable institutional as well as cultural histories, linguistic anthropologists have further shown that silence can be a central defining feature of specific genres and registers of speech. For example, Bauman's classic (1983) work on the Quakers demonstrates that sustained silence is a particularly potent communicative act within this speech community, both epitomizing and performing the very experience of Quaker spirituality. Along similar lines, we argue that silence—and in this case a specific pattern of intra-turn

<sup>23</sup> Contrary to Basso's claim that “the form of silence is always the same” (1970, p. 215), we work to distinguish different forms and patterns of silence, suggesting a correlate range of possible meanings and effects.

pause—is what distinguishes MI, leading practitioners and clients to recognize and register it as a specific kind of American psychotherapy.

Finally, interested in the metalinguistic function of speech—that is the use of language to comment upon, explain, or describe itself (Jakobson 1960; Lucy 1993; Silverstein 1979)—anthropological linguistics have shown how pause, as a poetic element of speech, can be used reflexively by speakers to mark or characterize their own or other’s speech.<sup>24</sup> That is, intra-turn pause can be a way that speakers underscore some quality of a statement or statements (see Philips 1985), which is very much the case in the professional orbit of MI. Indeed, as we show below, MI practitioners use silence as a way not just to mark what they say, but also to characterize just what sort of conversation a motivational interview is and thereby manage clients’ perceptions and experiences of the method.

Although explanations of silence’s function and effect vary across the analytic traditions reviewed above, scholars of language widely agree that the pauses in a spoken text can be just as meaningful to speakers as its lexical content (see especially, Jaworski 1993; Saville-Troike 1985, 1994). This is particularly true when silence is a central, patterned, and predictable stylistic feature of a practice poetics, as is the case in MI. Furthermore, *forms* of silence can and do certainly vary dramatically across genres, registers, events and contexts of speaking, which is in large part what contributes to its meaning and effects. Along these lines, we propose that in their very markedness, MI’s signature pauses project that something special, unique, and indeed therapeutic is happening in the motivational interview.

In the following section, we draw on and contribute to the interdisciplinary scholarship on silence by analyzing what a specific pattern of intra-turn pause means to and accomplishes for the increasing body of MI practitioners. We begin by engaging in an ethnography of *nonspeaking*, looking at how MI novices are trained to punctuate their speech with pauses during their professional engagements with clients. We focus, in particular, on an intensive, year-long MI training, run by an experienced MI trainer and attended by 12 staff members of a large, urban social service organization that we call “U-Haven.” At the U-Haven training, the trainer expounded on, modeled, and guided novices as they practiced the powers of pause in an attempt to generate MI’s signature client-centered directiveness. And although the trainer by no means offered a full explication of MI’s pause-filled poetics, his lessons imparted just how central particular forms of silence are to the practice of motivational interviewing.

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<sup>24</sup> Jakobson distinguished the metalingual function and the poetic function of language, while maintaining that poetics are a way that speakers mark their texts as a specific genre by manipulating its formal features in regular and recognizable ways. Mannheim (1986) suggests that the implicit and performative nature of the poetic function makes it far less accessible to speaker awareness than the explicit propositional work of the metalingual function (see also Pressman 1994). However, some expert practices, like MI, are predicated on cultivating professional consciousness of the poetic dimensions of speech (see Carr 2010). Furthermore, the distribution of metalinguistic awareness is as much a political matter as a psycholinguistic one (see Carr 2011, Chap. 6), as indicated by the difference between MI trainers’ attention to poetics and the MITI’s abstraction of them.

## Giving Pause: Training MI's Practice Poetics

The MI training community—from the growing body of novices to the approximately 1,700 members of the Motivational Interviewing Network of Trainers (MINT), who gather for annual “train the trainer” meetings, keep abreast of the latest developments in MI over one of several active list-servs, and refer to themselves as “MINTies”—is a strikingly literate one. Almost all trained MI practitioners have read substantial portions of Miller and Rollnick's foundational text and most are quite familiar with, if not themselves contributors to the scores of ancillary texts that have been written about the practice. In the context of MI trainings, it is a commonplace for trainers to quote directly from one or more of these texts, often verbatim, and to feature extracted passages on the Powerpoint slides they craft for the occasion. At U-Haven's MI training, trainees were greeted the first day with brand new, hardbound copies of *Motivational Interviewing: Preparing People for Change*, many of which were steadily adorned with sticky notes and dogears over the yearlong course of the training. Their trainer, Ki—a charismatic clinician, much beloved senior staff member at U-Haven, and veteran MINTie—reasoned that the expense was well worth it. Although he was certainly well equipped to pass along the central lessons of MI, and cultivate MI-specific skills, like most MINTies, Ki believed that it was important that novices be directly exposed to Miller's writings.

In their personal copies of Miller's foundational text, U-Haven trainees indeed found what they considered words of wisdom even if the portrayals of practice settings and populations seemed a far cry from their own work with chronically homeless drug users, many of whom had been diagnosed with serious mental and physical illnesses. This disjuncture was patently clear from the outset of the U-Haven training, as one trainee named Elaine—who worked in the dank basement of a six-flat with a rotating group of particularly challenging residents—expressed her hope that MI would help her convince one of her less cogent clients to take a much-needed shower. And while Elaine vacillated as to whether MI was the answer to her various practice dilemmas, and struggled to establish the skills that Ki patiently tried to cultivate over the course of the training, she and her fellow trainees were drawn to MI's synthesis of client-centeredness and directiveness, which was laid out in the very first chapter that Ki assigned as homework.

As U-Haven trainees read on over the ensuing months, they encountered a few intriguing passages on silence, though the authors stop short of proposing a theory of therapeutic silence or elaborating its therapeutic functions in great detail. For instance, at one point in the text, Miller and Rollnick remark in passing that silence can “generate thoughtfulness” in clients and practitioners alike (2002, p. 280). Elsewhere in the text, the authors indicate that practitioner silence has some directive potential as well, and may even facilitate change talk. When Miller and Rollnick advise their readers to “refrain from providing solutions or arguments for change” (2002, p. 208), they seem to suggest that these crucial conversational gaps will be filled in by clients who might just talk *themselves* into change. In another popular MI text, *Motivational Interviewing in Health Care*, the facilitative function of silence is made more explicit:

If you are silent, even for a brief moment, you are not voicing all of the roadblocks that people normally throw in each other's way: agreeing, disagreeing, instructing, questioning, warning, reasoning, sympathizing, arguing, suggesting, analyzing, persuading, approving, shaming, reassuring, interpreting, and so on (Rollnick et al. 2012, p. 69).

Associating the professional “voice” with a number of “roadblocks,” Miller and colleagues tell their professional readers, like Elaine and her fellow trainees, that practice-as-usual involves way too much (professional) talk, and way too little (client) action. MI, they suggest, offers an effective alternative: sustaining professional silence in order to spawn client change.

If MI texts suggest the value and function of silence in conceptual terms, MI training goes further by teaching novices how to craft and deploy specific kinds of silence in practice. These lessons come as part of the more general effort to instill in novice practitioners a heightened reflexivity about the prosodic dimensions of their speech—including intonation, stress, and quite centrally *pause*. But before trainees begin to work on the aesthetic form of the motivational interview, they first must learn MI's four basic speech acts, signified by the acronym OARS (Open-ended questions, Reflections, Affirmations, and Summaries).<sup>25</sup> As MI trainers underscore, all motivational interviews should be crafted primarily out of a combination of these four speech acts. Accordingly MI training sessions are typically largely devoted to learning to manage future conversations with problem-plagued clients using the grammar of OARS. Split into teams of three, comprised of an interviewer, an interviewee, and an observer/evaluator, and overseen by a circulating trainer, trainees conduct role-plays (or, “real-plays”)<sup>26</sup> so as to practice when to Affirm rather than Reflect, at what juncture to Summarize, and how to ask an Open rather than Closed-ended question. While those assigned as observers count the instances of OARS, they are just as attuned to what they call the “spirit” of the interviewer. Thus, in addition to mastering the “skills” of OARS, those rehearsing the role of interviewer are also evaluated as to whether they demonstrate *client-centeredness* while *directing* their role-playing interviewees toward some identifiable and professionally desirable end.

Although MI trainees, many of whom are experienced helping professionals, uniformly find the grammar of OARS almost second nature, they invariably experience the *performance* of Open Questions, Affirmation, Reflections, and Summaries deceptively difficult to pull off during these intensive rehearsals. In fact, many of the trainees at U-Haven winced and squirmed as they rehearsed OARS in the ways that Ki had repeatedly modeled, worried that they would never sound as “authentic,” “natural,” or—as one trainee repeatedly put it—“*fluent*” as their

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<sup>25</sup> While acknowledging that OARS are derived from client-centered therapy, Miller and Rollnick say that OARS, when “woven together,” constitute “the fabric” of MI (2002, p. 65).

<sup>26</sup> Many MI trainers ask that those playing interviewees come up with a problem from their own lives for the interviewer to handle. They reason that this makes the exercise far more realistic, often adding that people tend to assume the identity of the “client from hell” when they *role* play.

trainer did. And whereas controlling intonation was relatively easy,<sup>27</sup> intra-turn pauses were particularly difficult for the trainees to master. For instance, in one “breakout” practice session, one trainee bemoaned that she could not get the *tempo* of MI: “It’s like I blurt it all out. Or just stop and don’t know what to say next....at least I don’t sound like a robot anymore.”

In the face of their struggles, Ki nodded sympathetically and knowingly assured them, often by quoting his own trainer, William Miller, who he commonly referred to as “Bill.” For instance, he reminded them that learning MI is like learning to play the piano (Arkowitz and Miller 2008).<sup>28</sup> “When a person is first learning to play the piano,” Ki once elaborated, “[it’s just] black keys, white keys, pedals. [And there is sort] of a hyper-vigilance or hyper-consciousness of ‘am I doing this right? am I doing this right?’” Yet Ki was also sure to emphasize the aesthetic rewards for his trainees’ uncomfortably self-conscious practice of OARS, adding that everyone needs “to be able to play...Chopsticks before we move onto Beethoven or Rachmaninoff.”

Once his trainees had mastered the “Chopsticks” of MI, Ki turned their attention to the stylistic calibration of OARS, with an especially intent focus on the cadence of the interview. In one such session, trainees honed in on the practice poetics of Reflection, which is “one of the most important and challenging skills for motivational interviewing” (Miller and Rollnick 2002, p. 67). Notably, Reflections are common in American psychotherapies and are especially well developed in client-centered therapies, where they enjoy a central function. According to Rogers, Reflections are ways to check “whether my understanding of the client’s inner world is correct” (1986, p. 375), and as such, are also demonstrations of the therapist’s attunement to the client—or client-centeredness—at the expense of the projection of authoritative knowledge. In strikingly consistent terms, Ki told his trainees in an early training session that: “The Reflection relates it back to the person to whom we’re listening as a way to, among many other things, check in with them around to what extent am...am I getting this, am I understanding what’s going on with you?” Thus, like Rogers, Ki indicates that Reflections can produce both the sense that the practitioner lacks definitive or authoritative knowledge of the client’s inner world, and an interest in accruing that knowledge. In other words, the realization of client-centeredness depends in part of the projection of the practitioner’s initial uncertainty relative to their clients.

However, according to Ki, not just any Reflection can achieve this central therapeutic goal; the most effective reflections are stylized with silence. Indeed, as Ki once explained to U-Haven trainees, the punctuation of Reflections with silence is especially critical to the production of client-centeredness in practice, and more particularly in the performance of uncertainty. Specifically, drawing on his own client-centered practice, Ki advised:

<sup>27</sup> Ki explained that one could make a question sound like (a more efficacious) reflection by simply avoiding raising one’s voice at the end of the sentence. The following section will further discuss ideological relationship and relative performance of Open question and reflections.

<sup>28</sup> This metaphor also supports Ki’s labor as a trainer and the MI training industry more generally, for as Miller and another co-author write, “The real learning is in doing, and that requires ongoing practice with feedback” (Arkowitz and Miller 2008, p. 20).

And sometimes following a Reflection, we need to allow a little bit of time, right, for it to sit [...] That's sometimes what I do is I put out a Reflection you know two or three seconds goes by which feels like two or three minutes, and then I < snaps finger > I jump in and say "well did I get that right?" So the idea is to *allow* for that *silence* a little bit to—sort of allow it to percolate.

Here, Ki underscores that a Reflection's loaded power comes not only from its semantic content, but also its punctuation with a lengthy and loaded silence.<sup>29</sup> Although he did not elaborate, it seems that what "percolates" in well-timed therapeutic silence is the idea that the practitioner is carefully considering what the client has said, as well as the concomitant sense of having been heard or "centered." In other words, Ki's lesson suggests that poetics of pause are central to the management of clients' perception of practitioners' client-centeredness.

At another point in the U-Haven training, Ki implied that pause-filled Reflections have a *directive* potential as well. From previous sessions, his trainees already understood that Reflections should be crafted as "guesses," which change the meaning of the client's statement just enough to prompt the client to elaborate, equivocate, or revise (see also Miller and Rollnick 2002, p. 69). Ki had also repeatedly reminded U-Haven trainees that Reflections could yield much more information than Open-ended questions,<sup>30</sup> and accordingly encouraged them to intonate the end of their sentences as if they had periods rather than question marks. Yet, on the day in question, Ki was clear that in order for Reflections to yield MI's most desirable therapeutic product—that is, the client "change talk"—trainees would have to practice poetic pause:

Ki: The other way in which a reflection can be a bit like an Open-ended question, and I think we might have touched on this last time, is we allow it to linger for a moment. Right? The temptation when we reflect something and we don't get an immediate response is to what?

Trainee 1: Ask another question.

Ki: Right. We fill the space. Right? "Oh my god, what did I just say?" Right? Um, allow some space. Right? Just take a, and I know, like, two seconds can feel like.... right? It can feel like forever. Often. Just allow a few seconds, a three-count. Right? And just see what happens.

Note that, according to Ki, it is not only or even primarily *what* a professional says when they reflect that matters, but rather *how* they aesthetically craft and perform the reflection, with a clear emphasis on the temporal patterning of Reflections with carefully counted silence. Strikingly, his example appears to be one in which the practitioner worries that he or she has reflected something that is

<sup>29</sup> In modeling an interchange that includes the tag question, "did I get that right?" Ki circumvents a general principle of MI: that is, to avoid Closed-ended questions, which by inviting simple yes or no responses, potentially truncate the therapeutic dialogue. In this case, Ki clarifies that the Closed-ended tag question has an overriding value and function: that is, to project uncertainty that he, as the practitioner, has yet to accrue a full understanding of the client and has the desire to do just that.

<sup>30</sup> This is consistent with the current process research of MI, which suggests that reflections facilitate more change talk (Catley et al. 2006), which is in turn associated with changed behavior (Amrhein et al. 2003; Moyers et al. 2007).

semantically out of line with the client's intended meaning, prompting an imagined "Oh my god!" Instructing his trainees to let their reflections—whether right or wrong in their meaning— "linger" in silence, Ki also prepares them to deal with the discomfort that this seemingly awkward, even unnatural, pause might initially cause. He even suggests a metric mnemonic device, telling trainees to "allow a few seconds, a three count" before verbally intervening on what he proposes could be a productive therapeutic moment.

However, it is what Ki says at the very end of his lesson on the tempo of Reflections that is perhaps most telling. Specifically, when Ki advises trainees to "just see what happens" after a three-count pause, he indicates that it is *the silence of the Reflection*, as much as its denotational content, which prompts clients to "fill in" the conversational gap left open by the practitioner. After all, "two seconds" can presumably "seem like forever" to clients as well. Given that client "change talk" is valued as the primary product of the motivational interview, he thereby implies that silence enjoys yet another central poetic function in the practice of MI. That is, by saying nothing, the practitioner instigates the client *to talk* and perhaps therefore also to *talk themselves into change*. More generally, Ki's lesson on silence imparts to his trainees that they must work to cultivate the *stylistic lapses as much as the semantic content of their practice*, paying particular attention of when and how to pause.

### The Sounds of Silence: Toward a Formal Analysis of MI's Practice Poetics

By way of such didactic instruction, Ki's trainees learned that their practice of MI would be aided by shifting some of their attention from semantic content to the poetic form of the therapeutic message. This central lesson was less apparently, if quite effectively underscored by the fact that Ki was also *modeling* precisely this silence-filled practice poetics as he spoke to *his* clients—that is, the participants in the training. Indeed, throughout the training, Ki punctuated his own speech in striking ways, begging a systematic consideration of the poetic features of his lessons.

To be sure, aside from his three-count mnemonic, Ki gave little explicit direction on just how and when pauses could be woven through the grammar of OARS. For if this experienced MI trainer was attuned to the therapeutic functions and effects of well-timed silences, Ki did not describe the specific *patterning* of pauses in the practice poetics of MI to his trainees, nor could he do so when specifically elicited during ethnographic interviews. However, a technical transcription of Ki's lessons, as featured in the section above, bears out this striking pattern. Note that all pauses, measured in tenths of seconds, are indicated in parentheses and that punctuation that indicates grammatical clause junctures within complete sentences have been removed.

Ex. A. The Reflection (.5) relates it back to the person to whom we're listening (.4) as a way to (.7) among many other things check in with them around to

what extent am (.5) am I getting this am I understanding what's going on with you?

- Ex. B. So being able to (.4) feel being able to um (2.2) uh (1.2) you know play (.5) Chopsticks before we move onto Beethoven or Rachmaninoff. Right?
- Ex. C. The other way in which a reflection can be a bit like an open-ended question (2.0) and I think we might have touched on this last time is (.6) we allow it to (.2) linger for a moment. Right? The temptation (.6) when we reflect something and we don't get an immediate response (.6) is to what?
- Ex. D. And sometimes following a reflection (1.2) we need to allow a little bit of time (.9) right, for it to sit.

All of Ki's statements are filled with pauses, some of which are extremely lengthy.<sup>31</sup> This in and of itself may suggest that he is performing a special register. And although some pauses above appear to be at what psycholinguists would call "planning junctures," and are sometimes interspersed with verbal fillers like um and uh (see example B), which may indeed suggest that Ki is trying to organize his lessons before he verbalizes them, few of them appear at standard junctures within single turns-at-talk (see Cruttenden 1997) and are clearly not intended to cede the floor to other speakers. Furthermore, when considered in relation to the larger corpus of Ki's recorded speech, there appears to be a *pattern* to the placement of the majority of his pauses, suggesting that they are products of the very same practice poetics he imparts to his trainees.

However, while we can see above that Ki makes prolific use of pause during the course of the training, more evidence is needed in order to substantiate that (1) the pauses are placed at regular, even semi-predictable junctures in his speech, and (2) that the patterns of placement are characteristic of, if not unique to, the practice poetics of MI. After all, one might argue that Ki's pauses are products of the teacher/trainer register, which arguably tends to be forgiving of inter-turn if not intra-turn silence, given the pedagogical setting where these speech acts were performed. And, it is also crucial to demonstrate the pattern is not unique to Ki's individual speech style and that other experienced MI practitioners employ pause in consistent ways, especially when they are modeling how to conduct an efficacious motivational interview.<sup>32</sup>

In order to determine if there is indeed a pattern to the placement of pauses in MI, we engaged in the formal analysis of another source of data: video-recorded exemplars of MI practice. Since MI's founding in the early 1980s, Miller and his colleagues have produced a number of demonstration films for use in training. In these films, seasoned MI practitioners demonstrate their method with client-actors, whose role it is to present seemingly intractable problems for the motivational

<sup>31</sup> Notably, none of these very marked pauses hit the two to three second mark that Ki suggested to his trainees, which are extremely lengthy by almost any standard.

<sup>32</sup> Although the first author attended many MI trainings and interviewed dozens of experienced MI trainers across the United States, and accordingly developed the strong intuitive sense that Ki's use of silence was characteristic of the MI speech community, a more formal analysis was needed to confirm this intuition.

interviewer to productively engage. The “Motivational Interviewing: Professional Training Series” (Miller et al. 1998) is the most widely circulating of these films. Several of the film’s vignettes star William Miller himself, who expertly demonstrates the method he founded. “Ponytail John,” named after the actor who plays the client, is a favorite among MI trainers. Perhaps the most popular vignette is known as “Rounder,” which features Miller’s close colleague and prolific MI process researcher, Theresa M. Moyers, engaged in a virtuoso performance of MI with a man playing a stubborn cowboy who she subtly steers toward change. Both of these films are commonly used in MI trainings, including the one at U-Haven, to model MI practice. Indeed, their primary purpose is to serve as *exemplars* of how to do MI, not only by adhering to its grammar (i.e., OARS), but also by speaking with what MI proponents call “spirit” and we theorize here as *practice poetics*.

The overarching purpose of our analysis is not simply to show that there is a distinct poetics of pause in MI, but that this intra-turn pausing serves to help practitioners enact the client-centered directiveness that distinguishes MI. To this end, we considered our formal analysis alongside a native analysis of the model MI sessions on the training films, with a special interest in how the pause-filled turns at talk we identified were coded by MI insiders. The training films are frequently used in conjunction with the Motivational Interviewing Treatment Integrity Scale (or “MITI”), a measure of practitioners’ fidelity to MI that has been developed and maintained by MI’s lead proponents (Moyers et al. 2009).<sup>33</sup> This and other MI fidelity instruments are designed to assure that those who claim to practice MI are in fact adhering to its principles of practice. In this sense, the MITI can be seen as representing the “native view” of MI in elaborate and formal if constantly evolving ways, as indicated by the fact that the MITI is now in its 3.1 edition. The developers of the MITI apparently want to make this view patently clear, publishing the MITI-coded transcripts of Rounder and Ponytail on-line as a guide for trainers, coaches, and fellow researchers. The MITI manual, which gives explicit directions about the codes and counts and offers a number of decision rules, is also widely and freely available. The MITI allows for coders to identify and count how many times a practitioner appropriately uses OARS as well as whether a speech act is “MI-consistent” more generally. It also includes a measure of the performance of the overall gestalt, or so-called “spirit” of MI (Moyers et al. 2009). Notably, however, the MITI’s coding schema and decision rules only attend to the semantic content of practitioners’ speech, a matter to which we will return in the conclusion.

Taking off from Ki’s lessons on the powers of pause in Reflections, we adopted CA conventions (see Schegloff 2007) to transcribe all the instances of practitioner speech in the demonstration films that have been officially coded by the MITI as Reflections. Though we have simplified the transcriptions for presentation to here so as to highlight the element of pause, our technical transcripts originally showed various formal features (such as intonation, overlapping speech, stretched sounds, volume, and, of course, pause), as well as pragmatic devices and nonverbal sounds

<sup>33</sup> The MITI has been especially used in MI coaching, an individualized component of advanced MI training. Coaches commonly work in conjunction with trainers, and a large part of their work involves evaluating trainees’ audio-recorded MI sessions with actual clients. The MITI provides these coaches a systematic way to both code and evaluate these sessions in line with criteria set forth by MI authorities.

that are not transcribed on the “official” transcripts of *Rounder* and *Ponytail* available on-line.<sup>34</sup> Our analysis of these transcripts revealed that of the interviewer phrases MITI-coded as Reflections across both demonstration films,<sup>35</sup> the vast majority of them are punctuated with distinct pauses and micropauses that are consistent with those that mark Ki’s speech.

More interesting still is that when the model interviews are technically transcribed, they reveal three prominent *patterns in the placement of pause* that do not serve to demarcate traditional “turns” at talk and that do not fall at clause boundaries, before lexically complex words, and/or before new intonation units, as Cruttenden (1997) suggests. These pauses appear at particular—and particularly unusual—grammatical junctures of Miller’s and Moyer’s model interviews, no matter what sort of statement they are “reflecting.” And while MI’s signature pauses generally make clients more attentive to *what* the practitioner says by stylistically marking *how* they say it, our analysis below shows how pauses, when skillfully deployed at particular grammatical junctures, poetically produce client-centeredness, directiveness, and the opportunity for change talk in real-time practice.

### The Productive Placement of MI Pauses

The first unconventional pattern of pause modeled in the training films involves infinitive phrases, with both Miller and Moyers regularly pausing between the infinitive “to” and the remainder of the infinitive phrase. When these marked post-infinitive pauses are performed in real-time, they project the sense that the interviewer is searching for just the right verb form to “reflect” back to the client. And indeed, post-infinitive pauses appear repeatedly in the practitioners’ statements that are coded by the MITI as “Reflections.” The following exchange is exemplary of this pattern.

**Rounder:** We::ll I got assigned a probation officer and she’s a blonde headed gal (.) and I think she’s out to just (.) destroy me totally you know she’s (.) she’s talkin about me getting a lot a jail time and this big fine and an everything that she’s gonna do if I don’t do certain things and (.3) I just kinda think maybe you’re gonna do the same thing to me.

**Moyers:** So it seems to you that I might try to (.2) **push you around** and make you do a whole bunch of things you don’t wanna do.

<sup>34</sup> Using these conventions, the second author produced transcripts of “*Rounder*” and “*Ponytail*” using the transcription assisting software Express Scribe, which has a feature that allows the transcriber to estimate the length of pauses with reasonable accuracy (i.e., within a tenth of a second). Both authors reviewed these transcripts independently, checking them against the film for accuracy. Some corrections were made to the transcripts, and disagreements about how to transcribe particular utterances were discussed and resolved. After reviewing and refining the technical transcripts, the authors independently examined the transcripts to identify possible patterns in the use of pause. After this initial review, the first author identified patterns involving pauses, which were confirmed by the second author’s independent examination. All the examples were checked again in a third round review by both authors.

<sup>35</sup> Seven MITI coded reflections were eliminated because they were constituted by fewer than five words, arguably allowing little chance for the practitioner to engage in the poetics of pause.

Miller, whose speech is much more slowly paced than Moyers' and punctuated with verbal fillers, tends to sustain particularly long pauses after infinitives, further stylizing his turns at talk. So whereas Moyers regularly pauses briefly, but detectably before infinitive phrases,

**Moyers:** So you kind of feel two ways about it you know on the one hand you think you'd like to have the change and you'd like **to (.) quit drinking** and on the other hand you think you kind a dread.

Miller's reflections are characterized by especially long lapses at this grammatical juncture.

**Miller:** s– so you (.) ye (.6) ye you're a little bit (.) nervous about how you get along (.) if you weren't using these things **to (.6) blow off the steam to (.9) to let down.**

**Miller:** So you have a lot of responsibility (.) the (.) the job you have you (.4) ya you're working with a lot of people you're overseeing a lot of people (.4) you've got (.4) na, not a family yet but you've got a (.) also a marriage and yer (.5) responsible there and in some ways this is a pull **to (1.2) feel free of that** at least for a little while (.) to feel free of that responsibility.

Notably, the pattern of post-infinitive pause also corresponds with Ki's talk in example A, when he sustains a long pause immediately after the infinitive to in the phrase "as a way **to (.7) among many other things (.2) check** in with them." The pattern recurs in examples B and C.

Examined as a corpus, post-infinitive pauses performed in the training films are not correlated with the specific content of what the client-actor has previously said, and perhaps more notably, with whether or not a desire to continue or cede problematic behavior has been articulated. For example, note that Moyers "reflects" Rounder's stated ambivalence about his drinking, whereas Miller reflects Ponytail John's reports of the pleasures of active drug use. Of course, this projected agnosticism is part and parcel of portraying "client-centeredness." Yet post-infinitive pauses substantially contribute to the realization of client centeredness by conveying the sense that the practitioner is carefully considering what the client has said and is searching for just the right way to reflect it back. In other words, in indexing practitioner thoughtfulness, post-infinitive pauses help realize the therapeutic goal of "client-centeredness."

If these post-infinitive pauses demonstrate the practitioner's thoughtfulness in relation to the client's previous statement—or in MI's terms, client-centeredness—they apparently do so at the risk of projecting uncertainty, at least temporarily. It is almost as if, in pausing, Miller and Moyers are inviting their client-actors to fill in the silent gaps they leave open with just the right word. However, even though some are quite lengthy by conventional standards, post-infinitive pauses do not function to cede a turn at talk. In fact, over the course of both model interviews, there is not a single instance in which the client-actor intervened after a post-infinitive pause. We suggest that precisely because they figure the practitioners' thought(fulness), MI's signature intra-turn pauses also serve to allow the practitioners to strategically hold

the floor—at least long enough to finish articulating their thought in a palpably client-centered way.

This line of analysis is borne out when considering a second signature pattern of pause in MI Reflections, that is, distinct silences that regularly occur immediately preceding subordinate clauses, and especially after the subordinate conjunction “that.” Consider this exemplar:

**Rounder:** Well I tell you one thing (.) I set out here in front for about an hour before I come in(.) And I was about that hmm that close to just cranking that pickup up and heading back home(.) I’m I’ll let you know just like I told Rich (.2) I’m not real happy about being here.

**Moyers:** I’m (.) hearin you loud and clear **that (.) bein’ here** is not something that’s really a high priority for you.

This pattern of pauses occurs repeatedly across both model interviews in practitioner statements that are coded as reflections. For example:

**Moyers:** hm (.) so she’s **afraid that (.3) if you take the children** (.) with you that you’ll be drinking and then you might hurt them and get in an accident

**Miller:** hh uh (.) an and she has some reason for that as as you can see it but (.3) it also feels annoying to you **that (.5) that she has that concern.**

Ki again follows stylistic suit in regularly pausing before subordinate clauses, as in example C (i.e., “The temptation (.6) **when we reflect something...**”).

Aside from their general prominence in statements coded by the MITI as Reflections, these pauses—placed as they are—allow practitioners to selectively highlight particular content of a client’s statements when “reflecting” it. By disrupting, if very briefly, the flow of preceding speech, much as one would when introducing a new topic of conversation, pauses performed before subordinate clauses underscore the semantic content that immediately follows them: i.e., “bein’ here,” “if you take the children,” “she has that concern.” So while pauses that precede subordinate clauses, much like post-infinitive pauses, may index practitioner’s thoughtfulness and thereby project *client-centeredness*, they also allow practitioners to subtly emphasize particular content and thereby *direct* the topical course of the conversation.

The directive potential of pauses that proceed subordinate clauses is further fueled by the fact that they are deployed at grammatical junctures in which it is clear that the practitioner has not yet concluded his or her thought, and that more (thoughtful) speech is to follow. Whereas the post-infinitive pauses have a vaguely invitational quality, suggesting a willingness to verbally collaborate with the client even if this is not the goal or immediate result, the modeled pauses preceding subordinate clauses deflect interruption, occurring at junctures when it would be conventionally rude for another speaker intervene. In this sense, these pauses act, semiotically, as “cliffhangers” by conjuring anticipation about what will be said—or “happen”—next. Cliffhanger pauses thereby allow the practitioner to hold the floor so as to purposively *direct* the conversation—which is surely one reason that Miller and Moyers so concertedly model them.

The directive potential of intra-turn silence is also evident in a third signature pattern of MI pause performed consistently in the model interviews, and particularly

in practitioner turns-at-talk coded as Reflections—that is, silence that regularly occurs in accordance with coordinating conjunctions. These pauses are perhaps the most marked of the three. For whereas SAE speakers conventionally pause very briefly *before* conjunctions like “and” and “but” within their turns-at-talk,<sup>36</sup> Miller and Moyers model a way of speaking that deploys long pauses *after* these parts of speech. Consider the following examples. The first occurs early in Miller’s interview, after Ponytail John has just offered a brief explanation of why he failed a drug test at work:

**Miller:** so it’s kind of unusual **and (1.0) and you got snagged.**

**Moyers:** so drinking kinda helps you relax **and (.5) and (.5) you know (.5) cope with your life.**

**Moyers:** nn this (.) this accident is what caused you to have to come in here (.) and got you in all that trouble at work **and (.) now they’re (.) thinking about takin’ your driver’s license away** and that’s why you gotta come here.

Acting much like cliffhangers, these post-conjunction pauses may help MI practitioners hold the floor, occurring at junctures where it is clear that their turns at talk have not been completed. And, like post-infinitive pauses, they may also aid in the demonstration of client-centeredness by apparently indexing practitioner’s intent to accurately reflect what the client has said and temporary uncertainty of how to do so. After all, the remarkable dysfluencies—such as false starts, repetitions, and verbal fillers—that we see in across instances of Miller’s (and Ki’s) speech, seem particularly pronounced in this case. Note, for example, how Miller not only pauses before he says “you got snagged,” but also repeats the word “and,” almost as if he is really unsure what part of Ponytail John’s brief statement about the random drug test that he will reflect next. This stuttering pause recurs not only at several junctures over both Miller’s and Moyers’s interviews, but also in Ki’s speech as well, suggesting that dysfluency—like pause—is a resource rather than a risk to this modality of expertise (Carr 2012). After all, when MI practitioners project uncertainty through their style of speaking, they appear to be expertly attuned to their clients’ yet fully articulated inner worlds. More implicitly, in their stuttering, they also invite their clients to put their problems into clear and unequivocal words.<sup>37</sup>

For precisely this reason, post-conjunction pauses may be particularly adept at facilitating MI’s ultimate goal—that is, “change talk.” Recall that MI is philosophically grounded in the principle that people tend to believe what they hear themselves say. Arguably, pauses after coordinating conjunctions offer opportunities for clients to finish practitioners’ (uncertain) statements and thereby—at least potentially—talk themselves into change. Thus, in the first case, Ponytail John may interpret the post-conjunction pause as an invitation to finish

<sup>36</sup> This tendency is especially prominent when extending a turn-at-talk when an interlocutor has failed to take their turn. So whereas pauses before conjunctions can be used as a conversational device to manage turn-taking, MI’s intra-turn post-conjunction pauses clearly have another function and are noticeable precisely because they deviate from conventional ways of speaking.

<sup>37</sup> The fact that Miller and Moyers *repeat this invitation* in single turns at talk ultimately suggests that their dysfluency, like their pausing, is carefully managed.

Miller's sentence and elaborate on his own previous statement. The fact that neither Ponytail John, nor Rounder for that matter, never takes up this offer does not pose a significant problem. After all, all the post-conjunction pause-punctuated statements are coded by the MITI as Reflections—considered to be one of the most potent types of statement in MI. In the end, MI's marked post-conjunction pause projects the idea that there are ample conversational gaps for the client to fill in, if not always the immediate opportunity to do so.

In sum, of the professional utterances coded by the MITI 3.1 as "Reflection," 43 of 58 (74 %) of them exhibit one of the three unconventional patterns of pauses described above. Some might suggest—along with psycholinguists—that these pauses primarily serve a cognitive role—allowing practitioners a chance to plan what to say next in sometimes unrelenting pace of real-time practice. Such explanations, however, fail to explain the consistent placement of pause at particular grammatical junctures across interviews and interviewers. Surely, Ki, Miller, and Moyers would not all choose the same places to pause and plan, especially given the unusual choices they so consistently make.

Rather, as Ki underscores and Miller and Moyers demonstrate, pauses are poetic devices that allow MI practitioners to *say* something in the moments that they say nothing. And, as our technical transcripts read alongside the MITI coded ones underscores, the semantic content of a Reflection becomes powerful when it is stylized with specifically placed silences. The convergence of the patterns of pause described above results in a halting speech style, which is the most prominent, if certainly not the only feature of MI's distinctive *practice poetics*. In the most general sense, then, MI's signature pauses mark it as both a professional register and—by extension—a distinct brand of psychotherapy.

Technical transcripts of model MI interviews not only reveal a prolific use of pause. As we have shown above, there are specific patterns in the placement of pause, which allow practitioners to poetically produce and project the very qualities that MI proponents associate with their practice. Indeed, our analysis suggests that the reconciliation of Rogerian client-centeredness and behavioral directiveness is accomplished—at least in part—by managing how and when practitioners pause when they speak. More specifically and as illustrated above, pauses can allow practitioners to demonstrate thoughtfulness, underscore particular topics, hold the floor, and invite particular kinds of commentary—but only when carefully placed at particular grammatical junctures in the flow of speech, which must be modeled and practiced. And even if they do not recognize all the patterns of their pause-filled therapeutic performances, like most poets, MI practitioners clearly know they must master *just how and when* to say what they do if they want *what* they say to be effective.

## Conclusions: When Silence Speaks Volumes

Since the advent of MI in 1983, the distinguishing of American psychotherapies has become all the more critical in a highly commercial and competitive environment in which a number of new interventions work to gain reputations as "evidence based"

(and therefore reimbursable) and “brief” (and therefore cost effective). In the first few pages of each edition of Miller and Rollnick’s central text, the reader cannot help but note how the authors distinguish—and some might say, “brand”—MI as a psychotherapeutic practice. Yet whereas Miller and Rollnick initially framed their method’s rapprochement of client-centeredness and directiveness in philosophical terms, over time, they have allowed MI’s “client centered directiveness” to, literally, speak for itself. This paper has worked to show how MI’s signature as a distinct psychotherapy is practically—or *poetically*—achieved.

Some skeptics and detractors suggest that MI’s developers have been particularly savvy in marketing MI, in part by disguising its “directive” and even “manipulative” elements. To be sure, since its first book length explication in 1991, MI’s Rogerian roots are increasingly highlighted and its potentially controversial behaviorist orientations significantly downplayed. This is one reason that the casual observer of MI, and certainly most clients of the practice, would most likely identify it as a squarely client-centered approach. We contend that MI’s identity as a “client-centered” approach is not simply due to its “packaging” as such, but also to the semiotic composition of the motivational interview, itself, which works simultaneously as a poetic and semantic text. As we have shown above, the motivational interview’s denotational content—that is, *what* MI practitioners actually say—is composed primarily of “client-centered” statements, while its poetics—that is, *how* MI practitioners say what they do—simultaneously direct clients to say and do things that are in line with professional goals. Furthermore, through their pause-punctuated talk, MI practitioners can enact “thoughtfulness” and “client-centeredness” in interactions with clients, all the while directing the course of the discussion. And while client and casual observer alike are highly attuned to *what* practitioners say, the poetics of MI practice, including its unusual pattern of pause, is not nearly as easily identifiable.

From a linguistic anthropological perspective, MI’s “client-centered directiveness” is a semiotic achievement. After all, our analysis shows that the very hallmark of MI is borne of the disaggregation of the semantics and poetics of the therapeutic text, so that the referential and metalingual function of the therapeutic message can be purposed to the ends of “client-centeredness,” while the same message is stylized to direct clients as well. Quite aside from whether MI “works” in the sense of actually healing or helping people—a topic that has been pursued by many other researchers—our analysis identifies how MI *works semiotically*, to produce in real-time discursive practice its signature therapeutic principles. Put very simply, MI’s poetic pauses *do* things, precisely because they send messages to clients and onlookers alike about what kind of interaction a motivational interview is.

This discussion has implications for the anthropological study of other psychotherapies and healing practices. Methodologically, we propose that to fully understand the effects of a particular therapeutic practice, anthropologists and clinical researchers alike must look beyond the denotative content of professional speech to examine its poetic features. Considering the vast clinical literature devoted to ferreting out the so-called “active ingredients” of psychotherapy, it is quite striking that the practice poetics of psychotherapy have not received more scholarly attention. For instance, we should recall that although the MITI has grown

increasingly more sophisticated in each of its editions, the manual provides no further guidelines for differentiating or distinguishing the poetics of interviewer speech, nor does it elaborate what kinds of stylistic features of language contribute to the “gestalt” of the MI session.<sup>38</sup> This is especially striking given that MI trainers, like Ki, devote so much attention to cultivating MI as a style of speaking.

How might we explain the lack of scholarly attention to the poetics of American psychotherapy? Perhaps the idea that therapeutic speech is *stylized* flies in the face of the idea, which is particularly prominent in the United States, that therapy is a site of human authenticity, where client and practitioner alike speak in ways that are unfettered by social stimuli or agendas (see Carr 2011). Along these lines, some may feel that once we acknowledge that practitioners’ speech is stylized or meticulously crafted—for example, that they have *learned* to pause or intonate to project and perform client-centeredness—we have pierced or even analytically violated a key principle of American client-centered psychotherapies: that the therapist’s speech should be “authentic” and “genuine” rather than performative or instrumental.

Yet for experienced MI trainers like Ki, there is nothing antithetical about the practice poetics that they demonstrate and cultivate during the course of MI training and the possibility of a therapeutic encounter that is felt by both parties to be genuine, natural, and real. Indeed, their work suggests that the performative and poetic dimensions of the motivational interview lay the groundwork for the client and clinician alike to realize and experience authenticity. This is certainly one of the primary reasons why MI training centrally involves instilling in novices an acute reflexivity about the poetics of their speech. To be sure, MI trainers like Ki recognize that they are not simply or even primarily teaching novices *what* to say, but are rather helping them craft *how* to say what they will. And, over the course of MI training, novices accordingly learn that their style of speaking—including the unusual patterns of pause described above—potentially reinforces that message’s efficacy and impressiveness and significantly affects the way clients experience the MI encounter.

It is clearly beyond the scope of this paper, to say nothing of our scholarly interests more generally, to examine or identify what clients *really* experience when they participate in a motivational interview. We nevertheless take seriously Ki’s suggestion that poetics play a large role in what makes therapeutic practices effective, in part because they serve to shape clients’ perceptions of what sort of interaction a clinical encounter is, what kind of person they are talking to, and

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<sup>38</sup> Although the MITI explicitly codes for the “content” of what MI practitioners say, assigning particular speech acts to relevant categories (i.e., “reflection,” “open-ended question,” “MI-consistent”), it offers no systematic way to account for the poetic features of practitioner speech. If the poetics of practitioner speech are addressed at all in the MITI, it is through their implicit inclusion in an overall “gestalt impression” of the interview, which is coded in a second pass of the transcript. According to the MITI coding manual, the gestalt impression is oriented to the “spirit” of the interview, and more particularly to the extent to which the practitioner demonstrates each of the valued dimensions of MI practice: including how “collaborative” or client-centered as well as how successfully “directive” he or she is. At the same time that it marks what it calls “spirit” and what we call “style” of the motivational interview, the MITI manual provides no further guidelines for differentiating these two elements of interviewer speech, nor does it elaborate what kinds of stylistic features of language contribute to the “gestalt” of the MI session.

therefore potentially how they engage with them. Given MI's proliferation, we must appreciate that its poetics are always also attuned to less proximate audiences as well, working to shape the public perception of its craft. Indeed, the ethnographic study of MI ultimately suggests that in order to fully understand the interpersonal, cultural, and political possibilities of psychotherapeutic interventions, we must fully appreciate practitioners' poetry.

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