Chapter 3
The Development of Dialogical Space in a Couple Therapy Session

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In this chapter, we want to present a method to research the development of dialogical space in a couple session. It is an exploratory, retrospective, microanalytic research method. Like the other research methods that are presented in this volume, it is a qualitative method, which means that it is not focussed on a theory driven hypothesis testing. Rather, it is meant to help the researcher notice things that would otherwise remain unnoticed, in order to arrive at a better and more nuanced elucidation of the process of therapy.

In this chapter, we will first sketch the theoretical frame of the method. Then we will discuss the three stages of the method and illustrate the use of the method by applying it to the first 35 turns of the first session of Alfonso and Victoria's therapy. Finally, we will discuss some of the most important observations and our enriched understanding of the dynamics of the dialogue between Alfonso, Victoria, and the therapist.

Dialogue and Dialogical Space

Especially inspired by the Russian thinker Mikhail Bakhtin (1981, 1984, 1986), the concept of dialogue became very important in the field as an answer to the ethical challenges of family therapy practice (e.g. Rober, 2005; Seikkula & Olson, 2003). It is interesting, however, that Bakhtin used the concept dialogue in two distinct ways: as a prescriptive concept and as a descriptive concept (Stewart, Zediker, & Black, 2004). When dialogue is used as a prescriptive concept, the term is reserved to refer to a particular kind of interaction of a high quality. Dialogue then is the

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opposite of monologue. In Buber's view, for instance, dialogue (I–Thou) is ideal and monologue (I–It) should be avoided. As Stewart et al. (2004) write, prescriptive approaches make ethics central.

In the marital and family therapy (MFT) literature, the concept of dialogue is often used in such a prescriptive way highlighting the ethical ideal. Usually dialogue is seen as the opposite of monologue, implicitly suggesting that good therapy is dialogical, while bad therapy is monological or arguing that clients enter therapy with fixed, monological stories and that therapy consists of dialogising these stories (e.g. Penn & Frankfurt, 1994). In that way, dialogue implicitly is described as an ideal endpoint of a process moving from monologue to dialogue.

The concept of dialogue in Bakhtin's work, however, is complex (Vice, 1997) and simply describing it as the opposite of monologue does not do justice to the wealth of his work. Indeed, dialogue is described by Bakhtin, not only as a prescriptive concept, but first and foremost it is presented as a descriptive concept. In that way, the concept focusses on epistemological issues and it highlights the relational and interactional character of all human meaning making: All language is dialogic. In this perspective, monologue can also be understood as a part of dialogism and we can speak of dialogical dialogues and monological dialogues (Morson & Emerson, 1990).

In the context of this descriptive view of dialogue, Stewart et al. (2004) highlight the importance of tensionality in Bakhtin's work. According to Bakhtin, in an ongoing conversation there is a continuous dynamic tension between the monological and the dialogical functions, of which Bakhtin scholar Caryl Emerson writes: "Dialogue is by no means a safe or secure relation. Yes, a 'thou' is always potentially there, but it is exceptionally fragile; the 'I' must create it (and be created by it) in a simultaneously mutual gesture, over and over again, and it comes with no special authority or promise of constancy. … Imbalance is the norm". (Emerson, 1997, pp. 229–230). According to Bakhtin, life is an ongoing, unfinalisable dialogue continually taking place (Morson & Emerson, 1990). Bakhtin (1981) does not characterise dialogue as something peaceful or at rest, but rather calls dialogic life "agitated and cacophonous" (p. 344). What is said in dialogue is the product of dynamic, tension-filled processes in which two tendencies are involved: the centripetal (centralising and unifying) forces and centrifugal (decentralising and differentiating) forces (Bakhtin, 1981; Baxter, 2004; Baxter & Montgomery, 1996). The *centripetal* stands for a structured order dialogue strives for. This could be a single story, an agreed upon explanation, an accepted solution, a contract, homogenity, harmony, etc. The order comes at the expense of things left unsaid, facts overlooked, experiences not noticed, words remaining unarticulated, etc. In contrast, the *centrifugal* stands for the disruption of the order and the messiness of things, unforeseen complexities, heterogenity, conflict, the scattered details that are unexplained and that unsettle the account, and so on. In dialogue, these opposing forces are in constant dialectical tension; one being the antithesis of the other. Contrary to Hegelian dialectics that prescribes the finalisation of dialectic tensions in a synthesis, according to Bakhtin these dialogical processes are unfinalisable: the tension between the two opposing forces never reaches a final solution.

The tension between centripetal and centrifugal forces finds expression in what is actually said in a conversation, and in what is not said. At any one moment in a dialogue some things have been said; other things may be said later; and still other things will never be said. This simple observation is very important as it has far reaching consequences for a therapist, as well as for a researcher. Theoretically, it can be connected with several concepts that characterise dialogue as a never-ending, interpersonal process. These concepts refer to each other in multifaceted ways.

- Dialogue is a process in time. There is always *before* and *after*. In narrative psychology the concept of sequentiality is used (Bruner, 1990). An utterance is not an isolated message or expression of the individual speaker with his/her inner motivations and intentions. An utterance has meaning in a context of time and place (chronotope, cfr. Bakhtin, 1981). Whatever is said becomes meaningful by the place it occupies in a sequence of events (Linell, 1998; Markova, 2003).
- Subjectivity: This is about the centre of experience that each of us is. Our subjectivity is largely internal conversation between inner voices within ourselves. This inner conversation comes into being through the continual dialogical process with others (Linell, 2009). Inner conversation accompanies outer conversation, in the sense that what we say only partially reflects what we are thinking. Part of our thinking remains private and unarticulated, sublingual, and inchoate (Lewis, 2002).
- Here the principle of selectivity comes in: Some things will be shared with others, other things won't. Besides this selectivity in content, there is also a selectivity in timing: some things are said earlier, other things are said later. Some things are never said. This selectivity does not come out of the blue, but it is part of the context. In other words, this selectivity is responsive (Linell, 2009): we respond to some things (while we ignore other things) and by responding to them we validate them as important (retro-construction). Of course this also connects with the concept of sequentiality (see above).
- Responsivity: Utterances in dialogue are other-oriented. Whatever is said is always said in response to what has been said before (Linell, 2009). Also, everything that is said is an invitation to the others to respond. In that way the participants shape the dialogue together. This also connects with the concept of selectivity (see above). As Linell (2009) writes, "Every act is selectively responsive…" (p. 167) in the sense that we do not respond to everything, but that there is a selection in our responses: to some things we respond, while other things we neglect.

Based on the concepts of sequentiality, subjectivity, selectivity, and responsiveness, we can now define the concept of dialogical space. Dialogical space refers to the virtual environment of expectations and entitlements about what can be talked about in a certain chronotope. In other words, it refers to what is said at any given moment in the conversation and implicitly it also refers to what is not (yet) said. It is a concept that rests on the assumption that it would be possible to freeze a moment in time in the dialogical process: whatever is said up until that moment is part of the dialogical space. Of course, this is an abstraction as in a dialogue there is never a

moment of standstill. Dialogue is never a tranquil state of things. Rather, it is a restless process through time, in which there is a constant tension between what is said and what is not said. Dialogical space, then, refers to what is acceptable to the participants to discuss at a certain moment in the dialogue. It refers to the room to talk about what obviously—usually without overt negotiation—fits the shared implicit agenda of the participants.

Researching Dialogical Space

In this chapter, we want to present a method to research dialogical space in the context of a couple therapy. We will present this research method against the theoretical background of three traditions: (1) Goffman's dramaturgical theory of human interaction (Goffman, 1959), (2) conversation analytic focus on sequential organisation of talk (Vehviläinen, Perälylä, Antaki, & Leudar, 2008), and (3) theory of the dialogical triad (Markova, 2003).

1. Goffman (1959) described human interactions as theatrical performances. Although his theory is very individually oriented as the self of the person is central, his emphasis on the *performative* aspect of human interaction and especially his distinction between the *on-stage area* and *the backstage area* are interesting for our analysis. This distinction connects with the distinction made by Anderson and Goolishian (1988) between the said and the not-yet-said, and their description of marital and family therapy as a process of gradually making room for what has not been said yet. In Goffman's terms, therapy could be described as a performance in which gradually more things from back stage are presented on stage. This is the process we are interested in, and with our research method we want to be better able to describe this process in a multiactor psychotherapeutic setting.
2. The basic conversational analytic strategy of *taking what people are doing, saying, not-saying, at a particular moment, in a particular manner, and trying to find out the kind of problem which it might be a solution for* (Ten Have, 1999), is also the basic strategy of our way to study the development of dialogical space. Furthermore, CA's focus on the *sequential organisation* (Schegloff, 2007) is of interest to us. The significance of utterances in an interaction depends on their position in a sequence of utterances (Linell, 1998). In an interaction sequence some actions call for a response. Other actions are such responses. Therefore, Vehviläinen et al. (2008) make a distinction between *initiatory* and *responsive* actions. However, in a dialogical view, any initiatory action is a responsive action, and any response invites a response in its turn. Still, as we will see, this distinction between initiatory and responsive actions can be useful in the study of the development of dialogical space, in that sometimes we can see that someone introduces a theme for the first time. Such an introduction can be seen as an initiative that serves as an invitation to the participants of the dialogue to talk about the theme.

3. Another theoretical background for our research method is Markova's dialogical triad: Ego-Alter-Object (Markova, 2003): a person (Ego) talks to another person (Alter) about something (Object). For instance, in a specific utterance the Ego and the Object can be more or less identical; for instance, when a person talks about himself. So when a woman talks to her husband and says "I'm sad", in addressing her husband (Alter) the woman (Ego) talks about her own emotions (Object). Furthermore, it is clear that for Markova, the relationship between the three components of the triad is a dynamic one. *Dialogical tension* is the key word in her model (Markova, 2003). According to Markova, tension is implicit in all dialogical situations, as it is the source of change. It is the presence of dialogical tension that makes the triad Ego-Alter-Object dynamic, rather than static (Markova, 2003). Another complexity is the Alter. This concept refers to the Bakhtinian concept *addressee*, and in multiactor conversations it refers to *multiple addressees*. This is the challenge for all dialogical research in family therapy and also for our research on the dialogical space.

By definition dialogical space is difficult to investigate because of its focus on the dynamic of what is said and what is not said. Rogers et al. (1999) formulate the challenge as follows: "If we assume, as we do, that the unsaid can contribute something valuable to our understanding of how an individual understands the world, then what language can we use to present what is unsaid?" (p. 80) Indeed, how do we know what is not said? In principle we do not, as what is not said remains hidden in the person's secret garden. In the context of studying dialogical space in a therapy session, our answer to this question is the following one: we can look at the development of what is talked about in the session.

Our retrospective, microanalytic method, while meant to research marital or family therapeutic sessions, was originally inspired by dialogical research methods used in the context of individual therapy, like the Dialogical Sequence Analysis (Leiman, 2004) and Positioning Microanalysis (Salgado, Cunha, & Bento, 2013). These methods are based on the dialogical triad Ego-Alter-Object (Markova, 2003). As we will later explain in more detail, in our research method, we start from one component of Markova's dialogical triad: the referential Object, or what Wortham (2001) would call *the narrated event*. We could also call it the theme of the conversation. The two other components in the first stages of the method are the background of the evolution in the referential object throughout the dialogue. In the last stage, they become more central.

We will now describe the research method in more detail.

Research Method

Our research method is a retrospective, microanalytic method focussed on the development of the dialogical context in a marital or family therapeutic session. Based on the three theoretical sources of inspiration we discussed above, we can

further operationalise the focus of our research method. In this method the time dimension is central, as the basic question of this method is: *what is talked about when?* Time in this context does not refer to actual time, but rather to sequential time, in which one utterance comes before the next.

The starting point for our research method is a detailed transcript of a MFT session and if possible the videotape of the session. Our research method has three stages:

Stage 1. Retrospectively listing the themes that have been discussed: We look at the whole transcript and we list the themes that were discussed in the session. Here we focus on the content of the client's story in the session; on what can be also called *the narrated event* (Wortham, 2001), or *the referential Object* (Markova, 2003).

Stage 2. Tracking the sequential organisation: We summarize the client's story and then track what is told first, and what then, and what then, … Here we introduce the time dimension and we focus on the topical history of the dialogue.

Stage 3. The initiatives and responses: Now we take a conversation analytic stance and try to understand for each topical sequence what created the dialogical space in which it was told. This means that we look at initiatives to address a new theme and at replies to these initiatives. A response to an initiative can be or accepting, or declining. Considering Markova's dialogical triad, we can say that in this third stage the emphasis shifts from the Object to what happens between the Ego and the Alters.

Through these three research stages we try to understand how the dialogical space evolves throughout the session. This means focussing on what is talked about and what is not yet talked about, with a special attention to initiatives to address a new topic, and to the ways in which such initiatives are responded to by the participants.

The Case of Alfonso and Victoria[1]

In this chapter, we will use our research method to look at the case of Alfonso and Victoria. We will illustrate its use and potential by focussing on the first 35 turns of the transcript of the couple therapy session of Alfonso and Victoria (for an overview of the therapy, see Chap. 2). In the first 35 turns, the initial problem story is presented with minimal intervention from the therapist. In turn 36 the therapist, for the first time, does not follow the lead of the couple but explicitly addresses Alfonso and decides on taking a focus (Alfonso's fear).

[1] In this section the numbers between brackets refer to the turn in the conversation.

Stage 1. The Story

In order to get the story straight, the transcript is read several times. In the margin key words or brief sentences are written down. These are words that seem to catch the referential object of the dialogue. In the choice of words it is important to stay as close as possible to the words the participants of the conversation actually have used. We bring it all together in a table to get some overview. In the first column we list the referential objects, in the second column we refer to the turns and to the person speaking (Alfonso, Victoria, or T), and the third column is a column for memos (Table 3.1).

Stage 2: The Sequential Organisation

Then a list is made of all the referential objects. In the case of Victoria and Alfonso this was the list for the first 35 turns: the Outcome Rating Scale (ORS), depressed, better now, scars in the relationship, not as much patience in listening, I just can't, panic, afraid that it might be the same, not the same strength and patience, getting better, we don't talk anymore, I don't have the right to feel bad. Looking at the themes, we could summarize the story as *I used to be depressed, now I'm better, but now we have a relational problem.*

Table 3.1 The story as it develops

Story as it develops	Turn nr.	Comments
Filling out the ORS form	t1-7	
Victoria got depressed	t8V	
This resulted in "scars in the relationship"	t10V	V also suggests that she got depressed because she found it difficult "to start to trust someone, to feel loved, and to feel love"
A does not have as much patience in listening as he used to have	t14A-27A	
There is a suggestion of "irritation" (t20A). This suggestion is picked up by the therapist (t21T). But then V takes over and talks about A's fear ("afraid") (t22V)	t20-21-22	
He is afraid that it could become "some similar situation"	t22V-29A	
V talks about A's "panic"	t28V	
This results in "we can't talk anymore" and the feeling that I don't any more have "the right to feel bad"	t34V	V talks about a lack of patience until now. Only in t29, he talks about being "afraid". He refers to "a similar situation". He does not openly talk about depression

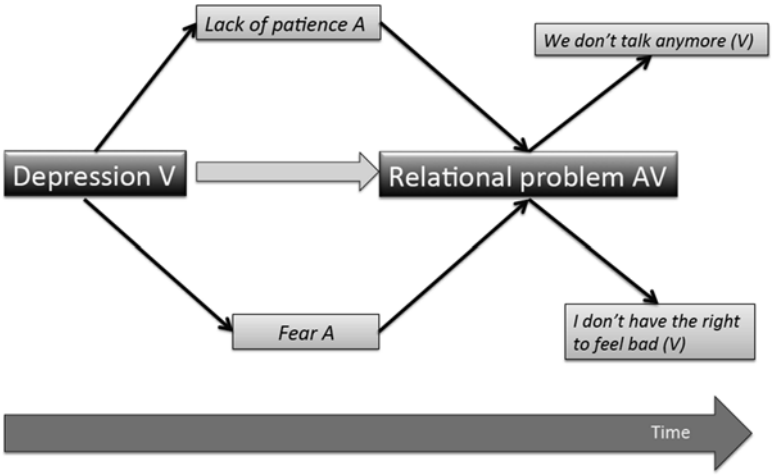

Fig. 3.1 The sequential organisation

Bringing in the time dimension, the story of the first 35 turns in the sequential organisation could be summarized like this (Fig. 3.1).

Stage 3: Initiatives and Responses

While in the first and the second stage of the research the focus is on the referential object, now we concentrate on the two other components of the dialogical triad: the dialogue between the participants. We look at the details of how the themes emerged, who took the initiative, how the participants responded, and how the themes developed further during the session. Here we want to focus on four observations:

1. Victoria takes the initiative to start to talk about what she calls *the beginning* (t8)
2. Victoria takes the initiative of suggesting the possible cause of her depression (t10)
3. Alfonso's initiative to focus on *now* and on his responsibility in what is difficult in their relationship (t14–22)
4. Alfonso's hesitating initiative to talk about irritation was not picked up (t20–22)

Let's focus on these four observations and consider them in more detail:

1. V takes the initiative to start to talk about what she calls *the beginning*: her depression (t8). Of course, calling the depression the beginning is remarkable on its own, especially since we know from the rest of the therapy that the depression only started 2 years before and they had been living together for 3 years. So a lot of things must have happened in the relationship before the so-called *beginning*. This highlights that starting the story from the depression and deciding that is the

beginning is less obvious than it sounds. So the question can be posed how we can understand that Victoria choose the depression as the beginning of the story? Let us consider some of the possible answers to this question. The theme of the depression may have been primed by filling out the ORS forms. The ORS focusses on the outcome of therapy and maybe this reminded her of her individual therapy when she was depressed. Another way to understand the choice of the depression as beginning is that Victoria's depression could be seen as reflecting the couple's legitimation of their choice for therapy. It is accepted in our society that you seek therapy because of a psychiatric condition. This can help us understand that something that can count as an *official* problem, the depression, was invited front stage at the outset of the therapy and was *the beginning*, as Victoria calls it. In that way, possibly the depression was a legitimation of the therapy. This legitimation then may have served as a reassurance for the couple and for the therapist in the sense that it reminded all parties: *we are in the right place; it is legitimate for us to be here together.* In t10 she explicitly refers to "the reason why we are here", suggesting that this has been on her mind in the beginning of the session. By taking her depression as a starting point she also puts the focus on herself. According to the story she tells in the session, she started it all. Furthermore, depression is described as an individual condition. In that way in a sense Victoria takes responsibility for her condition. It is remarkable that she is the only one who calls it depression (t10 "I got depressed").

2. Victoria's initiative of suggesting the possible cause of her depression: according to her story she got depressed because she found it difficult "to start to trust someone, to feel loved and to feel love" (t10). While the issue of trust in the relationship is introduced here, but it was not developed further at this moment. This is interesting, especially because it reappears later in the session (t24, t34), but also in the next sessions. It will even become one of the main themes of the therapy. The question therefore can be posed, if this theme is so important to become one of the main themes of the therapy, why it was not further discussed in the beginning of the first session? When we look closer at the responses of Alfonso and the therapist, we notice that neither of them picks up the theme. The therapist responds to Victoria in the next turn (t11), but only to refer to Alfonso's name. Also Victoria herself did not pursue it further in the next turns: she only mentions it in t10, but then she lets it go. She does not insist on talking about it further. This is interesting and it begs the question: how can we understand this? We cannot be sure how to answer this question, but the way the dialogue develops suggests that this issue of trusting someone is sensitive for Victoria. It seems that she feels vulnerable about it. Could it be that she judged this theme to be too sensitive as to address so early in the therapy? Or was it because her initiative was not responded to with more support from Alfonso and the therapist?
3. Alfonso's initiative to focus on *now* and on his responsibility in what is difficult in their relationship. Rather than acknowledging that Victoria is responsible for her depression or pursuing the theme of trust in the relationship, Alfonso responds by referring to the situation now (t14 "We have this kind of situations"). From his way of talking (e.g. t14; starting sentences he does not finish, being

very confusing and hard to understand, …) we get the general impression that Alfonso is nervous and very cautious in his choice of words. Then finally, at the end of t14, he finishes a sentence and he takes responsibility for the situation: referring to the past he says "…*I had more patience in listening*". This is remarkable because without mentioning the depression, he refers to the period of the depression, in order to characterise the situation now and making sure that he is taking responsibility for their difficulties.

In response to Alfonso's initiative to talk about *now*, and on his responsibility in what is difficult in the relation, Victoria is very accepting. She backs Alfonso up in the telling of his story, by suggesting words (t15) and by offering clarifying examples (t17). This support of Victoria shows that dialogical space at that moment was opened to talk about Alfonso's contribution to the relational problems.

4. Alfonso's hesitating initiative to talk about irritation was not picked up as a theme to talk about (t20, 21, 22): With a lot of hesitation, Alfonso seems to want to say something about irritation (t20), at least that is the way the therapist interpreted Alfonso's hesitation (t21), and then Victoria intervenes and takes the conversation away from the theme of "irritation" and steers the conversation in the direction of fear (t22: "…he's afraid…"). This can be considered a sequence in which Alfonso hesitatingly takes the initiative to open space to discuss his irritation. The therapist helps him to express his irritation, but then Victoria rejects it as a theme for discussion as she starts to talk about fear. In that way she closes the dialogical space to talk about irritation, by proposing to talk about Alfonso's fear. This invitation of Victoria to talk about fear, rather than about irritation, is accepted by Alfonso and also by the therapist. Neither of them takes the initiative to try to again pick up the theme of irritation. They seem to go along with Victoria and prefer to talk about fear at this point in the conversation.

Discussion

As with a lot of qualitative research methods our method is exploratory. It is not focussed on the testing of hypotheses derived from theories, but it is focussed in the first place on helping us researchers to notice things that are remarkable and to carefully describe these things. That is why we have focussed in the previous section on observations. These observations will be the starting point of the discussion of our research findings.

In our analysis of the first 35 turns of the couple therapy of Victoria and Alfonso, we should not make the mistake of only focussing on what is actually said in these 35 turns. It is of the essence in this research approach to take as a starting point the whole of the client's story that has developed in the four sessions, and then to look at what was not said in the sequences under consideration (in this research, the first 35 turns). When we consider the whole therapy (the four sessions), arguably the issues of Alfonso's family, their cultural differences and of Victoria's difficulty to

trust someone could be pointed to as the most important themes of the therapy as they seem to be at the basis of their conflicts. It is remarkable that these themes are not addressed in the first 35 turns of the first session. So when the therapist asks "Where would you start?" (t7), the clients did not start with what would later prove to be the most important in their therapy. Instead of talking about trust or about Alfonso's family, Victoria chooses to start from what she calls the beginning (her depression), rather than from these issues that, in the context of the whole couple therapy will prove to be more central, more emotionally charged, and more conflict prone.

In these first turns, Victoria generally takes the initiative. For instance, she chooses to start to talk about the beginning, and she decides that the beginning is her depression. Alfonso seems to be more reluctant to talk. He lets Victoria take the initiative, and especially in the beginning of the session what he says is hazy and he is cautious in his choice of words, starting sentences he does not finish, restarting another sentence, looking for the right words, etc. However, Alfonso takes initiatives too. He does this in a cautious way, making sure not to put Victoria on the spot. For instance he steers away from the subject of Victoria's depression, focussing on the current difficulties in the relationship and taking the blame for them. Of course, by taking the blame he makes sure that she doesn't feel blamed. Indeed, as often is the case in couple conflicts, blaming may be central in their discussions at home. It would make sense that they are very careful to try to avoid blaming in order to make the therapy work, and avoid that it might run aground in the kind of hopeless conflicts as they have at home (we know this from the further therapy). This can help us understand too why the topic of irritation was not accepted as a topic of discussion by Victoria, followed by an implicit agreement of Alfonso and the therapist. It might be difficult to talk about irritation without implicitly or explicitly blaming someone (the person one is irritated about).

All in all, it gives the impression that both Alfonso and Victoria are very cautious about what themes to address in the beginning of the sessions. It seems as if at this stage talking about individual emotions (fear) and experiences (lack of patience) is preferred over talking about relational things, probably because of the risk of conflict and blaming. But already after a few turns, they are framing the reason to go to therapy in a relational way (e.g. *we don't talk anymore*…). So in general, there seems to be a move in the first 35 turns from individual framings towards more relational framings.

To recapitulate, we have conceived the development of a dialogical space as a process comprised of initiatives and responses, leading to the opening or closing of space to address certain topics. We can summarise our observations as follows:

- *When dialogical space is opened* for a certain topic (for instance, the topic of Victoria's depression in t8), participants implicitly agree that it is acceptable to talk about this topic at that particular moment in that dialogical context. Based on our observations we can hypothesise that often the opening of dialogical space starts when one of the participants takes the initiative to coin a phrase referring to a new topic and invites the other participants to respond. It would be

conceivable that such an invitation to talk about a certain topic would be an explicit question (e.g. "shall we start with talking about my depression?"). In the very first turns of the first session of Alfonso and Victoria, however, the invitations were more implicit, as were the responses. The response of the other participants to such an invitation may open the space (e.g. when the invitation is not challenged) or close it again (when the invitation is refused, neglected, …). Our research of Alfonso and Victoria's session suggests that opening a dialogue to new topics may involve a risk (e.g. the risk of conflict, blame, feeling guilty, …). Introducing a new topic can be seen as the disruption of a kind of equilibrium or an established order of the dialogue: a threat of a kind of *pax dialogica* for the participants. In Bakhtin's language the opening of dialogical space for a new topic is often part of the *centrifugal* tendency of a dialogue.

- When *dialogical space is closed* for a new topic, in Bakhtin's language, this is the centripetal tendency of dialogue, striving for order, certainty, and repetition. In our research we could observe that talking about Alfonso's irritation was avoided, in implicit agreement between the three participants. There was a cautious invitation, but it was not accepted by Victoria and then Alfonso and the therapist went along with the dialogical path Victoria proposed.

Limitations and Suggestions for Further Research

The research we reported on here is—as far as we know—the first research in its kind. Like all types of research it has limitations. The main limitation in our opinion is that the input of the clients is not incorporated in the research. It would have been interesting to know how Alfonso and Victoria looked back at the first 35 turns of the first session and how they understood the development of the dialogical space in retrospect. A tape-assisted recall procedure would have been useful in order to help them to recall how they experienced this section of the first session (Kagan, 1975; Rober, Elliott, Buysse, Loots & De Corte, 2008a, 2008b). However, as in this project the data set consisted of the transcripts of the four sessions, and nothing else, we did not have access to the clients' experiences.

Furthermore, it is important to acknowledge that this is the first study of this kind and that it would of course make sense to use the method presented here to study other couple therapies. Also, it would be interesting to use this method to study family therapy sessions.

Besides the mere replication of this research, these are some avenues that seem to us to be, not only very interesting, but even necessary to further understand the development of dialogical space in a MFT session:

- As we wrote in the section on theory, the concept of selectivity suggests that topics might remain unspoken for some time, until the time seems ripe to discuss them. It is very important to study what exactly are the implicit or explicit considerations of clients to open space for an important topic? In order to study this,

one could work with data on inner conversations of dialogical participants. For such a research, tape-assisted recall methods could be used (e.g. Rober et al., 2008a, 2008b).

- Also, it would be interesting to study carefully what could be the therapist's contribution to the opening of dialogical space for the discussion of important themes. From other research (e.g. Rober, Van Eesbeek, & Elliott, 2006) we know that a therapist can not only contribute to the opening of space, but also to the closing of space. Furthermore, from this research we also learned that therapist can open or close dialogical space without being aware of it. This means that we would need an observational study design to better understand the therapist's contribution to the development of dialogical space, rather than a design based on self-report.

Conclusion

In this chapter, the concept "dialogical space" refers to the virtual environment of expectations and entitlements about what can be talked about. Our study of the development of dialogical space of this couple therapy session illustrates that dialogical space might be a useful concept in understanding implicit dynamics in couples. Our research suggests that closing dialogical space may create some stability in an uncertain and tension-filled dialogue, as it constrains what can be talked about in the present moment of the given conversation. Our findings seem to indicate that closing space for sensitive issues in couple therapy can help the participants at the outset to keep the *pax dialogica*, and avoid conflicts and escalations that might endanger the budding therapy. The closing of dialogical space results in topics that remain—at least for the moment—unspoken in the session. As happens later in the therapy of Victoria and Alfonso, space to discuss these themes may be opened later and in this the help of the therapist can be useful. Looking at the development of the dialogical space offers a perspective on couple therapy in which the continuous tension between invitations and responses to these invitations result in the dialogue that has a sense and a direction, and that develops and enriches through time.

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