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“*Let’s dance*”: A dialogical proposal for analysing interactions and positions in couples therapy

### **Abstract**

The dialogical self theory, based on the metaphor of the self as a dialogue between different voices and I-positions, conceptualizes the structure and functioning of the self as a product of communication and relational processes. The dynamics of the dialogical self imply the articulation between the individual self and the self in relationship with others. Yet, the dialogical self theory has been seldom applied to couples therapy. Therefore, in order to understand changes in relationships from a dialogical perspective, we investigated a case study of a couple – Victoria and Alfonso – evolving through four sessions of couple’s therapy. The Positioning Microanalysis method was applied to depict and characterize the self-in-relation for each member of the couple, in their continuous streaming of positioning and repositioning, characterizing their usual “dance” around a main theme developed

during the sessions. The couples' problematic cycle (I as rejected/not being cared by him – Victoria, and I as rejecting/not being able to express my support – Alfonso) was then reconfigured into an alternative, more adaptive cycle (I as highly sensitive to rejection/fighting my sensitivity to rejection – Victoria, and I caring for her – Alfonso), through the emergence of an alternative position, which freed this couple to innovate on the interactions that characterized their usual “dance”.

Keywords: dialogical self; positioning; change; couple therapy.

“*Let’s dance*”: A dialogical proposal for changing interactions and positions in couples therapy

## **Introduction**

*Egos appear by setting themselves apart from other egos. Persons appear by entering into relation to other persons.* (Buber, 1970, pp. 112)

This article aims to build a bridge between one domain of psychotherapy practice, namely couples therapy, and the dialogical self theory. The dialogical self theory, based on the metaphor of the self as a dialogue between different voices, portrays the self as multiple and as a product of dialogical and social/relational processes (Hermans & Kempen, 1993; Hermans, Kempen, & van Loon, 1992). This perspective has been productively applied to the field of clinical psychology, promoting our knowledge on psychopathology, and psychotherapy change processes, as we will review later in this text (e.g., Hermans & Dimaggio, 2004; Konopka, Hermans, & Gonçalves, 2018).

Couples relationships provide one of the best illustrations of the dialogical nature of human beings. Nevertheless, up to date, the applications of the dialogical self theory to the realm of couples therapy has been quite sporadic (however, see the exceptional dialogical contributions by Fishbane, 1998; Olson, Laitila, Rober, & Seikkula, 2012, and Guilfoyle, 2018, in this area). This may seem almost a paradox: while arguing for the social nature of the mind, this theory has not been developing robust models for therapeutic practice with couples. Likewise, most of the methods for studying the dialogical self focus on individuals (see Cunha, Salgado, & Gonçalves, 2012, for a review), and seldom in couples’ relationships. Yet, couples therapy is a complex setting with multiple actors, which challenges traditional

approaches and methods used in individual psychotherapy process research (Rober & Borcsa, 2016).

Applying the dialogical self theory to couples therapy involves overcoming this divide. Thus, our contribution here aims to expand the dialogical approaches of psychotherapy change through a theory-building case study of a couple in psychotherapy (Victoria and Alfonso). We will reframe the couples therapy situation in a way that allows for a description of the clients' interactional patterns, taken along with the dynamics of selfhood processes implicated in each client (as a member of the couple). In our view, this will provide a useful context to address the dialogical and relational ontology of human experience in the daily pragmatics of change.

### **A brief outline of the Dialogical Self Theory**

In the past decades, dialogical perspectives of the self have been providing a useful lens to conceive psychological processes. Dialogism and dialogical proposals inspired by the works of Bakhtin (1984), Buber (1970), or sociogenetic authors such as Mead or Vygotsky, all share the assumption of a relational ontology to the person, viewing psychological processes as relational (Salgado & Clegg, 2011).

The dialogical self theory, one of the most well-known dialogical proposals in Psychology, has argued, long ago, that the self is highly complex and better described as a dynamic multiplicity of positions (Hermans & Kempen, 1993; Hermans, Kempen, & van Loon, 1992). Dialogue is the metaphor of choice to address the process and product of selfhood dynamics, with the self portrayed as moving from one position to the next, each position voicing a particular experience and perspective upon the world (Hermans & Kempen, 1993; Hermans, & Hermans-Konopka, 2010; Salgado & Cunha, 2018). Within the individual, each position is always a relational

position (Bento, Cunha & Salgado, 2012) and its basic elements are: an Ego (an agent that voices a perspective, rooted on a particular experience), an Alter (an other or an audience that is being addressed), and an Object (the communicational content) (see Salgado, Cunha, & Bento, 2013, following Marková, 2003).

According to this view, the self is always moving from one position to another, from moment to moment, in a highly dynamic way. Thus, selfhood is built as the process and the content of this constant flux of positioning and repositioning. In previous work, we introduced the notion of “cycles” in the dialogical self literature to characterize individual dynamic patterns (Salgado, Lourenço, Barbosa, Santos, Greenberg, & Angus, 2011; Salgado, Cunha, & Bento, 2013), which are characterized as a recurring pattern of positioning throughout time. Therefore, if a man when dealing with his father is always revolving around the position of being resentful and angry, and then shuts down those feelings by feeling guilty about them, these two positions create a stable cycle of resentment and guilt. When applied to psychotherapy, it is useful to distinguish two kinds of cycles of positioning: problematic cycles and alternative cycles. A *problematic cycle* consists in a regular stable flux of self-positions involved in clinical problem(s) and complaints, while an *alternative cycle* corresponds to the emergence of a new flux of self-positions involved in the developmental change of those previous problem(s) and complaints.

We developed this notion of cycles based on the seminal work by Valsiner (2002), who argued that the dialogical self always imply some form of dynamic equilibrium. These forms can vary, though, in their developmental nature . As Valsiner (2002) pointed out, more rigid ways organizations of the dialogical self imply different or even opposing voices feeding each other (mutual in-feeding) in such a way that prevent further development, novelty and change. Valsiner (2002)

also pointed out some other dynamics that can originate change in the type of relationship between the voices, and, therefore, fostering development. Thus, the dialogical self, in its multiplicity and multivoicedness will always be dynamic, even when “stuck” in some form of rigid pattern, but only becomes developmental when allowing novelty and complexification to happen: [the dialogical self] “becomes developmental only if the relation between parts can permit new parts—and relations between parts—to emerge.” (Valsiner, 2002, p. 260; see also Gonçalves, Ribeiro, Stiles, Martins, & Santos, 2011, for a narrative view on the role of mutual in-feeding and change in psychotherapy).

When we are using the dialogical self theory, we may also need to distinguish between two forms of “dialogue” (or two forms of dialogical relations): the “*autodialogue*” and the “*heterodialogue*” (see Salgado, 2006; Figure 1). The *autodialogue* corresponds to the inner processes of positioning oneself towards inner audiences. When in silence, a person is always thinking about something, and therefore is always assuming a position towards some “object” and towards “inner others” that constitute the inner audience of that moment (Position 1 and Position 2 in Figure 1). That would be an autodialogue, since the position is always intersected by the anticipated reaction of those audiences. The *heterodialogue* consists in the outward relationship with an interlocutor, a typical interpersonal interaction, in which two human beings share or discuss their views about something (Person 1 and Person 2 in Figure 1). It is important to notice that in heterodialogue the position assumed also involves some of form of autodialogue. In turn, the positions assumed in autodialogue may be hidden from and never fully expressed in heterodialogue.

## **The dialogical self in psychotherapy: From individuals to couples**

The dialogical self theory has been successfully applied to the domain of psychotherapy, as we have highlighted before. On the one hand, it has been used as an explanatory model for psychological problems and mental disorders. From this perspective, clinical problems have been framed as the result of different dialogical processes, such as the result of the dominance of problematic positions (Hermans, 2006), lack of assimilation of painful voices (Osatuke & Stiles, 2006), fragmentation of the self (Lysaker & Lysaker, 2008) and interpersonal rigid patterns (Salvatore, Nicolò, & Dimaggio, 2005). On the other hand, the dialogical self theory has also been explored as a model to guide clinical interventions and psychotherapy. Thus, beyond specific methods and techniques that were developed (e.g., Konopka, Neimeyer & Jacobs-Lentz, 2018), clinical change has been connected with the emergence of new self-positions (Hermans, 2006), change in the availability of self-positions, creation of coalitions between self-positions (Hermans, 2006), emergence of an observational metaposition (Hermans, 2003b; Gonçalves, Matos, & Santos, 2009; see also Leiman, 2012), and assimilation of avoided positions (Stiles, 1999a). Almost without exception, all these clinical contributions have been developed in the context of individual psychotherapy. This leaves couples therapy as a realm that remains largely unexplored. Moreover, most of these dialogical self theory proposals tend to privilege a more structural perspective around the self (for example, by analyzing the multiple positions and their hierarchical organization). Thus, we would say that it is more focused on the “autodialogue” – in the inner self-structure. Therefore, different researchers have been developing alternative dialogical or discursive methods and studies, in which the interactional dynamic processes of self-construction are also addressed (e.g., Avdi, Lerou, & Seikkula, 2015; Martinez,

Tomicic, & Medina, 2014; Georgaca & Avid, 2019). Apart from these notably exceptions, the major focus on the intrapersonal structure of the dialogical self creates additional problems when the phenomenon under scrutiny is interpersonal, interactional, and fluid, such as a problematic dance that entraps couples and leads them to seek help or the more positive, productive interaction that hopefully emerges from couples therapy. Thus, we believe that a dialogical self theory proposal on couples therapy would also benefit from a view that is more focused on the “real-time” positioning dynamics of interactional clinical problems and change, aiming to capture the dynamics of autodiologue and heterodiologue at the same time.

Family and couples therapy models have long ago recognized the cyclical dynamics in the creation and maintenance of couples problems (Scheinkman, & Fishbane, 2004). That notion was present in the very beginning of family and couples therapy. For instance, that was the case in Bateson’s (2000) proposal on symmetric and complementary relationships, that led to the MRI notion of “more-of-same” cycle, in which couples or families were seen as maintaining problems by the usual solutions they engendered to solve those problems (Watzlawick, Weakland, & Fisch, 1974). It is also the case in psychodynamic couples therapy (Nielsen, 2017), in emotion-focused couples therapy (Johnson & Greenberg, 1988; Greenberg & Goldman, 2008; Greenman, Johnson, & Wiebe, 2019), or in cognitive-behavioral therapy (Baucom, Fischer, Hahlweg, & Epstein, 2019) in which reciprocal interpersonal dynamics are considered key elements for understanding couples’ clinical problems.

## **The present study: A method to detect couples' cycles**

The present work consists in a theory-building case study (see Stiles, 2007) in order to build that bridge between the pattern of interactions within a couple and the selfhood dynamics within each member of the couple, taking place at the same time. As it happens in most qualitative studies, we started by studying intensively one case, from which we derived a new theoretical view (Stiles, 2007). At the same time, this effort was based on the already existing theoretical blocks of the dialogical self theory that informed our analysis of the case. The result is the creation of conceptual tools that may assist the development of a proposal from the dialogical self theory on couples' clinical problems and change.

Concretely, we will use the analysis of one couples therapy case (Alfonso and Victoria) to expand on two main concepts as basic building blocks of a dialogical view on couples therapy: the notion of *problematic cycle* of positioning, and the notion of *alternative cycle* of positioning. As previously stated, these concepts were originally developed in the description of individual change processes. In this study, we expand its application to couples therapy, giving the opportunity to observe simultaneously the processes of autodialogue and heterodialogue involved in couples therapy that need to be addressed during the change process.

Specifically, we want to illustrate how the notions of “problematic cycles” and “alternative cycles” may be used to understand different components typically involved in couples therapy, namely: (1) the dysfunctional interactional patterns that bring this couple to therapy; (2) and the new interactional patterns that are promoted in this good outcome case of couples therapy. In parallel with these specific purposes, there is an overarching goal: to find out how the interactional patterns can be

described as a dance based on dynamics of self-positions when more than one person is under analysis, as it happens in couples therapy (and in life, in general).

In order to accomplish these goals, we will use a specific method – named Positioning Microanalysis – that our team developed in order to study the dynamics of moment-to-moment positioning in psychotherapy (Salgado, Cunha, & Bento, 2013). This method was originally created to study transcripts of individual psychotherapy sessions (along with the visualization of the videos, if possible). This article expands the use of Positioning Microanalysis beyond individual therapy and consists in the first demonstration that it can be used also in couples therapy. Initially, a study by Figueiredo (2014), based on this same couples therapy sessions of Alfonso and Victoria, checked if Positioning Microanalysis could be used in the analysis of couples sessions, and what adaptations were necessary. The main conclusion was that Positioning Microanalysis could be used also in couples therapy. The main necessary change was related with the need to distinguish interlocutors, since there are different people are in real dialogue, something that also was important in the description of the cycles. However, none of the existing steps demanded any change in terms of the criteria for coding positions and extracting their relationship.

It starts with an analysis of single utterances in terms of their main dialogical elements (such as *who is speaking, to whom, about what* – Ego, Alter, Object, respectively), along with their moment-to-moment changes. Each utterance is then classified as a self-position, since it reveals a specific attitude and action of the speaker about something, towards specific interlocutors and/or audiences. By observing the emergence of self-positions taking place moment-by-moment, we are then able to describe the flow of positions. This flow, in itself, can then be later

analyzed from different angles and for different purposes (see Salgado, Cunha, & Bento, 2013, for further details on this method).

One aspect that has been highlighted in previous clinical research is the recurrence of self-positions. If position 3 is usually preceded by position 2, which is preceded usually by position 1, we can then postulate the existence of a recurrent cycle of positioning (in this case, the cycle)  $1 \rightarrow 2 \rightarrow 3$ . Thus, this enables us to identify problematic cycles (when the cycles are involved in the emergence and recurrence of clinical problems and/or complaints), and then, alternative cycles (when the cycles are involved in the solutions or new ways of dealing with previous clinical problems).

We will focus on a specific case of couples therapy (Victoria and Alfonso), which was previously studied by several other researchers (see Borcsa & Rober, 2016). That may allow for future comparisons of different qualitative analyses upon the same case, but our goal here was not so much to analyze the case in itself, but to show how the dialogical self theory can be developed and applied to couples therapy.

## **Method**

### **Participants**

**Clients: The couple<sup>1</sup>.** Victoria (25 years old) and Alfonso (21 years old) are the members of a multicultural couple in therapy. They sought help in order to solve their communication problems creating difficulties in their relationship. They met in

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<sup>1</sup> The couples therapy of Alfonso and Victoria (fictional names) was the focus of a book edited by Borcsa and Rober (2016), where the four sessions of this psychotherapy process are described in detail and, afterwards, several researchers analyzed this therapeutic process using distinct qualitative perspectives.

an international exchange program that Alfonso carried out in the country of origin of Victoria and, since then, they have been in a loving relationship. They were living together for three years at the time of the therapeutic process and came from different cultural backgrounds: Victoria comes from a Scandinavian country and Alfonso came from a Mediterranean country.

A total of four sessions occurred along 3 months of couples therapy in a psychotherapy clinic in the hometown of Victoria and this couple gave informed consent to participating in research. The sessions were conducted in English, which is a foreign language to all the participants, and involved two therapists (see below). This therapy was considered by the therapeutic team a good outcome case. See Rober and Borcsa (2016) for further details on this couple (namely, assessment, clinical outcome and description of each session).

**Therapists.** Two therapists conducted the therapy sessions: a senior male therapist with extensive experience in systemic family therapy and a female therapist still in family therapy training (who was absent in the first session).

**Researchers.** The research team involved three psychotherapy researchers. At the time of this study, one was a female Master student in Clinical and Health Psychology, with one year of clinical practice, who carried out the qualitative analysis, based on the session transcripts (researcher 1). This researcher collaborated with another female researcher, with a PhD in clinical psychology and 12 years of clinical experience, during the analysis and interpretation of results (researcher 2). Another researcher (with a PhD in clinical psychology and 22 years of clinical experience) acted as a consultant throughout this process (researcher 3).

**Treatment.** The therapeutic approach used in the sessions is called Open Dialogue (Seikkula, 2002; Seikkula & Olson, 2003) and consists of orienting the process from a client perspective. This approach is a form of treatment with documented effectiveness (e.g., Aaltonen, Seikkula, & Lehtinen, 2011) that tries to engage families, couples and individuals and their respective social networks in the treatment, which is seen as a collaborative enterprise. As a dialogical, post-modern approach, it emphasizes process over content and the therapeutic action is based on responsive listening, which is deprived of prejudice and preconceptions. This means that therapy places a special emphasis on the therapeutic conversation in order to respect the views of the persons involved, provide an open and flexible approach to each perspective in order to transform monologues into dialogues and dissolve traditional hierarchies implicated in the help seeking process (Seikkula, 2002; Seikkula & Olson, 2003).

## **Procedures**

**Positioning Microanalysis.** The analysis of the sessions was based on the parameters of the Positioning Microanalysis method (Salgado, Cunha, & Bento, 2013), which involves the following steps:

- (1) Systematic reading of transcripts of the sessions under analysis;
- (2) Segmentation of transcripts into units of analysis (unitizing) through the division of discourse into independent utterances;
- (3) Identification of thematic objects in each utterance, based on its content, and grouping different parts of the transcript in specific themes. In order to perform this analysis, judges follow some guidelines generally adopted in qualitative research

concerning the thematic categorization of discourse. Themes correspond to major thematic units (Stinson et al. 1994, p. 39), defined as “macrostructures of meaning expressed in aggregates of one or more of thematic units”;

(4) Coding of each unit of analysis according to the following dialogical parameters: determining the agent (*who is speaking*), addressee (*to whom*), topic of the utterance (*what*), and establishing internal audiences (i.e., significant others who are referred, implicitly or explicitly) and labeling of the position. This process was mainly based on the explicit content of the utterances, in order to minimize the level of inference at this stage;

(5) Auditing : all the previous steps are audited by an external researcher, that gives feedback, discuss the findings, and asks for specific changes whenever needed.

After a preliminary training phase on unitizing procedures (terminology adapted from Hill, Thomson, & Williams, 1997), researchers 1 and 2 read the transcripts to become familiarized with the material (step 1) and then segmented the session transcripts into units of analysis (step 2). Segmentation was independently performed by each researcher, achieving a level of agreement in 92.25% of the material (disagreements were solved by consensus). The units of analysis were then grouped into themes, delimited according to conversational contents (step 3). Afterwards, each unit of analysis was coded according to dialogical parameters, arriving at a label for each position (step 4) by researcher 1 and 2, who collaborated in this process. Finally, in step 5, the third researcher (researcher 3) audited all the procedures, assessing independently all the steps performed, and later meeting with the other two researchers for clarification, and discussion.

While step 2 was performed autonomously by each judge, steps 3, 4 and 5 were based on procedures of consensual discussion, as established by Hill et al.

(1997). So, in step 3 and 4 the two judges performed each task on their own and then compared their perspectives, discussing and resolving their disagreements; as advised in consensual discussion procedures, step 5 aims to audit the whole process. (Hill et al. 1997). Disagreements were discussed, and successive meetings took place, until reaching a final agreement.

**Qualitative analysis of couples issues and emerging self and interactive positions.** To achieve the purposes of this paper, a secondary qualitative analysis was performed. Starting from the themes and associated positions inductively identified previously, it involved the following procedures:

- Phase 1 – researchers 1 and 2: Aggregating the themes identified in the therapeutic conversation in broader and more general problem areas; generically following the rules of thematic analysis;
- Phase 2 – researcher 1: Calculating the proportion of each of the general themes, as a total of units of analysis codified in each theme (inspired by the procedures used by Matos, Santos & Gonçalves, 2009). Proportion was calculated by counting the number of words of each theme by the total number of words;
- Phase 3 – researchers 2 and 3: Deciding the main themes throughout the sessions by consensual discussion;
- Phase 4 – researchers 1 and 2: Identifying the positions of Alfonso and of Victoria, regarding the main themes under study;
- Phase 5 – researchers 2 and 3: Once the positions present in the themes under analysis were identified, they were grouped in broader and more comprehensive positions.

- Phase 6 – researchers 2 and 3: Finally, the problematic and alternative cycles between positions around the main theme were articulated. The general guidelines for extracting these cycles are described elsewhere (Salgado, Cunha, & Bento, 2013), but it entails a back and forth of, by observing the self-positions previously coded, to propose specific patterns, and then going back into the data to check if the description fits or if it needs corrections.

All these phases were performed under the guidelines of consensual discussion (Hill et al., 1997).

## Results

The identified themes and their proportion were the following: “our relation” (71.9%); “our extended family” (24,9%); “the therapy” (2,4%); “identification details” (0,6%); “other” (0,2%). We will restrict our analysis to the main theme of the case – “our relation”. In this theme, Alfonso, Victoria and their therapists discuss their relational patterns quite extensively throughout these 4 sessions.

### The problematic cycle

The problematic cycle appears several times in the first session, as expected. In the following transcript this cycle is present almost from the start (between brackets, the self-position is identified):

Victoria (V): (.) *but I really, like, I still need to talk a lot about everything, [I needing to be cared by him] like if there is anything, I just need to solve it right there [I needing to be cared by him] but I feel like now Alfonso is not able anymore [ Alfonso counterpositioned as “I as not*

being able to take care of her] *because he's afraid* [Alfonso counterpositioned as "I as afraid"]

Alfonso (A): *Yeah*, [I as afraid] *like kind of, that I just can't* [I not being able to take care of her]

Therapist (T) 1: *kind of*

A: *I kind of feel like I can't deal*, [I not being able to take care of her] *like I I before, I felt like I had all this, somehow, patience to to listen* [I not being able to care of her] *and, even if it was like for a long, for a long time* [I as caring for her in the past], *this kind of situation now I kind of feel that it's, for whatever small thing that I feel that I get like}* [I not being able to take care of her]

V: *}You get in panic, somehow*, [Alfonso counterpositioned as "I as afraid"] *very anxious like somehow* [Alfonso counterpositioned as "I as afraid"]

A: *Yes*, [I as afraid] [...] *(.) I think it's kind of I get afraid that it could be again some similar situation* [I as afraid]

(Session 1; turn-takings: 24-29)

As you see in this short excerpt, the core problematic cycle is related to the mutual in-feeding (Valsiner, 2002) between two complementary self-positions by each member of the couple: Alfonso key position was "not caring for her", and Victoria's key position was "not being cared for". This was especially the case when Victoria felt a need of attention by Alfonso, for instance, when they had problems or when she was feeling down or depressed. In those situations, Alfonso had become more and more avoidant or anxious. Actually, Alfonso's position of "not caring for her" involved an interplay between two other more micropositions: on one hand he was distant and avoidant, on the other hand, he was afraid and anxious. Thus, they were trapped in this cycle in which Victoria asked for attention, to which he responded with anxiety or distance, positioning himself as unable to take care of her. Consequently, this counterpositioned Victoria as "not being cared by him", which was exactly the opposite of what she was striving for.

This cycle admits some variations. For example, there were moments in which Victoria admitted how insecure this pattern made her feel, giving rise to a self-position of insecurity, which worked as supporting position to the dominant cycle. Alfonso also contested that he did not take care of Victoria, but admitted that he had not been able to express this feeling, especially when she was depressed. Thus, Alfonso's position of "I care for her" was heard in the session, which already seemed an alternative. Nevertheless, this Alfonso's position had been almost absent in their daily interactions, especially when she needed it the most (when feeling depressed), but when it happened she still reacted in a depressive way, lead him to become anxious and then distant. Thus, there was a smaller supporting problematic cycle, which is: I taking care of her (Alfonso) → I as depressed (Victoria) → I not being able to care for her (Alfonso).

According to our analysis, the 4 sessions were mainly dedicated to this problematic cycle and its variations. The cycle was discussed several times and even new variations appeared. In the fourth session, the couple started by saying that they were having fewer arguments since the last session (maybe one discussion might have happened, they said). Moreover, they claimed that their goals in therapy were accomplished, so they felt ready to end the process. Their conflicts had not disappeared completely, but they felt better prepared to deal with those moments. While discussing this, a new and alternative cycle was taking place.

### **The alternative cycle**

From Victoria's side, a new and different position emerged in-between. She recognized in session 4 that she had an inner tendency and vulnerability to feel abandoned, something that was triggered by small things:

V: (...) *I can't get these old, twisted ways of behaving and thinking* [I as highly sensitive to rejection], *I can't let them ruin my life* [I fighting my sensitivity] (.) *because I know that they are not right ways to react in some small things* [I fighting my sensitivity], *but of course the feeling sometimes is still, even nowadays it's still much stronger than your, sense* [I as highly sensitive to rejection]

T1: *the feeling about?*

V: *about, feeling, the bad feeling that he doesn't love me and* [I feeling rejected]

T1: *Ok*

V: *and he hates me* [Alfonso counterpositioned as "I as rejecting"] *and I am alone* [I as rejected] *and I am abandoned* [I as rejected] (.) *but I, I am more able to think rationally* [I thinking rationally] (.) *but never completely, I know that I will never be completely normal* [I as abnormal]

T1: *mm*

V: *but I am doing the best I can, little by little* [I fighting my sensitivity]

T1: *So you think that the bad feeling does it come by itself or is it related in some way in what Alfonso is doing?*

V: *It can be a very small thing* [Alfonso counterpositioned as "I as doing a 'small thing'"] (.) *the wrong tone of voice or something* [Alfonso counterpositioned as "I as doing a 'small thing'"] (.) *and like it sounds ridiculous* [I fighting my sensitivity] *but it can easily make me feel that he hates me, he doesn't love me any more* [Alfonso counterpositioned as "I as rejecting"] (.)

(Session 4; turn-taking: 96-98)

Thus, Victoria was actually performing the following cycle of self-positions (see figure 2). The basic problematic cycle was still present in the interplay between two complementary positions assumed by Victoria: “I feeling rejected” is mutually fed with her movement of positioning Alfonso as rejecting her (even with small things, as she recognizes). However, Victoria assumed now a more self-observational stance, assuming a metaposition (Leiman, 2012; Hermans, 2006) in the form of some autodiologue. This observational stance involves some self-criticism, since she recognizes some of her excessive sensitivity to rejection, but also some distancing and ability to fight back that tendency ( I as fighting my sensitivity to rejection). Thus, by assuming a self-critical stance towards herself, she distanced herself from the original cycle of rejection, and actively tried to overcome those feelings, when exaggerated.

As a consequence, Alfonso recognized that she “*was making it easier*” (turn-taking 102). Thus, he felt easier to show her his affection and to be present for her – “I taking care of her”. In turn, Victoria was validated in her need of being heard and cared for, which developed further to a validation of her wishes and needs regarding the relationship, as it was shown in this extract:

T1: *and do you think that you can tolerate, in a way, Victoria’s need, to be supported?*

A: *yeah, [I taking care of her]*

T1: *as far as I remember in the first session you were saying something about the situation that Victoria needs to be supported so it can lead to a situation that*

A: *ah this (.) well, I think that, a little bit a little bit like this (.) like a little bit, it’s more easy [I taking care of her]*

V: *now I think this proves that I am not asking much [I validating my needs of support], because like it already makes me feel so good if we have some conversation together or something, like, really*

*normal stuff [I validating my needs of support] (.) that's all I need [I validating my needs of support] (.) but what I don't want our life to be is that, we won't have anything like (.) together [I validating my wishes regarding the relationship], that we do everything with our own friends or we don't contact each other [I validating my wishes regarding the relationship] (.) like now that we have also been together at home and we have sometimes talked about something [I validating my wishes regarding the relationship], not just other one is at the computer the other one is washing dishes or something, but something like really being together [I validating my wishes regarding the relationship], that's already enough (.) that I, that I get some attention, also like that we both give attention to each other [I validating my wishes regarding the relationship]*

(Session 4; turn-taking: 125-129 )

This creates a whole different cycle of positioning from both Alfonso and Victoria. While the problematic cycle is still operative, there are already alternative ways of “getting out” of that cycle that involve the higher ability of Victoria observe and distance herself from her sensitivity to rejection, which seems to enable a higher availability from Alfonso to show how he cares for her (figure 3).

## **Discussion**

Proposing the description of cycles as a key element in the understanding of couples is hardly new. Thus, our proposal generically overlaps with the notions of interactional cycles presented by the most well-known clinical models in this area (e.g., Greenberg & Goldman, 2008; Scheinkman, & Fishbane, 2004; Watzlawick, Weakland, & Fisch, 1974). However, it differs in some specific important features. First, we clearly define the notion of self-position as the basic unit of analysis, rooted in the dialogical perspective, while clinical models tend focus on other units (e.g.,

compared with MRI formulation, we are not looking for “solutions that maintain the problem”). We also introduce a systematic method to detect cycles (the Positioning Microanalysis) in transcripts of session. There are other available methods (for example, drawing the “vulnerability cycle”; Scheinkman, & Fishbane, 2004), but Positioning Microanalysis is more systematic and research-oriented. Furthermore, by using this method our observations are not deductively derived from a previous theoretical background, which contrast to most of the clinical models. Finally, we are trying to preempt a gap in the dialogical self theory application to couples therapy. Thus we are not defending any specific clinical model or practice; instead, we are adding a dialogical background and a specific method to understand couples dynamics. Thus, while the description of cycles is not new to the field, the present work intends to foster the dialogue between the dialogical self theory and couples therapy, by bringing some novelty to the understanding of those cycles by adopting a dialogical lens, while expanding the contribution of the dialogical self theory to the study of interpersonal dynamics.

This study shows that it is possible to apply the notions of problematic and alternative cycles to the dialogical analysis of couple therapy. However, the definition of these terms needs to be expanded in order to account the simultaneous intrapersonal and interpersonal processes taking place. Thus, a *problematic cycle* can be defined as a regular stable flux of self-positions emerging during the interaction of a couple that feeds their clinical problem(s) and complaints. An *alternative cycle* corresponds to the emergence of a new flux of self-positions involved in an interactional pattern that enables the couple to better deal with their previous problem(s) and complaints.

Theoretically, a problematic cycle needs, at least, two opposing positions feeding each other, creating a dynamic stability that prevents a developmental change what would change the problem. Nevertheless, these cycles can be formulated with more than two opposing positions. Typically, in clinical situations motivated by enduring problems, this cycle tends to perpetuate itself (Greenberg & Goldman, 2008).

In this clinical case, the problematic cycle was formulated in equal terms by both members of the couple. They both agreed that their main conflicts revolved around Victoria's feelings of not being cared by Alfonso, and his inability of support her when she became overly critical about his lack of support. Victoria's depressed state can involve "anger turned inward" (in case of her autodialogues), which is a common clinical perspective in depression (see Stiles, 1999b); however, in relationships, anger turned outward, frequently leads to interpersonal conflict (heterodialogue). Thus, when entering therapy, Victoria and Alfonso were trapped in an unproductive dance, which held them stuck in a reciprocal pattern of self-positions, implicated in their interactions and heterodialogues: I as rejected (not being cared by him - Victoria) and I as rejecting (not being able to express my support - Alfonso). This was their main problematic cycle. It was also noticed that there were occasions in which both agreed that Alfonso showed his affection and caring (self-position: I as caring for her), but when she was depressed or angry at him he returned to the self-position of not being able of taking care of her. Thus, problematic cycles may have, as it turned out to be the case, other cycles around the main one. We decided to call these other cycles "supporting cycles", since they are somehow crucial in maintaining the dynamic stability and repetition of the main cycle (see also Valsiner, 2002, and Cunha, 2007).

According to our view, this case also allowed demonstrating how a problematic cycle can evolve into new and “healthier” cycles during effective therapy. The emergence of solutions to the earlier problematic cycle takes the form of “alternative cycles”, in which each member of the couple is able to assume new self-positions towards the problematic experiences. It is like a couple’s dance that starts being permeated by new moves from each member which, in turn, leads to innovation and transformation of their own original dance.

When distinguishing these cycles, we may follow here Valsiner’s distinction between stable dynamics and developmental dynamics (2002). The problematic cycle represents a form of stable dynamics, in which the relationship is revolving around some rigid form of functioning. In our case, we found a relatively stable dynamic, with a reduced number of self-positions. The alternative cycle, on its turn, revolves around new possible self-positions, which in themselves also are opened to new possibilities. Thus, the relationship becomes much more complex and the potential for new forms of action and agency is also opened. This is clear in Victoria’s access to her views and wishes about the relationship that go beyond the mere recognition of the need of support. Moreover, both members become more differentiated in terms of their self-positions, and as a couple they become better able to deal with that differentiation. Thus, the change towards increased developmental dynamics, within this dialogical perspective, entails more differentiation of self-positions, easier access to their agency potential, and better organization of that differentiation, creating higher well-being in the couple.

In this case, the emergence of an observer position in Victoria (“I as highly sensitive to rejection”, which led to her “fighting my sensitivity to rejection”) seemed particularly important. Through this observer position (Hermans, 2006), she

recognized that some of her feelings were not completely justified by the situation, since they had to do with some prior inner sensitivity to rejection. The role of this position is particularly important at the level of autodiologue, and constitutes a key turning point at the level of heterodiologue. Based on this observer position (“I as highly sensitive to rejection”), she has become able to assume a new self-position determined to overcome that sensitivity (“I fighting my sensitivity to rejection”). In terms of their relationship, that meant fewer arguments and fights, and, more importantly, gave room to a more frequent emergence of Alfonso’s position of showing his affection and caring for her: Alfonso was now free to move to another position, such as “I taking care of her” (especially important at the level of heterodiologue). In turn, this validated her needs of belonging and support, creating a better relational reciprocal pattern. Thus, new alternative cycles of positioning can be taking place during the interactional episodes of the couple, as it happens in the episodes of reciprocal attention and affection that this couple shows in the end, but also in the inner self-dynamics, as it happens very clearly with Victoria in this case.

This study, therefore, further supports the importance of the emergence of a self-observational stance (metaposition) for psychotherapy change. Previously, the dialogical perspective has highlighted how this self-observation is a key element in individual psychotherapy change. For example, Hermans assumed the emergence of a metaposition as important to the organization of the self (2003b). Leiman (2012), on his dialogical sequence analysis, places the acquisition of new forms of self-observation as the key element in psychotherapy change. In this study, we also witness the same, but now in couples therapy. In some sense, what Victoria was striving for was already present from the very beginning, since Alfonso occasionally expressed his concern for her. However, that was not enough to change the pattern.

Only by assuming this reflexive, self-observational position, more distant but also more self-critical, Victoria was able to recognize her own agency in the creation of the problem (her sensitivity to rejection), originating an opportunity to observe, counteract and even overcome it. By doing that, Alfonso was much more able to express his support, and Victoria started to express her wishes about their relationship. Thus, this study illustrates how the differentiation of an observational metaposition towards oneself may facilitate the change in the interaction of the couple. At the same time, Victoria's access to her wishes and goals in their relationship seems to allow her to have an increased sense of agency, something that has been highlighted as a core element of psychotherapy change (e.g., Avdi, Lerou, & Seikulla, 2015).

In this case the change in the autodiologue emerged as a key element, but this does not mean that intrapersonal change is the only way to solve couple's difficulties. From a dialogical perspective both changes in autodiologue and heterodiologue may be necessary. Thus, it is expected also that change in the reaction of the other may feed alternative cycles. For example, if a certain couple reaches a more consensual agreement about their difficulties, this may create space for new interactional patterns, which, in turn, may help transforming some forms of autodiologue.

Nevertheless, as this case also demonstrates, the problematic cycle does not necessarily disappear. Actually, the problematic cycle was still operative, even if much more rarely enacted interpersonally. However, Victoria assumed that she was still frequently trapped in her own sensitivity, and she was still struggling with it, and that this can trigger future conflicts and difficulties. There are different potential interpretations to this finding. On the one hand, this may be the result of a premature closure of the case, since there were still some problems to be solved (termination of

treatment was elicited by the couple in the fourth session and their therapists agreed with this desire). On the other hand, this can be a very common scenario in psychotherapy: people learn how to better handle with their own difficulties, but not necessarily wipe them out of their repertoire of self-positions. Even if we have clear bias towards this second possibility, we leave this question open to future discussions.

This work counteracts the scarcity of research on couples therapy from a dialogical self perspective. Since this is still an exploratory study, all the results need further support in the future. A specific systematic method of microanalysis – Positioning Microanalysis – was here applied for the first time to a couple therapy. This allowed expanding the notions of problematic and alternative cycles of self-positions, applying them to the study of a couple's dynamic. This work also supports the notion that both autodialogues and heterodialogues may be involved in the emergence of couple's clinical problems, and in their change. Thus, we explored how interpersonal and intrapersonal dynamics are intertwined and need to be taken into account in order to give a full dialogical account of the relationship. In more global terms, this work illustrates how the dialogical self-theory can be used to bridge the interpersonal and the intrapersonal domains.

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## References

- Aaltonen, J., Seikkula, J., & Lehtinen, K. (2011). The comprehensive open-dialogue approach in Western Lapland: I. The incidence of non-affective psychosis and prodromal states. *Psychosis*, 3, 179-191.
- Avdi, E., Lerou, V., & Seikkula, J. (2015) Dialogical features, therapist responsiveness, and agency in a therapy for psychosis, *Journal of Constructivist Psychology*, 28, 329-341.
- Bakhtin, M. (1984). *Problem's of Dostoevsky's poetics* (C. Emerson, Trans.). Minneapolis, MN: University of Minnesota Press (Originally published 1929).
- Bateson, G. (2000). *Steps to an ecology of mind: Collected essays in anthropology, psychiatry, evolution, and epistemology*. Chicago: University of Chicago Press.
- Baucom, D. H., Fischer, M. S., Hahlweg, K., & Epstein, N. B. (2019). Cognitive behavioral couple therapy. In B. H. Fiese, M. Celano, K., Deater-Deckard, E. N. Jouriles, & M. A. Whisman (Eds.), *APA handbook of contemporary family psychology: Family therapy and training* (pp. 257-273). Washington, D.C.: American Psychological Association.
- Bento, T., Cunha, C., & Salgado, J. (2012). Dialogical theory of selfhood. In J. Valsiner, (Ed.), *The Oxford handbook of culture and psychology* (pp. 421-438). Oxford, UK: Oxford University Press.
- Borcsa, M., & Rober, P. (2016) (Eds.). *Research perspectives in couple therapy: Discursive qualitative methods*. Cham, Switzerland: Springer.
- Buber, M. (1970). *I and Thou*. New York: Touchstone.

- Cunha, C. (2007). Constructing organization through multiplicity: A microgenetic analysis of self-organization in the dialogical self. *International Journal for Dialogical Science*, 2, 287-316.
- Cunha, C., Salgado, J., Gonçalves, M. M. (2012). The dialogical self in movement: Reflecting on methodological tools for the study of the dynamics of change and stability in the self. In E. Abbey & S. Surgan (Eds.), *Emerging methods in psychology* (pp. 65-100). New Jersey: Transaction Publishers.
- Dimaggio, G., Hermans, H. J., & Lysaker, P. H. (2010). Health and adaptation in a multiple self: The role of absence of dialogue and poor metacognition in clinical populations. *Theory & Psychology*, 20, 379-399.
- Figueiredo, C. C. S. C. (2014). *Análise de posicionamento num caso de terapia de casal [Positioning analysis in a case-study of couple therapy]*. Unpublished Masters dissertation in Clinical and Health Psychology. Maia: Instituto Universitário da Maia – ISMAI, Portugal.
- Fishbane, M. D. (1998). I, thou, and we: A dialogical approach to couples therapy. *Journal of Marital and Family Therapy*, 24, 41-58.
- Georgaca, E., & Avdi, E. (2019). Developing a dialogical approach to analysing psychotherapy. In A. Konopka, H. J. M. Hermans, & M. M. Goncalves (Eds.), *Handbook of dialogical self theory and psychotherapy: Bridging psychotherapeutic and cultural traditions* (pp. 153-169). Routledge
- Greenberg, L. S., & Goldman, R. N. (2008). *Emotion-focused couples therapy: The dynamics of emotion, love, and power*. Washington, D.C.: American Psychological Association.
- Greenberg, L. S., & Johnson, S. M. (1988). *Emotionally focused therapy for couples*. New York: Guilford Press.

- Greenman, P. S., Johnson, S. M., & Wiebe, S. (2019). Emotionally focused therapy for couples: At the heart of science and practice. In B. H. Fiese, M. Celano, K. Deater-Deckard, E. N. Jouriles, & M. A. Whisman (Eds.), *APA handbook of contemporary family psychology: Family therapy and training* (pp. 291-305). Washington, DC, US: American Psychological Association.
- Goncalves, M. M., Matos, M., & Santos, A. (2009). Narrative therapy and the nature of “innovative moments” in the construction of change. *Journal of Constructivist Psychology, 22*, 1-23.
- Gonçalves, M. M., Ribeiro, A. P., Stiles, W. B., Conde, T., Matos, M., Martins, C., & Santos, A. (2011). The role of mutual in-feeding in maintaining problematic self-narratives: Exploring one path to therapeutic failure. *Psychotherapy Research, 21*, 27-40.
- Guilfoyle, M. (2018). Constructing unfinalizability: A subject positioning analysis of a couple's therapy session hosted by Tom Andersen. *Journal of Marital and Family Therapy, 44*, 426-437.
- Han, M. & Cunha, C. (Eds.) (2017). *The subjectified and subjectifying mind*. Charlotte, NC, USA: IAP - Information Age Publishing.
- Hermans, H. J. (2003a). Clinical diagnosis as a multiplicity of self-positions: Challenging social representations theory. *Culture & Psychology, 9*, 407-414.
- Hermans, H. J. (2003b). The construction and reconstruction of a dialogical self. *Journal of Constructivist Psychology, 16*, 89-130.
- Hermans, H. J. (2006). The self as a theater of voices: Disorganization and reorganization of a position repertoire. *Journal of Constructivist Psychology, 19*, 147-169.

- Hermans, H. J.M., & Dimaggio, G. (2004). The dialogical self in psychotherapy. In H. J. M. Hermans, & G. Dimaggio (Eds.) *The dialogical self in psychotherapy* (pp. 17-26). London: Routledge.
- Hermans, H. J. M., & Kempen, H. J. (1993). *The dialogical self: Meaning as movement*. San Diego, CA: Academic Press.
- Hermans, H. J. M., Kempen, H. J., & van Loon, R. (1992). The dialogical self: Beyond individualism and rationalism. *American Psychologist*, 47, 23-33.
- Hermans, H. J. M., & Hermans-Konopka, A. (2010). *Dialogical self theory: Positioning and counter-positioning in a globalizing society*. Cambridge: Cambridge University Press.
- Konopka, A., Hermans, H. J. M., & Gonçalves, M. M. (Eds.). (2018). *Handbook of Dialogical Self Theory and psychotherapy: Bridging psychotherapeutic and cultural traditions*. London: Routled.
- Konopka, A., Neimeyer, R. A., & Jacobs-Lentz, J. (2018). Composing the self: Toward the dialogical reconstruction of self-identity. *Journal of Constructivist Psychology*, 31, 308-320.
- Hill, C., Thompson, B., & Nutt-Williams, E. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist*, 25, 517-572.
- Leiman, M. (2012). Dialogical sequence analysis in studying psychotherapeutic discourse. *International Journal for Dialogical Science*, 6, 123-147.
- Lysaker, P. H., & Lysaker, J. T. (2002). Narrative structure in psychosis: Schizophrenia and disruptions in the dialogical self. *Theory & Psychology*, 12, 207-220.

- Lysaker, P. H., & Lysaker, J. T. (2008). Schizophrenia and alterations in self-experience: a comparison of 6 perspectives. *Schizophrenia Bulletin*, *36*, 331-340.
- Matos, M., Santos, A., Gonçalves, M., & Martins, C. (2009). Innovative moments and change in narrative therapy. *Psychotherapy Research*, *19*, 68-80.
- Marková, I. (2003). *Dialogicality and social representations: The dynamics of mind*. Cambridge, UK: Cambridge University Press.
- Martinez, C., Tomicic, A., & Medina, L. (2014). Psychotherapy as a discursive genre: A dialogic approach. *Culture & Psychology*, *20*, 501-524.
- Nielsen, A. C. (2017). Psychodynamic couple therapy: A practical synthesis. *Journal of Marital & Family Therapy*, *43*, 685–699.
- Olson, M. E., Laitila, A., Rober, P., & Seikkula, J. (2012). The shift from monologue to dialogue in a couple therapy session: Dialogical investigation of change from the therapists' point of view. *Family Process*, *51*, 420-435.
- Osatuke, K., & Stiles, W. B. (2006). Problematic internal voices in clients with borderline features: An elaboration of the assimilation model. *Journal of Constructivist Psychology*, *19*, 287-319.
- Rober, P., & Borcsa, M. (2016). The couple therapy of Victoria and Alfonso. In M. Borcsa, & P. Rober (Eds.), *Research perspectives in couple therapy: Discursive qualitative methods*. (pp. 11-16). Cham, Switzerland: Springer.
- Salgado, J. (2006). The feeling of dialogical self: Affectivity, agency and otherness. In L. M. Simão & J. Valsiner (Eds.), *Otherness in question: labyrinths of the self* (pp. 53–72). Greenwich: Information Age.
- Salgado, J., & Cunha, C. (2018). The human experience: A dialogical account of self and feelings. In A. Rosa & J. Valsiner (Eds.), *The Cambridge Handbook of*

- Sociocultural Psychology* (pp. 503-517). Cambridge: Cambridge University Press.
- Salgado, J., Cunha, C., & Bento, T. (2013). Positioning microanalysis: Studying the self through the exploration of dialogical processes. *Integrative Psychological and Behavioral Science, 47*, 325-353.
- Salgado, J., & Clegg, J. W. (2011). Dialogism and the psyche: Bakhtin and contemporary psychology. *Culture & Psychology, 17*, 421-440.
- Salgado, J., Lourenço, P., Barbosa, E., Santos, A., Greenberg, L. S., & Angus, L. (2011). *A study of the change process through the analysis of the positioning dynamics in an EFT good outcome case*. Paper presented at the 42nd Society for Psychotherapy Research (SPR) International Annual Meeting, June 29-July 2, Bern, Switzerland.
- Salvatore, G., Nicolò, G., & Dimaggio, G. (2005). Impoverished dialogical relationship patterns in paranoid personality disorder. *American Journal of Psychotherapy, 59*, 247-265.
- Seikkula, J. (2002). Monologue is the crisis: Dialogue becomes the aim of therapy. *Journal of Marital and Family Therapy, 28*, 283.
- Seikkula, J., & Olson, M. E. (2003). The open dialogue approach to acute psychosis: Its poetics and micropolitics. *Family Process, 42*, 403-418.
- Stiles, W. (1999a). Signs and voices in psychotherapy. *Psychotherapy Research, 9*, 1-21.
- Stiles, W. B. (1999b). Suppression of continuity-benevolence assumptions (CBS) voices: A theoretical note on the psychology and psychotherapy of depression. *Psychotherapy, 36*, 268-273.

Stiles, W. B. (2007). Theory-building case studies of counselling and psychotherapy.

*Counselling and Psychotherapy Research*, 7, 122-127.

Valsiner, J. (2002). Forms of dialogical relations and semiotic autoregulation within

the self. *Theory & Psychology*, 12, 251-265.

Watzlawick, P., Weakland, J. H., & Fisch, R. (1974). *Change: Principles of problem*

*formation and problem resolution*. New York: Norton.

## List of figures

Figure 1: Autodialogue and heterodialogue

Figure 2: The problematic cycle

Figure 3: From the problematic cycle to the alternative cycle

Figure 1: Autodialogue and heterodialogue

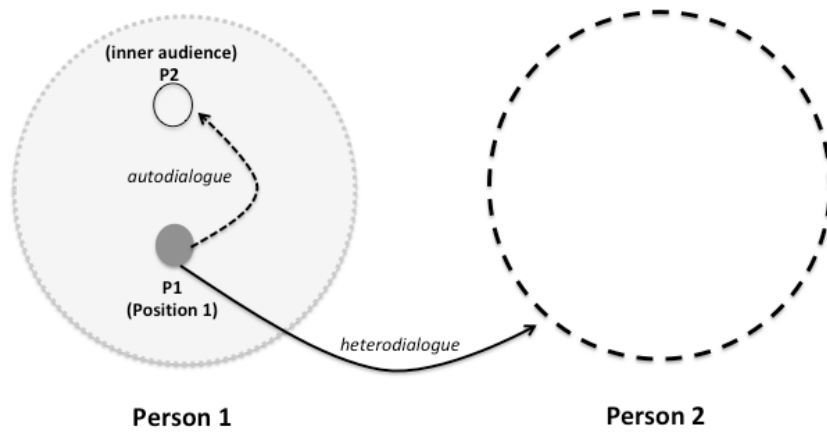




Figure 3: From the problematic cycle to the alternative cycle

