

RELATIONAL AND ORGANIZATIONAL VALUE OF SELF-POSITIONS (COMMENTARY)

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ABSTRACT. In this paper the authors propose a reflection on the relational value of the self-position-construct. They elaborate on contributions coming from “The dependent self in Narcissistic Personality Disorder: a dialogical analysis” (Salvatore, Carcione, & Dimaggio, 2012) and “How about you? Building stones for a dialogical self therapy for children” (Doorn & Nijnatten, 2012). In analyzing these contributions the authors notice how a dialogue conducted from a self-position does not only define identity, but organizes relations with others and with context as well. For this reason the identity and relational value of a self-position can be considered two faces of the same coin. This is supported with reflections on the concept of positioning, of how to intend emotionality it and on the role of language in human relations. With this contribution we propose to appreciate the clinical application that the self-position construct can offer to the development of relations and increasing of opportunities of choice of the subjects.

Keywords: I-position, emotion, relation

The authors of the two considered articles (Salvatore, Carcione & Dimaggio, 2012; Doorn, & Nijnatten, 2012), discuss two complex relational themes, one about the unhealthy forms of dependency and the other about the construction and the development of Self in the child. Although different in contents, both articles show a dialogical approach to clinical work, and both use Dialogical Self Theory perspective and methodology. Indeed all the subjects, patients and therapists, use dialogue to structure and experience their relationship and position in it. Therapists guide and oversee the therapeutic process by paying attention to the structure of the dialogue with their patients, and not only to its contents.

In this paper we intend to discuss how discursive and dialogical modalities, assumed by different self-positions, are able to become an important monitoring and intervention device in the therapeutic process. We will affirm that this can happen only if the therapist is ready to see the relational and organizational value of self-positions: furthermore we will consider self-position a modality to organize relationship between individual and context.

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We will develop this article from specific issues. The first one is oriented to examine the self-position status: inside a clinical process it can be considered as an entity or as a relational modality (Hermans & Dimaggio, 2004). The internal voice that puts into words its own point of view will be considered as a symbolization of the specific position assumed by the subject in the relational network. This perspective is directly related to the second issue taken into account: we consider each relation based on an emotional matrix. Persons symbolize and signify their experiences using the emotional matrix to organize their relations with others and with context (Bion, 1962, 1963; Fornari, 1979; Matte Blanco, 1975, 1988; Salvatore & Freda, 2010). The third issue deals with the role of language, specifically its auto-representative and pragmatic value in the building of relationships.

Positioning the relationship

As bodies we are positioned in space. From this self-evident physical assumption we will develop our reflection helping us with cues from the two mentioned articles. Our intention is to use a binocular perspective allowing us to focus at the same time on different *self-positions* and on the relational vectors that enables the recognition of the diversity between self-positions. The position taken by the self in the network of relations is never a static condition but a continuously changing and evolving *process*. To define the *position1* of an object in space we need to define its spatial coordinates and its relations and interactions with other objects.

From one point of view we have an *object*, something that we can perceive; from another one we have the relational space between objects. Space is not considered as a void but as a relational field enabling the expression of things only inside itself. We will never be able to define the essence of something, but we can start to define it by the characteristics emerging from its relations with the context. Characteristics, qualities and properties can be understood as relational processes, that allow an object to manifest its existence.

To speak of the position occupied by a person is a much more complex issue, because of the multitude of factors and contingencies to be considered. Furthermore to observe and understand "*animated' objects inside a space,*" such as persons in their inter-relations, requires the presupposition that they are moved not only by external and coercing causes but also by various internal reasons, desires and needs; scholars and clinics are interested in understanding and defining these internal causes. The first epistemological and methodological question we pose is on what possibilities do we have in exploring the relations between the subject and its context. Exploration and

1 "*The place where something or someone is, often in relation to other things*" (Cambridge Dictionary on line)

observation of the relational field can be done by highlighting the figure instead of the background and by noticing the relations between the background and the figure. The background is not only a surface on which we can spot a figure but it is also the organizer of the relations leading the figure to emerge. The background is rich in information if seen as a spatial conditioning, offering over time both limits and opportunities to move and change. A body in this space is a distinct unit, an unit defined by its continuous interaction with its context.

Implications for clinical intervention

We understand that the ultimate aim of clinical intervention lies in giving to the subject the capacity to build a range of choices, to make its relationships more flowing and flexible, to activate processes of growth and development. When the subject's self-position becomes stationary and the subject identifies completely with his self-position we observe a sclerotization, stiffening that will paralyze his development and will constrain him in specific relational modes which generate feelings of uneasiness, suffering and malaise (Hermans & Dimaggio, 2004). Thinking over the particular references made in the article on the modality of dependence in narcissistic disorders (Salvatore, Carcione, & Dimaggio, 2012, this issue), we can see how this modality of relation's perception is dysfunctional and maladaptive, driven by the patient's specific need of receiving care and attention and also driven by the need to improve their self-esteem and self-regard. When the subject adopts such a maladaptive self-position, dependence itself stops, being a lead to relationships, to the pleasure of weaving bonds, to the building of shared intents together and paradoxically becomes the negation of the other, that is the exclusive perception of one's own needs, a fundamental and pervasive component of subject's personality structure.

The Self construct, originated from the specific contribution of James (1890), is a psychological construct that refers to a complex multi-composition; in fact the Self is understood as a composition from a repertoire of scripts that the subjects embody at different times with others. The Self can function in an integrated way and perceive himself as a unity using some devices that assure its continuity in time, its specificity/distinction and its volition. From the perspective used under a seeming unity of the self we find a multitude of internal characters, of self-positions that are unceasingly conversing between themselves. It is reasonable to think that the various self-positions are not immediately reconcilable and that they have direction of growth, and value categories, different if not opposed. A good, equilibrated, and reasonable discursive and dialogical practice between these different internal instances secures a harmonious development of the Self (Hermans & Dimaggio, 2004). As a person, in his life, is interested in multiplicity of dialogs with other people and in each one of these dialogs are presented different questions, taken different positions, used various discursive modes, so the self-positions of the Self arise as voices bearing different instances, different enunciations, needs, emotions, desires, all in dialogical relation

among themselves. The distinction self-others is reflected inside the Self as distinction between the various self-positions in the repertoire of the subject.

The authors of the article clearly show us how that having a poor repertoire of self-positions hampers the development of flexible social relations and is an indicator of relational poverty, furthermore a self-position with little flexibility and adaptability suggests stiff modalities of relation with the world. The work of the therapist, starting from the discursive interaction, is directed to understand the model of self adopted by the patient in a relationship. We intend to explore different possibilities with a work of meta-reflection on these positions (Hermans & Dimaggio, 2004).

We think it is important to see the opportunities but also the risks that this theorization implies; indeed if self-positions are understood as traits of the character, as parts of the subject's personality (resulting from his biological predisposition and past experiences of his life) then we have to ask ourselves how could clinical relation intervene on biologic/genetic components or past experiences both beyond the possibility to be modified in the *hic et nunc* of a dialogical relation. Instead if we intend self-positions as relational modalities through which the subject represents her/himself, signifies her/himself, or in other words symbolizes her/himself (Freda, 2011), then the clinical activity become an efficacious device of intervention. Observing and reflecting on the qualities and the modalities of the relationships that the subject and the clinic develop in the here and now is possible to highlight, restructure and reorganize the symbolization of past relationships.

The research on dependent personalities can clearly show us what we are trying to say: through the dialogical practice the authors notice the difference between different shades of dependency. The analysis of the dialogs helps us in catching the subjects' requests, desires, and needs. The general category of "being dependent" is seen in its specific modes and functions. Through dialog we can reach the most hidden and shadowed relational aspects concealed even from international diagnostic systems. The authors of the article note how the DSM-IV-TR don't include, in the definition criteria for the Narcissistic Personality Disorder (NPD), the need and dependence from others that helps person affected by NPD in preserving their psychic functioning. The observation and understanding of the dialogical modalities of self-positions allows us to see the differences between the researches for other modalities of dependent personalities and narcissistic personalities. On one side we have dependence request for nursing, care, and protection on the other side we have a dependence from the other in terms of recognition of one's own value and capacities.

The therapist, in the cited fragments of conversation with the narcissistic patient, notice that there are sudden and instantaneous shifts to rage, to claim, to treason, when during the dialog the self-position expectations of dependence and needs of the other are disappointed. Changing the register of the relation with others, the self-position

exhibits all its fragility and the narcissistic person feels “the void under the feet”. The symbolization of its relation is put under check. This observation gives substance to our argumentation that identity routes of a person cannot be disconnected from existing ties and relations.

We ask ourselves if dependent modalities lead to dependent self-positions or on the contrary if subjects with dependent self-positions are used to make dependent ties, we risk falling in an *impasse* from which it is hard to get out. We know that the attachment theory of Bowlby (1989) explains how during the first interactions between infants and care-givers some *Internal Working Models* are structured and these constructions of schemes conserve the characteristics of the type of care and attachment relation established between a child and its caretaker. This schemes contribute both to the definition of future relation with other modes and to the sense of identity of the person.

The emotional matrix of the relation

Instead we want to overcome the impasse just described, concerning with the primate of the identity or the relations, reading and resolving it in other ways. To sustain this we must give importance to the emotional variable, no more just an accident that put at risk the linear and rational dialogic procedure between subjects, but as a variable that feeds, invigorates and sustains the relations. In this way the dialogical practices between subjects are not the only means to reach the fixed aims and to harmonize different instances and projects, but can also be the way to take on a symbolic and linguistic level their emotional relation. Self-positions can be understood as the modes through which the subjects symbolize their own emotional state in the relation. Embodying one self-position instead of another the subject gives voice to different requests, different needs and different desires that are never solipsistic or ignoring others, instead they are always expressible exactly because the others exist.

The emotionality, which usually is understood exclusively in its biological and physiological correlate, can be considered for its important relation's organizational value.

Renzo Carli (2003) defines emotions as primitive response to stimulus coming from the context, a stimulus necessary to build relations and to give meaning and purpose to these relations. To base a clinical process on emotionality is different from considering emotions as disturbing or perverse effects of a malfunctioning process, or as shortcuts in a defective human rationality. To base a clinical process, in its dual value of diagnostic and intervention, on emotionality means to give priority to the relational foundation of humans and to practice the development and implementation of relations.

The discourse on emotions from a dynamic and semiotic perspective (Freda 2008; Salvatore & Freda 2011), that here can only be hinted and which needs a more

detailed study by interested readers, starts from the idea that humans since the beginning of their life experience the world and the others emotionally. This emotional modality of experience, that principally involves humans as bodies because “to feel” is possible only to a living body in relation to its context, is also a fundamental way to signify the world. Emotions bring with them the dual aspect of being at the same time an act device and a signification device² (Fornari, 1981; Salvatore, 2004). Using their emotionality humans unceasingly symbolize themselves and their relations. Intersubjectivity is not only intended as a system or interaction between individuals but as the experience generated by the contact between the emotional and unconscious modes of functioning (Freda, 2008a, 2008b). We are used to define *collusion* (Carli, 2003) “the process of emotional symbolization of the context from who participate in that context, and is the base of the relation between individual and context”³.

The dynamics of dependence observed in patients by the authors of the article recalls various emotional modalities to experience and symbolize the relation. On one side we have the phenomenology of narcissistic personality disorder that recalls an active modality oriented to controlling others (Carli, 2003), on the other side we have the modality of dependent personality that mistrusts (a passive aspect of “controlling”) others. The diffident relation is based on a state of permanent alert that reads everything that happens as a danger signal (Carli, 2003).

In both pathologies we find a need for dependency, but it organizes different relations, differences based on different emotional matrices. These matrices are the ones that contribute to generate and articulate specific self-positions.

Language as connection between the self and relations

In the previous paragraph we have based relations on an emotional matrix in so doing we have expanded the possible understanding of them. Self-positions are considered internal narrating voices. Where and how is originated the verbalization process of emotion and relations generated by self-positions?

We can think that language is at the same time an activity both representative/symbolpoietic and deeply relational. Through what s/he says a person

2. The *actantial function* is a prescriptive function that gives informations on the acting-out of unconscious model/code of signification. The *correspondence function* operate as a reference system that permits to give an emotional meaning to a symbol (Freda, 2008b).

3 “*Collusion is a process of socialization of emotions, which originates from the emotional sharing of contextual situations, it is the emotional conduit that base and organizes the construction of social relation with the help of shared emotions. To collude means to emotionally share the same emotional symbolizations in a participated common contest. Collusion, if not thought over, transforms itself in emotional act (that is an action). Collusion has always a reality adaption function*” (Carli, 2003, [our translation from Italian original]).

intends to give a definition of her/him and to produce an effect into the other. We are in presence of auto-representative and pragmatic aspects of the language.

The second article from which this reflection originated (Doorn & Nijnattan, 2012, this issue) is about self construction in children and this can help our discourse. In this article the development of the dialogic self in children is analyzed as they progressively implement the capacities to create more and more organized and coherent tales and narrations. The therapist work, in situations where this process is blocked or derailed, is in giving help and support to understand and verbalize inner states, intentions, beliefs that the subjects holds about others and her/himself.

During the language learning phase children are immersed in an intense relational process that, with the help of an adult, let them learn to name things and to give them meaning. In other words children seize categories of social signification that arrange and put order to things in the world. This language acquisition, and things signification, process must not be considered as absolute and independent from other processes experimented by children like the emotional, cognitive, behavioral and relational ones. Indeed it is not the same thing when one word is learned from the mother/father (or other significant figure) instead that from an extraneous adult. In fact children start to build a linguistic repertoire of things signification from the first linguistic experiences with her/his care-givers thank to the emotional ties with them. These experiences are emotionally characterized; they always have the color of the more specific emotion that saturates them. We have an interlacing weave of *emotions, language and thought*.

Each self-position was built and formed inside a relational process where the subject experienced the world through specific emotions and words that gave meaning to it. We can deduce that in the adult life of the subject self-positions will be activated when a discourse, a relation or an event reactivate the emotion that generated them. A subject conducting a dialog identifies himself with a self-position and speaks with the specific words of his own repertoire (this is exactly what the authors say “*who speaks to whom?*”). The intentionality (in terms of conscious purposes) of a self-position is not the only modality of activating a position, we think that emotionality and emotions experienced in the context with others are powerful activators of self-positions⁴. A self-

⁴ Self-positions are principally connected to signification by use of language and dialogue, and these are the reasons that make them correspondence devices (devices that operate as reference system capable of giving emotional signification to a symbol) while emotions are more responsive to actantial functions (of activation, prescription and acting-out). Self-positions are therefore intended as emotions that become words and dialogue with the other. Self-emotions don't activate without an emotion that gives meaning and organization to the relation. The connection between self-positions and emotionality is one of translating the relation's organization with the linguistic code. To think of self-positions only as entities equates to negate the possibility to understand their relational value.

position once adopted *constructs reality using a dialog with the other*. A self-position defines the position that the subject takes in a context when in presence of others, defines the enunciating instances and the perspective used for looking at the world. We must not forget to consider somatovegetative activations and physiological states of the subject. When we wrote that “*a body always take a place in space*”, it was not to simplify the problem but to gradually complexify it. Indeed we can now define: a body as a person in flesh and blood bearer and organizer of words, thoughts, emotions that take forms and develops through its relations; and the space not only as the volumetric and physical space but also as a linguistic space with meaning and signification where persons interacts between themselves and with the space itself by assuming different self-positions at different times.

The child while learns language, a way to be in dialogical relation with others, seizes a growing vocabulary of words that can be used and articulated thanks to the experience of self-positions.

When the authors of the article (Doorn & Nijnattan, 2012, this issue) observe that a Self with few self-positions, or sclerotized in just one, is a predictive risk factor, we agree because it is observable that the subject has few perspective of development, since its evolutive resources are hindered by symbolizations and collusions (Carli, 2003) too strict and closed to change or transformation. To consider a self-position blocked requires that also the other persons, the one interacting with the subject, are blocked inside their self-positions. An evolutionary block, the predominance of a voice on all the other, cannot be understood as an individual phenomenon. Instead it can be seen as a hypostatized relational field, a fixed context, a collusive phenomenon in which the involved subjects using their voices are representing the same reality blocked and interdicted to development. Taking a perspective centered on relations, we will say that the relation (for some reason unknown to the subjects) is still, unproductive, blocked and hinders subjects in experimenting other self-states, other voices, other possibilities. When the therapist makes a position switch, the patient cannot avoid noticing the transformation of the relation and thus the inconsistency of its self-position. The patient defensive and restorative movements of status are exactly the signal that a fragility point of the Self was reached, in fact stiffening is not a sign of strength but one of weakness and fragility when observed with more attention.

Conclusions

We find that the self-positions of the Dialogical Self Theory are interesting in reason of their possibility to be constructs to make the “dialog” between scholars and clinics more effective and profitable. They offer interesting study and intervention perspectives if it's not forgotten to look at the clinical process as a relational one, a process where participants always take a positioning. To think that humans are always involved in an unceasing work of symbolpoiesis (Salvatore & Freda, 2011) starting

from the emotionality of its relation let us offer a different perspective to observe and understand self-positions. Self-positions by proposing their narration and interacting with each other, give information about themselves and others; self-positions are defining their world - a world made of hopes, needs, expectations, fears and desires - from the emotionality that originated them.

The dialogue defines a continuously changing field, emerging from the interaction between the codes, supplied by language and culture, and the discourse between the single subjects conducted from their positions. The dialogue can be understood as a device of observation and understanding of the intersubjective relations generated inside contexts. We consider dialogue as an instrument capable of giving us a possible access to the position assumed by the subjects, position used as starting points for expressing their world-states. Each position through a specific dialogical modality is occupied in defining and *bordering*, more or less explicitly, their reality; a *world-state* is the final product, but also the auto-referential, auto-validating and tautological starting point of a self-position. A self-position is a relational/dialogical system that by defining its relations with the world creates its own definition of identity.

Then we can define clinical intervention as a process of sense construction that starts from the feeling experience and the recognition of emotion gets to thinking and to re-signifying and in so doing it offers new stimulus to develop and transform relations and the definition itself of clinical intervention in such relations (Freda, 2008b).

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