



University of
Sistan and Baluchestan



Uppsala University

Principles of Turn Taking in Psychotherapy Conversations of Patients with Generalized Anxiety Disorder with Cognitive-Behavioral Therapy Approach

Fereshteh Mohamadpour¹, Jalal Rahimian²,
Mohamad Reza Taghavi³, Rahman Sahragard⁴

¹ Ph.D., Department of Foreign Languages and Linguistics, Faculty of Literature and Humanities, Shiraz University, Shiraz, Iran, Email: fmohamadpour.academic@gmail.com

² Corresponding author, Professor, Department of Foreign Languages and Linguistics, Faculty of Literature and Humanities, Shiraz University, Shiraz, Iran, Email: jrahimian@rose.shirazu.ac.ir

³ Professor, Department of Clinical Psychology, Faculty of Education and Psychology, Shiraz University, Shiraz, Iran, Email: mtaghavi@rose.shirazu.ac.ir

⁴ Professor, Department of Foreign Languages and Linguistics, Faculty of Literature and Humanities, Shiraz University, Shiraz, Iran, Email: rsahragard@rose.shirazu.ac.ir

Abstract

Therapeutic discourse is a special type of organizational discourse which is used by psychotherapists when treating their patients. The present study uses the conversation analysis approach to find the principles of turn taking in the therapeutic situation. This study specifically examines the therapeutic discourse of treatment sessions for patients with generalized anxiety disorder (GAD) based on the Cognitive-Behavioral Therapy (CBT) approach. The method used in this research is qualitative. The corpus used in this study included 2520 minutes of conversation in psychotherapy sessions. The participants in this study were 16 people of both sexes. ATLAS.ti computer software has been used to construct and present the verbal pattern. The results of this study show that most of turn taking were related to female clients and psychotherapists. This result is related to the relationship between clients and psychotherapists, women's verbal habits, excessive curiosity, and their challenging personality. The presence of overlap in the speech of female psychotherapists and clients and pause in other conversations have been the most widely used signs of turn taking in this type of conversation. The present study has faced some limitations. One of the most important limitations of this research was the prevalence of Covid 19 virus. Also, obtaining the consent of some psychologists and clients to record their videos and voices in psychotherapy sessions has been another limitation of this research. Given the importance of communication and linguistic studies in psychotherapy, it is suggested that future research be conducted on the following topics: "Comparison of GAD Patients' Speech Pattern with Speech Pattern of Other Anxiety Disorders" and "The effect of direct and indirect expression on anxiety in patients with anxiety disorders".

Keywords: therapeutic discourse, turn taking, generalized anxiety disorder, cognitive-behavioral therapy approach

Received: September 10, 2021

Revised: December 15, 2021

Accepted: January 29, 2022

Article type: Research Article

DOI: 10.22111/IJALS.2022.6934

Publisher: University of Sistan and Baluchestan

© The Author(s). 

How to cite: Mohamadpour, F., Rahimian, J., Taghavi, M. R., & Sahragard, R. (2022). Principles of turn taking in psychotherapy conversations of patients with generalized anxiety disorder with cognitive-behavioral therapy approach. *Iranian Journal of Applied Language Studies*, 14(1), 47-66. <https://doi.org/10.22111/IJALS.2022.6934>

1. Introduction

Conversation is a form of oral discourse and a special type of social interaction that has certain rules (Malyuga & Orlova, 2018). The situations in which the conversation takes place have some sort of classification. Types of situations include personal discourse and organizational or institutional discourse. Conversation in the situation of organizational discourse is similar to normal dialogue but is limited by organizational rules (Smoliak & Strong, 2018). A special type of organizational discourse is the dialogue that takes place between the client and the psychotherapist during psychotherapy, which is called “therapeutic discourse” (Weiste & Peräkylä, 2015).

Psychotherapy is a linguistic event that occurs during therapeutic conversation. Therapeutic dialogue takes place in the form of a two-way language exchange and exchange of views, in which new meanings are constantly evolved, and thus the treatment system progresses. Conversational language helps clients and therapists create meaning together, and in the healing process, everyone is involved in a linguistic system (Goldenberg & Goldenberg, 2012). Often, psychotherapists and related professionals try to help their clients by listening to and talking to them. Therefore, when the main means of achieving psychotherapy outcomes is the use of language, the psychotherapist is expected to have special skills in conversational processes. Turn taking in conversations is an opportunity given to the speaker to speak at certain times during the conversation (Yule, 2000). There are two characteristics in a conversation; (1) People talk (at least) one by one (2) Change the speaker (Schegloff, 2007). In conversation, there is a category called permission to speak, which is obtained by the participants in the conversation, called turn taking (Ghilzai & Baloch, 2016). Turn taking are systematic (Park, 2016). Turn taking constituents are called turn constructional units (TCU). These units, in terms of grammatical structure, can be sentence, clause, phrase or lexicon, and also have an intonational and functional dimension.

By approaching the turn generation units, it is possible to transfer the turn to the next speaker. Any change in the call turn is called the Transition relevance place, which is called the turn-taking process (Khoddamy Pour & Lashkarian Yazd, 2015). Speakers during the conversation can use the continuity of turn-keeping tools to keep their turn in the conversation or to assign the turn to someone else (Wardhaugh, 2011). According to Burke (2019), Saks et al. (1974) introduced the principles of turn taking structure during a conversation by presenting a model. Their model offers three solutions based on which the speaker assigns the turn. The first solution is that the current speaker is allowed to choose the next speaker, which is often done by asking the addressee a question. The second solution, also called self-selection, expresses the idea that the next speaker can take her/his own turn. The third rule states that the current speaker can continue to speak, although she/he does not have to. These rules are systematic, in the sense that the first rule takes precedence over the second rule, and the second rule takes precedence over the third rule. Turns taking and their duration are not predetermined, but these rules give a regular conversation so that the speakers can speak easily. According to Carroll (2008), Duncan (1972) divided the signals used

to set turns in conversations into two parts: “Signs of turn assignment” And “Turn-taking stop signs”. Signs of turn assignment include: reduction of pitch, stretching of final or accented syllables in the last phrase, ending hand gestures, use of common terms, Reduce the tone of voice, and complete expression of the sentence or paragraph. Turn-taking stop signs include: Using hand gestures with one or more symbols, such as: not pausing at the end of syntactic structures, using the conjunction to connect sentences, filling in pauses with fillers such as: mmm, hmmm, etc.

Anxiety disorders are one of the major psychological problems. In many sources in psychology and psychiatry, as well as in many psychological theories and research findings, anxiety has been suggested as the root cause of most psychological disorders (Bui et al., 2020). Due to its chronicity and pervasiveness, this disorder poses special challenges in the field of effective treatment for professionals in this profession (Clark & Beck, 2011). Considering the above explanations and the importance of speech in psychotherapy and also the existence of anxiety in the daily life of most people, this study investigates features of turn taking in conversations of psychotherapy of patients with generalized anxiety disorder based on cognitive-behavioral therapy approach. The present study has faced some limitations. One of the most important limitations of this research was the prevalence of Covid 19 virus. Also, obtaining the consent of some psychologists and clients to record their videos and voices in psychotherapy sessions has been another limitation of this research.

2. Review of Related Literature

Research on turn-taking shows that most of these studies have been conducted in a one-dimensional manner or have tended to critical analyzes of discourse, power in discourse, and gender discourse. The researches that have been done in the field of therapeutic discourse have been mostly in the form of books that have defined the concepts, research methods and the importance of this type of discourse in research related to psychotherapy. Also, a review of research conducted in this field shows that research in the field of therapeutic discourse is very limited. The following are some of these studies. In a study, Corpsa et al. (2018) examined the prediction of listeners’ turn taking through content and text length. They tested participants in two ways. Participants were first given a text and asked to anticipate the part about assigning the turn taking through the content of the text. In the second experiment, participants were asked to predict the length of speech and the number of words needed to assign the turn taking while reading the text. The results of their research show that predicting turn taking through content facilitates the conversation process because it allows listeners to prepare their response more quickly, but this does not predict when the speaker will assign turn taking. The results also show that the length of the text cannot fully predict the assignment of the turn taking by the speaker to the listener. Therefore, participants did not use linguistic information to predict turn taking, but the content and length of speech were very effective in understanding speech and showed that listeners could use them to predict how the word

would continue. Alizadeh-Nabil (2017) examined the role of gender in taking turns in the conversational process of Persian speakers. The results of her research showed that power, culture, level of education, occupation and gender affect the turn-taking. Park (2016) in a study examined the principles of Korean language turn taking. He believed that speakers can recognize the time of pause and assignment cognitively without the use of turn taking assignment elements. The results of his research showed that TRP could occur within a lexical boundary whose meaning has been completely transferred, in other words, an action occurred completely and was completed. This event can also be understood by the common knowledge among the speakers. Finally, Park argues that Sacks et al. (1974) model conforms to the principles of the Korean language. Ghilzai & Baloch (2016) have examined the principles of taking turns in multi-person conversations based on gender.

The present study examined turn taking in three types of conversation models: male-to-male conversation, female-to-female conversation, and both-sex conversation. The results of their research revealed that the number of turn taking in women is more than men and it is due to the greater curiosity of women in various matters. In this study, men were more silent and rejected the offer to turn take speaking. Samadneshan (2016) in a study compared the principles of turn taking in Persian and English films. For this study, conversations between family members and friends were examined in 8 Persian and English films. The results of their research displayed that there is no significant difference between Persian and English films and in both languages, the first speaker identifies the second speaker. Khoddamy Pour & Lashkarian Yazd (2015) in a study examined the issue of taking turns from the theory of conversation analysis. The results of their research showed that taking turns in conversation is a very prominent component in communication. Participants in the conversation used various methods such as assigning the turn taking explicitly, the tone of speech, the use of pointers, etc. to announce it to the audience. In this regard, the most important that was used to transfer the turn taking was the adjacent pair. Ingram & Elliottb (2014) in a study examined the relationship between turn taking and waiting time in classroom verbal interactions. Specifically, they surveyed seventeen math classrooms with students ages 13-14 to analyze the structure of turn taking and the length and nature of pauses that occurred during class interactions.

The results of their research showed that the structure of classroom turn taking is significantly related to silence. Silence also has a different effect on the behavior between students and teachers, which can be due to the educational and formal structure of the environment under study. In a study, Napitupulu & Siahaan (2014) examined the principles of turn taking traditional Batak Tuba weddings. The results of their research findings showed that turn taking was in three speech situations and based on it, three rules were applicable. The first rule was to assign the turn taking using the pronoun in the address to relatives. The second rule was when the turn taking was assigned from a man to a woman, the man used the word with the reference of the female speaker.

The third rule also applied when a woman wanted to hand over a turn taking to a man, in which the woman used a personal pronoun to address the man to whom the turn taking was to be given. In a study, Kato (2000) examined the principles of turn taking based on signal rotation and

speaker tone selection. The results of his research showed that the tone of speech is a very important component and one of the basic mechanisms in showing the turn taking during the conversation and this component can play a decisive role in the interaction and relationships between speakers. Therefore, the words with stress and falling intonation indicate the assignment of the turn taking to the audience. Other results of their study also showed that the rules of turn taking in conversations differ between different cultures and languages.

3. Method

Data collection of this study was done through audio and video recording of psychotherapy sessions. Data recording and videotaping was done completely naturally and without the presence of the researcher in psychotherapy sessions, by psychotherapists in the counseling and psychotherapy centers of A University and B University of Medical Sciences. The sampling in question is an intensity sampling that is a subset of purposive and criterion based sampling. In purposive and criterion based sampling, sample units are selected from the target to represent a specific key metric. Intensity sampling includes informative, excellent and productive cases of the studied phenomenon. Accordingly, the language corpus used in this study includes 2520 minutes of conversation in psychotherapy sessions in which individuals have referred to psychotherapists for the treatment of generalized anxiety disorder. The recorded conversations included conversations related to psychotherapy sessions for female clients and female psychotherapists, conversations related to psychotherapy sessions for male clients and female psychotherapists, conversations related to psychotherapy sessions for female clients and male psychotherapists, and conversations related to psychotherapy sessions for male clients and male psychotherapists.

Table 3.1

Details of Research Participants (clients)

Number	Gender	Age	Marital status	Number of children	Degree of education	Occupational status	Monthly income
1	female	21	single	-	BA	student	Low income
2	female	40	married	2	BA	Teacher	Medium income
3	female	35	single	-	MA	Engineer	High income
4	female	35	married	1	Ph.D.	Student	Medium income
5	male	43	married	2	BA	Nurse	Medium income
6	male	28	single	-	MA	Student	Medium income
7	male	45	married	2	BA	Engineer	High income
8	male	36	single	-	Ph.D.	Student	Medium income

Table 3.2*Details of Research Participants (Psychotherapists)*

Number	Gender	Age	Level of Education
1	female	27	Ph.D.
2	female	35	Ph.D.
3	female	37	Ph.D.
4	female	52	Ph.D.
5	male	30	Ph.D.
6	male	36	Ph.D.
7	male	54	Ph.D.
8	male	65	Ph.D.

The age group of clients was 21-45 years and psychotherapists were 27-65 years. After this step, the audio and video files were carefully written. Richards (2003) model was used to write the data.

Table 3.3*Principles of Conversation Writing Based on Richards (2003) Model*

A symbol	the mark
Falling Intonation	.
Rising Intonation	?
Pause of about one second	(...)
Exclamation mark	!
Overlap in speech	[]
stress	-
Stretch the vowel	:
Short pause	(-)
Long pause	(+)
Interruption of speech	=
Reduce pitch	↓

After extracting the linguistic data generated by psychotherapists and clients, finally, the conversations were examined according to the type of Cognitive Behavioral Therapy technique and aspects of therapeutic relationship. The criterion for conversation analysis is utterance. Turn taking rules have also been discovered and extracted in conversations. When analyzing the data of the present study, several methods have been used to evaluate and increase the reliability and validity of the data, which are: A) Qualitative analysis of data that has been done with three methods of analysis, including the method of conversation analysis, the method of counting words and the method of finding keywords in the text. B) Qualitative analysis of data with the help of ATLAS ti. computer software.

4. Results

In this section, by examining the data related to turn taking by psychotherapists and clients, a verbal model of how to turn taking in therapeutic discourse conversations is obtained and the data related to this section are examined.

Table 4.1

Number and Percentage of Frequency of Turn Taking in Therapeutic Discourse

Groups									
Gender	Female clients when consulting with male psychotherapists	Male clients when consulting with male psychotherapists	Male clients when consulting with female psychotherapists	Female clients when consulting with female psychotherapists	Male psychotherapists when consulting female clients	Male psychotherapists when consulting male clients	female psychotherapists when consulting male clients	female psychotherapists when consulting female clients	collected
Count	3986	3893	3491	5382	2781	3630	3065	4780	31008
Frequency	12/85%	12/55%	11/26%	17/36%	8/97%	11/71%	9/88%	15/42%	100%

As the data in Table 4.1 show, there were a total of 31,008 turns taking in 2520 minutes of psychotherapy sessions, of which 14,256 were related to psychotherapists' speech and 16,752 were related to clients' speech. Out of 14256 cases of psychologists' speech turns taking, 6411 cases with an average of 44.97% were related to male psychologists and 7845 cases with an average of 55.03% were related to female psychologists' speech. Also, out of 16752 cases of turns taking in clients' speech, 7384 cases with an average of 44.08% were related to male clients and 9368 cases with an average of 55.92% were related to female clients' speech. In general, female psychotherapists had the most turns taking when counseling female clients, and male psychotherapists had the least turns taking when counseling female clients. Among the clients, female clients had the highest number of turns taking when consulting with female psychotherapists, and male clients had the lowest number of turns taking when consulting with female psychotherapists.

Table 4.2

Number and Frequency of Types of Turn Taking in the Speech of Psychotherapists

Types	Fillers		Interruption of speech						Overlap in speech		End of syntactic phrases		End of sentences														
	Gender	Reduce pitch	Pause	consciously	thematic	Non-cooperative	cooperation	unsuccessful	successful	Increase verbal activity	reject	Speech confirmation	Verb phrase	Adverb phrase	Preposition phrase	Noun phrase	Emotional	interrogative	request	Suggested	imperative	declarative	Use common terms	Stretching of the final syllable or accented syllable in the last paragraph			
female psychotherapists when consulting female clients	Frequency	14%	20/76%	27/22%	14/07%	2/75%	11/31%	15/90%	28/75%	64/32%	2/06%	33/62%	32/87%	10/73%	27/33%	29/07%	3/55%	42/78%	4/30%	2/28%	3/29%	43/80%	13/82%	25/98%			
female psychotherapists when consulting male clients	Frequency	18/82%	25/95%	27/31%	18/82%	2/95%	15/13%	10/70%	25/09%	47/09%	15/34%	37/57%	46/62%	2/79%	14/34%	36/25%	4/27%	41/88%	9/41%	7/26%	3/42%	33/76%	25/88%	34/61%			
Male psychotherapists when consulting male clients	Frequency	35/87%	30/14%	28/10%	16/34%	3/27%	11/11%	13/73%	27/45%	58/62%	6/04%	35/34%	38/35%	16/92%	15/41%	29/32%	1/34%	51/53%	2/30%	1/15%	2/11%	41/57%	39/42%	16/49%			
Male psychotherapists when consulting female	Frequency	31/31%	23/15%	36/05%	9/30%	4/65%	10/74%	12/79%	26/74%	46/71%	13/17%	40/12%	25/92%	11/11%	18/52%	44/45%	1/08%	48/56%	1/44%	1/80%	2/52%	44/60%	20/88%	22/92%			
collected	Frequency	100%	100%	28/32%	15/53%	3/11%	12/42%	13/50%	27/12%	61/73%	3/88%	34/39%	36/48%	10/45%	19/20%	33/87%	2/38%	46/95%	3/85%	2/59%	2/73%	41/50%	100%	100%			
	count	2264	151	175	243	3102	237	130	26	104	113	227	1637	103	912	363	104	191	337	34	671	55	37	39	593	680	1728

As the data in Table 4-2 show, 9 signs of turns taking were generated by psychotherapists at various psychotherapy sessions. Out of 14256 data obtained from psychotherapists, 4780 data related to female psychologists when consulting female clients, 3065 data related to female psychologists when consulting male clients, 3630 data related to male psychologists when consulting male clients and 2781 data were related to male psychologists when consulting female clients. Among these, in conversations related to female psychotherapists when counseling female clients, 2180 overlaps in speech with an average of 45.61% had the highest number and frequency among the types of turns taking symptoms. Pause with 644 and an average of 13.47%, the final or accented syllable in the last paragraph with 449 and an average of 9.39%, end of sentences with 395 and average of 8.26%, interruption of speech with 327 and an average of 6.84%, reduce pitch with 317 and an average of 6.63%, the end of syntactic phrases with 289 and an average of 6.05%, using common terms with 94 and an average of 1.97%, and fillers with 85 and an average of 1.78% had the highest to lowest number and frequency percentage among the data. Among the conversations with female psychotherapists when counseling male clients, pause with 805 cases and an average of 26.27%, the final or accented syllable in the last paragraph with 598 and an average of 19.51%, reduce pitch with 426 and an average of 13.90%, speech interruption with 271 and an average of 8.84%, the end of syntactic phrases with 251 and an average of 8.19%, end of sentences with 234 and average 7.63%, verbal overlap with 189 and an average of 6.17%, the use common terms with 176 and an average of 5.74% and fillers with 115 and an average of 3.75% have the highest to the lowest number and percentage of frequency among the data.

In the speech of male psychotherapists when counseling male clients, 935 pauses with an average of 25.76% was the highest data among all types of turns taking symptoms. After that, reduce pitch with 812 and the average was 22.38%, end of sentences with 522 and an average of 14.38%, final or accented syllable in the last paragraph with 285 and an average of 7.85%, fillers with 273 and an average of 7.52%, Use of common terms with 268 and an average of 7.38%, the end of syntactic phrases with 266 and an average of 7.33%, speech interruption with 153 and an average of 4.21% and verbal overlap with 116 and an average of 3.19% have the highest to the lowest number and percentage of frequency among the data. Also, among the speech data of male psychotherapists when counseling female clients, pause with 718 and an average of 52.82%, reduce pitch with 709 and an average of 25.49%, the final or accented syllable in the last paragraph with 396 and an average of 14.24%, end of sentences with 278 and average 10%, the end of syntactic phrases with 189 and an average of 6.80%, verbal overlap with 167 and an average of 6%, using common terms with 142 and an average of 5.11%, fillers with 96 and an average of 3.45% and speech interruption with 86 and average of 3.09% have the highest to the lowest number and percentage of frequency among the data.

Table 4.3

Number and Frequency of Types of Turn Taking in the Speech of Clients

Types	Gender	Fillers		Pause		Interruption of speech		Overlap in speech		End of syntactic phrases		End of sentences		Use common terms	Stretching of the final syllable or accented syllable in the last paragraph						
		vowel	word	phrase	unconsciously	consciously	thematic	Non-cooperative	cooperation	unsuccessful	successful	Increase verbal activity	reject			Speech confirmation	Verb phrase	Adverb phrase	Preposition phrase	Noun phrase	Emotional
Female clients when consulting with female psychotherapists	Female clients when consulting with male psychotherapists	Male clients when consulting with male psychotherapists	Male clients when consulting with female psychotherapists	Frequency	count	Frequency	count	Frequency	count	Frequency	count	Frequency	count	Frequency	count						
				22/03%	586	25/54%	679	28/17%	749	24/26%	645	100%	2659								
				53/29%	81	49/75%	98	42/36%	97	38/04%	35	46/42%	311								
				27/63%	42	37/56%	74	33/19%	76	28/26%	26	32/54%	218								
				19/08%	29	12/69%	25	24/45%	56	33/70%	31	2/104%	141								
				23/47%	856	24/57%	896	25/83%	942	26/13%	953	100%	3647								
				17/65%	51	10/62%	19	16/11%	53	12/30%	23	14/84%	146								
				13/15%	38	15/08%	27	14/29%	47	17/65%	33	14/73%	145								
				14/19%	41	8/38%	15	20/36%	67	16/58%	31	15/65%	154								
				10/73%	31	9/50%	17	10/64%	35	10/16	19	10/36%	102								
				15/22%	44	21/79%	39	14/29%	47	14/97%	28	16/07%	158								
				12/80%	37	15/64%	28	11/85%	39	13/90%	26	13/21%	130								
				16/26%	47	18/99%	34	12/46%	41	14/44%	27	15/14%	149								
				44/77%	874	38/28%	299	40/76%	97	39/73%	58	42/60%	1328								
				6/61%	129	3/33%	26	11/34%	27	13/01%	19	6/45%	201								
				48/62%	949	58/39%	456	47/90%	114	47/26%	69	50/95%	1588								
				28/79%	129	58/76%	104	35/90%	84	50/64%	158	40/56%	475								
				11/83%	58	1/70%	3	8/97%	21	12/82%	40	10%	117								
				21/21%	95	14/12%	25	13/25%	31	14/42%	45	16/73%	196								
				38/17%	171	25/42%	45	41/88%	98	22/12%	69	32/71%	383								
				1/52%	6	0/50%	2	-	-	2/56%	9	1/02%	17								
				14/47%	57	6/45%	26	7/14%	38	13/96%	49	10/12%	170								
				18/78%	74	0/25%	1	3/95%	21	19/37%	68	9/76%	164								
				10/66%	42	-	-	1/32%	7	7/98%	28	4/68%	77								
				54/57%	215	92/80%	374	87/59%	466	56/13%	197	74/52%	1252								
				22/97%	184	24/85%	199	21/47%	172	30/71%	246	100%	801								
				32/10%	521	37/40%	607	28/84%	468	1/66%	27	100%	1623								

The data in Table 3.4 show that 9 signs of turn taking were generated by clients in different psychotherapy sessions. Out of 16752 data obtained from clients, 5382 data related to clients' speech when consulting with female psychotherapists, 3986 data related to female clients when consulting with male psychotherapists, 3893 cases related to male clients' speech when consulting with male psychotherapists and 3491 cases related to Male clients have spoken in consultation with female psychotherapists. Among these, in conversations with male clients when consulting with male psychotherapists, the pause signs with 942 and an average of 24.20% has the highest number and percentage of frequency among other signs. After that, pitch reduction with 749 and an average of 19.24%, end of sentences with 532 and an average of 13.67%, the final or accented syllable in the last paragraph with 468 and an average of 12.02%, speech interruption with 329 and an average of 8.45%, overlap in speech with 238 and an average of 6.11%, the end of syntactic phrases with 234 and The average of 6.01%, the fillers with 229 and the average of 5.88% and the use of common terms with 172 and the average of 4.42% had the highest to lowest number and percentage of data frequency, respectively. In the speech of male clients when consulting with female psychotherapists, 896 data with an average of 25.67% is related to pause, which had the highest number and frequency among other signs. After that, the noise reduction decreased by 679 and the average was 19.45%, the final or accented syllable in the last paragraph with 607 and an average of 17.39%, the end of sentences with 403 cases and an average of 11.54%, use of common terms with 199 and an average of 5.70%, fillers with 197 and an average of 5.64%, speech interruption with 187 and an average of 5.36%, the end of syntactic phrases with 177 and average of 5.07% and overlap in speech with 146 and average of 4.18% have the highest to lowest frequency among the data, respectively.

In the speech of female clients when consulting with female psychotherapists, 1952 cases of overlap in speech with an average of 36.27%, had the highest number and frequency among the data. After that, pause with 856 and an average of 15.90%, pitch reduction with 586 and an average of 10.89%, the final or accented syllable in the last paragraph with 521 and an average of 9.68%, the end of syntactic phrases with 448 and an average of 8.33%, the end of sentences with 394 and an average of 7.32%, speech interruption with 289 and average 5.37%, the use of common terms with 184 and an average of 3.42% and fillers with 152 and an average of 2.82% have the highest to lowest number and percentage of data frequency, respectively.

Among the data obtained in the speech of female clients when consulting with male psychotherapists, 953 pauses with an average of 23.91%, 781 with an average of 19.60% related to overlap in speech, 645 with an average of 16.18% related to the reduction of pitch, the final or accented syllable in the last paragraph with 427 and an average of 10.71%, end of sentences with 351 items and an average of 8.81%, end of syntactic phrases with 312 items and an average of 7.83%, Using common terms with 246 and an average of 6.17%, speech interruption with 179 and an average of 4.49%, and fillers with 92 and an average of 2.30% have the highest to lowest number and percentage of frequency in the data, respectively.

The followings are example types of turns taking.

Using common terms:

مراجع: می‌تونم بگم از ۸۰ درصد به نصف رسیده، شاید ۴۰، نهایتاً می‌تونم بگم ۵۰ درصد (...)

Client: "I can say it has gone from 80% to half, maybe 40, finally I can say 50%"

روان‌درمانگر: ولی با این وجود، با توجه به اینکه برنامه‌ریزی کرده بودی و مطابق برنامه رفتی جلو، حدود ۴۰ درصد از اون نگرانیت کم شده.

Psychotherapist: "However, given that you have planned and moved forward according to the plan, about 40% of that concern has been reduced."

Stretching of the final syllable or accented syllable in the last paragraph:

مراجع: اینجور نگران بودم که اگر من در آینده با این فاز برم به پیشواز یه سری اتفاقات که بالاخره محتمل هست توی هر زندگی:

Client:

"I was so worried that if I went in this spirit in the future, I would go to a series of events that would eventually happen in everyone's life ..."

روان‌درمانگر: ممکنه که به سمت و سوهایی برید که شاید همچین خوشایند نباشه.

Psychotherapist: "You may go in directions that may not be so pleasant"

Pause:

مراجع: بعضی موقعا هم این تیکش خیلی برای من آزاردهنده هست و توی اون حال و هوا وقتی که می‌افتم، تحملم خیلی خیلی خیلی

پایین میاد و این باعث میشه که تحمل هیچ سر و صدایی رو نداشته باشم، حتی صدای همسرم و یا بچه‌ها و اینا فکر می‌کنم (+)

Client: "Sometimes this part is very annoying for me and when I get in that mood, my tolerance goes very, very low and this makes me have no tolerance for any noise, even the voice of my wife or children and ... thought I do."

روان‌درمانگر: ولی اینا خیلی براتون روشن نیست که چه اتفاقی می‌افته که یک دفعه اینجوری می‌شید.

Psychotherapist: "But it is not very clear to you what happened when you were like this once."

Reduce pitch:

روان‌درمانگر: بنابراین! : می‌تونیم بگیم با این بحثا یواش یواش یه رگه‌هایی از امید داره در شما ایجاد میشه ↓

Psychotherapist: "So we can say that with this discussion, a little bit of hope is slowly being created in you."

مراجع: نمی‌دونم، ولی همین که باعث شده تو این چند جلسه یه کم آرام‌تر بشم خیلی خوبه.

Client: "I do not know, but as soon as it made me a little calmer in these few sessions, it is very good."

Fillers:

Filler Phrases:

مراجع: الان می‌خوام اطمینان پیدا کنم که آیا می‌تونم در آینده از پس مشکلاتم بر پیام یا نه.

Client: "Now I want to make sure I can handle my problems in the future."

روان‌درمانگر: من فکر کنم که برداشتم مثبت‌ه. البته من سعی می‌کنم یه کم کمتر پیش‌بینی کنم.

Psychotherapist: "I think my opinion is positive. Of course, I try to predict less."

Filler Words:

روان‌درمانگر: این شاید در شما التهابی بیشتر از بقیه ایجاد می‌کنه.

Psychotherapist: "This may cause you more inflammation than others."

مراجع: مثلاً خیلی از شوخی‌ها رو نمی‌تونم تحمل بکنم، تقریباً با هیچ کس نمی‌تونم ارتباط برقرار کنم.

Client: "For example, I cannot stand many jokes, I cannot communicate with almost anyone."

Filler Vowels:

روان‌درمانگر: یعنی اینکه خودت راجع به دیگران فکر می‌کنی که اگر که نمرشون خراب بشه خنگ هستن، بی‌عرضه هستن، درسشون خوب نیست (-)

Psychotherapist: "It means that you think about others that if their score is bad, they are stupid, they are helpless, their lesson is not good."

مراجع: | : نگاه کنید بهشون نمی‌گم، اینکه بخوام به روی کسی بیارم ولی تو ذهنم اینطوری تصور می‌کنم.

Client: "Look, I do not tell them and I do not show it by my behavior, but I think so in my mind."

End of sentences:

Declarative Sentences:

مراجع: سطحی نمی‌تونم از خیلی چیزها بگذرم و این یکی از مشکلاتی هست که منو به شدت آزار میده.

Client: "Superficially I cannot go through many things and this is one of the problems that bothers me a lot."

روان‌درمانگر: به نظر میاد که نمی‌تونید خودتون رو متقاعد کنید که اینطوری باشید.

Psychotherapist: "You do not seem to be able to convince yourself that you are."

Imperative Sentences:

روان‌درمانگر: لطف کنید شنبه رأس ساعت ۸ صبح اینجا باشید.

Psychotherapist: "Please be here on Saturday at 8am."

مراجع: بله. حتماً. ممنونم از اینکه وقتتون رو در اختیارم گذاشتید.

Client: "Yes. Sure. Thank you for your time."

Suggested Sentences:

روان‌درمانگر: من بهتون توصیه می‌کنم که حتماً در کنار این درمان، داروهاتون رو هم مصرف کنید.

Psychotherapist: "I recommend that you take your medication with this treatment."

مراجع: بله. سعی می‌کنم فراموش نکنم.

Client: "Yes. I try not to forget."

Request Sentences:

روان‌درمانگر: پس لطف کنید برای جلسه آینده برگه ثبت افکار هفته‌ای رو که گذروندید با خودتون بیارید.

Psychotherapist: "So please bring your weekly thought record sheet with you for the next session."

مراجع: بله. حتماً. فقط هر جا که میرم باید این برگه حتماً همراه باشه برای ثبت اتفاقات یا اینکه مثلاً می‌تونم توی گوشیم هم بنویسم و بعد پیام خونه روی برگه یادداشتشون کنم؟

Client: "Yes. Sure. Only wherever I go, this sheet must be with me to record events or, for example, can I write on my mobile phone and then come home and write them down on a sheet?"

Interrogative Sentences:

روان‌درمانگر: جواب هم می‌دید؟

Psychotherapist: "Did you answer?"

مراجع: جواب هم میدم و مثلاً طرفی که داره با من صحبت می‌کنه در اون فضایی که هستم، خیلی‌ها اصلاً متوجه نمی‌شن که من الان تو چه حال و هوایی هستم.

Client: "I answer and, for example, the person who is talking to me in the space I am in, many people do not even understand what mood I am in now."

Exclamatory Sentences:

روان‌درمانگر: می‌فهمم که این مسأله خیلی براتون دردناکه. خوبه که اینجا اونقدر احساس راحتی می‌کنید که می‌تونید گریه کنید. گریه آدمو سبک می‌کنه.

Psychotherapist: "I understand that this is very painful for you. It's good that you feel so comfortable here that you can cry. The crying calms a person."

مراجع: راستش آقای دکتر من تا این لحظه با کسی راجع به این قضیه صحبت نکردم و ناراحتیم رو هم ابراز نکردم.

Client: "The truth is, Mr. Doctor, I have not talked to anyone about this issue so far and I have not expressed my sadness."

End of syntactic phrases:

Noun phrase:

مراجع: ولی شاید یه مقداری به قول معروف ولومش زیاد هست این قضیه

Client: "But perhaps this issue is a bit too serious, as the saying goes."

روان‌درمانگر: جوری که اشراف شما رو و توانایی شما رو از تعامل با دیگران می‌گیره.

Psychotherapist: "In a way that takes your nobility and your ability to interact with others."

Preposition phrase:

مراجع: یه جورایی نمی‌تونم از لحاظ درونی کنترلش کنم و به اون حالت طبیعی خودم برگردم. این مسأله خیلی آزار دهنده شده برای من

Client: "Somehow I cannot control it internally and return to my normal state. This is very annoying for me"

روان‌درمانگر: آیا به غیر از این چیزی که گفتید (-) !: چیزای مهم دیگری هم وجود دارن که بخواید راجع بهشون صحبت کنید؟

Psychotherapist: "Apart from what you said, are there other important things you want to talk about?"

Adverbial phrase:

مراجع: دلم می‌خواد که همیشه محیط اطرافم یه محیط آرومی باشه و دوست دارم کسی هم کاری به کارم نداشته باشه. علاقه‌مند به مطالعه هستم به شدت

Client: "I always want the environment around me to be a calm environment and I wish no one had anything to do with me. I am very interested in reading."

روان‌درمانگر: این مسأله شاید به خودی خود زیاد بد نباشه ولی خب زندگی هم یک سری اقتضاعاتی داره که همیشه همیشه یه همچین فضاهایی رو توقع داشت.

Psychotherapist: "This may not be too bad in itself, but life has a series of conditions that one cannot always expect such spaces."

Verb phrase:

روان‌درمانگر: ارتباطات روزمره‌تون رو ترجیح می‌دید که به حداقل برسونید.

Psychotherapist: "You prefer to minimize your daily communication."

مراجع: آره، دقیقاً. کلاً دوست دارم توی خونه باشم. یعنی از بیرون رفتن خوشم نمیاد.

Client: "Yes, exactly. I generally like to be at home. I mean, I don't like going out."

Interruption of speech:

Successful:

روان‌درمانگر: یعنی جاهای دیگه هم شده که این فکر به ذهنت برسه که =

Psychotherapist: "I mean, there are other places where the thought comes to your mind that ..."

مراجع: به اشتباه که می‌کنم حتی اگه اشتباهه کوچیک باشه، مثلاً قراره به کاری رو انجام بدم، بعد فراموشش کنم، دقیقاً همین افکار میاد تو ذهنم که مثلاً تو آدم به درد نخوری هستی. همش خودمو سرزنش می‌کنم.

Client: "A mistake I make, even if it is a small mistake, for example, I am going to do something, then I forget it, exactly the same thoughts come to my mind that, for example, you are a person who is incapable. I blame myself."

Unsuccessful:

روان‌درمانگر: در واقع انگار مهم‌ترین اتفاقی که توی هفته گذشته براتون اتفاق افتاد که =

Psychotherapist: "In fact, it seems like the most important thing that happened to you last week"

مراجع: آره، خیلی دیگه =

Client: "Yeah, a lot more"

روان‌درمانگر: آره، جلب توجه کرده بود. توی برگه ثبت افکار، ثبتش کردیدی؟

Psychotherapist: "Yes, he had noticed. Did you record it on the thoughts record sheet?"

Cooperation:

مراجع: آره، می‌فهمم چی می‌گید. منظور شما اینه که اگه تا به حد نگران باشم بهم کمک می‌کنه که مثلاً درس بخونم =

Client: "Yes, I understand what you are saying. You mean that if I am somewhat worried, it will help me to study, for example."

روان‌درمانگر: این یک سیستم هشدار دهنده است.

Psychotherapist: "This is a warning system."

Non-cooperative:

مراجع: آهان، یعنی با تواناییم جور باشه =

Client: "Aha, that is, to match my ability."

روان‌درمانگر: و اون تواناییت، وقتی براش دلیل میاری، دلیل قانع‌کننده بیاری. یعنی خودت وقتی داری براش دلیل میاری، بر اساس احساسات نگی خب من دوست دارم تو کنکور رتبه تک رقمی بیارم. خب همه دوست دارن رتبه تک رقمی بیارن. دلالت باید اینطوری باشه که مثلاً من بر اساس کنکورهای آزمایشیم میگم که رتبه تک رقمی میارم.

Psychotherapist: "And that ability, when you give it a reason, you give a convincing reason. I mean, when you have a reason for it, do not say based on emotion, I would like to get a single-digit rank in the entrance exam. Well, everyone likes to get a single digit rating. The reason should be that, for example, based on my previous entrance exams, I say that I get a single-digit rank."

Thematic:

روان‌درمانگر: جدولی که ازتون خواسته بودم =

Psychotherapist: "The table I asked you for"

مراجع: آره، آره، نوشتم. ! : البته سعی کردم مثل قبل باهاش برخورد نکنم، منطقی‌تر برخورد کردم، سعی کردم حالا همون شواهد رو بیارم و فکر جایگزینم رو.

Client: "Yeah, yeah, I wrote. Of course, I tried not to deal with it as before, I dealt more logically, I tried to bring the same evidence and my alternative thought."

Consciously:

مراجع: بعضیاشونو یادم میاد ولی خب خیلیاشونو =

Client: "I remember some of them, but well, many of them ..."

روان‌درمانگر: و چقدر واضح یادت میاد؟

Psychotherapist: "And how clearly do you remember?"

Unconsciously:

روان‌درمانگر: اینکه ما قضاوتمون رو به چه معیاری بنذاریم، این مهمه. معیارهای ما بشن راجع به خوب یا بد و =

Psychotherapist: "It is important what criteria we base our judgment on. Be our criteria for good or bad and ..."

مراجع: حالا باز به خودمم (...) خیلی سخته‌ها.

Client: "Now to myself ... It's very difficult."

Overlap in speech:

Speech confirmation:

مراجع: هم جزء بچه‌های خیلی با استعداد هست و هم اینکه [تلاش می‌کنه

Client: "He is both a very talented student and she tries"

روان‌درمانگر: جزء دانشجوهای خوبه]

Psychotherapist: "He is one of the good students."

Speech reject:

مراجع: میشه که این برگه رو دو-سه روزی [یکبار پر کنم؟

Client: "Can I fill out this form every two or three days?"

روان‌درمانگر: نه، برای اینکه [دقیق نیست. دقتش در اینه که شما هر روز این کار رو انجام بدید.

Psychotherapist: "No, because it is not accurate. The point is, you do every day."

Eagerness to talk:

مراجع: آره، بعضی وقتا همین‌حال برام پیش میاد که اصلاً می‌ترسم وقتی که یه امتحانیه. می‌گم نکنه یه موقع نگران بشم، اضطراب بگیرم

Client: Yeah, sometimes it happens to me that I get scared when I have an exam. I say do not worry for a while, I get anxious ...

روان‌درمانگر: باعث بشه که [امتحانمو

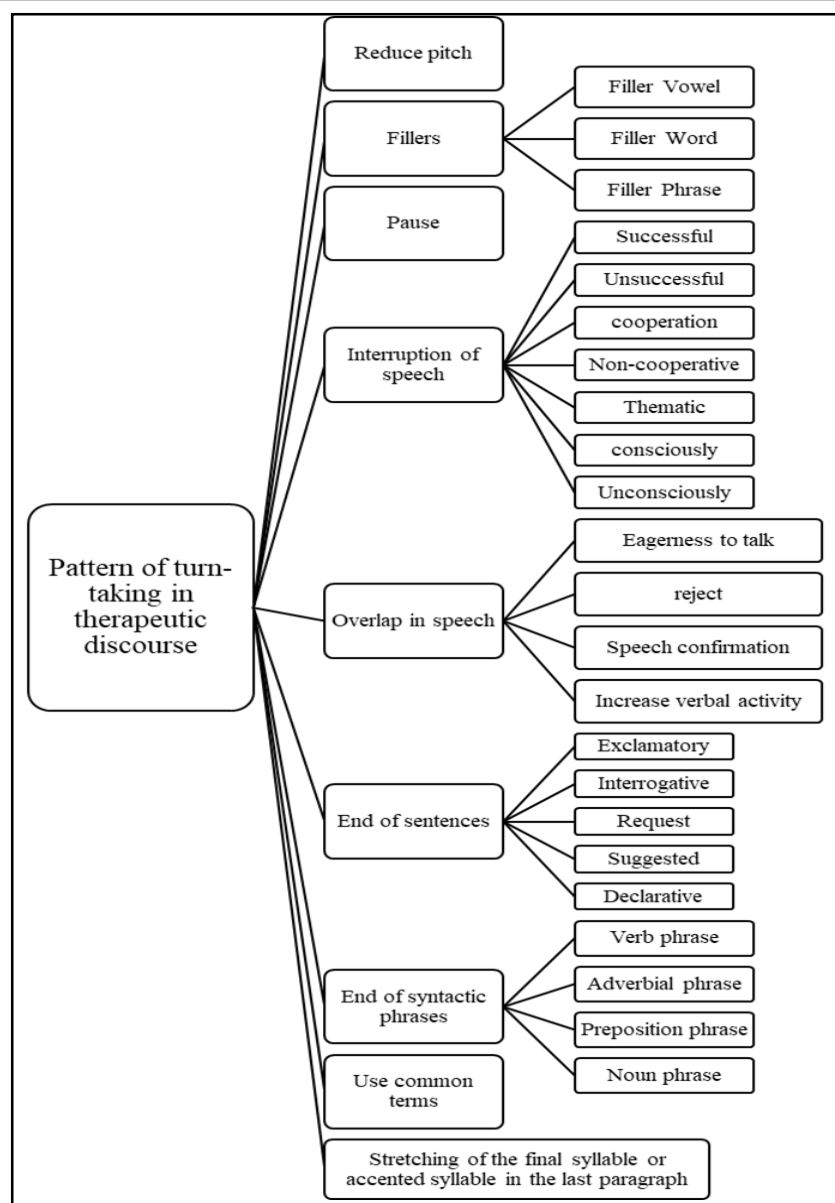
Psychotherapist: "It causes my exam ..."

مراجع: اصلاً نتونم بخونم]. یعنی باز یه ترس و دلهره‌ای همیشه تو وجودم هست که این نگرانی باعث بشه که نتونم درسمو بخونم.

Client: "I cannot read at all. That is, there is always a fear and apprehension in me that this worry makes me unable to read my lesson."

Following is the pattern of turn taking in psychotherapy conversations of patients with generalized anxiety disorder based on cognitive-behavioral therapy approach from data analysis in Atlas. ti software.

Chart (1): pattern of turn taking in psychotherapy conversations of patients with generalized anxiety disorder based on cognitive-behavioral therapy approach



5. Discussion and Conclusion

The analysis of the findings shows that out of 2520 minutes of conversation, there were 31008 turns taking in the speech of clients and psychotherapists. Of this total, there were 16,752 cases in the speech of clients and 14,256 cases in the speech of psychotherapists. This result shows that most of the turn-taking were related to clients and the most cases of transfer of turn were related to psychotherapists, which indicates that the psychotherapists were experienced and skilled in psychotherapy. Because one of the most important characteristics of GAD patient is avoidance of speech and difficulty in communicating, the psychotherapist uses a variety of language strategies and techniques to force the client to speak and quite consciously, it gives the turn to client. Also,

the analysis of the findings shows that the highest number of turns taking was related to counseling sessions for female clients and psychotherapists. Also, in psychotherapy sessions in which participants were selected from both sexes, the most cases of turn-taking has been related to women's speech. This can be attributed to the relationship between clients and psychotherapists in therapeutic discourse, women's verbal habits, excessive curiosity, and their challenging personality. These results are in line with the results of Ghilzai & Baloch (2016). Among the other results of this study, the existence of overlap in the speech of psychotherapists and female clients and pause in other conversations as the most widely used signs of taking turns in therapeutic discourse. Restlessness, impatience and arousal, which are the main personality traits of GAD patients, are intertwined with female verbal characteristics, making overlap in women's speech one of the most widely used cases of turn-taking. The reason for turn taking after a pause can also be to evaluate the effectiveness of conversation in the speech of the client by the psychotherapist and also complete transmission of the meaning of the message to the psychotherapist by the client. In both cases, participants are able to understand turn time due to their shared knowledge.

The participants in this research took part in the study willingly and agreed with the consent form. Given the importance of communication and linguistic studies in psychotherapy, it is suggested that future research be conducted on the following topics: "Comparison of GAD Patients' Speech Pattern with Speech Pattern of Other Anxiety Disorders" and "The effect of direct and indirect expression on anxiety in patients with anxiety disorders".

References

- Alizadeh Nabil, L. (2017). *Investigating and explaining the role of gender in turn-taking in the conversational process among Persian speakers* [Unpublished master's thesis]. Mohaghegh Ardabili University.
- Alvar, A. M., Lee, J., & Huber, J. E. (2019). Filled pauses as a special case of automatic speech behaviors and the effect of Parkinson's disease. *American Journal of Speech-Language Pathology, 28*(2S), 835-843.
- Bui, E., Charney, M. E., & Baker, A. W. (2020). *Clinical handbook of anxiety disorders. From theory to practice*. Humana Press.
- Burke, P. (2019). The rise of conversation studies. *Test-mm, 1*(1), 15-20.
- Carroll, D. W. (2008). *Psychology of Language*. Brooks.
- Clark, D. A., & Beck, A. T. (2011). *Cognitive therapy of anxiety disorders: Science and practice*. Guilford Press.
- Corps, R. E., Crossley, A., Gambi, C., & Pickering, M. J. (2018). Early preparation during turn-taking: Listeners use content predictions to determine what to say but not when to say it. *Cognition, 175*, 77-95.
- Ghilzai, S. A., & Baloch, M. (2016). Conversational Analysis of Turn taking Behavior and Gender Differences in Multimodal Conversation. *Journal of Language Studies, 25*(4), 1-13.
- Goldenberg, H., & Goldenberg, I. (2012). *Family therapy: An overview*. Cengage Learning.
- Ingram, J., & Elliott, V. (2014). Turn taking and 'wait time' in classroom interactions. *Journal of Pragmatics, 62*, 1-12.
- Jacobsen, R. R. (2019). Interruptions and co-construction in the First 2016 Trump–Clinton US presidential debate. *Journal of Pragmatics, 148*, 71-87.
- Kato, F. (2000). *Discourse approach to turn-taking from the perspective of tone choice between speakers*. *Disertasi tidak diterbitkan*. Universitas Birmingham.
- Khoddamy Pour, F., & Lashkarian Yazd, A. (2015). Turn taking in conversation analysis. *International Journal of Educational Investigations, 2*(6), 58-63.
- Ladefoged, P., & Johnson, K. (2014). *A course in phonetics*. Nelson Education.
- Malyuga, E. N., & Orlova, S. N. (2018). *Linguistic pragmatics of intercultural professional and business communication*. Springer.
- Napitupulu, S., & Siahaan, S. (2014). Turn taking of conversation (a case study of Marhata in traditional wedding ceremony of Batak Toba). *IOSR Journal of Humanities and Social Science, 19*(5), 36-43.
- Park, J. E. (2016). Turn-taking in Korean conversation. *Journal of Pragmatics, 99*, 62-77.
- Richards, K. (2003). The Nature of Qualitative Inquiry. In *Qualitative inquiry in TESOL* (pp. 1-46). Palgrave Macmillan.
- Samadneshan, Z. (2016). *A Comparative Study of Turn-taking in Persian and English Movies* [Unpublished master's thesis]. University of Tabriz.
- Schegloff, E., A. (2007), *Sequence Organization in Interaction: A Primer in Conversation Analysis*. Cambridge University Press.

- Smoliak, O., & Strong, T. (2018). *The language of mental health, therapy as discourse*. Palgrave.
- Wardhaugh, R. (2011). *An introduction to sociolinguistics, sixth edition*. Wiley-Blackwell Publication.
- Weiste, E., & Peräkylä, A. (2015). Therapeutic discourse. In K Tracy. In *The International Encyclopedia of Language and Social Interaction*. Wiley Blackwell.
- Yule, G., (2000). *Pragmatics*. Oxford University Press.