

**THE ESSENTIAL ELEMENTS OF DIALOGICALLY-BASED RESEARCH
ON PSYCHOTHERAPY: A PROPOSAL
(COMMENTARY)**

Eugenie Georgaca
Aristotle University of Thessaloniki (Greece)

ABSTRACT. This paper outlines a proposal regarding the essential elements that I believe should be included in a dialogically based research approach to psychotherapy and discusses the extent to which the four analytical approaches presented in the papers of this section take them into account. I contend that, firstly, any dialogically based research on psychotherapy should be grounded on a view of psychotherapy as a semiotic process and therefore analyse the meanings that are produced and negotiated in actual psychotherapy sessions. Secondly, the dialogical character of the self should be explored through employing a performative micro-analysis of psychotherapy sessions, which highlights the articulation of the positions that make up and enact the client's self. Thirdly, the analysis should focus on the interaction between client and therapist, and should specifically explore the therapist as an interactional other, as a counter-position to the client's position, as an institutional position and as a contributor to the interaction. Finally, the role of sociocultural processes in the contribution of the self and the psychotherapeutic interaction should be actively examined as well as the role of psychotherapy as an institution. It seems that, while all four research approaches accept these points as theoretical premises, not all fully take them into account in the analysis of psychotherapy extracts.

With the flourishing of dialogical approaches in psychotherapy practice and research over the past couple of decades, I consider providing an overview of and opening up a discussion regarding dialogical methods of analysing psychotherapy a timely issue and I am very pleased to be part of this discussion. In what follows, I will offer my view on the aspects that a dialogically based approach to researching psychotherapy should include, a programmatic statement on dialogically based analysis of psychotherapy as it were, and I will discuss the four analytical approaches presented in the papers of this section in terms of the way they address or not these issues.

Psychotherapy as a semiotic process

A necessary prerequisite for studying psychotherapy from a dialogical perspective, which all papers in the section share, is a view of psychotherapy as imbued

AUTHORS' NOTE. Please address all correspondence regarding this article to Eugenie Georgaca, Psychology Department, Aristotle University of Thessaloniki, Thessaloniki, 54124, Greece. Email: georgaca@psy.auth.gr

with meaning. Psychotherapy is seen as a process of working through the meanings that clients bring with them and of collaboratively constructing new meanings regarding the client's self and life (Mahoney, 1991; McLeod, 1997; McNamee & Gergen, 1992). As is now common place in the postmodern, narrative and discursive approaches that these papers draw upon (Angus & McLeod, 2004; Parker, 1999), meaning is constructive of human experience and the self, beyond the psychotherapeutic setting. Moreover, meaning is jointly managed in the interaction between client and therapist and becomes the material that psychotherapy works upon. This is why the obvious and most appropriate way to study psychotherapy is to focus on language itself, on what is said and how it is managed and negotiated in the therapeutic setting. All the papers employ qualitative analyses of extracts from psychotherapy sessions, in which they focus on the way meaning is created, negotiated and changed.

The dialogical character of the self

Any dialogically based research approach has to take seriously one of the fundamental tenets of the dialogical approach, that the self is structured as sets of dialogically related positions (Hermans, 2001; Hermans & Kempen, 1993; Raggatt, 2007; Sampson, 1993). The self is complex and polyphonic, characterized by multiplicity and dynamic conflict between voices or positions. Moreover, the positions are organised in dialogical patterns and engage in internal interaction. Each position is coupled with a counter-position, and each position entails an addressee (Hermans, 2004). Again, all the papers in this section accept this theoretical premise. Moreover, they attempt to empirically trace the positions or voices articulated in and through the client's words in the psychotherapy sessions analysed.

Most of these papers employ micro-analytic methods to examine the research material in detail and also argue for the value of such analysis, a position which finds me in absolute agreement. Only the detailed qualitative micro-analysis of talk, I believe, can shed light on the complexity of the self, as it unfolds in interaction and is shaped through it.

A common view in the dialogical, narrative and discursive literature is that the self is not a preformed entity expressed through the person's speech in specific interactions but a dynamic ongoing process, which is enacted in every encounter and is, as such, subject to change (Gavey, 2002; Gergen, 1999; Shotter & Gergen, 1989). In other words, the client does not describe their self but rather they perform it in the here and now of the therapeutic session. The principle of performativity, I contend, implies that the analysis should move beyond the examination of the content of what is being said to analysing the form and function of speech. Here, the concept of positioning (Harré & van Langenhove, 1999) as well as Goffman's notion of footing (Goffman, 1981) can provide invaluable research tools.

ESSENTIAL ELEMENTS

The performativity of the self is acknowledged by all authors of this section, but this is not always followed through in the actual analysis. Goncalves & Ribeiro, for example, employ a form of thematic content analysis, focusing on what the client says, on the positions which the client describes or expresses through their speech, without analysing the actual enactment of positions through the structure of the client's speech. This means that, while they argue that positions are enacted and that reconceptualisations involve the emergence of a reflective meta-position, they fail to show how this takes place in the extracts they present. This is probably most obvious in the discussion of the distinction between mutual in-feeding and reconceptualisation towards the end of the paper, and I will use this as an example to illustrate how a micro-analysis of the enactment of positions can shed a different light on the topic. Mutual in-feeding is a phenomenon whereby two antithetical positions are presented in the client's discourse consecutively, each rejecting the other, while in reconceptualisation the client describes a change taking place, through contrasting an old with a new position and reflecting on the process of change itself. Goncalves & Ribeiro argue that the difference between mutual in-feeding and reconceptualisation is that in the former "the person is a powerless actor of the alternation of voices" while in the latter "the person is an active author of it" and also that in the latter the two voices are engaged in dialogue and are thus open to change. I would argue that in both cases the client enacts certain positions, but what changes is the position enacted; while in mutual in-feeding the client alternates between enacting two antithetical positions, in reconceptualisation they enact a reflective meta-position, which takes the alternation between the two contrasting positions as its referential object, and that is what enables change. A micro-analysis of the two extracts in that part of the paper shows clearly the presence of a reflective meta-position, which mediates the emergence of the two positions in the client's (and the therapist's) turns.

Martinez, Tomicic and Medina advocate a much more complex multi-layered analysis – taking into account the point of view expressed, the subject of the utterance, the subject of enunciation and the relation between the speaker and the content of their speech – but in the actual analysis of extracts this complexity is reduced to general statements regarding what the client and therapist use more often and the flow of their turn-taking. I will use the first case of a change episode presented in the paper by Martinez, Tomicic and Medina as an example of how a performative micro-analysis can enhance our understanding of the processes taking place in psychotherapy. The authors' thesis is that episodes of change in psychotherapy are characterized by moves by both therapist and client that favour an agentic position of the client as protagonist of change, culminating in the client assuming the authorial position in a first person and present tense statement of what they have become. In the analysis of the first case of a change episode the authors argue and demonstrate through the analysis of extracts that the therapist favours the use of the first person plural (i.e. we, both therapist and client) and

GEORGACA

the second person singular (i.e. you, the client) as subjects of the utterance more than the first person singular (i.e. I, the therapist) and they take the use of first person plural to imply that the therapist shares the responsibility for the utterance with the client and the use of second person singular to imply that the therapist attributes the authorship to the client. Through a micro-analysis of the extracts presented in the paper, a common pattern seems to emerge in the therapist's discourse, which can be summarised as follows:

<i>I</i>	think	that	<i>we</i>	manage to understand	<i>you</i>
	have the impression			do something for	
	remember			talk about	
			that <i>you</i>	have been trapped	
				have had difficult experiences	
			that <i>you</i>	feel independent	
				have found a new idea	

The therapist is consistently positioned as the subject of his utterances and takes a meta-position of reflecting upon the client's statements as well as operating as a medium, conveying the client's statements back to him. There are three kinds of referential objects of this reflective position. The first, articulated through the first person plural constructs a common position between client and therapist of talking about and managing the client's issues. The other two referential objects, both articulated in the second person singular, refer to the client's previous problems and the client's current change. So, I agree with Martinez, Tomicic and Medina's thesis that the therapist promotes an agentic position of change for the client, but I would argue that this can be witnessed not through the frequency of the personal pronouns used but rather through a series of other linguistic processes, namely, a) that the therapist is positioned as a conveyor of the client's words, attributing thus the authorial position of his statements to the client, b) that the therapist constructs a common positioning of understanding and managing the client's problems, co-opting thus the client in an authorial position with regard to his problems, c) that the therapist constructs himself as the witness of the client's past problems and current change, thus validating the client's new position.

Through participating in analytic sessions of psychotherapy extracts (within the Dialogical Sequence Analysis approach) and my own limited attempts to employ a performative micro-analysis in order to analyse dialogical positioning in psychotherapy (Georgaca, 2001, 2003) I have become aware of both how difficult this kind of analysis is and how rewarding it can prove in illuminating the complexity of the client's positioning and the discursive constitution of their self.

The dialogue between client and therapist

Another central aspect of the dialogical approach is that meaning is interactionally constructed. Dialogical relations entail addressees, both internal and external, and the person's real interlocutors, both outside and inside the therapeutic setting, are crucial for the message conveyed, the meaning constructed and the direction of change adopted (Hermans & Dimaggio, 2004; Leiman, 2004). Moreover, the person's real interlocutors are crucial for the construction of the person's self. In the context of psychotherapy, the therapist is active in working through the material that the client brings into therapy and in shaping the meanings produced in the course of the therapy session. The principle of meaning co-construction in the context of the psychotherapeutic exchange is common place in narrative and discursive approaches to psychotherapy and is explicitly addressed in all papers of this section. This, however, is not always taken into account when psychotherapy sessions are analysed.

In psychotherapy research there are several interrelated aspects of the therapist's position that should be taken into account and analysed:

a) *The therapist as a real, interactional addressee of the client's talk:* The client talks in the presence of the therapist, as a response to the therapist's interventions and for the therapist, in the sense of providing information so that the therapist can exercise their role of helping them. This can be examined through the analysis of the structure of verbal exchanges between client and therapist, what Martinez, Tomicic and Medina call the dialogal aspect of talk, and there are useful tools for that from discourse analysis (Georgaca & Avdi, in press) and conversation analysis (Peräkylä, Antaki, Vehviläinen, & Leudar, 2008).

b) *The therapist as an addressee, a counter-position of the client's position:* Apart from and in conjunction with being an interactional interlocutor, the therapist becomes an addressee within the client's discourse, they come to occupy the counter-positions to the client's positions. This can be examined through analysing the way positions and counter-positions are constructed in the client's talk and the version of the therapist constructed through the words of the client. Leiman, in this volume, using the concept of the semiotic position, analyses this in the last extract in terms of the client addressing the therapist as a potentially disapproving other, in line with his own habitual position. Avdi, also in this volume, drawing upon a discursive approach, according to which discourses entail positions with differential credentials, examines how the client positions himself as a child and a patient and correspondingly positions the therapist as an expert and an older person with more experience, thus asking for her advice.

c) *The therapist as an institutional role:* The therapist not only functions as an interactional other and an imaginal/discursive other to the client, but they also occupy an institutionally prescribed role. This is formative of the therapist's position, both as interactional and as imaginal/discursive other, but is usually left implicit, forming the

background of the exchange and structuring it rather than becoming an explicit topic within it. For example, the structure of the therapeutic exchange, whereby the client talks about themselves while the therapist reflects and reformulates the client's talk, is intrinsically linked to the therapist's institutional position. Sometimes, the therapist's institutional position becomes an explicit subject of negotiation. For example, in the extract provided by Avdi, the client's appeal to the therapist as a therapist enables him to ask for advice and puts the therapist in a position whereby she has to manage the dilemma between her institutionally provided expert position and the therapeutic injunction to adopt a non-leading role. My point is that any analysis of psychotherapy should be attentive to the ways in which the institutionally prescribed role of the therapist is enacted in the therapeutic exchange, both in the occasions where it forms the smooth background to the exchange and in the occasions when it becomes a contested topic of negotiation.

d) *The therapist's interventions:* The therapist plays an active role in shaping the therapeutic dialogue through their questions, reformulations, interpretations, reflections of the client's talk. This is pretty obvious to anyone dealing with psychotherapy, but quite often it fails to translate to an investigation of the therapist's contribution when it comes to analysing psychotherapy. The principle of the interactional co-construction of meaning implies that both the client's and the therapist's turns should be subjected to the same analysis. The therapist may speak from the position the client has placed them in, they may adopt the client's previous position to reformulate the client's words, they may adopt an expert position in proffering views on the client. Whatever the case, the therapist's interventions should be analysed with the same concepts and the same depth as those of the client. Most papers in this section analyse the therapist's talk and thus show how the therapist actively shapes the client's talk through introducing new positions for the client to adopt, reformulating the client's speech or stressing selected aspects of the client's previous turns.

All these aspects of the therapist's positions are of course closely interwoven, and are only arbitrarily separated here for purposes of demonstration. It is my contention that a comprehensive dialogically-based analysis of psychotherapy should not only be attentive to all the aspects presented above, but should also engage with the complicated structural relationships between them, in order to highlight the complex picture of the interactional dynamics of the therapeutic exchange.

Culture, the self and psychotherapy

The role of culture both in the formation of the self and in shaping psychotherapy has also long been acknowledged in the relevant literature (Hermans, 2004; Raggatt, 2007). The positions that form the self and the meanings that constitute it are historically and culturally located. The form internal and external dialogues take as well as the dominance of certain self positions are also dependent upon the constellation

of dominant and culturally legitimate perspectives on the world and the self. In the discursive literature, specifically, there is a lot of work on the formation of “self-contained individualism” as the dominant version of the self in contemporary western cultures (e.g. Sampson, 2003), on the constitution and maintenance of dominant discourses, for example the medical discourse on mental health problems, through professional knowledges and practices (e.g. Avdi, 2005; Rose, 1985) and on the everyday and professional interactional processes through which these discourses are played out and reinforced (e.g. Burns & Gavey, 2004; Hodges, 2002). Finally, and most importantly for our purposes here, there is work on the ways psychotherapy as a fundamental institution for shaping contemporary subjectivity operates in ways which promote specific versions of the clients’ self, their problems and the desired solution (e.g., Guilfoyle, 2001; Hook, 2001).

In a review of studies employing discursive and narrative methods to studying psychotherapy, we argued (Avdi & Georgaca, 2007a; Georgaca & Avdi, 2009) that the studies differ with respect to their perspective on psychotherapy, ranging from those which hold a benign view of psychotherapy as an effective way of alleviating human distress and seek to elucidate the processes through which this is achieved, to those which view psychotherapy as a social institution entrusted with the management of human subjectivity, which examine the processes through which accounts of the client’s self and problems are actively re-shaped into more culturally dominant versions. I strongly believe that, whatever one’s view of the importance and effectiveness of psychotherapy, it is crucial to acknowledge its formative and normative aspects and to analyse how these are actively played out and pursued in the minutiae of the therapeutic exchange.

For example, in many sessions presented in the paper by Goncalves & Ribeiro the old position the client is leaving behind is one of dependence on others and the new position, pursued through therapy, is an increasingly agentic position of autonomy and self-reliance, that is to say a position of “self-contained individualism”. The processes of change the clients describe are typical psychotherapeutically induced processes, such as talking, venting feelings and reflecting. Moreover, this shift does not take place naturally for the clients, but is actively pursued by the therapists through their interventions. I believe that failure to engage with the cultural context of the therapeutic exchange and the social function of psychotherapy is bound to impoverish our results and provide a partial and restricted view of the psychotherapeutic process.

Perhaps the starkest example of the consequences of not taking into account the institutional frame of psychotherapy can be found in Martinez, Tomicic and Medina’s discussion of ruptures of the therapeutic alliance. According to the authors, the patterns that they discerned through analysing instances of rupture in the therapeutic alliance are that a) once the rupture is initiated by the client, the therapist introduces a third party as a way of providing objectivity to the relationship, b) the episodes of rupture are solved

when the therapist calls upon and validates the client's subjectivity and c) at the very closure of the episode, the client becomes the author of the meaning that had initiated the conflict. These patterns are illustrated in the paper with the analysis of two episodes of rupture. What I see in both examples provided is that the rupture starts when the client questions or defies the psychotherapeutic frame, in the first case through declaring that she wishes to stop talking about herself and to quit therapy and in the second through demanding information regarding the therapist's private life. In both cases, the therapist's first reaction, what the authors call "introducing a third party", is to explicitly adopt the institutional role of the expert therapist and give a generalised statement, in the first case about patients prematurely thinking they are cured because they feel better and in second about how therapy works. This is immediately followed in both cases by the therapist turning the issue onto the client, attributing the demand the client had made to some unresolved issue of theirs, which is in need of therapeutic investigation. Martinez, Tomicic and Medina call this "calling upon and validating the client's subjectivity", but I see it more as an attempt by the therapist to re-insert the therapeutic frame, which has been ruptured, through re-establishing the typical institutional process whereby everything is treated as an expression of the client's subjectivity and therefore as an opportunity for the exploration of that subjectivity. In the extract given as example of "the client becoming the author of the meaning that had initiated the conflict" I see the client taking up the therapist's call to order and resuming their prescribed role within psychotherapeutic discourse through entering confessional mode and attributing her desire to quit therapy to her personal difficulties in expressing her problems.

Conclusion

In this paper I have presented my view on the elements that I think are necessary for a comprehensive and truly dialogical analysis of psychotherapy. My view, of course, is not impartial, and is heavily coloured by my long term engagement with social constructionist, discursive and deconstructive approaches to psychotherapy and mental health. Coming from this perspective, I have always found research within the dialogical self paradigm unduly restricted by an implicit constructivist viewpoint, which focuses on internal dialogues as individual constructions and relegates interactional, discursive and sociocultural processes to the mere context of the construction of the self (see Avdi & Georgaca, 2007b, 2009). I would like to see dialogically based analyses of psychotherapy which seriously take into account the interactional and wider sociocultural constitution both of the client's subjectivity, problems and direction of change and of psychotherapy as a process and institution. Such analyses can be helped by drawing upon methodological approaches and research tools which have already been developed in narrative analysis, discourse analysis and conversation analysis (see, for example, Riessman, 2008; Thompson & Harper, in press; Wetherell, Taylor, & Yates, 2001). The papers in this section of the special issue make a very significant

contribution to such an opening of the research agenda and focus, and I hope more work in this direction develops in the future.

References

- Angus, L. E. & McLeod, J. (Eds.) (2004). *The handbook of narrative and psychotherapy: Practice, theory and research*. London, UK: Sage.
- Avdi, E. (2005). Discursively negotiating a pathological identity in the clinical dialogue. *Psychology and Psychotherapy: Theory, Research & Practice*, 78, 1-19.
- Avdi, E. & Georgaca, E. (2007a). Discourse analysis and psychotherapy: A critical review. *European Journal of Psychotherapy and Counselling*, 9(2), 157-176.
- Avdi, E. & Georgaca, E. (2007b). Narrative research in psychotherapy: A critical review. *Psychology and Psychotherapy: Theory, Research & Practice*, 80, 407-419.
- Avdi, E. & Georgaca, E. (2009). Narrative and discursive approaches to the analysis of subjectivity in psychotherapy. *Social and Personality Psychology Compass*, 3(5), 654-670.
- Burns, M. & Gavey, N. (2004). 'Healthy weight' at what cost? 'Bulimia' and a discourse of weight control. *Journal of Health Psychology*, 9(4), 549-565.
- Gavey, N. (2002). To and beyond the discursive construction of subjectivity. *Feminism & Psychology*, 12, 432-438.
- Georgaca, E. (2001). Voices of the self in psychotherapy: A qualitative analysis. *British Journal of Medical Psychology*, 74, 223-226.
- Georgaca, E. (2003). Exploring signs and voices in the therapeutic space. *Theory & Psychology*, 13, 541-560.
- Georgaca, E. & Avdi, E. (2009). Evaluating the talking cure: The contribution of narrative, discourse and conversation analysis to psychotherapy assessment. *Qualitative Research in Psychology*, 6, 233-247.
- Georgaca, E., & Avdi, E. (in press). Discourse analysis. In A. Thompson & D. J. Harper (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*. Chichester, UK: Wiley.
- Gergen, K. J. (1999). *An invitation to social construction*. London, UK: Sage.
- Goffman, E. (1981). *Forms of talk*. Oxford, UK: Blackwell.
- Guilfoyle, M. (2001). Problematizing psychotherapy: The discursive production of a bulimic. *Culture & Psychology*, 7(2), 151-179.
- Harré, R., & van Langenhove, L. (Eds.) (1999). *Positioning theory: Moral contexts of intentional action*. Oxford, UK: Blackwell.

- Hermans, H. J. M. (2001). The dialogical self: Towards a theory of personal and cultural positioning. *Culture & Psychology*, 7(3), 243-281.
- Hermans, H. J. M. (2004). The dialogical self: Between exchange and power. In H. J. M. Hermans, & G. Dimaggio. (Eds.), *The dialogical self in psychotherapy* (pp. 13-28). London, UK: Brunner-Routledge.
- Hermans, H. J. M., & Dimaggio, G. (Eds.) (2004). *The dialogical self in psychotherapy*. London, UK: Brunner-Routledge.
- Hermans, H. J. M., & Kempen, H. J. G. (1993). *The dialogical self: Meaning as movement*. San Diego, CA: Academic Press.
- Hodges, I. (2002). Moving beyond words: Therapeutic discourse and ethical problematisation. *Discourse Studies*, 4(4), 455-479.
- Hook, D. (2001). Therapeutic discourse, co-construction, interpellation, role-induction: Psychotherapy as iatrogenic treatment modality? *International Journal of Psychotherapy*, 6(1), 47-65.
- Leiman, M. (2004). Dialogical sequence analysis. In H. J. M. Hermans, & G. Dimaggio (Eds.), *The dialogical self in psychotherapy* (pp. 255-270). London, UK: Brunner-Routledge.
- Mahoney, M. J. (1991). *Human change processes*. New York, NY: Basic Books.
- McLeod, J. (1997). *Narrative and psychotherapy*. London, UK: Sage.
- McNamee, S., & Gergen, K. J. (Eds.). (1992). *Therapy as social construction*. London, UK: Sage.
- Parker, I. (Ed.). (1999). *Deconstructing psychotherapy*. London, UK: Sage.
- Peräkylä, A., Antaki, C., Vehviläinen, S., & Leudar, I. (2008). *Conversation analysis and psychotherapy*. Cambridge, UK: Cambridge University Press.
- Raggatt (2007). Forms of positioning in the dialogical self: A system of classification and the strange case of Dame Edna Everage. *Theory & Psychology*, 17(3), 355-382.
- Riessman, C. (2008). *Narrative methods for the human sciences*. London, UK: Sage.
- Rose, N. (1985). *The psychological complex: Psychology, politics and society in England 1869-1939*. London, UK: Routledge.
- Sampson, E. (1993). *Celebrating the other: A dialogical approach to human nature*. San Francisco, CA: West View Press.
- Sampson, E. E. (2003). Possessive individualism and the self-contained ideal. In M. Gergen & K. J. Gergen (Eds.), *Social construction: A reader* (pp. 123-128). London, UK: Sage.
- Shotter, J. & Gergen, K. J. (Eds.). (1989). *Texts of identity*. London, UK: Sage.

ESSENTIAL ELEMENTS

Thompson, A. & Harper, D. J. (Eds.). (in press). *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*. Chichester, UK: Wiley.

Wetherell, M., Taylor, S., & Yates, S. J. (Eds.). (2001). *Discourse as data: A guide for analysis*. Milton Keynes, UK: Open University Press.

GEORGACA

(This page intentionally left blank)