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“Let’s Dance”: A Dialogical Proposal for Analyzing Interactions and Positions in Couples Therapy

Carla Cunha^a, Catarina Figueiredo^b, and João Salgado^a

^aUniversity Institute of Maia, ISMAI & Center for Psychology at University of Porto – CPUP, Maia, Portugal; ^bUniversity Institute of Maia, ISMAI, Maia, Portugal

ABSTRACT

The theory of the dialogical self, which is based upon 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 an articulation between the individual self and the self in relationships with others. However, the theory of the dialogical self has seldom been applied to couples therapy. Therefore, in order to understand changes in relationships from a dialogical perspective, we decided to perform a case study for a couple, Victoria and Alfonso, evolving through four sessions of couples therapy. The Positioning Microanalysis method was applied to depict and characterize the self in relation to each half of the dyad in their continuous flow of positioning and repositioning, as characterized by their usual “dance” around a main theme developed throughout the sessions. The couples’ problematic cycle (Victoria: I as rejected/not being cared for by him; Alfonso: I as rejecting/unable to express my support) was then reconfigured into an alternative, more adaptive cycle (Victoria: I as validating my needs and fighting my sensitivity to rejection; Alfonso: I as caring for her), through the emergence of an alternative position. This new position freed this couple and enabled them to innovate on the interactions that characterized their usual “dance”.

Introduction

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

This article aims to build a bridge between one domain of psychotherapy practice, namely couples therapy, and the theory of the dialogical self. The theory of the dialogical self is based upon the metaphor of the self as a dialogue between different voices, and it portrays the self as being multiple and a product of dialogical and social/relational processes (Hermans, Kempen, & van Loon, 1992; Hermans & Kempen, 1993). This perspective has been productively applied to the field of clinical psychology, thus advancing our knowledge about psychopathology and psychotherapeutic 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 for the dialogical nature of human beings. Nevertheless, applications of the theory of the dialogical self to the realm of couples therapy have so far been quite sporadic. (Note, however, the exceptional dialogical contributions in this area by Fishbane, 1998, Guilfoyle, 2018, and Olson, Laitila, Rober, & Seikkula, 2012). This may seem almost paradoxical, because while arguing the social nature of the mind, this theory has not been used to develop robust models for therapeutic practice and understanding change within couples. Likewise, most methods for studying the dialogical self focus on individuals (see Cunha, Salgado, & Gonçalves, 2012, for a review) and seldom consider couples' relationships. Despite this, couples therapy is a complex setting with multiple actors, so it challenges the traditional approaches and methods used in the 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 psychotherapeutic change through a theory-building case study of a couple undergoing psychotherapy, namely Victoria and Alfonso. We will reframe the couples therapy situation in a way that allows for a description of these clients' interactional patterns, taken along with the dynamics of the selfhood processes of each client as a member of the couple. In our view, this will provide a useful context for addressing the dialogical and relational ontology of human experience in the daily pragmatics of change.

A brief outline of the dialogical-self theory

Over past decades, dialogical perspectives of the self have proved to be a useful lens for conceiving psychological processes. Dialogism and dialogical proposals—as inspired by the works of Bakhtin (1984), Buber (1970), and sociogenetic authors such as Mead or Vygotsky—all share the assumption of a relational ontology to the person, thus viewing psychological processes as being relational (Salgado & Clegg, 2011).

The dialogical-self theory is one of the most well-known dialogical proposals in psychology, which has long argued that the self is highly complex and better described through a dynamic multiplicity of positions (Hermans et al., 1992; Hermans & Kempen, 1993). Dialogue is the metaphor of choice for addressing the process and product of selfhood dynamics, with the self being portrayed as moving from one position to the next, with each position voicing a particular experience and perspective upon the world (Hermans & Hermans-Konopka, 2010; Hermans & Kempen, 1993; Salgado & Cunha, 2018). Within the individual, each position is always a relational position (Bento, Cunha, & Salgado, 2012), and its basic elements include an *ego* (an agent that voices a perspective, which is rooted in a particular experience), an *alter* (another person 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 manner. Thus, selfhood is built as the process and the content of this constant flux of positioning and repositioning. In previous

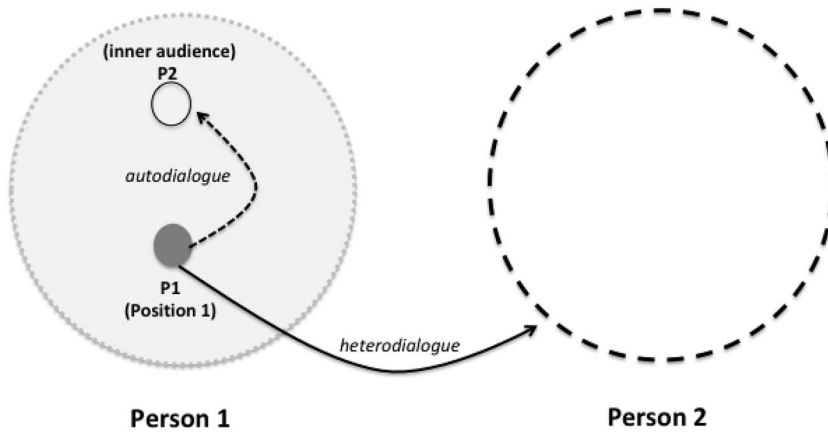


Figure 1. Autodialogue and heterodialogue.

works, we introduced the notion of “cycles” in the dialogical-self literature to characterize dynamic individual patterns (Salgado et al., 2011; 2013), which are characterized by a recurring pattern of positioning throughout time. For example, say that a man, when dealing with his father, is always revolving around the position of being resentful and angry, but he then shuts down these 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 positioning cycles: problematic cycles and alternative cycles. A *problematic cycle* represents a regular stable flux of self-positions involved in clinical problems and complaints, while an *alternative cycle* corresponds to the emergence of a new flux of self-positions aimed at the developmental change of those previous problem(s) and complaints.

We developed this notion of cycles based on the seminal work of Valsiner (2002), who argued that the dialogical self always implies some form of dynamic equilibrium. These forms can vary, though, in their developmental nature. As Valsiner (2002) pointed out, more rigid organizations of the dialogical self imply different or even opposing voices that feed each other (mutual in-feeding) in such a way that excludes further development, novelty, and change. Valsiner (2002) also pointed out some other dynamics that can cause changes in the relationship between voices and therefore foster development in the self. Thus, the dialogical self, in its multiplicity and multivoicedness, will always be dynamic, even when “stuck” in some form of rigid pattern. However, the dialogical self only becomes developmental when allowing novelty and accommodating complexity: [the dialogical self] “becomes developmental only if the relation between parts can permit new parts—and relations between parts—to emerge.” (See Valsiner, 2002, p. 260; see also Gonçalves et al., 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 toward inner audiences. When in silence, a person is always thinking about something, and therefore he or she is always assuming a position toward some “object” and toward “inner others” that

constitute the inner audience at 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*, meanwhile, represents 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 note that in heterodialogue, the assumed position also involves some form of autodialogue. In turn, the positions assumed in autodialogue may be hidden from view and never fully expressed in heterodialogue.

The dialogical self in psychotherapy: from individuals to couples

The dialogical-self theory has been successfully applied in the domain of psychotherapy, as we highlighted earlier. 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 dominating problematic positions (Hermans, 2006), a lack of assimilation for painful voices (Osatuke & Stiles, 2006), the fragmentation of the self (Lysaker & Lysaker, 2002), and rigid interpersonal 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 the 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), a change in the availability of self-positions, the creation of coalitions between self-positions (Hermans, 2006), the emergence of an observational metaposition (Hermans, 2003b; Gonçalves, Matos, & Santos, 2009; see also Leiman, 2012), and the assimilation of avoided positions (Stiles, 1999a).

Almost without exception, however, all these clinical contributions have been developed in the context of individual psychotherapy. This leaves couples therapy a realm that has remained largely unexplored. Moreover, most of the theory proposals for the dialogical self tend to favor a more structural perspective around the self, such as by analyzing the multiplicity of positions and their hierarchical organization. Thus, we could say that it is more focused on the “autodialogue” (i.e., the inner-self structure).

Recently, various researchers have developed 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; Georgaca & Avdi, 2019; Martinez, Tomicic, & Medina, 2014). Other than these notable exceptions, however, most studies focus on the intrapersonal structure of the dialogical self, which creates additional problems when the phenomenon under scrutiny is interpersonal, interactional, and fluid, as is often the case in couples therapy. Hence, methods that tend to focus on the intrapersonal realm are usually not appropriate for describing a problematic dance that entraps couples and leads them to seek help, hopefully leading to a more positive or productive interaction emerging through couples therapy. Thus, we believe that a dialogical-self theory proposal for couples therapy would also benefit from a view that is more focused on the “real-time” positioning dynamics of interactional clinical problems and change,

with the aim of capturing both the dynamics of autodialogue and heterodialogue at the same time.

Models for family and couples therapy have long recognized the cyclical dynamics in the creation and maintenance of couples' problems (Scheinkman and Dekoven Fishbane, 2004). Indeed, this notion was present at the very beginning of family and couples therapy. For instance, this was the case for Bateson's (2000) proposal on symmetric and complementary relationships, which led to the Mental Research Institute's (MRI) notion of the "more-of-the-same" cycle, in which couples' or families' problems are seen as the result of a positive feedback loop between an undesired behavior and an attempted solution that actually maintains that behavior (Watzlawick, Weakland, & Fisch, 1974). It is also the case in psychodynamic couples therapy (Nielsen, 2017), in emotion-focused couples therapy (Greenberg & Goldman, 2008; Greenberg and Johnson, 1988; Greenman, Johnson, & Wiebe, 2019), and in cognitive-behavioural 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 of a theory-building case study (see Stiles, 2007) in order to bridge the divide between the pattern of interactions within a couple and the selfhood dynamics within each member of the couple that take place at the same time. As is the case in most qualitative studies, we began by studying one case intensively, and from this we derived a new theoretical view (Stiles, 2007). At the same time, this effort was based on the preexisting theoretical foundations of the dialogical-self theory, which informed our analysis of the case. The result was the creation of conceptual tools that may help in the development of a proposal based on the dialogical-self theory for couples' clinical problems and changes.

Specifically, we analyze the case of one couple's (Alfonso and Victoria) therapy to expand upon two main concepts as basic building blocks for a dialogical view of couples therapy, namely the notion of a *problematic cycle* of positioning and the notion of an *alternative cycle* of positioning. As previously stated, these concepts were originally developed to describe individual change processes. In this study, we expand their application to couples therapy, thus providing the opportunity to simultaneously observe the processes of autodialogue and heterodialogue involved in couples therapy, which 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 brought this couple to therapy and (2) the new interactional patterns that are promoted in the case of a good outcome of couples therapy. In parallel to these specific purposes, there is an overarching goal, namely to establish how the interactional patterns can be described as a dance based on the dynamics of self-positioning when more than one person is under analysis, as is the case in couples therapy (and in life in general).

In order to accomplish these goals, we use a specific method named Positioning Microanalysis, which was developed by our team to study the dynamics of moment-to-

moment positioning in psychotherapy (Salgado et al., 2013). This method was originally created to study transcripts of individual psychotherapy sessions (along with the visualization of the videos when possible). This study expands the use of Positioning Microanalysis beyond individual therapy and represents the first demonstration of its application in couples therapy.

An exploratory study initially developed by Figueiredo (2014), which was based on this same couple's (Alfonso and Victoria) therapy sessions, checked if Positioning Microanalysis could be used for the analysis of couples sessions and established what adaptations were necessary. It concluded that Positioning Microanalysis could be used in couples therapy in addition to individual therapy. Furthermore, the main necessary changes for its application to this form of therapy were related to a need to distinguish specific interlocutors. More precisely, since couples therapy involves more clients being in the room, with these often engaging in a real dialogue with each other, it is important to precisely consider the interlocutor (i.e., *who is speaking*) during the analysis and description of problematic or alternative cycles. However, none of the existing steps demanded any other change in terms of the criteria for coding positions and extracting their relationships.

Positioning Microanalysis starts with an analysis of single utterances in terms of their main dialogical elements (i.e., *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 toward specific interlocutors and/or audiences. By observing the emergence of self-positions taking place moment by moment, we can then describe the flow of positions. This flow, in itself, can then be later analyzed from different angles and for different purposes (see Salgado et al., 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 in turn is usually preceded 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 (i.e., those involved in the emergence and recurrence of clinical problems and/or complaints) and then formulate alternative cycles (i.e., those involved in solutions or new ways of dealing with the discovered clinical problems).

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

Method

Participants

Clients: The Couple¹ comprises Victoria (25 years old) and Alfonso (21 years old) as the members of a multicultural couple in therapy. They sought help in order to solve

their communication problems, which were creating difficulties in their relationship. They met through an international exchange program that Alfonso participated in in Victoria's country of origin, and since then, they had been in a loving relationship. They had been living together for three years at the time of the therapeutic process, but they came from different cultural backgrounds: Victoria came from a Scandinavian country, while Alfonso came from a Mediterranean country.

A total of four sessions took place during three months of couples therapy in a psychotherapy clinic located in Victoria's hometown. The couple gave their informed consent for participating in research. The sessions were conducted in English, which was a non-native language for all participants, and they involved two therapists (see below). This therapy was considered to have a good outcome case by the therapeutic team. See the work of Rober and Borcsa (2016) for further details about this couple's therapy, such as the assessment, clinical outcome, and description of each session.

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

Researchers: The research team comprised three psychotherapy researchers. At the time of this study, one was a female Master's student in Clinical and Health Psychology with one year of clinical practice, and she carried out the qualitative analysis based on the session transcripts (researcher 1; second author). 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; first author). A third researcher with a PhD in clinical psychology and 22 years of clinical experience acted as a consultant throughout this process (researcher 3; third author).

Treatment: The therapeutic approach used in the sessions is called *Open Dialogue* (Seikkula, 2002; Seikkula & Olson, 2003), and it involves orienting the process from a client perspective. This 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 can be seen as a collaborative enterprise. As a dialogical, post-modern approach, it emphasizes process over content. Therapeutic action is based on responsive listening deprived of prejudice and preconceptions. This means that therapy places 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 dialogs, 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 et al., 2013), which involves the following steps:

1. Systematic reading of the session transcripts 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, followed by the grouping of different parts of the transcript according to specific themes. In order to perform this analysis, the judges follow some guidelines generally adopted in qualitative research for the thematic categorization of discourse. Themes correspond to major thematic units (Stinson, Milbrath, Reidbord, & Bucci, 1994, p. 39), which are defined as “macrostructures of meaning expressed in aggregates of one or more of thematic units”;
4. The coding of each unit of analysis according to the following dialogical parameters: determining the agent (*who is speaking*), the addressee (*to whom*), the topic of the utterance (*what*), the internal audience (i.e. the significant others who are being referred to, whether implicitly or explicitly), and the labeling of each 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 were audited by an external researcher, who gave feedback, discussed the findings, and asked for specific changes whenever needed.

After a preliminary training phase on unitizing procedures (the terminology was adapted from that of Hill, Thomson, & Nutt-Williams, 1997), researchers 1 and 2 read the transcripts to familiarize themselves with the material (step 1) and then segmented the session transcripts into units of analysis (step 2). Segmentation was independently performed by each researcher, with them achieving a level of agreement for 92.25% of the material, with any disagreements being resolved through consensus. The units of analysis were then grouped into themes that were delimited according to conversational contents (step 3). Afterwards, each unit of analysis was coded according to dialogical parameters, so researchers 1 and 2, who collaborated in this process, could arrive at a label for each position (step 4). Finally, in step 5, the third researcher audited all the procedures and independently assessed all the steps performed and later met 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, Thompson, and Nutt-Williams (1997). In other words, in steps 3 and 4, the two judges performed each task independently and then compared their perspectives before discussing and resolving any disagreements. As advised in consensual discussion procedures, step 5 aimed to audit the whole process (Hill et al., 1997). Disagreements were discussed, and successive meetings took place until a final agreement was reached.

Qualitative Analysis of Couples Issues and Emerging Self and Interactive Positions: To achieve the purposes of this study, 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 into broader, more general problem areas (generically following the rules of thematic analysis);

Phase 2 (researcher 1): Calculating the proportion of each of the general themes in terms of the total of units of analysis codified in each theme. (This was inspired by the procedures used by Matos, Santos, Gonçalves, & Martins, 2009). The proportion was calculated by counting the number of words for each theme and dividing it by the total number of words;

Phase 3 (researchers 2 and 3): The main themes throughout the sessions were decided through consensual discussion. The key criterion for establishing the main themes was relevance. The main themes are usually the more frequent ones, but there are some exceptions. For example, if a specific theme is explicitly avoided and therefore rare, yet it is relevant for therapeutic purposes, it would need to be included in the analysis;

Phase 4 (researchers 1 and 2): The positions of Alfonso and Victoria were identified with regards to 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 the positions around the main theme were articulated. The general guidelines for extracting these cycles are described elsewhere (Salgado et al., 2013), but it entails a back-and-forth process between observing the self-positions previously coded, proposing specific patterns, and then returning to the data to check if the description fits or if it needs correction.

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

Results

The identified themes in the case of this couple's therapy and their proportion were as follows: "our relationship" (71.9%); "our extended family" (24.9%); "the therapy" (2.4%); "identification details" (0.6%); "other" (0.2%). We restricted our analysis to the main theme of this case, namely "our relationship". In this theme, Alfonso, Victoria, and their therapists discuss their relational patterns quite extensively throughout the four sessions.

The problematic cycle

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

Victoria (V): (.) *but I really, like, I still need to talk a lot about everything*, [I as needing to be cared for by him] *like if there is anything, I just need to solve it right there* [I as needing to be cared for 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 as not being able to take care of her]

Therapist (T) 1: *kind of*

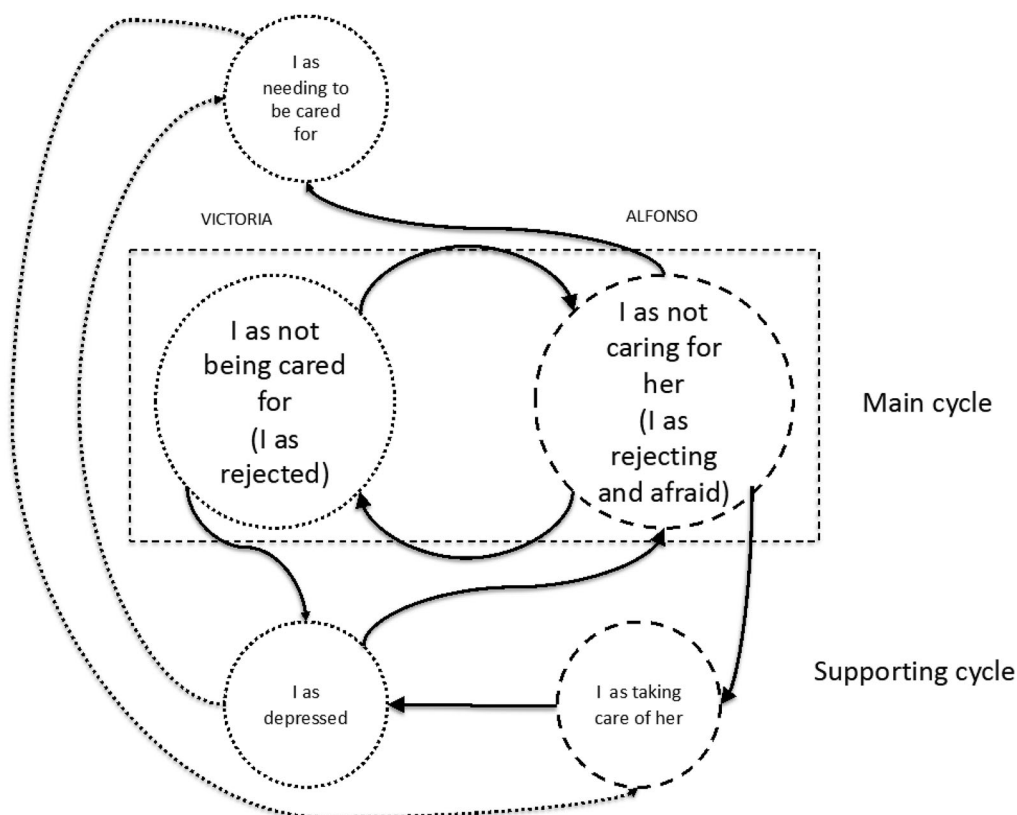


Figure 2. The problematic cycle.

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 as 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 as 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)

In this short excerpt, the core problematic cycle relates to the mutual in-feeding (Valsiner, 2002) between the two complementary self-positions of each member of the couple: Alfonso's key position was "not caring for her", while Victoria's key position was "not being cared for" (see Figure 2). This was especially true when Victoria felt the need for Alfonso's attention, such as 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 positions: On the one hand, he was distant and avoidant,

but on the other hand, he was afraid and anxious. Thus, they were trapped in a cycle where Victoria asked for attention but Alfonso responded with anxiety or distance, positioning himself as unable to take care of her. Consequently, this counterpositioned Victoria as “not being cared for by him”, which was exactly the opposite of what she was striving for.

This cycle did show some variations, however. 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 a 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 position from Alfonso (“I care for her”) had been almost absent in their daily interactions, especially when she had needed it the most (i.e., when feeling depressed), but even when it happened, she still reacted in a depressive way, leading him to become first anxious and then distant. Thus, there was also a smaller supporting problematic cycle: I as taking care of her (Alfonso) → I as depressed (Victoria) → I as not being able to care for her (Alfonso).

According to this analysis, the four sessions were mainly dedicated to this problematic cycle and its variations. The cycle was discussed several times and new variations even appeared. In the fourth session, the couple began 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. She recognized in the fourth session 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 as fighting my sensitivity] (.) *because I know that they are not right ways to react in some small things* [I as 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 as 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 as 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 as 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 as 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 the two complementary positions assumed by Victoria: “I as feeling rejected” is mutually fed with her movement of positioning Alfonso as rejecting her, even if just because of a small thing, as she duly recognizes. However, Victoria now assumed a more self-observational stance, a metaposition (Hermans, 2006; Leiman, 2012) in the form of autodiologue. This observational stance involves some self-criticism, since she recognizes her excessive sensitivity to rejection but also some distancing and ability to fight that tendency (i.e., I as fighting my sensitivity to rejection). Thus, by assuming a self-critical stance, she distanced herself from the original cycle of rejection and actively tried to overcome those exaggerated feelings.

As a consequence, Alfonso recognized that she “*was making it easier*” (turn-taking 102). Thus, he felt more at ease in showing her affection and being there for her (i.e., “I as taking care of her”). In turn, Victoria was validated in her need of being noticed and cared for, which developed further into a validation of her wishes and needs regarding the relationship, as can be seen in this excerpt:

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

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

V: *now I think this proves that I am not asking much* [I as validating my need for support], *because like it already makes me feel so good if we have some conversation together or something, like, really normal stuff* [I as validating my need for support] *(.) that’s all I need* [I as validating my need for support] *(.) but what I don’t want our life to be is that, we won’t have anything like (.) together* [I as validating my wishes regarding the relationship], *that we do everything with our own friends or we don’t contact each other* [I as validating my wishes regarding the relationship] *(.) like now that we have also been together at home and we have sometimes talked about something* [I as validating my wishes regarding the relationship], *not just other one is at the computer the other one is washing dishes or*

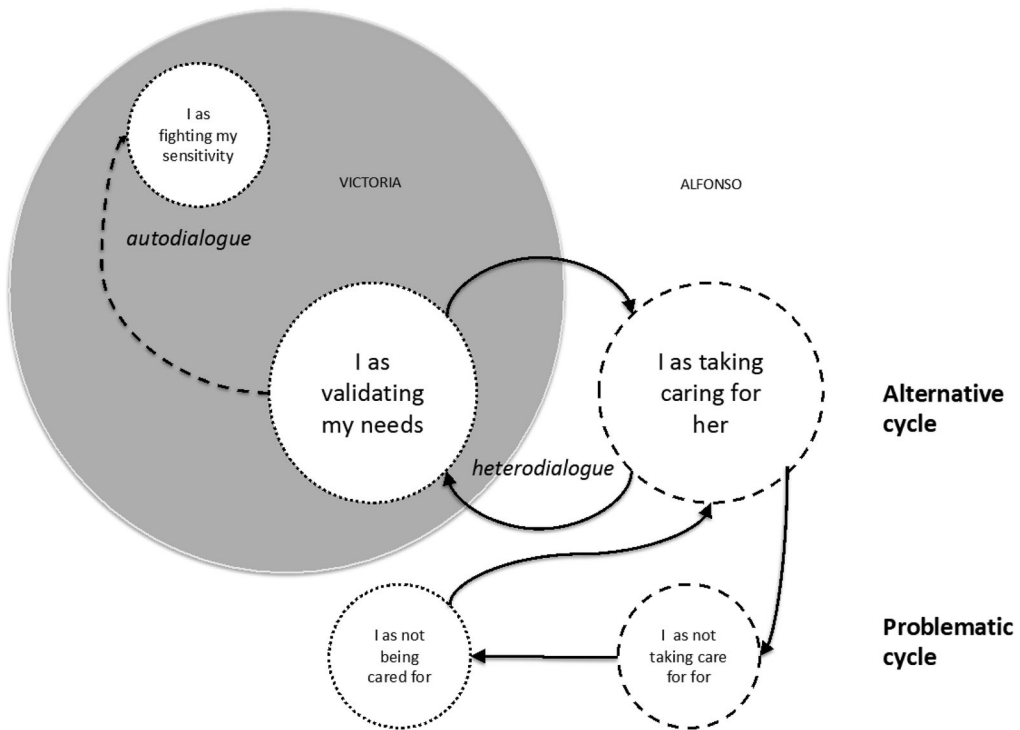


Figure 3. From the problematic cycle to the alternative cycle.

something, but something like really being together [I as 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 as validating my wishes regarding the relationship]

(Session 4; turn-taking: 125–129)

This created a whole different cycle of positioning for 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 greater ability of Victoria to observe herself and distance herself from her sensitivity to rejection, which seems to trigger a greater willingness from Alfonso to show how much 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 that are presented by the many well-known clinical models in this area (e.g., Greenberg & Goldman, 2008; Scheinkman & Fishbane, 2004; Watzlawick et al., 1974). However, in our view, this present proposal differs in some specific and important features. First, we clearly define the notion of the self-position as the basic unit of analysis, as rooted in the dialogical perspective, while other clinical models tend to focus on different units. For example, compared with the MRI formulation, we are not looking for “solutions that maintain the problem”. We also introduce a systematic method to detect

cycles in couples (the Positioning Microanalysis) through the analysis of session transcripts. We acknowledge that there are other methods available for studying cycles in couples therapy, such as drawing the “vulnerability cycle” (Scheinkman & Fishbane, 2004), but in our view, Positioning Microanalysis is a more systematic and research-oriented method for achieving this goal. Furthermore, when using this method, researchers’ observations are not deductively derived from a given previous theoretical background, which contrasts with most of the clinical models. Finally, we are trying to bridge a gap in terms of the application of the dialogical-self theory to couples therapy. We are not defending any specific clinical model or practice here but rather adding a dialogical background as a specific tool for understanding a couple’s 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. More specifically, by adopting a dialogical lens, our goal is to bring novelty to the understanding of couples’ cycles while simultaneously 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 couples therapy. However, the definitions of these terms needs to be expanded in order to account for the simultaneous intrapersonal and interpersonal processes taking place. Thus, a *problematic cycle* can be defined as a regular stable flux of self-positions that emerges during the interaction between a couple and feeds their clinical problem(s) and complaints. In contrast, 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, thus creating a dynamic stability that prevents a developmental change occurring that would solve the problem. Nevertheless, these cycles can be formed 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, both members of the couple formulate the problematic cycle in equal terms. They both agree that their main conflict revolves around Victoria’s feelings of not being cared for by Alfonso, combined with his inability to support her when she becomes overly critical of 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 that held them firmly in a reciprocal pattern of self-positions, as implicated in their interactions and heterodialogues: I as rejected (not being cared for by him — Victoria) and I as rejecting (not being able to express my support — Alfonso). This is 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 Victoria was depressed or angry with him, he returned to the self-position of not being able to take care of her. Thus, problematic cycles can have other cycles around the main one, as turned out to be the case here. We call these other cycles “supporting cycles”, since they

are somehow crucial in maintaining the dynamic stability and repetition of the main cycle (see also Cunha, 2007; Valsiner, 2002).

According to our view, this case also allows 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 a new self-position toward the problematic experiences. It is like a couple’s dance being permeated with new moves from each member, and this in turn leads to innovation and transformation of their own original dance.

When distinguishing these cycles, we follow Valsiner’s distinction between stable dynamics and developmental dynamics (2002). The problematic cycle here represents a form of stable dynamics, one in which the relationship revolves around some rigid form of functioning. In Victoria and Alfonso’s case, we find a relatively stable dynamic with a limited number of self-positions. The alternative cycle, in turn, revolves around new potential self-positions that also open up new possibilities. Thus, the relationship becomes much more complex and the potential for new forms of action and agency also open up. This is clear in Victoria’s access to her views and wishes about the relationship, which go beyond a mere recognition of her need for Alfonso’s support. Moreover, both parties become more differentiated in terms of their self-positions, but as a couple, they become better able to deal with that differentiation. Thus, the change moves toward increased developmental dynamics within this dialogical perspective, and it entails a greater differentiation of self-positions, easier access to their agency potential, and a better organization of that differentiation, resulting in a greater level of well-being in the couple.

In this case, the emergence of an observer position in Victoria (“I am highly sensitive to rejection”, which led to her “fighting my sensitivity to rejection”) seems particularly important. Through this observer position (Hermans, 2006), Victoria recognizes that some of her feelings were not completely justified by the situation because they related to some prior inner sensitivity to rejection. The role of this position is particularly important at the autodialogue level, and it constitutes a key turning point at the heterodialogue level. Based on this observer position (“I as highly sensitive to rejection”), she becomes able to assume a new self-position that is determined to overcome this sensitivity (“I as fighting my sensitivity to rejection”). In terms of their relationship, this resulted in fewer arguments and fights, and, more importantly, it provided the space for the 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 as taking care of her”, which is especially important at the heterodialogue level. In turn, this validated her need for belonging and feeling supported, thus creating a better reciprocal relational pattern. Therefore, new alternative cycles of positioning could take place during the interactional episodes of the couple, and this is apparent in the episodes of reciprocal attention and affection that the couple shows in the end but also in the inner self-dynamics, which was very clear in Victoria’s case.

This study therefore further supports the importance of the emergence of a self-observational stance (metaposition) for psychotherapeutic change. Previously, the dialogical perspective has highlighted how this self-observation is a key element in

individual psychotherapeutic change. For example, Hermans assumed the emergence of a metaposition as being important to the organization of the self (Hermans, 2003b). Later on, Leiman (2012), in his dialogical sequence analysis, positions the acquisition of new forms of self-observation as the key element in psychotherapeutic change. In this study, we also witness the same process taking place in couples therapy. In some sense, what Victoria was striving for was already present from the very beginning, since Alfonso did occasionally express his concern for her but just not enough to change the pattern. Only after assuming a reflexive, self-observational position (more distant but also more self-critical), was Victoria able to recognize her own agency in the creation of the problem (her sensitivity to rejection). This process then created an opportunity to observe, counteract, and even overcome it. Afterwards, 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 toward oneself facilitated a change in the interaction of the couple. At the same time, Victoria's access to her wishes and goals in their relationship seems to have allowed her to gain an increased sense of agency, something that has been highlighted as a core element of psychotherapeutic change (e.g., Avdi et al., 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 a couple's difficulties. From a dialogical perspective, changes in both autodiologue and heterodiologue may be necessary. Thus, it is also expected that change in the reaction of the other party may also feed alternative cycles. For example, if a certain couple reaches a more consensual agreement about their difficulties, this may create the space for new interactional patterns to form, which may in turn help transform 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 it was much more rarely enacted interpersonally. However, Victoria assumed that she was still becoming frequently trapped in her own sensitivity, and she was still struggling with it, so this may trigger future conflicts and difficulties. There are different potential interpretations for this finding. On the one hand, it may be the result of a premature closure of the case, since there were still problems to be solved. (The termination of treatment was requested by the couple in the fourth session and their therapists complied with this request.) On the other hand, this can be a very common scenario in psychotherapy: People learn how to cope better with their own difficulties, but this does not necessarily erase them from their repertoire of self-positions. Even though we have a clear bias toward this second possibility, we will leave the question open for future discussion.

This work addresses the scarcity of research into couples therapy from a dialogical-self perspective. A specific systematic method of microanalysis, namely Positioning Microanalysis, was applied here to a couple's therapy case for the first time. However, since this is still an exploratory study, all its findings need further support in the future. Nevertheless, this study has facilitated expanding the notions of problematic and alternative cycles of self-positions and applying them to the context of a couple's dynamics. Additionally, this work also supports the notion that both autodialogues and heterodialogues may be involved in the emergence of a couple's clinical problems and their subsequent change. We also explored how interpersonal and intrapersonal dynamics are

intertwined and need to be taken into account in order to achieve a full dialogical account of the relationship. Thus, in more global terms, this work illustrates how the dialogical-self theory can be used to bridge the chasm between the interpersonal and intrapersonal domains.

Note

1. 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. Subsequently, several researchers have analyzed this therapeutic process using distinct qualitative perspectives.

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