Negotiating the Language of Counseling: A Conversation Analysis of Initial Counseling Sessions

Angilly C. Librea[*]**, & Ana Helena R. Lovitos** [Ph.D]

University of Mindanao, Davao City,

Philippines

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ABSTRACT

 Language, as a fundamental aspect of communication, plays a pivotal role in shaping the connection between counselor and client within counseling conversations. This study micro-analyzed counselor-client interactions, focusing on turn-taking mechanisms and structural organizations. Using CA as the primary framework, a qualitative approach was employed to analyze sixteen audio-recorded counseling sessions conducted in higher education institutions in Davao City, Philippines. Findings revealed that counselors primarily managed turn-taking through direct questioning, unfinished clauses, and explicit speaker selection. Transition relevance places were signaled by pauses, tag questions, and rising intonation, ensuring smooth speaker transitions. Various repair mechanisms, including self-initiated self-repair (expansion, repetition, hesitation, abort and abandon, abort and restart, and avoidance), other-initiated self-repair, self-initiated other-repair, and other-initiated other-repair, were employed to clarify miscommunications, correct speech errors, and maintain conversational coherence. Furthermore, counseling sessions followed a structured format comprising three main moves: the opening move, which involved relationship-building and social conversation; the topic development move, which addressed concerns such as anxiety and depression, academic stress, emotional crises, physical well-being, mental distress; and the termination move, includes assurance to help, encouragement, and support. Findings can be used to develop targeted training programs for counselors to improve conversational strategies in counseling. Policymakers can integrate linguistic insights to enhance mental health interventions. Future research should explore cross-cultural variations in counseling discourse, including non-verbal cues, by incorporating a more diverse participant pool.

Keywords: Conversation Analysis, Initial Counseling, Philippines, Turn-Taking Mechanisms, Overall Structure.

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1. INTRODUCTION

Mental health, particularly among adolescents and young adults, has become a pressing global concern, with depression and anxiety showing escalating prevalence (Zhou et al., 2020; Daly, 2022). The impact of mental health is substantial, affecting approximately 450 million individuals, constituting roughly 14% of the global burden of illness (World Health Organization, 2022). These issues significantly impact academic performance, increase suicidal ideation, and contribute to substance abuse (Clayborne, 2019). according to a survey by the American Psychological Association (2020), both Gen Z teens (ages 13-17) and Gen Z adults (ages 18-23) are navigating high levels of uncertainty, dealing with increased stress, and showing early signs of depression. Despite the growing awareness, many college students remain unaware of accessible mental health resources, exacerbating their struggles (Active Minds, 2020). In the Philippines, the situation is dire, with limited mental health facilities and a high prevalence of psychological issues among the youth, making it the third leading cause of death (Lally, Tully & Samaniego, 2019; DOH, 2022). A survey in Davao City revealed a higher prevalence of various mental health conditions among youngsters and students compared to employed individuals (Tee et al., 2020). For example, among the students from the City who participated in the research by Pusta et al. (2022), notable proportions expressed moderate (53.3%) to severe (36.7%) levels of specific psychological disturbances.

Effective communication in counseling, especially during initial sessions, is crucial, yet challenges such as overlapping talk, power imbalances, and incoherent conversation structures often hinder the therapeutic process (Abbas, 2020; McLeod, 2022). These issues are further complicated by cultural, linguistic, and individual differences, which can disrupt the establishment of a collaborative therapeutic alliance.

The initial session in the counseling process—commonly referred to as the intake session—marks the beginning of the therapeutic alliance between the client and the counselor. This first encounter serves not only to gather important information and concerns about the client (Corey, 2017) but also establishes and lays the groundwork for a cooperative and effective counseling journey.

Studies have shown the importance of closely examining conversational details—such as turn-taking patterns, interactional sequences, and repair strategies—in shaping effective therapeutic communication (Abbas, 2020; Liu & Luke, 2019). Liu and Luke (2019) argued that adeptly analyzing interactions in initial counseling sessions yields deeper and more relevant insights than broader studies based on randomized samples. Similarly, Buchholz (2017) pointed to the value of Conversation Analysis (CA) in addressing existing gaps in our understanding of therapeutic dialogues. Despite these contributions, there remains a noticeable shortage of microanalytic, qualitative studies focusing on the early phases of counseling within the Philippine context.

This study employed a microanalytical approach to analyzing language patterns in initial counseling sessions. It aimed to micro-analyze the turn-taking patterns of counselor (C) and student-client (P) interactions and the overall structural organization of these interactions.

2. METHOD

Using a qualitative approach, particularly Conversation Analysis (CA), this study investigated the turn-taking mechanisms and the structural organizations of counselor-student interactions during initial counseling sessions. Qualitative inquiry fits in uncovering nuanced understandings of human communication and relational patterns (Creswell, 2013). CA enables researchers to examine naturalistic data's sequential elements and recurring themes beyond surface-level data (Schegloff, 2007). The analysis was guided by three foundational frameworks: Sequential Analysis by Emanuel Schegloff (2007), the Turn-Taking Model developed by Harvey Sacks, Emanuel Schegloff, and Gail Jefferson (1974), and Institutional Talk Analysis by John Heritage (1997). Data for the study consisted of sixteen audio-recorded initial counseling sessions involving students and counselors from selected higher education institutions in Davao City, Philippines. A homogeneous sampling strategy was employed (Sim, 1998) to ensure participants shared relevant characteristics, thereby enriching the depth and sensitivity of the data—particularly about mental health discussions (Morrow & Smith, 2000; Halcomb et al., 2007).

III RESULTS AND DISCUSSION

Turn-taking Mechanisms in Initial Counselling Sessions

This study's findings reveal that pauses, questions, unfinished clauses, and tag questions were primarily the mechanisms for transitioning turns in conversation. In various instances, pauses embedded within Turn-Constructional Units (TCUs) subtly establish Transition Relevance Places (TRPs), which enable counselors to invite the next speaker. Moreover, both questions and tag questions act as clear TRPs, directly inviting the client to take turns in the conversation. This mechanism allowed the continuity of turns, reduced interruptions, and fostered meaningful interaction in therapy sessions. Furthermore, the results indicate how incomplete phrases and explicit naming served as tools for managing turn-taking, contributing to a seamless and well-regulated dialogue.

Table 1. Turn-taking Mechanisms in Initial Counselling Sessions

Turn-taking Mechanisms
Turn-Allocation:
Turn-Construction Units (TCUs)
Turn- Transition Relevance (TRPs)
Repair:
Self-initiated
self-repair (SISR) (abort and restart, repetition,

expansion, abort and restart, hesitation, abort and abandon)
Other-Initiated Self-Repair (OISR)
Self-initiated other-repair (SIOR)

In the conversation, a pause was used to establish a transition relevance place (TRP), thereby allowing the speaker to shift topics. Since the client did not explicitly select the next speaker, this pause allowed the counselor to self-select and take the turn. The counselor then responded with a question, which served as a speaker-selection mechanism, requiring P to continue the conversation. By posing a clarifying question, C prompted P to confirm and complete the intended meaning of the initial statement. This exchange demonstrated two key turn-taking mechanisms: pauses as implicit turn-transition signals and questions as explicit speaker-selection tools, ensuring the smooth progression of the dialogue.

P:[TCU Although my sister and I are renting a place together, aside from not being used to it, there are just times when it really doesn't feel (…)] [TRP] The pause signals P1 selects the next speaker

C: [TCU That you feel at home?] [TRP] The question signals that C selects the next speaker

P: [TCU That I feel at home.]

C employed an unfinished clause, thereby signaling that the next speaker had to complete the missing information. Consequently, this strategy subtly enforced the turn-taking system, ensuring a controlled conversational structure. The following pause created a TRP, where the turn could transition to another speaker. In this instance, the open-ended nature of the question and the unfinished structure signaled that C was intentionally selecting the next speaker, encouraging P to provide the missing information.

Additionally, tag questions and explicit naming served as mechanisms to assign the next turn directly. In the extract, the tag question "right?" acted as a mechanism to solicit agreement, making the TRP explicit and signaling that the turn was available for the next speaker. P immediately responded with "It's very difficult," which was another TCU that mirrored C's structure while intensifying the sentiment with "very."

C: [TCU It's difficult, right? [TRP] The question signals the next speaker

P: It's very difficult.

This conversation demonstrated preference organization, where the response aligned with the expectation set by the first speaker—an instance of agreement as a preferred response. The smooth exchange with no overlap or delay indicated turn-taking cooperation, where P recognized the TRP and took the floor seamlessly.

Another mechanism used was a closed-ended question structured to prompt a factual response. This question was syntactically complete and ended with a falling intonation, which signaled a clear TRP, allowing P to take the floor.

C: [TCU So, how many months or years have you been living with your mom now?]

[TRP] The question signals the next speaker

P: It's been years, from grade seven until now.

P's response to the exploratory question ("It's been years, from grade seven until now.") functioned as a standalone TCU, directly answering the question and providing additional contextual information. Since the response was self-contained, it created another TRP, where the counselor could either follow up or transition to a new topic.

In another exchange, C's TCU ("If I'm going to ask you, P, who is the person you feel most attached to…") showed the use of a question—a complex interrogative structure.

C: [TCU If I'm going to ask you, P, who is the person you feel most attached to, the one you would truly confide in and share your problems with?] [TRP] The question signals the next speaker

P: [TCU I have a female friend whom I've known since grade 9.]

The question was both descriptive and emotionally oriented, designed to encourage a reflective response rather than a simple factual answer. The TRP following the question allowed P to take the turn, and P responded with a single-sentence TCU, which was structurally complete and directly relevant to the question. This response also reached a TRP, allowing the counselor to continue or probe deeper into the topic.

Repair

In this conversation analysis, repair mechanisms are found essential in maintaining clarity and coherence in communication. The findings found evident use of self-initiated Self-Repair (SISR), Other-Initiated Self-Repair (OISR), and Self-initiated other-repair (SIOR) in the initial counseling sessions to repair mechanisms to correct speech errors and clarify thoughts.

Self-initiated Self-Repair (SISR). It occurred when the speaker identified and corrected their own speech without prompting from others. A common form observed was abort and restart, where a speaker began an utterance, realized an issue, halted, and then restated or corrected their statement. The client initially stated that their mother "came home from Dubai" but immediately recognized the inaccuracy and corrected themselves by aborting the statement ("Oh no") and restarting with the accurate information.

C: [TCU If I'm going to ask you, P, who is the person you feel most attached to, the one you would truly

confide in and share your problems with?] [TRP] The question signals the next speaker

P: [TCU I have a female friend whom I've known since grade 9.]

This exchange demonstrated the process of self-monitoring and the ability to revise speech in real-time, ensuring the intended meaning was accurately conveyed.

Another specific form of SISR was repetition, where the speaker repeated a word or phrase to ensure clarity, reinforce meaning, or address a perceived issue in communication.

P: Px po.

C: Sorry?

P: Px.

C: P?

P: Px.

Repetition as a form of self-initiated self-repair highlighted the interactive nature of conversation. This allowed speakers to self-monitor and refine their speech in real-time, ensuring that communication flowed smoothly.

Another key type of SISR was correction through expansion, when a speaker corrected a mistake and provided additional information to clarify or elaborate on their response.

C: So, how close are you with your…niece?

P: My nephew. I'm quite close to him.

The client self-initiated a repair by correcting C's incorrect assumption about the relative's gender. Instead of simply stating "nephew," P expanded the response by adding, "I'm quite close to him." This additional information served a dual purpose: first, it corrected the misunderstanding, and second, it offered further elaboration on the relationship, contributing to the conversation's coherence.

Another form of SISR was abort and restart, where a speaker abandoned a phrase or response mid-utterance and rephrased it for accuracy.

C: "That sexual assault was with the new person or…?"

P: "The old."

C: "So you still go along with them?"

P: "The current one?"

In the given conversation, C self-initiated self-repair by aborting and restarting their statement: "Yes. Ahhh no. The old one." C initially affirmed ("Yes") but immediately realized the answer was incorrect or misleading. The client then aborted the initial response ("Yes") and restarted with the correct clarification ("Ahhh no. The old one.") to ensure the message was properly conveyed. This moment of self-repair highlighted the speaker's active role in monitoring and adjusting their speech in real-time.

Another specific type of SISR was hesitation, where a speaker momentarily paused, searched for words, or used fillers before completing their thought. This form of repair reflected a speaker's cognitive processing and the effort to articulate their ideas accurately.

P: I've been trying that, ma'am. I open conversations between the two of us and then...

C: She also responds?

P: She's okay. But it just seldom happens

C: But what you want is…?

P: Like communicate.

Hesitation occurred in the conversation when the speaker struggled to find the right words. P6 hesitated when they said: "I have been trying that, ma'am. I open conversations between the two of us, and then..." The trailing-off ("and then…") suggested uncertainty or difficulty in formulating the next part of the sentence. This pause allowed the speaker to gather their thoughts before continuing.

Another key form of SISR was abort and abandon, where the client began to express a thought but discontinued the utterance before completing it. This could have been due to uncertainty, emotional difficulty, or an inability to articulate complex feelings.

P: I only have a sibling on my mother's side right now, ma'am. Because my father's partner had a miscarriage. As for my sister, the outward relationship, ma'am, has a hint of.... like resented…(abandoned)

C: Towards your sibling?

P: Yes. But…(abandoned)

In the given conversation, P self-initiated self-repair through abortion and abandonment multiple times, particularly when discussing family relationships. P began by explaining their family structure, but when shifting to an emotional topic—their relationship with their sister—they struggled. P began to describe their outward relationship as having "a hint of… like resentment," but then abandoned the thought entirely. The hesitation and incomplete statement suggested difficulty in fully articulating or confronting the emotional complexities of their sibling relationship.

This finding aligned with Schegloff, Jefferson, and Sacks's (1974) work, which underscored that self-initiated self-repair was the most common and preferred form of repair in conversation. They stated that speakers often monitored their own speech for errors or misunderstandings and took immediate action to correct them. This preference for self-correction reflected the speaker's responsibility to maintain clarity and coherence in communication.

Other-Initiated Self-Repair (OISR). OISR was observed to be used to refine their statements for better clarity. This occurred when the speaker signaled a problem in understanding, prompting the original speaker to correct or clarify their utterance. This type of repair allowed and maintained an understanding of both sides of the conversation.

P: That was the reason. What I really wanted was…

C: What is it?

P: I wanted to express my anger, but I didn't continue because he blocked all communication with us.

In the conversation, P shared their feelings, saying, "That was the reason. What I really wanted was…"—but then trailed off, leaving the statement hanging. Noticing the pause (possibly a struggle), C asked, "What do you mean?" This question encouraged P to expand on their thoughts: "I wanted to express my anger, but I didn't go further because he shut down all communication with us." C's prompt was crucial in helping P to articulate what had initially felt like a disjointed idea, enabling a clearer expression of their emotions.

Höhn's (2019) research into OISR revealed that OISR served as a subtle type of corrective feedback, encouraging non-native speakers to engage in problem-solving and enhance their language abilities. This aligns with Dingemanse et al.'s (2015) more comprehensive view on the importance of repair in promoting clarity and learning. These insights are helpful in a counseling environment since repairs like this facilitate the conversation and promote a shared understanding between the counselor and client.

Self-initiated other-repair (SIOR). The repair occurred when clients started to share their thoughts but paused, had difficulty articulating their ideas, or left their sentences unfinished. This led the counselor to intervene and fill in the gaps in the conversation.

C: The problem remains unsolved. They don't see who they can…

P: approach to…

C: confide with…

SIOR was evident when P hesitated, seemingly having difficulty articulating thoughts, prompting C to intervene and attempt to finish P's thought. C started with, "The problem is still unresolved. They don't recognize who they can..."—paused then, seemingly struggling to find the appropriate words. P10 tried to help by suggesting, "an approach to..." but this also felt unfinished and vague. Noticing the need for a clearer expression, C interjected with "confide with," which offered a more precise alternative.

SIOR mechanism helped sustain conversation, especially in instances where clients struggle to express their emotions due to underlying traumatic or painful experiences. Many times, clients find it difficult to articulate their thoughts, so counselors can assist while the clients maintain autonomy in their voice and experience. In support of this view, Yoshida and Hasegawa (2018) demonstrated that SIOR is vital in addressing difficulties associated with word retrieval. These observations are consistent with findings in the analysis of counseling conversations, where SIOR has proven effective in encouraging clear and constructive exchanges.

Overall Structural Organization and Themes in the Initial Counseling Sessions

The findings reveal that these initial counseling sessions were generally structured in three moves or phases each focusing on specific themes: Introduction, topic development, and termination move. The introduction phase included greetings and pleasantries, during which the counselors and clients exchanged names and went beyond formalities. Such brief exchanges helped to lay the groundwork for trust and rapport. The counselors set the sessions in a welcoming tone by asking about the client's preferred name and providing brief introductions. Research suggests that such welcoming interactions help clients feel at ease, which is essential for their active engagement in the therapeutic process.

In the topic development phase, counselors facilitated the conversation using different strategies. Employing adjacency pairs involving questions and answers, expansion sequences, and repair strategies to repair misunderstandings. These allowed clients to share various challenges like anxiety and depression, academic stress, emotional crisis, mental distress, family relationships, existential struggle, social anxiety, and impostor syndrome. Through exploratory questions, counselors helped clients share their experiences more deeply, fostering self-awareness and emotional insight.

The termination move of these sessions featured three overarching key themes: assurance to help, encouragement, and support. This approach created a caring environment, highlighting suggestive solutions throughout the sessions. It allowed clients to grasp their subsequent actions while ensuring they felt consistently supported in overcoming their issues.

Table 2. Overall Structure and Themes in the Initial Counseling Sessions

Overall Structure	Themes
Opening Move	Relationship building or building rapport Relaxed social conversation
Topic Development Move	Anxiety and depression Academics Emotional crisis Mental distress Family relationship Existential struggle Social anxiety Impostor syndrome
Termination Move	Assurance to help Encouragement Support

Rapport Building. The introduction focused on establishing a connection between the counselor and the client. To create a warm and welcoming atmosphere, counselors engaged in light conversation, exchanged pleasantries, asked about the client's preferred name, and highlighted their experiences and expertise.

C: Okay, so good afternoon. My name is X, C. I'm a licensed psychologist. I've been doing this kind of one-on-one session for a long time. So, go ahead and introduce yourself to me and tell me something about you.

P: P, po.

C: So, what do you want me to call you?

P: Just P.

C: Okay. Alight.

C encouraged P by prompting, "So, go ahead and introduce yourself to me and tell me something about you." This invitation sets expectations while giving the client some control over the conversation. The response was "P po," using "po" to show respect and acknowledge the psychologist's role. To further build rapport, P asked, "So, what do you want me to call you?" rather than assuming a name. This approach values the client's preference and fosters a sense of autonomy. When P replies, "Just P," P confirms, "Okay. All right."—a small but meaningful way to establish mutual respect and collaboration.

Relaxed interaction. The conversation opened with casual introductions and discussions about personal preferences, such as names and language choices, helping to create a relaxed and comfortable atmosphere. Light inquiries about academic and personal backgrounds, like course choices and family influences, further contribute to the natural flow of the exchange.

P: And I am 22 years old. And I'm a student of XXX. Currently, second year.

C: And what is your course?

P: Nursing po.

C: Nursing, okay. So what made you decide to get nursing?

P: There's nothing special, just the practicality of going abroad. That's the usual reason as well.

C: I see. So, are you the first one to take up nursing? Or do you have someone in your family who inspired you?

P: Oh, I have aunts who encouraged me, saying, "Take up nursing so you can come here after you graduate." So, I just went with it.

C maintained a structured yet informal approach, using open-ended questions to keep the conversation client-centered while ensuring a smooth progression. For example, after P's self-introduction, C naturally answered with "And what is your course?" and later asked, "So what made you decide to get nursing?" These questions showed genuine interest, fostering engagement and rapport. P responded pragmatically, saying, "There's nothing special, just the practicality of going abroad." C acknowledged this neutrally with "I see."—a subtle way to encourage further sharing without judgment. This balance of structure and casual rapport-building helped make the session feel less formal and more supportive, promoting trust and self-expression.

Topic Development

The findings further reveal that the initial counseling sessions are structured following a topic development move, where the counselor employed adjacency pairs, sequence expansions, and repair strategies to guide the conversation. This move allowed clients to express concerns related to personal struggles such as anxiety and depression, academic stress, emotional crisis, mental distress, family relationship existential struggle, social anxiety, and impostor syndrome. The counselor facilitated deeper exploration through follow-up questions, encouraging self-reflection and emotional processing.

Anxiety and Depression. Anxiety and depression were found to be common concerns in initial counseling sessions, often shaping the nature and depth of the conversation. In the analysis, this emerged as a key issue shared by the client, encompassing struggles with depression, Post Traumatic Stress Disorder (PTSD), and emotional numbness, which highlight the lingering effects of past experiences and external stressors.

C: So, what would you like to talk about today?

P: I've noticed that since 2021, I was diagnosed with depression and PTSD. It seems like my PTSD has been there for a long time, and it was triggered during the pandemic. But back then, I did seek help and took medication for about six months. And then, I just noticed that since I finished my medications... Sorry, I'm not very comfortable with making eye contact.

C: Okay, it's okay, it's okay.

P: It's like since that time, I haven't felt very free. I feel like I've become numb. –

The counselor facilitated the discussion through empathetic questioning, allowing the client to explore the

origins of their emotions and the extent to which they impacted daily life. By addressing themes of emotional detachment, unresolved trauma, and the weight of personal challenges, the session provided a space for self-reflection and validation. From an institutional talk perspective, this interaction highlighted the asymmetry of knowledge and power. C, as the professional, structured and led the conversation, yet P retained authority over their personal experiences. The counselor's role was to guide but not impose interpretations, which C effectively did through open-ended questions and validation. P3's reluctance to frame their emotions as deeply distressing signaled the need for C to either reframe their approach or explore alternative avenues to help P3 process their emotions more comfortably.

Academics. This analysis reveals that the student-clients felt overwhelmed due to academic demands, extracurricular commitments, and personal responsibilities.

C: What is your major concern?

P: My main concern, ma'am, is really about academics. In school, I've been feeling overwhelmed the past
few days, especially during the first week of March because it's DACS season…

The conversation highlighted the overwhelming impact of academic pressures, as P expressed distress over exams, school events, and extracurricular responsibilities. C's open-ended question framed the session within a problem-solving context, allowing P to elaborate on their struggles. P detailed their academic workload, emphasizing how deadlines and the DACS season contributed to their emotional exhaustion.

Mental distress. Mental distress was prevalent in these initial counseling sessions, as clients openly discussed their struggles with anxiety and panic attacks.

C: So what happens to you when the attack occurs?

P: Sometimes, ma'am, I start crying out of nowhere. Then, I can't breathe properly. It feels like I can't
swallow, like there's a lump in my throat. My hands and feet go numb, my muscles ache, and I get
headaches. My stomach…

In the conversation, C asked an open-ended question, "So, what do you feel when the attack happens?" This allowed P to share their experience freely and without fear of being judged, leading to a detailed account of both their emotional and physical reactions. The symptoms described highlighted the deep effects of psychological distress, which are commonly linked to anxiety or panic attacks. P's trailing statement ("My stomach…") and the evident pause indicated they were experiencing some emotional strain or struggled to fully express what they were going through. This could have pointed to a desire for reassurance or acknowledgment. At that moment, C's reply was vital in determining if P felt secure enough to share their feelings. The session highlighted how essential it is to foster a safe environment for self-expression, validate emotional challenges, and present coping strategies to effectively deal with distress.

Family Relationship. The study found family dynamics as a reoccurring issue the sessions. During the discussion, P expressed a range of complicated feelings about their mother, highlighting the ongoing theme of difficult family relationships.

C: So, you're saying that your concern is the relationship with your mom?

P: As of now, it's not a very serious pressing issue for me, ma'am. But it is something that is present and
that I am working on, ma'am. Because, you know, our love-hate relationship can frustrate me, ma'am,
because instead of focusing on school right now, it's one of those things where I should feel the support
from them. That's what frustrates me about my mom. –

The exchange followed a question-answer adjacency pair format, with C guiding the conversation through open-ended questions that prompted P to explore their feelings about familial concern. To initiate the discussion, C summarized P's concern: "So you're saying that your concern is the relationship with your mom?" This served as a topic-establishing move, encouraging P to confirm or refine the issue at hand. In response, P adopted a measured stance, indicating that while the concern was not urgent, it still affected them: "As of now, it's not a very serious pressing issue for me, ma'am. But it is something that is present and that I am working on, ma'am." This response acknowledged the concern and introduced the theme of frustration due to a lack of parental support, expanding the topic beyond a simple confirmation.

Existential Struggle. Existential struggle emerged as a concern among clients as they grapple with questions of self-worth, purpose, and personal success. In this counseling session, the client expresses feelings of inadequacy, pressure, and a deep fear of failure, leading to overwhelming self-doubt. The internal conflict between striving for

achievement and fearing mistakes highlights the existential burden of seeking validation from external sources, particularly from family.

C: None. Okay, so what brought you here today, P? What would you like us to discuss? What topics are on your mind?

P: Like usually, like before, I wasn't really afraid of failing or having expectations that weren't met. I was okay with it; I would just shrug it off…Then I find it hard to gather the strength or courage to continue or to generate positive thoughts to keep going. There are times when I feel really heavy and like a failure. I sometimes reach out to my friends…for help, and they do help sometimes, but most of the time, I feel like everything still depends on me… I'm tired of pleasing others, and even though I make an effort to do well and be successful, they always see my mistakes, and it's exhausting.

The conversation delved into existential struggle, as P confronted the growing weight of expectations, self-doubt, and the search for meaning in success. The exchange began as C initiated the discussion with an open-ended question. This inquiry invited P to reflect on their concerns, setting the stage for an open and exploratory dialogue. By avoiding direct suggestions, the counselor created a space where the client could navigate their thoughts and emotions, which was crucial in discussions about existential concerns such as identity, purpose, and self-worth. P2's response was highly elaborate, immediately expanding on their internal struggles. They described a shift in mindset from being indifferent to failure to feeling overwhelmed by expectations.

Social anxiety. Social anxiety was a significant issue raised in these counseling sessions. The clients expressed deep discomfort in social settings, rooted in past experiences of exclusion and rejection.

C: Okay? And do you have any circle of friends? At school?

P: Oh, that's…I struggle with that a lot.

C: But do you have any close friends or any friend that you consider…you can trust with?

P: I…I have a few people that reach out and ask if we can hang out sometimes. What…just that kasi like back then, in a previous school where I spent like more than a decade and the people there were…a lot of them were not really nice or welcoming.

The conversation followed an adjacency pair structure, with C initiating the topic by asking about P's social circle. P's brief but weighted response indicated emotional difficulty, prompting C to seek clarification: "But do you have any close friends or any friend that you consider…you can trust?" This encouraged P to elaborate, though their hesitant response, marked by self-repair ("I…I have a few people"), suggested an internal struggle in expressing their feelings, highlighting the emotional complexity of their social experiences.

Termination move

The findings reveal that the termination phase of the analyzed counseling sessions consistently reflected three central themes: assurance of help, encouragement, and continued support. This structured approach maintained a supportive and solution-focused tone, offering clients direction, and ongoing guidance beyond the session.

Assurance to help. In the termination move, counselors offered assurance to help clients by providing affirmation, reflective reasoning, and clear follow-up support.

C: Just that, you can't rely on feelings. It should be based on facts. You can think back to high school when you didn't have fear of failure, you didn't cram. It will help you realize that you can pass the quiz if you don't cram or doubt yourself, because you've done it before. You can do it again. Being self-aware is important. If you think, "Oh, I'll fail this subject again," what makes you think you will fail? What are the possible reasons? Can you do something about it? You can, right? Trust yourself. Less than one minute left, P. Thank you so much for joining this session. I was really happy to talk to you. If you need further sessions, feel free to contact Miss and ask for my contact number. Okay?

P: Okay. Thank you po.

C employed strategies to foster comfort, promote self-confidence, and effectively conclude the session. The session is structured and characterized by a sense of closure and supportive direction. By highlighting the client's previous achievements, C facilitated logical thinking and assisted the client in acknowledging their ability to handle difficulties. Moreover, using reflective questioning allowed C to assess their fears more critically and recognize their

challenges. As the session nearly ended, C signaled its conclusion by keeping a supportive tone, expressing appreciation, and suggesting ways to stay in touch later. This approach helped ensure that P felt acknowledged, comforted, and informed about the support available after the session.

Encouragement. Counselors used encouraging words as initial closing statements. These came not merely as positive feedback but as a deliberate strategy to solidify and cultivate clients' hopefulness and uplifting spirits. Counselors' encouraging words allowed clients to reflect on their strengths.

C: Ah, it's just been a while. So thank you so much. Keep going. I know that what you're going through isn't easy. But know that you are very strong. It's all about bouncing back. Bouncing back from what you've experienced.

P: Thank you so much.

C: Alright. Just message me.

P: Thank you.

Statements like "Keep going. I know…" were used by C to encourage P. By acknowledging P's challenges with statements such as, "I understand this has been difficult," and simultaneously reinforcing their capacity to persevere with phrases like, "Continue pushing forward," C rendered the encouragement more personal, transcending mere routine reassurance. In addition, repeatedly highlighted phrases like "bouncing back" served as a powerful reminder of resilience, urging P to fully understand the concept of recovery. Furthermore, P's remarks like "Thank you, really," demonstrated courteous acknowledgment and a genuine appreciation for the assistance provided, underscoring the success of the relationship built. C offered availability, saying, "Just message me," and reassuring P that help would still be accessible after their session. This casual yet purposeful way of wrapping things up hints at a sense of optimism and a definite route for future support, a key aspect of effective counseling conclusions.

Support. Counselors provided support by offering clients validation and emotional security. By affirming self-worth, expressing gratitude, and extending help, counselors fostered a positive closure of the sessions.

C: Thank you for opening up. Just message me. You are beautiful, and you deserve to be treated with respect and love. Do you have any other concerns, P?

P: None so far.

C expressed gratitude, "Thank you for opening up.", and extended help beyond the session to signal closure, "Just message me". Additionally, C uttered affirmative support by providing clear validation, saying, "You are beautiful, and you deserve respect and love." This countered any negative feelings P might have about their self-worth and uplifted them. Furthermore, when C asked, "Do you have any other concerns?" it opened the door for P to express additional thoughts while still retaining control over the conversation, which is reflected in P's confident reply, "None so far." This interaction underscores the idea that even short, deliberate positive remarks can lead to impactful changes during the counseling session.

The termination phase in counseling is a deciding point for whether clients will undergo subsequent sessions or not. As Corey (2017) noted, this stage is essential to the counseling process and opens reflection, continuity, and planning in the client's healing process. Instead of merely marking the conclusion of counseling, termination serves as an opportunity for both the counselor and the client to reflect on the process, reinforce what they've learned, and outline future directions. Further, treating termination as a careful and intentional process is crucial in offering clients emotional support and direction (Corey, 2007). A well-structured termination plays a significant role in improving the client's experience and boosts the overall efficacy of the therapeutic process.

4. CONCLUSIONS

The key insights from this study unfold the role of turn-taking mechanisms in shaping counselor-client interactions in initial counseling sessions. The study underscores the pivotal role of repair mechanisms among participants to address and rectify problems as they arise, thereby maintaining coherence and ensuring smooth conversational flow. In terms of the structural organization, the findings underline the role of counselors in setting the interaction and navigating conversational structures to address sensitive issues of anxiety and depression, academics, emotional crisis, mental distress, family relationships, existential struggle, social anxiety, impostor syndrome, assurance to help, and encouragement. The termination phase ensured the sessions were supportive and solution-focused, giving the clients direction. By systematically guiding clients through these three moves – opening, topic

development, and termination, counselors create a safe and productive space for expression, ultimately enhancing the effectiveness of the counseling process.

This realization underscores the need for specialized training programs that enhance conversational skills in counseling settings, particularly within English for Specific Purposes programs tailored for counseling professionals. I see immense potential for further research into cross-cultural variations and non-verbal elements in counseling discourse. Such explorations would provide a more holistic understanding of the linguistic strategies essential for effective psychological support, ultimately contributing to more inclusive and impactful mental health interventions.

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