

**THE DIALOGICAL VIEW OF PSYCHOTHERAPY:
SOME THEORETICAL CONSIDERATIONS AND CRITICAL REMARKS
(COMMENTARY)**

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ABSTRACT. Dialogical theory is a helpful frame of reference for psychotherapy research, which provides a perspective for the study of psychotherapy process in terms of meaning construction and exchange. This paper will firstly review the basic features of the dialogical approach to the theory of Self and of the process of psychotherapy, as taken into account in the papers by Avdi (2012), Gonçalves and Ribeiro (2012), Martínez, Tomicic and Medina (2012), and Leiman (2012). On the whole, the authors use the term “dialogical” with reference to a general theory of therapeutic change. The implications of such an use of the dialogical concept will be discussed, with special focus on how the relationship between intrapsychic and intersubjective dimensions are taken into account, both at the levels of theory and methodology of analysis of the psychotherapy process.

With the presentation of different dialogical approaches to the study of psychotherapy, some theoretical considerations can be proposed concerning the common ground shared by the papers of Avdi (2012), Gonçalves and Ribeiro (2012), Martínez, Tomicic and Medina (2012), and Leiman (2012), included in this special issue. On the whole, the authors use the term “dialogical” with reference to a general theory of therapeutic change. More specifically, two levels of analysis may be identified: the first level concerns the dialogical perspective as a contribution to the theory of the therapeutic factors which are responsible for the patient’s change in psychotherapy; the second level concerns the formulation of a dialogical model of psychotherapy process, referred to as a “meta-model” of psychotherapy.

The implications of such two perspectives about the dialogical approach will be discussed, particularly by focusing on the development of a meta-model of psychotherapy, which Leiman (2012) describes as “an arduous challenge for researchers”. A special focus on the theoretical dimension is needed given the implicit contradiction within the dialogical paradigm – that is, its tendency towards considering the internal dialogues as individual constructions, by sidestepping the wider interactional and intersubjective context where the Self is shaped and construed. Such a

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tendency has to be considered as an obstacle to the formulation of a dialogical “meta-model” of psychotherapy.

Since the general aim of the abovementioned papers is to present specific methods to analyze the therapy process from a dialogical point of view, a discussion will be offered about the way the constructs of Self and of therapy process are addressed in such studies, and critical remarks will be given from a general perspective which takes a contextual and intersubjective dimension into account.

General perspectives on the dialogical theory of change in psychotherapy

According to Dialogical Self Theory (DST), the Self is complex and polyphonic, composed of a multiplicity of characters or voices, each of them portraying an aspect of the individual personality, and these characters arise from their various separate positions, as independent thought centers. According to the theory, in the mind of an individual and in social exchanges these voices are in continuous dialogue with each other, negotiating the meaning of events and putting together the stories arising from the Self (Caughey, 1984; Hermans, 1996, 2001a, 2001b; Hermans & Kempen, 1993; Leiman, 1997, 2002; Lysaker & Lysaker, 2001; Neimeyer, 2000; Tappan, 1999; Whelton & Greenberg, 2001). In sum, the positions of the Self are described as organized in dialogical patterns of voices engaging in internal interactions.

The dialogical nature of the Self implies a dialogical view of the therapeutic change, which is conceived as the emergence of new characters or voices, challenging the dominance of the problematic patterns of voices. As noted by Gonçalves and Ribeiro (2012), the process of change in psychotherapy is basically narrative – that is, it is built through dialogical processes of “telling a story to an audience”, by creating new functional and adaptive stories. In Gonçalves and Ribeiro’s view, alternative “I-positions” may emerge from such narratives of the Self.

According to Leiman (2012), this can be considered as the fundamental goal of *all* psychotherapies. In his view, all therapies – whether cognitive-behavioural, psychoanalytic (Kleinian), or mentalization-based therapies – are aimed at generating self-observation through creation of a new observational stance for making sense of clients’ problematic experiences. This process of therapeutic change is defined as “re-conceptualization” in the I-moments approach proposed by Gonçalves and Ribeiro. The reconceptualization I-moments usually emerge in the middle phase of good outcome treatments and are characterized by three specific I-positions: the position of the past Self, the position of the present (new) Self, and an observing position which has access to the change process. Thus, reconceptualization is conceived as a bridge between the past and the present emerging self, advancing the development of new ways of being, feeling, and thinking that is viewed as the main factor of change in psychotherapy.

In this view, the therapist is contended as actively shaping the client's talk by presenting new positions to client, reformulating the client's discourse or stressing specific aspects of client's talk. Gonçalves and Ribeiro (2012, p. 89) state that "the therapist is an involved partner who facilitates the exploration and elaboration of novelties", and that the therapist as an interlocutor has a role in consolidating the therapeutic change by means of the process of reconceptualization. Such a view is shared by Avdi (2012)'s and by Martinez and colleagues (2012) as well. According to Leiman (2012), this process of fostering client's expression and helping him/her to adopt a new self-observing stance on the past problems may represent a common therapeutic factor in all psychotherapies, what he refers to as a dialogical "meta-model" of psychotherapy.

In my view, such a model of change can allow to study psychotherapy as a dialogical enterprise where the reconceptualization of the Self is viewed as an ubiquitous process occurring in different theoretical orientations. Yet, while *trans-theoretical*, this model of change cannot be considered as fully comprehensive. Though helpful in accounting for both the individual and the interactional aspects of the Self positioning, the notion of dialogical Self in psychotherapy tends to refer almost entirely to the intra-personal level of analysis. This can lead to an individualized view of the Self and to disregard the interactional nature of the narrative production in psychotherapy.

In my opinion, a comprehensive model of psychotherapy should not limit itself to the processes of change occurring at the level of individual mind. The mind phenomena, which can be described in terms of dialogical processes (self positioning, moments of re-conceptualization, and the like) should also be accounted in their relationships to the notion of psychotherapeutic *context* – namely, in terms of the relevant constraints of the communicative situation that influence the individual's thinking, emotions, discourse, and so forth (McNamee, & Gergen, 1992; Salvatore, Gelo, Gennaro, Manzo, & Al-Radaideh, 2010). On the whole, all of the papers in the section – more or less implicitly – focus onto the dimension of *intersubjectivity* of the Self positioning in psychotherapy. Yet, they vary in the degree in which such a dimension appears as relevant in their empirical analyses of the clinical process.

The study of psychotherapy process: Dialogical Self and the intersubjective dimension

A first distinction between *intra-psychic* and *inter-subjective* perspectives is needed. The *intra-psychic* concept can be referred to a view of mind as isolated, and of mind processes as basically endogenous. As noted by Avdi (2012, p. 64), "it seems that the majority of the Dialogical Self literature on therapy to date has approached voices as primarily personal constructions and has tended to sidestep the interactional and socio-discursive aspect of positioning". An example provided by Avdi of an intrapsychic view of I-positions is represented by Lysaker's studies on schizophrenia (Lysaker & Lysaker,

2008), where inner voices and subject positions may be viewed as isolated constructs in patients minds, not affected by the interpersonal phenomena and with no impact onto the outer environment.

On the other hand, the inter-subjective concept identifies the limits of an individualist approach in dealing with the issue of human communication, and recognizes the contingency of mind to social processes. The mind processes are inherently intersubjective. The meaning is always addressed to otherness (Linell, 2009), since it is constructed within and in function of the communicative exchanges among people, as a way to regulate such exchanges. Meanings arise as a function of the social context, where both therapist and patient must be seen as negotiating the representations, stories, and statements referring to the shared world (Salvatore et al., 2010). In terms of Leiman's model, intersubjectivity can be described as "game of chess" between client's subject position and object's counter position – that is, as a dialectical relationship between subject and object, where reciprocal positions are shaped and construed in the course of interaction: "The relative positions of the opponent's pieces on the chessboard shape the player's choices of the next move. Except for the final stage of the game, the player has several options for movement. The counter positioned objects do not determine mechanically the course of action. However, the rules of the game ensure that every choice entails a re-positioning of pieces that the opponent can use when deciding on the next move" (Leiman, 2011, p. 132).

The intersubjective viewpoint entails what we could define as a *pragmatic* or *performative* view of the clinical exchange. Such a perspective implies that the dialogical analysis should move beyond the examination of the content of what is narrated to the analysis of the act of narration itself. Any act produced by both patient and therapist – what can be referred to as a *sign* – must not be regarded as having a fixed and static value, which is given by its semantic content. Signs are *speech acts*, a way of doing something by saying something (Austin, 1962). For instance, let us think of a patient telling the therapist how he/she felt depressed after the last session with him/her. It would be limited to consider such a narrative simply as a description of an inner state or as a Self positioning connected to an external event. By means of this claim, the patient is engaging in communication with the therapist, not only in order to express his/her declarative meaning, but also to bear out his/her own vision of him/herself, induce some reaction from the other and define his/her positioning *within the exchange* (Billig, 1996; Edwards & Potter, 1992; McNamee & Gergen, 1992).

Many of the authors in this special issue share such a general perspective on the dialogical exchange. For instance, Gonçalves and Ribeiro state that the reconceptualization process plays "an active role in the change process", since narrative of the Self "are not an epiphenomenon of change, they are active elements shaping its construction" (p. 90). Thus, the process of client's narrating is always referred to an external interlocutor – the therapist – which is "an involved partner" in the exploration

and elaboration of the narratives of the Self. Hence, the *act* of narration is regarded as a main feature of the process of therapeutic change. Also Leiman, using the concept of semiotic position, deals with the client's use of language to perform an act towards therapist, specifically the act of addressing the therapist as a potentially disapproving other, in line with his own habitual position. In Leiman's view the semiotic position, which has its conceptual origins in the work of Vygotsky and Bakhtin, is a "relational concept" and "is important for an understanding of the specific ways by which intrapsychic and interpersonal phenomena are related" (p. 124).

Thus, in the comments provided by the authors, intrapsychic and intersubjective dimensions are considered as equally meaningful in analyzing the process of psychotherapy from a dialogical perspective. The Self, in their views, can be understood as involving two processes which are intertwined – that is, the content being narrated and the act of narration. Martinez, Tomicic, and Medina (2012) presented a qualitative methodology of analysis of the therapeutic process which is consistent with this theoretical view. The subject positioning as an intersubjective, pragmatic process in psychotherapy is studied through exploration of specific verbal interactions performed by the participants at two dimensions of the psychotherapeutic dialogue. The first dimension refers to the *real dialog* between the participants involving the rules pertaining to conversation, which they call interpersonal level or *dialogal exchange*. The second dimension, taking into account the dialogue established between the multiple voices or positions of the self, is referred to as intrapersonal level or *dialogic exchange*. The two levels of the therapy process are investigated by means of different methodologies – respectively, Conversational Analysis (CA) and a microanalysis system based upon linguistic indexes.

The methodological perspective proposed by Martinez and colleagues offers a contribution to the research on the dialogical features of psychotherapy by studying the therapeutic process with main focus on the relationship between the Self and the other (the therapist), which is thought at the same time as a real, interactional addressee of the client's talk and as an addressee, a counter-position of the client's position. To my view, this perspective can be helpful in dealing with the issue of therapeutic factors of psychotherapy, since it provides a description of both patient's and therapist's contributions to the process of change (which Martinez and colleagues investigated in terms of changes in the therapeutic alliance). At the same time, it allows the empirical verification of a comprehensive model of psychotherapy, which would account for the tension between socio-cultural and intra-psychic levels, between inter-psychological and intra-psychological processes, between content and act of narration, which are to a large extent intertwined and must be seen as equally important for dialogicality (Valsiner, 2006).

Towards a dialogical “meta-model” of psychotherapy process: A reformulation of dialogical concepts according to an intersubjective paradigm

After reviewing the theoretical perspectives proposed by the authors in this section, some remarks are needed concerning the main concepts of Dialogical self theory as they emerge in the papers discussed above, in order to reformulate them in light of an intersubjective model of the psychotherapy process.

1) The dialogical nature of the Self implies a dialogical view of the therapeutic change, which is conceived of as the emergence of new characters or voices, challenging the dominance of the problematic patterns of voices. Such a therapeutic change can be fostered by the therapist by helping the client to adopt a new self-observing stance on his/her past problems – what may be considered as a common therapeutic factor in all psychotherapies. In this view, the therapist is considered as an interlocutor, an “involved partner” who facilitates the exploration and elaboration of client’s novelties.

2) While *trans-theoretical*, the abovementioned model of change cannot be considered as a comprehensive *meta-model* of psychotherapy. The notion of dialogical Self and the resulting view of the therapeutic change can lead to an individualized view of the Self and to disregard the interactional nature of the narrative production in psychotherapy. For instance, the therapist is considered as “active” insofar as he/she is involved in a process of presenting new positions to client, reformulating client’s discourse or stressing specific aspects of client’s talk. Namely, the therapist limits him/herself to “operate” onto patient’s inner dialog, but he/she is not affected by patient’s *real* dialog and communication. The clinical vignette provided by Avdi can illustrate this “ideological dilemma”. In a clinical extract from a family therapy, Avdi examines how the client positions himself both as a child and as a patient, and correspondingly positions the therapist as an expert and an older person with more experience, thus asking for advice. The therapist seemingly does not want to occupy this expert position, since she responds that she cannot tell the patient what to do; accordingly, she positions the patient as a responsible adult, with the duty to live his life following to his own choices. According to our theoretical frame, the patient’s position cannot be considered simply as an intrapsychic process, produced by a dialogue between inner positions of the Self, since it affects therapist’s behaviour at the level of *real*, interpersonal dialogue. Consequently, while rejecting the expert position and interpreting accordingly, at the same time the therapist actually *uses* her expert authority to offer an interpretation. Thus, patient’s positions do not appear as simple narratives concerning inner states, but are *speech acts* inducing some reaction from the other (the therapist) and defining patient’s positioning *within the intersubjective exchange*.

3) In a dialogical view of the psychotherapy process, voices and positions of the Self should be considered as both *intrapsychic* and *intersubjective* constructs – thus,

both dimensions of patient's *inner* and *real* dialog with the therapist need to be taken into account. As stated above, the intersubjective viewpoint entails a *pragmatic* view of the clinical exchange, which implies that the dialogical analysis should move beyond the examination of the content of what is narrated to analyzing the act of narration itself. Thus, mind and its processes (I-positions, inner voices and the like) need to be considered as *signs* of the communicational exchange, which are embedded within and shaped by contextual processes of intersubjective sense-making (Billig, 1991; Bruner, 1990; Edwards & Potter, 1992; Linell, 2009; Salvatore, Tebaldi & Potì, 2009). Such signs acquire meaning according to how they are combined within the specific context of communication – that is, according to how they are used and negotiated.

According to such theoretical premises, we could agree with Avdi's statement that "by studying in detail features of the conversation, such as sequence organisation or the introduction of new topics, one can study who introduces what in the conversation and what participants do with each others' talk; this [can be] very useful for studying the dynamics as they unfold" (p. 73). This point of view enlightens the issue of the *methodology* that researchers can use to grasp the intersubjective, semiotic and dialogical nature of the psychotherapy process. How the notion of psychotherapeutic context and the dimension of intersubjectivity of Self positioning in psychotherapy can be taken into account and studied in psychotherapy process research?

According to a dialogical theory – as depicted in the papers discussed above – the Self can be viewed as a complex and polyphonic construct. Thus, the positions of the Self are considered as organized in dialogical patterns of voices engaging in internal interactions. With the introduction of the notion of context and the adoption of an intersubjective and semiotic view of the dialogical concepts, subject positions cannot be seen as static or unchangeable constructs. The variables concerning the Self (I-positions, inner voices, etc.) should not be treated as single and discrete entities, which are significant in themselves and are used as a basic unit of analysis. Rather, the local combinations of the variables prove to be significant. In this view, different processes acquire different meanings according to the session or treatment moments and conditions – namely, they are context dependent (see Lauro-Grotto, Salvatore, Gennaro, & Gelo, 2009; Salvatore, Lauro-Grotto, Gennaro, & Gelo, 2009; Shoham-Salomon, 1990). Consequently, the clinical change should be depicted through the study of specific *sequences* and/or *patterns* of variables, rather than the occurrences or changes of single variables.

According to such a perspective, the dialogical research on the process of psychotherapy should not limit itself to study the variables pertaining the client – namely, single variables concerning client's intrapsychic processes. Rather, a greater focus onto the variability of *therapist* responses in psychotherapy would be of great interest in the study of therapeutic change (Auletta, Salvatore, Metrangolo, Monteforte, Pace & Puglisi, submitted; Stiles, Honos-Webb, & Surko, 1998;). As the intersubjective

and contextual theories of psychotherapy have proved (Hoffman, 1998; Storolow, Atwood & Brandchaft, 1994), therapist's interventions can be affected by the emerging context, including therapist's emerging perceptions of patient's characteristics and behaviours. The concept of *responsiveness* of therapist to patient (Stiles et al., 1998) emphasizes the limits of the classical process-outcome research aimed at linearly linking the major classes of therapists' interventions to treatment outcome. As well as patient's inner positions, also therapist's interventions can be discontinuous and context-sensitive, and – as noted above – can be affected by patient's narrative. With this in view, the process of construction of dialogical novelties would be considered as lying not only in patient's mind (intrapsychic level), but also in the patterns of patient-therapist positions and counter-positions which unfold at the intersubjective level.

Conclusion

In this paper the basic features of the dialogical approach to the theory of self and of the psychotherapy have been presented and discussed according to a semiotic, contextual and intersubjective perspective.

Intersubjective dimension has been considered as inherently linked to the concept of dialogue. Dialogism is grounded on a view of meaning as created by subjects in interaction – thus, in a dialogical perspective, psychotherapy should be seen primarily as a semiotic process, by means of which the Self is constructed through a dialogic engagement with the other. More specifically, the clinical exchange is a dialectic encounter between patient's and therapist's ways of interpreting the world, producing new intersubjective meanings different than the individual ones (Angus & McLeod, 2004; Hermans & Hermans-Jansen, 1995; Hoffman, 1998; Matos, Santos, Gonçalves & Martins, 2009; McNamee & Gergen, 1992; Salgado & Gonçalves, 2007; Storolow et al., 1994). Accordingly, the clinical value of patient-therapist relationship does not simply consist in changing the content of patient's representations of the Self and the world and inner voices. Rather, the psychotherapeutic process has to be seen in a broader way, as an intersubjective attempt aimed at opening new intersubjective configurations.

Within this perspective, some thoughts have been offered about the way dialogical research on the psychotherapy process could be enriched by a perspective which takes a semiotic, contextual and intersubjective perspective into account.

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