Chapter 5
Therapists' Responses for Enhancing Change Through Dialogue: Dialogical Investigations of Change

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The point of view on research represented here is based on a dialogical framework. Our emphasis is on understanding the contribution of the therapists to the process of change. We will examine the first three couple therapy sessions with Alfonso and Victoria.

The Notion of Dialogue in Psychotherapy Practice and Research

Psychotherapy can be understood as a process of listening and finding words for previously unspeakable or inexpressible experiences. The responses of the therapist(s) in the exchange with the family are key ingredients in the creation of a new and common language for the person's distress that otherwise remains embodied and expressed in symptoms. In family therapy, family members as real living persons in the actual session become invaluable participants in the search for new forms of expression, in which new possibilities for meaning and action reside. Following Mikhail Bakhtin's (1984) concept of dialogicality, the responsiveness of the therapist and the presence of family members are very important, because interlocutors, those who take part in the conversation, are active co-authors of a person's utterances and meanings.

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We conceptualize therapeutic conversation as a dialogical activity (Olson et al., 2011; Rober, 2005b; Seikkula, & Arnkil, 2014). In using the research method, "The Dialogical Investigations of Happenings of Change", DIHC (Seikkula et al., 2012), the focus is on how therapists participate and answer from a specific position of "responsive responsibility" (Steiner, 1989). By this, we mean that we are part of a joint project for increasing the understanding of the specific situation in which a request for help has been made. Understanding occurs as an artifact of an active process of the therapists' answering clients' utterances, which is an act of taking responsibility for the other and for the situation. In an open dialogue, "utterances are constructed to answer previous utterances and also to wait for an answer from utterances that follow" (Seikkula, 2002, p. 268).

In this chapter our aim is twofold. First, we will present a method for conducting a dialogical analysis of couple sessions. Second, we track detailed sequences from which the events of change become discernable. To make sense of the unfolding details of this process, we use Bakhtinian concepts including, "voice," "addressee," and "positioning" which are all facets of the larger prism of dialogue. These concepts are helpful for the researcher in conducting the microanalysis of select topical episodes. First, we will define these concepts. The next section will describe how these concepts are translated into a research method. And, the third part will give an example of how this method can be used to elucidate a process of change.

Voices

Being heard and thus, having a voice occur and are witnessed in terms of how a person is responded to and whether this response invites their further participation in the dialogue. A couple or family therapy session constitutes a key context where new language, new voices, and ultimately, new stories, can develop gradually and in unpredictable ways out of the often tense interactions of everyone present (Bakhtin, 1981). The concept of "voices" is central to this process, though difficult to give a precise definition. There have been various attempts to do so. For instance, Stiles, Osatuke, Click, and MacKay (2004) offer a cognitive and ecological view of voices to operationalize the idea, noting that "Voices are traces and they are activated by new events that are similar or related to the original event" (p. 92). As Stiles et al. say, all of our experiences leave a sign on the body, but only a fragment of these signs ever become expressed as spoken narratives. Although this view is valuable, in adopting a dialogical framework, we emphasize the social and relational nature of voices. As Bakhtin (1984) notes, voices are the speaking consciousness (Wertsch, 1991). A voice becomes alive in an interchange. Voices are not "things" inside a person, but they only live in a continuous flow of interaction with others. Thus our embodied experiences formulated into words in a dialogical context become the voices of our lives.

Every utterance has an author whose position it expresses (Bakhtin, 1981, 1984). The words I utter can be my very own words, or they may include the words of other people. In this way, I speak in different voices, which allows me to take different positions toward these voices. As Bakhtin notes, small children in school already learn the polyphonic quality of language while reading aloud. Take, for instance, another example: the conversation within supervision. The therapist (supervisee) is describing what his client has said and then commenting on that. In this utterance, at least two voices are present, i.e., the client's and the therapist's. In a similar way, in the family therapy session, the voices the family members call upon while speaking may refer to real persons who are present or they may also refer to absent persons, even to fictional or imaginary characters. Although there is only one speaker telling the story, the storytelling evokes different voices in a dynamic interaction with each other. In contrast to earlier forms of systemic therapy, we do not just focus on the behavioral interaction among people in the room, but also look at the way the "inner voices" mediate the social interchange. That is why, in our dialogical analyses, we focus on voices, not on persons.

The richness of the family therapy conversation has to do not only with the polyphony of outer voices but the polyphony of inner voices. The latter becomes evident if we focus on those voices, which are not "seen" but sensed as present in each person's inner dialogues (Seikkula, 2008). While the therapist does not have access to the inner voices of the clients, they have knowledge of their own "inner speech." The therapist's own inner voices can refer to their professional self or personal one (Rober, 1999). Therapists participate in the dialogue in the voices of their professional expertise, e.g., as a doctor, a psychologist, having training as a family therapist, and so forth. In addition to such professional voices, the therapists participate in the dialogue in their more personal, intimate voices. If a therapist, for instance, has experienced the loss of someone loved or near, the voices of loss and sadness become part of the polyphony. This does not mean that the therapist would necessarily speak about their personal or intimate experience of death, but the voice of loss would affect how the therapist adapts to the present moment. The therapists' inner voices containing their own personal and intimate experiences become a powerful part of the joint dance of the dialogue (Seikkula, 2008), involving aspects such as how the therapists sit, how they look at the other speakers, how they change their intonation, at which point they break in, and so on.

These inner voices, evoked in the session, will not merely be present in the story; they will also become alive and part of the present moment. The inner dialogue between the voices of our lives is not so much a matter of focusing on the meaning of the words uttered, but of sensing the nuances of the present moment. As Vygotsky (1962), referring to the peculiarities of inner speech, noted, "the first [of these peculiarities] is the preponderance of the sense of a word over its meaning" (p. 146). What is more important than the "stable" meaning of the words said is the sense of the words in the actual present moment and context. The same words can generate very different types of meanings when used in different conversations, even if the same people are present.

Positioning

As the concept of voice is the central to analyzing polyphonic dialogues, the action of positioning gives complementary information about the dialogical process. For example, a person can speak in voice of a partner but from the varying tone or position of, i.e., being a victim as opposed to an agent. In systemic family therapy, the process of inquiry often includes positioning questions that invite a shift in position from passenger to a more active agent or from an unreflective to a reflective and reflexive stance.

Wortham (2001) distinguishes between *representational positioning*, referring to the positions of the subject in the story and *interactional positioning*, referring to the speaker, the addressee, and the audience in the present conversation. In family therapy, interactional positioning—how the family members position themselves in the present moment of the session—is highlighted. Positioning is usually not a unilateral act by the speaker aimed at manipulating others strategically in the conversation. Rather, positioning happens between people in the process of continuous responses to what is uttered.

In multi-actor dialogue, interactional positioning emphasizes as a starting point looking at who is taking the initiative, both regarding the content and the process of speaking (Linell, 1998). In an optimal multi-actor dialogue, there would be flexibility in terms of who is taking initiative, instead of the therapist consistently doing so. In a session, as family members contrast their perspectives with the positions that they attribute to others—as well as with the positions they are invited into by other interlocutors—the phenomena of conflict and disagreement arise that are important to notice. They refer to the continuous dance of the changing positions in the session, giving the therapists some sense of what is at stake for the family members. At the same time, the therapists are also invited to take positions in the family's performance.

Addressees

Every utterance has both an author and the person to whom it is addressed, as every utterance is a response to what has previously been said (Bakhtin, 1986). The utterance may be addressed to someone who is present in the same room. We can state our opinion directly about the issues under scrutiny; we can agree with what was previously said, we can object to it, we can partly agree, adding our own point of view to what has been said, and so on. In multi-actor dialogues, we typically speak to one person, but at the same time, we are very aware of those others who are present, and our speaking is modified because of their presence. In this sense, those others who are present are part of the addressed audience and become part of the utterances.

Bakhtin (1986) calls these people the addressees. But there is more, as in dialogue, a third party is always present, even if only two persons are speaking to each

other. They are speaking in the present moment. And, at the same time, when they are speaking about emotional issues, they may be addressing their words to those nearest to them: their mother, father, or loved one. Bakhtin also speaks of the super-addressee present when we address our words to some ideology relevant to our life.

In analyzing dialogues, it is not always easy to recognize the addressees. If the addressee is defined as a person sitting in the same room, no difficulties emerge. The addressees may be referred to openly and can thus be defined. Or, they may be present in the speaker's inner dialogue, affecting his or her intonation, choice of words, body gestures, and many other things—but without being openly recognizable.

Conceiving therapy in this dialogical way poses research challenges. The most important of these challenges is to find ways to examine the dialogical qualities of therapeutic conversations. A number of research methods have been developed that aim at a deeper understanding of the dialogical qualities of therapeutic conversations (e.g., Leiman, 2004; Salgado, Cunha, & Bento, 2013; Stiles et al., 2004; Wortham, 2001). While we have been inspired by these methods (Leiman, 2004; Stiles et al., 2004) they all focus on dyadic dialogues, i.e., the dialogue between one therapist and one client. In this book, we are developing methods for the study of multi-actor dialogues, such as occur in couple and family therapy, network meetings, and group discussions. There is no literature on dialogical research on multi-actor meetings, except for the work of Markova, Linell, Grossen, and Orvig (2007) on the dialogical analysis of focus group interviews.

We have been especially interested in the responses generated in family therapy dialogues, both in terms of the outer conversation among family members and in the inner speech of each participant in the session (Olson et al., 2011; Seikkula, Laitila, & Rober, 2011) as well as the inner voices of each participant (Laitila, 2009; Rober, 2005a; Rober, Seikkula, & Laitila, 2010).

Our Research Approach: Exploring Response Processes

To start, the multi-actor session has to be video recorded and transcribed. Depending on the focus of the study, we transcribe either a specific part of the session or the whole session. To make a multi-actor perspective possible, the transcript of the therapy conversation is printed in columns, one column for each speaker. Utterances are written in the columns in temporal order (Table 5.1). For a successful exploration, one has to be able to read the text simultaneously with a video or audio recording of the session.

The research process proceeds in steps, as follows.

STEP I: Exploring topical episodes in the dialogue

Defined topical episodes are the main unit of analysis (Linell, 1998). Topical episodes are defined in retrospect, after the entire dialogue of one session has been divided into sequences. Episodes are defined by the topic under discussion and

Table 5.1 Rating of dialogue in Victoria's and Alfonso's three therapy sessions

	Semantic dominance	Interactional dominance	Monologue vs. dialogue in episodes	Indicative vs. symbolic language area
First session				
Victoria	14	9		
Alfonso	3	0		
Therapists	3	11		
Total	20	20	16 vs. 4	14 vs. 6
Second session				
Victoria	8	5		
Alfonso	6	5		
Therapists	7	11		
Total	21	21	12 vs. 9	13 vs. 8
Third session				
Victoria	6	6		
Alfonso	5	2		
Therapists	9	12		
Total	20	20	9 vs. 11	8 vs. 12

are regarded as a new episode if the topic is changed. The researcher can choose, out of all themes, some specific important topics for further analysis. After dividing the session into topical episodes, within each episode, certain variables are identified, as specified below.

STEP II: Exploring the series of responses to the utterances

In each sequence, the way of responding is explored. Responses are often constructed within a series of utterances made by each participant in the actual dialogue. Within each topical episode, the responses to each utterance are registered to gain a picture of how each interlocutor participates in the creation of the joint experience in the conversation. A three-step process is followed. The meaning of the response becomes visible in the next utterance to the answering words. It can start with whatever utterance is regarded as the initiating utterance (IU). The answer given to this IU is categorized according to the following aspects.

1. *The participant who takes the initiative (i.e., who is dominant) in each of the following respects.*
   Quantitative dominance: this simply refers to who does most of the speaking within a sequence. *Semantic or topical dominance*: this refers to who is introducing new themes or new words at a certain moment in the conversation. This individual shapes most of the content of the discourse. *Interactional*

dominance: this refers to the influence of one participant over the communicative actions, initiatives, and responses within the sequence. It is possible that this individual could have more influence on other people than that exerted by those actually speaking (Linell, 1998; Linell, Gustavsson, & Juvonen, 1988). For instance, when a family therapist is inviting a new speaker to comment on what was previously said, he or she can be said to have interactional dominance. At the same time, someone who is very silent also can have interactional dominance by evoking solicitous responses from others. Rather than identifying the person who is dominant in the family session, the main focus of our research is to understand the shifting patterns of these three kinds of dominance.

2. *What is responded to?*

The speakers may respond to

- Their experience or emotion while speaking of the thing at this very moment (implicit knowing)
- What is said at this very moment
- Some previously mentioned topics in the session
- What or how it was spoken
- External things, outside this session
- Other issues (If so, what?)

These are not mutually exclusive categories. In a single utterance, many aspects of experience can be presented. The special form of answers in a situation in which the speaker introduces several topics is considered to form one utterance. We look at how the answer helps to open up a space for dialogues in the response to that answer.

3. *What is not responded to?*

What voices in the utterance (bearing in mind that a single utterance by a single participant can include many voices) are not included in the response of the next speaker?

4. *How is the utterance responded to?*

Monological dialogue refers to utterances that convey the speaker's own thoughts and ideas without being adapted to the prior utterance of someone else. One utterance rejects another one. Questions are presented in a form that presupposes a choice of one alternative. The next speaker answers the question, and in this sense, his or her utterance can be regarded as forming a dialogue; however, it is a closed dialogue. An example would be when the therapist asks for information about how the couple made the contact, and the couple answers with information about their actions leading up to participation in the therapy session. In *dialogical dialogue*, utterances are constructed to answer previous utterances and also to wait for an answer from utterances that follow. A new understanding is constructed between the interlocutors (Bakhtin, 1984; Luckman, 1990; Seikkula, 1995). This means that in his or her utterance, the speaker includes what was previously said and ends up with

an open form of utterance, making it possible for the next speaker to join in what was said.

5. *How is the present moment, the implicit knowing of the dialogue, taken into account?* These are the emotional reactions noted that emerge while speaking of an emotional issue.

In looking at videos of dialogues including sequences of responses, all the issues of ways of being present in the meeting will be observed, including body gestures, gazes, and intonation. Often this includes (for example) observing tears or expressions of anxiety—aspects not seen when one merely reads the transcript. The present moment becomes visible also in the comments on the present situation (e.g., comments on the emotions felt concerning the issue under scrutiny).

STEP III: Exploring the processes of narration and the language area

This step can be conducted in two alternative ways:

1. Indicative versus symbolic meaning

    This distinction refers to whether the words used in the dialogue are always being used to refer to some factually existing thing or matter (indicative language) or whether the words are being used in a symbolic sense; in other words, whether they are referring to other words, often describing more intangible experiences of emotional life, rather than to an existing thing or concrete matter (Haarakangas, 1997; Seikkula, 1991, 2002; Vygotsky, 1981; Wertsch, 1985). Each utterance is categorized as belonging to one of these two alternatives.

2. Narrative process coding system

The preliminary development of this coding system was undertaken by Agnus, Levitt, and Hardtke (1999) within individual psychotherapy. Laitila, Aaltonen, Wahlström, and Agnus (2001) further developed the system for the family therapy setting. Three types of narrative processes are distinguished. The speaker uses (a) *external language*, giving a description of things that happened; (b) *internal language*, describing his or her own experiences of the things he or she describes; or (c) *reflective language*, exploring the multiple meanings of things, the emotions involved, and his or her own position in the matter.

Concerning the core idea of looking at multi-actor dialogues, it is preferable to work with a team of researchers. This is not only because it enhances the credibility of the research, but also because team investigations into multi-actor dialogues seem appropriate when one sees analysis as a multi-actor process. One possible way is to start by having a single researcher analyze the transcript. After the preliminary categorization (using the three steps described previously), the research team comes together to review the video of the session and also the transcript. In the course of that meeting, as a check on the trustworthiness of the first author's analysis, the co-researchers review the categorization, focusing more on their points of disagreement than on their points of agreement. In dialogue with each other, the different voices enrich the picture of the dialogue in focus.

STEP IV: Microanalysis of specified topical episodes

After the classification of the above-mentioned variables, a new step in the process of investigation is taken by choosing specified topical episodes as subjects for microanalysis. In the first phase, an answer was received what happens within the topical episodes in general and in comparison to other topical episodes and thus to see the points, in which the change has started to happen. We will be looking in detail what happened in the specific events of change. In this analysis, the above-mentioned concepts of voices, positioning, and addressees can be used, but the microanalysis can be conducted in other ways also. In the tables it will be illustrated, how these concepts can help us to pick up essential elements of what happened.

Development of Dialogue in the Therapy Sessions of Alfonso and Victoria

Each session was investigated by the DIHC method. First, the topical episodes were defined. In the following description only the three first sessions are registered, because the fourth one was a shorter evaluation session of how they felt at the time of the interview and how they evaluated the previous therapy sessions.

As seen in the summary presented in the Table 5.1, the quality of the dialogue varied from session to session. In the first session, Victoria mostly took both semantic and interactional initiative. Alfonso mainly responded to the themes that Victoria raised. In only three instances did he take the initiative regarding the subject. This was quite different in the second and third sessions. Alfonso became as active as Victoria in terms of initiating the subject of the conversation and also in asserting interactional dominance, challenging Victoria regarding how a particular issue is talked about. Therapists' activity increased in such a way that in the third session, it was therapists who initiated most of what was talked about. Out of altogether 61 topical episodes during the three first sessions, 18 focused on their relation to Alfonso's family.

Concerning the emergence of the dialogical quality of the conversation, it was the third session that was different from the first two. Most of the topical episodes were dialogical ones. The same kind of change happened in relation to the language area. While most of the topical episodes during the first two sessions used indicative language, the third one showed many more exchanges of symbolic meaning. These statistics illustrate well that in the third session the couple reflected on a lot of things having to do with their relationship with each other and with Alfonso's family and the impact of the cultural differences in their family backgrounds.

Looking at Voices, Addressees and Positioning in the Micro-analysis

Because the most notable change seemed to happen during the second session, in the following a detailed inquiry of three specific episodes in the second session will be given. The following three episodes illustrate the shift that took place in the quality of dialogue during the meeting.

1. *Proceeding in dialogue in the beginning of the second session*

The beginning of the session seemed rather chaotic and tense. When Therapist 1 entered the waiting area, he saw Victoria and Alfonso coming into the building. There was some additional commotion, and Alfonso had to convince Victoria to come into the office.

In the beginning of the session, the therapist asked the couple how they had been feeling and Alfonso said, "quite good." Victoria responded feeling differently and not wanting to come to the session. The therapist answered her utterance in his further question, in which he implicitly chose to respond to the specific concern most active in the present moment, which is an invitation to be in dialogue. From the dialogic viewpoint, her expression of "tiredness," may have embodied the perceived absence of the dialogic context: namely, a new, joint language in which she could give voice to her real feelings. Her comment was monological in the sense that she was declaring the way things are, and not making room for the contributions of a listener.

Victoria started to talk about her relationship with Alfonso and spoke in the voice of a forlorn and disappointed partner, twice repeating the word "sad." Victoria made a negative comment about a homework assignment suggested by the therapist. She conveyed implicitly that the suggestion made her feel defeated, because her partner did not do the homework.

In this exchange, Alfonso's voice merged with hers. He incoherently tried to back up her statements, but he became virtually incomprehensible. Alfonso's replies consisted of sentences he started but did not finish. It was as if Alfonso created a mist of words in which nothing was really stated outright.

After Alfonso's talk, Victoria expressed a depressing thought about the effect of her work: "I've been working like approximately 15 hours per day and I am never home, and then if I am home, he is not because he has some friends to see or something…" She remarked that she was never home at the same time as Alfonso.

The therapist responded by saying:
T1 You said never, what does it mean?
V   That I am never home?
T1 Not that you said that you are never home, that you are never home together?

This question of Therapist 1 about the meaning of "never" seemed to mark the shift toward Victoria becoming more direct and explicit about her concerns. The therapist's question was a successful attempt at generating a dialogue with her, although it came in the form of a subtle and tense challenge to Victoria's hopelessness. The clear voice of the therapist himself appeared to make the difference by showing both that he was intimately listening by his repetition of her words while simultaneously resisting her despairing conclusion.

By this simple question Victoria's utterance was brought in relation to another voice. A dialogue was born; the response gained Victoria a voice, and she was no longer alone. Alfonso also changed after that and suddenly began to express himself clearly in an assertive voice that also dissented from that of his girlfriend. This small segment illustrates how the therapists' minimal response in dialogue helped to reconstitute the entire context as a dialogic one and to set in motion remarkable changes in the interchange between the couple.[1]

2. *Change in dialogue about the relation to Alfonso's family*

As Alfonso became more lucid in the session, the therapist asked how the couple wanted to use the meeting. In response, the couple agreed to discuss the partner's upcoming trip to his home country. This topic led into talking about the most difficult and complex issue in the relationship, the relationship of the couple to Alfonso's family. Two years earlier, Victoria had visited Alfonso with his family at the family home. While there, she tried to make a connection with Alfonso's mother, but his mother denied her overtures and refused to say anything to Victoria. It was after this visit that Victoria became depressed to the point of qualifying for disability, which she was on for 1 year. The discussion of this topic will be analyzed in two episodes that illustrate a change in the way the couple handles the issue of their relationship to Alfonso's family (Table 5.2).

3. *Confusion in utterances in the dialogue*

The episode opened by Alfonso describing his visit home, which Victoria was not part of. Victoria responded to his opening by taking offense, to which Alfonso responded by defending himself. Victoria's next comment took back the offended tone, thus repositioning herself as more agreeable. The entire episode stayed monological. They addressed utterances to each other in the room, but for Alfonso, his family seemed to be a difficult subject to discuss, while, for Victoria, especially harmful because of the traumatic experiences with Alfonso's mother. The halting nature of this conversation suggested the influence of the prior experiences, or inner voices of loyalty and trauma, respectively, which remained invisible. Even when the therapist tried to comment on the emotions implicit in the present moment, no dialogical change occurred that reduced the difficulty of the interchange.

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[1] Part of this excerpt is described in Olson, Laitila, Rober, and Seikkula (2012).

Table 5.2 Dialogue sequence 16′ from the start in the second session

Transcript session						
Victoria	Alfonso	Therapist 1	Therapist 2	Categories	Comments
	Well I am going to (A's home country) for one week, so…				New episode: visit to home
		yhm…			
	.. I think there will be like good time to see… For example when I went the last time, these things that..like…you would like to me to send messages it would be like good to see…			A semantic dominance — Voice of last visit — Address to V	A in between V and home connections
		What are your thoughts about it, about the visit?		Answer to the "thoughts of the visit" not the uncertainty in A's utterance	
	(7) maybe I will like to think that even if some days particularly… maybe I can't or then happens that I can't.. even if we talk that you could try.. to feel it back'…			Responds to V, not the therapist — Voice of people at home	
What do you think you couldn't … send me a message a day?				V interactional dominance — Positioning as needing contact and offending	

	I only told you that I can send you like I told you and there are like a week, if there is during this week one day, even if I call, maybe it can be or maybe not or it can be that I am really busy… I can do this, I can send you message but if for one day it will happen once that maybe I can't send you a message, once. Like maybe if you would try to understand that it could happen…	Voice of the people at home Positioning as asking for understanding from beneath; defending his point of view	Discussion seems not to develop into dialogical
Yeah, I try. I just think that it is quite easy thing to do, if you want to		Answers both to the request and to the dilemma between her and A's people at home	
	yes, but I can tell you that sometimes it can happen that if in any way to call you in the evening, in some time it can happen, but that… if I have many many things to do it can happen that if we call in the evening..	Voice of the people at home Address to the voice of home	Monological utterances
No.. that's for sure that we can't call every evening		Positioning herself as the one not offending	
Why?			
Because it has been so always. I don't even need that I don't even need that..		Positioning as sacrificing herself	
	okei (7)		
			New episode: V being afraid

(continued)

Table 5.2 (continued)

Transcript session

Victoria	Alfonso	Therapist 1	Therapist 2	Categories	Comments
		And V what are your thoughts about…		T1 interactional dominance	
[well I am a afraid because]				V semantic dominance Positioning as being afraid	
		Alfonso's visit to his home country?			
Now he has been there for three times alone and every time I have got sad sometimes because I feel that he really doesn't have time to send me a text message that how can it really be like… I just feel like I am nothing to him when he is there.. sometimes…				Voice of last visits— being sad. Positioning as week and worthless. Address to A and to the people at A's home	Key experience concerning becoming depressed?
		yhm..			
But every time that he has been at some point or many times I have felt like that…					
		yhm.. felt like?		Answers to the emotion	Repeating A try to dialogical dialogue?

That he doesn't think about me and he kind of likes to forget about me when he is there.		Positioning as being poorer than A's people at home	
	And what does it mean that you think… (Shows by her hand to A) he would like forget you?	Answer by asking meaning—being at the present moment	
I feel like, I don't know… It don't make any sense to me, how can A be so busy that he doesn't have time to think about me or send a message to me.. that just something that I don't understand. I don't need a phone call. I just need to know that you think about me		Voice of being abandoned

Positioning between A's home people and her self

Aiming at "forcing" A to choose? | |
| But I think it has never been.. it has never been that for one day I didn't send a message to you or phone call | | | Does not answer to her feeling |

Alfonso Finds Words to His Position Between Victoria and His Family

This episode starts with Alfonso's attempt to describe his position while visiting home. Therapist clarifies Alfonso's statement by repeating word by word what he said: "I didn't quite follow what you said, Alfonso, that every time you have been separated so you have…" Alfonso answers the therapist. Perhaps it is easier for him to speak to the therapist instead of speaking directly to Victoria. At least his utterances are now much more complete and clear. When the therapist clarifies this by saying that "it seems to have to come a big issue in your relationship," Victoria responds by positioning herself no longer as attacking Alfonso, but instead of protecting him. She becomes more understanding and says: "I don't want Alfonso to be between two families…" This opens up a sequence, in which the relationship between Alfonso and his family and Victoria is clarified, defining it in a more mutual and detailed way (Table 5.3).

The dialogue between the couple, in which they began directly addressing each other, inhabited the main part of the end of the second session. For the first time, each spoke from a distinct "I" position, addressing their partner as "you." Victoria and Alfonso took the risk of confronting each other. Both therapists were more on the outside now. At this point in the session, there were 20 short exchanges between the couple, without any question or remark from one of the therapists. For example, Alfonso recounted a telephone call he made to talk with her when she was taking the bus home from work. Victoria agreed that that made her happy. They went on to discuss how Victoria wanted further signs of commitment, while Alfonso wanted to go out with his friends without having to fight about it with her.

The essential change toward a dialogical equality happened in this second session. Participants' different voices were present and heard. The change actually seemed to happen in the above-mentioned episodes and every participant in the session contributed to it. Both Alfonso and Victoria spoke to each other in quite a different manner compared to when they started. Both therapists were actively responsive especially to those particular utterances that having to do with what has happening in the here-and-now present moment. What was alive in the dialogue in this way were the sensitive issues of the relationship with Alfonso's family that earlier seemed to have been related to Victoria becoming depressed. In this sense, the inner voices of the dialogue and how they mediated their ongoing interaction became more openly expressed and reconfigured. One consequence of this shift was an overall repositioning of each partner from feeling that they were an emotional victim of the other to becoming agents in the joint negotiation of their relationship.

Table 5.3 Dialogue sequence 42′ from the start in the second session

Transcript session

Victoria	Alfonso	Therapist 1	Therapist 2	Categories	Comments
	1. I am just thinking that it always that if we have been together to any place that I've been away that you haven't. When I am there for you its more, its not to kind of normal time like normal day, it…			Semantic dominance Monological Positioning defending himself	
		I didn't quite follow what you said A that every time you have been separated so you have…		Dialogue	Tries to intervene in a dialogical way
	Like I've always been, she has been here and I was like to (A's home country)				
		okei			
	…so to me its like different.. day, different…	[so its not the same..]			Speaking at the same time
	yes, its not the same situation, we are in two different places. It is.. we are apart… still I think, I mean different context.			Having more words for the complicated relationships	

(continued)

Table 5.3 (continued)

Transcript session

Victoria	Alfonso	Therapist 1	Therapist 2	Categories	Comments
		It seems to bit… It seems to have to come as big issue this and in a very concrete detail in your relationship…			The balance between doing and feeling, V speaks of her emotion in practical terms whereas A responds to concrete actions and T1 is trying to combine these two perspectives. T needs to speak with two different "second voices" or "hidden" voices. V has a hidden voice, A don't catch the point
yeah.. and it is a big thing and I know that family is important and I also I have tried also to… I don't want A to be between two families…				Dialogical Responds to A Address both A and T Understanding Decreasing her expectations	
		[yhm)	yhm..		
…but I think I have tried then I feel that do they want to keep so busy so that you don't have time for me, because it's clear that they don't like me.…					Combines with her emotional experiences of being less important than A's family First time hidden voice into an open voice

That he has to be between two fires.		Which kind of situation.	Dialogical	Responds to "situation": the complicated relationships entity
			Metaphorical, powerful description	
	aaa…. you think that A's family likes wants him to be in between…		Dialogical	At the present: "You think…"
Yes it seems like, because I have … like we have tried…			Dialogical	
		yhm…		
Yeah. like there's also this difference that I just don't care what my family would tell me. Or if they don't come here to visit, it really is not important. If it would be just for me…			Responds in one part to V Positioning still as defending himself Address to his family	Is A convincing?
	okei..			
And then what she tells me that it would be more like…				
		yhm…		

(continued)

Table 5.3 (continued)

Transcript session

Victoria	Alfonso	Therapist 1	Therapist 2	Categories	Comments
	that if it would be a kind of important for them…				
		yhm…yhm…			
	…my life here they would come here to visit.				
I don't think its fair for A that he has to be in the situation that he has two families and he has to like… That he is the one who travels to (…) all the time.				Dialogical Respond to A's position Is present and deliver understanding	
	To me it's not a big deal because any way when I go home it's not just for them, it's also like friends and everything…			Dialogical Adding friends	Less emotionally loaded issue
		yhm… yhm…			

Discussion and Conclusion

Concerning our second aim for this chapter, we noticed that employing Bakhtinian concepts as research tools, there were specific moments in the session that were noted in which the positive change started to occur. In these moments, the therapists assisted in new ways of speaking by their responses to the utterances of the couple. The core problem that the dialogue addressed was the complex relationship of the couple to the Alfonso's family, especially to his mother. While answering first, the sad, despairing words of Victoria and then, the confusing expressions of the partner, the therapists assisted in the emergence of alternate voices. The shift in the voice of Victoria from anger and sadness to understanding and that of Alfonso from confusion to coherence allowed for the possibility of a joint discussion. New decisions and a different, concrete direction occurred regarding Alfonso's next visit to his family of origin. This change allowed Victoria to experience a greater sense of emotional commitment from her partner, thus making her happier.

Dialogical Investigations of the Happenings of Change was used in the same case earlier, when we examined one topical sequence of the very first minutes in the second session (Olson, 2012). By analyzing additional sequences, we have been reinforced in our earlier conclusion that the spare responsiveness of the therapist can be quite effective. The therapists' contributions are highlighted in specific episodes and assisted the changes that occurred from the couple's monological way of being to a more dialogical way of being in dialogue. In the latter kind of exchanges, the participants revealed more of a sense of agency in relation to their difficult, life-important dilemma.

Concerning our first aim, we noticed that the DIHC method allows for a detailed look at what happens in the specific moments of change. In the investigation of the couple therapy of Alfonso and Victoria, we found that there was a real development that happened from session to session in terms of the ways the partners participated in and co-created the dialogue. Each became more of a "subject" in their utterances during the discussion of the critical issues, and thus, more of a subject in their lives.

Finally, our experience from using the method *Dialogical Investigations of the Happenings of Change* we have found that it helps to synthesize large amounts of information about couple therapy and see both the core element of dialogical exchange and their variation from session to session. This research approach makes it possible to handle complex data in qualitative research of family therapy dialogues by helping to identify, distill, and analyze the transformative sequences. Dialogical investigations are a new addition to discursive analytic methods. Our hope is by this example to show its specific way of helping to see the flow of dialogue and how this flow of dialogue is related to the conduct of the therapist who helps create a dialogical context for the specific events of change. By looking at the dialogue in a couple therapy session from the beginning to the end, we can see the entire process as a flow of utterances and development.

References

Agnus, L., Levitt, H., & Hardtke, K. (1999). The narrative process coding system: Research applications and applications for therapy. *Journal of Clinical Psychology, 50*, 1244–1270.

Bakhtin, M. (1981). *The dialogic imagination*. Austin, TX: University of Texas Press.

Bakhtin, M. (1984). *Problems of Dostoevsky's poetics*. Minneapolis, MN: University of Minnesota Press.

Bakhtin, M. (1986). *Speech genres and other late essays*. Austin, TX: University of Texas Press.

Haarakangas, K. (1997). The voices in treatment meeting: A dialogical analysis of the treatment meeting conversations in family-centred psychiatric treatment process in regard to the team activity. Diss. English Summary. *Jyväskylä Studies in Education. Psychology and Social Research, 130*, 119–126.

Laitila, A. (2009). The expertise question revisited: Horizontal and vertical expertise. *Contemporary Family Therapy, 31*, 239–250.

Laitila, A., Aaltonen, J., Wahlström, J., & Agnus, L. (2001). Narrative process coding system in marital and family therapy: An intensive case analysis of the formation of a therapeutic system. *Contemporary Family Therapy, 23*, 309–322.

Leiman, M. (2004). Dialogical sequence analysis. In H. Hermans & C. Dimaggio (Eds.), *The dialogical self in psychotherapy* (pp. 255–270). Sussex: Brunner-Routledge.

Linell, P. (1998). *Approaching dialogue: Talk, interaction and contexts in dialogical perspectives*. Amsterdam/Philadelphia, PA: John Benjamins.

Linell, P., Gustavsson, L., & Juvonen, P. (1988). Interactional dominance in dyadic communication: A presentation of initiative-response analysis. *Linguistics, 26*, 415–442.

Luckman, T. (1990). Social communication, dialogue and conversation. In I. Markova & K. Foppa (Eds.), *The dynamics of dialogue* (pp. 45–61). London: Harvester.

Markova, I., Linell, P., Grossen, M., & Orvig, A. S. (2007). *Dialogue in focus groups: Exploring socially shared knowledge*. London: Equinox.

Olson, M., 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's point of view. Family Process, 51, 420–435.

Rober, P. (1999). The therapist's inner conversation: Some ideas about the self of the therapist, therapeutic impasse and the process of reflection. *Family Process, 38*, 209–228.

Rober, P. (2005a). The therapist's self in dialogical family therapy: Some ideas about not-knowing and the therapist's inner conversation. *Family Process, 44*, 477–495.

Rober, P. (2005b). Family therapy as a dialogue of living persons. *Journal of Marital and Family Therapy, 31*, 385–397.

Rober, P., Seikkula, J. & Laitila, A. (2010). Dialogical analysis of storytelling in the family therapeutic encounter. Human Systems Journal, 21, 27–49.

Salgado, J., Cunha, C., & Bento, T. (2013). Positioning microanalysis: Studying the self through the exploration of dialogical processes. *Integrative Psychological and Behavioral Science, 47*(3), 325–353.

Seikkula, J. (1991). *Perheen ja sairaalan rajasysteemi* [Family-hospital boundary system in the social network. English summary]. Jyväskylä studies in education, psychology and social research, 80.

Seikkula, J. (1995). From monologue to dialogue in consultation with larger systems. *Human Systems, 6*, 21–42.

Seikkula, J. (2002). Open dialogues with good and poor outcomes for psychotic crises: Examples from families with violence. *Journal of Marital and Family Therapy, 28*, 263–274.

Seikkula, J. (2008). Inner and outer voices in the present moment of family and network therapy. *Journal of Family Therapy, 30*(4), 478–491.

Seikkula, J., Laitila, A., & Rober, P. (2011). Making sense of multifactor dialogues. Journal of Marital and Family Therapy, 37. doi: 10.1111/j.1752-0606.2011.00238.x.

Seikkula, J., & Arnkil, T. (2014). *Open dialogues and anticipations: Respecting otherness in the present moment*. Helsinki: Thl.

Steiner, G. (1989). *Real presences: Is there anything in what we say*. Chicago: University of Chicago Press.

Stiles, B., Osatuke, K., Click, M., & MacKay, H. (2004). Encounters between internal voices generate emotion: An elaboration of the assimilation model. In H. Hermans & C. Dimaggio (Eds.), *The dialogical self in psychotherapy* (pp. 91–107). New York: Brunner/Routledge.

Vygotsky, L. (1962). *Thought and language*. Cambridge, MA: MIT Press.

Vygotsky, L. (1981). The development of higher forms of attention in childhood. In J. Wertsch (Ed.), *The concept of activity in Soviet psychology* (pp. 189–240). New York: M. E. Sharpe.

Wertsch, J. (1985). *Vygotsky and social formation of mind*. Cambridge, MA: Harvard University Press.

Wertsch, J. V. (1991). *Voices of the mind: A sociocultural approach to mediated action*. Cambridge, MA: Harvard University Press.

Wortham, A. (2001). *Narratives in action: A strategy for research and analysis*. New York: Teachers College Press.