

Contributions for Modeling the Psychotherapeutic Process of Change

Maria C. D. P. Lyra

Published online: 21 July 2011
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Abstract This essay is a contribution to the discussions on the modeling of the psychotherapeutic process of change. Three aspects are highlighted: an evaluation of the emergence and transformation of novelty in the narratives of the clients; the inclusion of the psychotherapist as a dialogical partner that constructs with the client her new narratives; and a tentative analysis of the meaning-making of this construction along the successive moments of the dialogical exchanges between the client and the psychotherapist. It is finally pointed out some gains in modeling the client-psychotherapist dialogical process of (ex)changes.

Keywords Psychotherapeutic process of change · Dialogical and dialectical approaches · Stability and change · Relational approach · Patterns of organization

This essay is motivated by an article of Ribeiro and Gonçalves (2011), “Maintenance and Transformation of Problematic Self-Narratives: A Semiotic-Dialogical Approach”, which is an excellent contribution towards grasping the psychotherapeutic process of changing self-narratives along time to finally achieve a “good outcome”. The adopted semiotic-dialogical approach allows the integration of the emergent development of novelty in the dialogue, and the semiotic movement through which novelty emerges and changes, giving rise to new constructions of meaning.

In the investigation of the transformations of problematic narratives during the psychotherapeutic process, in particular in the analysis of the emergence and change of innovative moments (IMs), I will refer to the following themes: (a) a re-evaluation of the new quality and transformation of narratives emerging from the IMs; (b) the inclusion of the psychotherapist as a dialogical partner that constructs with the client her/his new narratives; and (c) a tentative analysis of meaning-making construction along the successive moments of dialogical exchanges between the client and the psychotherapist.

M. C. D. P. Lyra (✉)
LabCom—Federal University of Pernambuco, Recife, Brazil
e-mail: marialyra2007@gmail.com

Balance between Stability and Change as a Necessary Condition for Achieving Developmental Transformations

Ribeiro and Gonçalves (2011) assume a theoretical dialogical approach, particularly focused on the movement of I-positions, and a dialectical point of view, regarding meaning-making construction in order to grasp and analyze the process of narrative change during psychotherapy. There is a perfect coherence at the moment that the meaning of construction is explained, including the circumvention strategies and the process of mutual in-feeding. However, at the moment that the analysis focuses on the transformation of IMs as changes and new dominance of I positions, it seems that the other I positions, not dominant but always present, the non-I positions, are not included as a necessary condition. For instance, an optimistic voice should also carry a pessimist component in its own narrative.

Let us elaborate on this issue. The concept of “problematic narratives” means the dominance of one voice, or I position, giving up possibilities of change. The major characteristic of this kind of dominance is not only the dominance of a voice (I position) but rigidity that covers or blinds other possibilities of I positions and therefore the likelihood of transformation. The restriction of other possibilities of change due to rigidity stops the dynamic flow of living and, hence, unhealthy narratives lack the mutual inclusion of A and non-A as a necessary condition. This is also compatible with the idea of equilibrium as always quasi-equilibrium (Prigogine and Stengers 1984; Valsiner 2006; van Geert 2003).

The purpose of developing these ideas is the suggestion that the two processes identified by the authors as processes of change—(1) escalation of the innovative voice(s) thereby inhibiting the dominant voice; and (2) dominant and innovative voices negotiating and engaging in joint action—do in fact represent different and successive steps towards a health achievement. The narrative transformation that stops on the first one is less meaningful as a real change than the one that achieves the second process of change. I mean, less meaningful in the sense that proposing that a health narrative needs to include the non-a voices, the non-dominant I positions. Carefully examining the successive different analysis presented in Ribeiro and Gonçalves’ paper we gain support for this reasoning. Moreover, maybe it will be possible to establish a connection between an external process of change and an internal one focusing on the construction of meaning, as it is elaborated by (Zittoun et al. 2011).

Let us summarize the results presented in Ribeiro and Gonçalves’s (2011) paper regarding psychotherapy with a good outcome. We observe a growing of IMs and a decrease of “return-to-the-problem-marker” (RPMs) through time (Fig. 4). In Fig. 5 we observe the growing of salience of optimism and achievement protonarratives, stronger than balance protonarratives. Balance narratives powerfully grow in the last session, the 12th one. I understand that this means that it is harder to come to balance narratives than to optimism and achievement ones. Therefore, it could also mean that the process through which we come to a more elaborated change, and, therefore, a healthier outcome, suggests a first movement to the opposite side of depression—the optimistic or achievement one—before the emergence of balance narratives. In fact, the dominance by an optimistic or achievement voice still carries rigidity. It is my understanding that to maintain the coherence with the dialogical-

dialectical process of meaning-making the actual presence of A and non-A is required, which only happens in the balance narratives. Figure 6 suggests that the salience of RPMs follows the decreasing sequence of being more salient regarding optimism than achievement, with balance finally coming. All these results point towards considering the two processes identified as steps towards a high quality of change and not as equivalent processes of transformation.

Inclusion of the Psychotherapist—a Relational Approach

The second point to be considered is the need to include the role of the psychotherapist as a dialogical partner in the changing process achieved by the client. This point is also the aim of the authors, who explicitly refer to it, at the end of the paper, as a necessary goal to be developed. Aiming to pursue such objective, I propose two strategies: (a) to carry out a microanalysis of the dialogues between psychotherapist and client in a joint way through the identification of patterns of organization that progressively change through time and (b) to apply the analysis of the construction of meaning-making to each of these successively emerging patterns of change. I also suggest that this strategy should be used particularly before and after the IMs appearance and returns to RPMs. According to the ideas of developmental scientists (Fogel et al. 2006), the changing process is more evident for analysis if we focus on the moments before and after the peaks of change, as in these moments the system is more susceptible to exhibit its instability and, therefore, it is possible to figure out the mechanisms of transformation.

Let us make an exercise of analysis on this direction proposing, through the careful observation of the examples of the narratives described in this paper, how we could describe successive patterns of organization found in this psychotherapeutic process of change. The focus will be on the exchange moments of dialogues between the psychotherapist and the client.

At a first moment, it seems that the client is so involved in its pessimistic world that the psychotherapist is not listened by the client. If he tries, the major difficult is “how to penetrate the client’s world, such monological world dominated by rigidity of pessimistic voice”. At this moment the dialogue would assume the quality (pattern organization) of parallel narratives, the one by the client and the other by the therapist, even considering the silence of her as a form of narrative. The two worlds (of the clients and the psychotherapist) do not interpenetrate. The following piece illustrates this pattern, even considering that it transcribes the client side.

Caroline: I see myself as a rather negativistic sort of person these days, always thinking the worst, and I don’t trust myself that much (...) I feel gloomy and not wishing to socialize with anyone (...) I don’t see myself as willing or ready to face conquest, I feel myself impotent to fight against or whichever for, unable to go and search what I need (...) I feel kind of defeated, with no muscle to fight (...) I feel rather low (...) For instance, haven’t got the slightest wish ever to undertake some sort of physical activity that I like (...) I know that I’ll be worrying with something else or I’ll be feeling that deep anguish, that uneasiness I see myself in, with my mind sort of frozen, blocked, and I

won't be able to do other things (...) There's something inside me that prevents me from moving forward, have guts, feel the power (...) Last Saturday, for instance, I did nothing, absolutely no-thing, I was either in the Internet talking with Rachel (a friend), or who-whatever came by, I wanted to put the computer aside and study and I just couldn't!

It would be important to describe the psychotherapist reaction—or his side—and his tentative ways to penetrate the world of the client. Maybe even the silence by the client could be an index of a “starting point” for her to listen to the psychotherapist intervention. The task would be to identify which door does seem to be open to start the dialogue in opposition to the pessimistic monologue.

A **second moment** seems to correspond to the emergence of the first IMs. In this new quality of dialogue the task would be to progressively observe how client and psychotherapist are building a common dialogue regarding the IMs. It is possible to imagine that, as an example, at the very first moment the initial index are the pauses by the client at the moment that the psychotherapist highlights (or tries to amplify) the IMs. This could be followed by explorations or enlargements of the narrative pieces that contain IMs by the client. However, what does the psychotherapist do when the client pauses? An aspect in this unstable moment seems to be the frequent return to RPMs.

Let us observe the example from the following text.

Second session

Caroline: Maybe because I felt inclined to impose myself targets all my life and do my utmost to achieve them, always with a lot of hard work, but I always managed to get there somehow... [emergence of an IM {Optimism}] and nowadays... I realize I don't have that strength any longer [RPM—{Pessimism}—IM's attenuation]. Maybe I'll get what I want after all, I don't know ... [emergence of an IM {Optimism}] but I feel weak, psychologically speaking ... like me or someone inside me was incessantly saying you cannot, you will not be able to do it. That's how I feel—weak, invariably sad, not thinking much of myself... [RPM—{Pessimism}—IM's attenuation].

It seems that there occurs an extreme instability between the emergence of IMs and the return to RPMs. It would be fundamental to know how the psychotherapist interacts with the client. What aspects from the client dialogue make the psychotherapist interfere?

These aspects, as pointed out above, might illuminate and qualify the dialogue during this moment of the psychotherapy process. Initially, during the first emergence of IMs, I may assume that the dialogue is more occupied by the client, and that the psychotherapist, very carefully, only interferes on trying to amplify these IMs. Progressively, at the moment of occurrence of a more salience of IMs and demising of RPMs, the turns between both partners start to be better established and clear-cut. Two major points should be observed with regard to this building up of turn-taking, the role of silence (both by the client and by the psychotherapist), and the cadence between these emerging turn-takings.

To summarize, it seems that the second moment assumes a very unstable pattern of organization characterized by instability between IMs emergence and return to RPMs and the progressive building up of dialogical turn-takings.

A **third moment** can be identified at the time when more stable dialogues emerge and are characterized by clear turn-takings. This seems to mean that both partners (client and psychotherapist) mutually start understanding each other. This also means that the present task is the exploration and expansion of the narratives that contain IMs and the diminishing of the ones that return to RPMs. At this moment we can identify optimism and achievement narratives. The authors point out that these narratives mean the first process of change. Thus, it does occur “the neutralization of these fields (optimism and pessimism fields) appears to play a pivotal role in surpassing mutual in-feeding and opening the opportunity to the emergence of new self-meanings that are not by their nature close to the {Pessimism} meaning.”

Let us explore the following example.

Fourth session

Caroline: ... I'd very much like to get there, particularly now with my studies. [emergence of an IM—{Optimism}]. I'm in the 2nd grade of the degree X and getting to the end is sounding quite an unachievable goal [RPM {Pessimism}], I'd like to... [emergence of an IM—{Optimism}].

Therapist: We need to change things here, exactly at this point, you say you haven't been able to ... get some sort of stability in order to be able to... [Therapist elaborates on {non-Pessimism}, catalyzing the amplification of the previous IMs].

Caroline: To get going because [emergence of an IM—{Optimism}], well, I don't give up, you see, I keep on studying and realizing what my needs are... this week, for instance, I was rather quiet, managed to study [emergence of an IM—{Achievement}] (...) At least I know I did study, I read [emergence of an IM—{Achievement}]... This week I felt a bit more, well, a bit more loose [emergence of an IM—{Achievement}].

It is very interesting that the example chosen to illustrate this achievement clearly shows the distinguished turn-taking of the dialogical partners. Maybe some sequential growing also seems to occur, firstly appearing as optimism and then as achievement narratives.

The fourth moment corresponds to the emergence of balance narratives. The example that follows, taken from the sixth session, shows a long client turn followed by the psychotherapist resuming the talk of the client, and then followed by a short reply and summarized answer by the client. It seems that both partners, in a fast and smooth way, easily understand each other regarding the new achievement of the client, the balance narrative.

Sixth session

Caroline: I also believe that, sometimes, being pessimistic creates some kind of balance because if you are too optimistic, you start trusting yourself too much and you'll not try. So, I think something good about being pessimistic is not to create too many expectations regarding the future... not to create expectations and excessively believe in ourselves, which forbids us to make the effort to attain a task. Usually, if we trust too much in ourselves, we may be led to assume 'Oh, I'm not going to study, I can do it...' And a bit of fear is not harmful, either, it makes us work harder and do our utmost.

Therapist: The purpose is really that: see the advantages of optimism and the disadvantages of that extreme, as well...

Caroline: Right, try to find some sort of balance... [emergence of an IM—{Balance}].

It is this phenomenon of shortening the dialogue occurring in very smooth and adjusted way that I have called “abbreviation” in mother-infant dialogues (Lyra 1999; Lyra 2007). In mother-infant dyads I have suggested that abbreviation represents the construction of a shared form to be used as a common ground in order to develop new contents that carry this shared knowledge (the abbreviated form) that allows for novelty creation and co-construction. Abbreviation in early infant demonstrates the construction of this dialogical “apperceptive mass”, in which form and content of communication are worked and reworked by partners involved in joint actions, with a powerful constructive role.

Regarding adult communication, Lyra and Bertau (2008) have developed the argument that abbreviation is a language phenomenon that occurs in adult historical development of communication. According to Yakubinsky ideas regarding the primacy of dialogue and role of an “apperceptive mass” (Yakubinsky 1997), dialogical engagement based on historically constructed dialogues works as a common ground for the partners towards the constructions of the future. Dialogue then opens up (or closes) the possibilities of communication, basically through our history of experiences constructed in mutual relations.

Abbreviation can be identified in client-psychotherapist dialogues as a demonstration of a well known “apperceptive mass” constructed by the dyad client-psychotherapist. The most interesting observation is that abbreviation is used to illustrate balance narratives (not optimistic and achievement ones), and then reinforcing the interpretation that these narratives correspond to a higher developmental level of psychotherapeutic change and health achievement.

This tentative elaboration of a sequence of organizational patterns to describe the successive organization of the dialogue between client-psychotherapist gives support to the application of the second strategy that I have suggested before, the use of the analysis of the construction of meaning-making to each of these patterns of change with time.

Tentative Analysis of Meaning-Making Construction

I propose that the internal dialogical-dialectical process of meaning construction undergoes a process that is initially dominated by the in-feeding process of returning, represented by RPMs (first moment of client-psychotherapist dialogues—or non-dialogues?), followed by an extreme instability between the use of IMs and the return to in-feeding RPMs (second moment of client-psychotherapist dialogues), subsequently developing a shift to optimistic and achievement narratives carried with a degree of rigidity (third moment of client-psychotherapist dialogues), and finally achieving an internal dialogue in which the circumvention strategies and in-feeding processes take in consideration the opposite side of any meaning—A and non-A ones. This corresponds to the balance narratives that exhibit a type of client-psychotherapist dialogues that are abbreviated.

These abbreviated dialogues suggest two intersubjective processes. These narratives can be read as demonstrating that the dyad does not have anything to add because they are “very well adjusted”. On the other hand, at this moment it would be very interesting to observe if these abbreviated dialogues do give the opportunity for further developments in terms of new (healthy) expansions. One of the tenets of the concept of abbreviated dialogues is precisely the characteristic of being constructed on the basis of past mutual experience, but allowing the partners to face the future; they have a common base well established—the abbreviated form—that serves as secure ground for future explorations (Lyra and Valsiner 2011).

Final Comments: Modeling the Client-Psychotherapist Process of (Ex)changes

It is proposed that balance narratives comprise a higher developmental change than the ones that show optimism and achievement. It has been suggested a tentative model for describing the developmental process of change that allows for successive emergence of organizational patterns in the dynamics of dialogue between the client and her therapist. Moreover, it was a tentatively suggested a way of to relate the “outside view of the client-psychotherapist process of change” (these organizational patterns) and an “internal view of the client meaning-making construction” corresponding to the four moments that describe different organizational patterns of psychotherapeutic dialogue.

One of the advantages of building this proposed model for understanding the relational character of dialogues through time is the possibility to identify the traces, or early marks, of a psychotherapy that signals either a good or a bad outcome. This could guide the psychotherapist towards subtle changes in her interventions almost at the same time she analyzes the possible results of the new narratives; more precisely in each step of emergence of IMs and returns to RPMs, in the growing of the changes of the clients of I positions, and finally during the stabilization of healthy narratives. Moreover, abbreviated dialogues can be an index of emergence of balance narratives and, as it was suggested earlier, a culmination, a more developed point, of psychotherapeutic process of change.

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Maria C. D. P. Lyra is Professor of Psychology at the Federal University of Pernambuco, Brazil. She has been working in a research program that relies on the study of history and dynamics. She received her M. A. at Cornell University, U.S.A. and her Ph.D. at São Paulo University, Brazil. She coordinates a research laboratory—LabCom—dedicated to study the process of communication in infancy using dynamic systems and dialogical perspectives to explain the emergence of self in early ontogeny. Two major contributions results from this research program: new insights to the dynamics of the early process of developmental communication using the concept of abbreviation and methodological emphasis on the relationship between microgenetic and macrogenetic developmental processes.