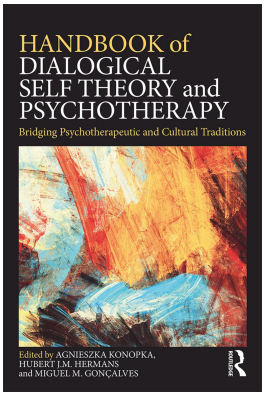

Handbook of Dialogical Self Theory and Psychotherapy Bridging Psychotherapeutic and Cultural Traditions

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Introduction

Publication details
https://test.routledgehandbooks.com/doi/10.4324/9781315145693-1
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Published online on: 20 Nov 2018

1 Introduction

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The contemporary literature on psychotherapy research and practice is immense, raising the relevant question, "What is the added value of another Handbook?" Or putting it more specifically, what is the value of Dialogical Self Theory (DST) to psychotherapy theory, research and practice?

We would like to start by emphasizing two central findings from psychotherapy research that are – after several decades and thousands of studies – becoming relatively consensual (Lambert, 2013): psychotherapy is effective and relational aspects are central in the outcomes. The majority of meta-analyses conducted since the pioneering work of Smith and Glass (1977) support the idea that psychotherapy is an effective practice, and that it compares favorably in its efficacy with the majority of medical interventions (Wampold & Imel, 2015). Of course, there is a great deal of variability in outcome as a function of diagnosis (e.g. Cuijpers et al., 2013; Kliem, Kröger, & Kosfelder, 2010); as well other relevant variables (mainly those related to the clients, Bohart & Wade, 2013; and therapists, Baldwin & Imel, 2013), but as a whole psychotherapy works. Why and how it works is of course a matter of dispute, and the long debate continues on whether it is the specific factors (e.g. therapeutic techniques), or the common factors (e.g. relational factors) that are more relevant to change (Tolin, 2014; Wampold & Imel, 2015). Independent of these positions, advocates on both sides of the dispute agree that relational factors (see also Staemmler, Chapter 3 this volume) are central to psychotherapeutic outcomes. They may be conceived as central in themselves, as a form of "re-moralizing" the client (Frank & Frank, 1993), or even as a corrective relational experience (Castonguay & Hill, 2012). Or they may be primarily conceived as facilitators to implement the strategies or techniques (i.e. specific factors) of change that lead to good outcomes (see for instance how traditional cognitive therapy sees the relation between alliance and outcome, as in Beck, Rush, Shaw, & Emery, 1979). Independently of the preferable positions of theorists, meta-analytic findings suggest that relational factors have a medium, but robust effect on the outcome. For instance, the correlation between therapeutic alliance and outcome is 0.28 (Flückiger, Del Re, Wampold, Symonds, & Horvath, 2012), empathy is 0.31 (Elliott, Bohart, Watson, & Greenberg, 2011), and goal consensus is 0.34 (Tryon & Winograd, 2011), just to give some examples of relational conditions (Norcross, 2002).

So, taking these two ideas into consideration (i.e. psychotherapy is efficacious and relational factors are central to change), and coming back to the question posed at the outset, what has DST to offer to the field? DST emerged from the field of personality psychology and the study of the self (Hermans & Kempen, 1993) and suggested that the self might be better conceived not as a single entity with a true core but as a multifaceted structure, constituted by a diversity of positions that could be endowed with a voice and encouraged to narrate their own stories. The self had already been conceived as multifaceted by different theorists (e.g. Higgins, 1989; Markus & Nurius, 1986), but this was the first time that a theory of the self proposed that what we feel as our *self* was an intricate and dynamic result of our internal dialogues, resulting from our multiple positions (termed *I*-positions). Thus, inside the self we find multiple *I*-positions, which, when voiced, are able to become narrators, creating different perspectives on reality (see Rowan, Chapter 6 this volume).

Moreover, DST suggests that the relations inside our selves and their dynamics (e.g. agreement, disagreement, coalition) are similar to what takes place in interpersonal relations (Konopka, Hermans, & Gonçalves, Chapter 2 this volume). This allowed DST to expand its borders to other domains, such as development processes (Bertau, Gonçalves, & Raggatt, 2012), the cultural realm (Chaudhary, 2012; Van Meijl, 2012), and even the political domain (Hermans, 2018). Self and culture are different units of analysis, but the processes involved in each unit are similar from a DST perspective. For instance, the clash of two different cultural or political perspectives is not very different in terms of its dynamics from what we can observe inside the self between a self-critical position and a criticized one. To make sense of these dynamics, DST assumes the existence of internal *I*-positions (I as worried person), external *I*-positions (my mother in me), and even collective ones (I as Polish person) (Krotofil, 2013). To be clear, *I*-positions are not to be understood as explicit, merely cognitive or verbal positions as they may also be implicit and emerging from the body, standing at the edge of awareness (see Konopka & van Beers, Chapter 13 this volume). To sum up, the repertoire of relevant positions, as well their dynamic processes are of high relevance to understanding the self's stability and change. Some *I*-positions are more central, others are more peripheral; some are more cognitive, others more emotional or somatic; some are hierarchically higher (and thus implicating a lot of different, but related *I*-positions), others are more narrow in their impact, and so on. Importantly, in the dynamic of *I*-positions some are able to stand above the ordinary flux of communication and operate as meta-positions, facilitating the articulation of conflicts or mediating difficulties of understanding in the relationship between different *I*-positions (see also the concept of meaning bridge, Stiles, Chapter 5 this volume). These meta-positions are able to organize the interaction, much as an external mediator is able to do in interpersonal conversations. One important therapeutic task, from the perspective of DST, is the forming of meta-positions, and this is closely related with decentering processes (Dimaggio, Hermans, & Lysaker, 2010), a central therapeutic process

emphasized in more recent cognitive-behavioral theories such as acceptance and commitment therapy (Hayes, Strosahl, & Wilson, 1999), metacognitive therapy (Wells & Simons, 2009) or mindfulness approaches (Germer, Siegel, & Fulton, 2016; see also Mamberg & McCown, Chapter 16 this volume).

From its origins psychotherapy has been dealing with the problem of multiplicity, at least since Freud's conception of the psychological apparatus divided into the id, ego, and superego. Other models of therapy, despite conceptualizing the self differently, still have had to deal with inner divisions and conflicts. As a further evolution of traditional psychodynamic therapy, object relations theories (Kernberg, 1994) look at the self as largely the result of earlier relationships. Humanistic models (Rogers, 1966) focus their attention on inner incongruence between the "self" as conceived and experienced, or on conflicts between the self and an internal critic (see Whelton and Elliott, Chapter 4 this volume) that may reflect outer conflicts between caregivers and the client. And cognitive therapists focus on tensions between dysfunctional thoughts and more adaptive ones. Furthermore, as elaborated by schema therapy (Young, Klosko, & Weishaar, 2003) but also clearly present in original cognitive formulations (Beck et al., 1979), these dysfunctional thoughts are viewed as dependent on schemas with their own developmental story, with a considerable impact of earlier experiences. These examples illustrate how the recognition of relational foundations to our clients' suffering characterizes a broad range of psychotherapeutic models.

Not only the self but also therapeutic relationship can be understood in DST terms as a dynamic relation between internal and external positions. A therapist can act as an external *I*-position in the domain of the client's self. Not only the physical, direct presence of the other but also the mental presence of the other can have an influence on the self (Neimeyer & Konopka, Chapter 8 this volume). Moreover an empathic therapist as an external *I*-position optimally functions as an external promoter position, which can initiate the development of an internal promoter position, in essence becoming an internal voice that encourages the client's ongoing development. Such a position, in turn, can act as a promoter position helping to accept and allow a variety of other *I*-positions as well as stimulate openness towards one's emotions and needs, ultimately facilitating self-direction and self-change.

Thus, as we suggested above, psychotherapy could be seen as primarily a relational practice, as the majority of issues that the psychotherapist needs to address are explicitly or at least implicitly relational in themselves. Our original question therefore can be restated as "How does DST conceptualize the self and relationships in innovative ways that serve as a *bridging theory* spanning a diversity of psychotherapeutic theories, each with its own language and practices" (Hermans & Gieser, 2012; Whelton & Elliott, Chapter 4 this volume). Moreover, DST has the ability to shed light on our conceptualization of relational processes at both an intra- and inter-individual level. For instance, several dialogical researchers (Lysaker & Lysaker, 2002) have studied major dialogical dysfunctions that clients may suffer, beyond their formal diagnoses (see Dimaggio, Ottavi, Popolo, & Salvatore, Chapter 10 this volume; Lysaker, Hamm,

Leonhardt, & Lysaker, Chapter 7 this volume). In clinical practice, we often observe situations in which some *I*-positions are dominating others, leaving them "un-voiced," reducing the complexity of the self and turning it more rigid in its adjustment to a variety of situations. If in very different situations a voice that states "you are useless" dominates the self, we may expect that suffering would be intense and that other dominated and silenced voices are kept in the background, unable to assert themselves (see also the Assimilation Model for a similar conceptualization, Stiles et al., 1990). On the other hand, if there is a high diversity of *I*-positions, but the articulation (i.e. the dialogue) between them is reduced, we may have what Lysaker and Lysaker (2002) termed a cacophonous self. A therapist interviewing a client with the first dysfunction – i.e. a highly dominant position excluding alternative others – may feel that the same old story (Angus et al., 2017) keeps repeating itself, while a therapist interviewing a client with the second dysfunction – i.e. cacophonous self – could feel completely at a loss, unable to grasp the meaning that the client is attempting to convey. In this last case, the narratives told may be fragmented and interrupted, as if it were voiced by different narrators (i.e. different *I*-positions) in a fragmented dialogue. Or even worse, as it often occurs in clinical practice, we may have a hard time accessing narratives of life, and the only thing that we can hear is a fragmented speech (or in other instances a very abstract discourse devoid of vitality).

Obviously, dialogical dysfunction is only one possible domain of concern for DST theorists, as its understanding could be highly important for practitioners dealing with these difficulties. Many other similar domains could be the focus of DST theorists and researchers.

We further propose that DST can be useful at the level of research, especially of a process or process-outcome variety. By providing a rich theoretical map of intrapersonal and interpersonal processes, DST facilitates the understanding of self stability and self change, as well how therapists can foster or hinder change. This Handbook contains several examples of tools supporting a highly dynamic psychotherapy processes (see Georgaca & Avdi, Chapter 11; Gonçalves et al., Chapter 9; Martínez & Tomicic, Chapter 12). We are just beginning this journey, but the development of these and other creative and rigorous tools promises to boost our understanding of the processes involved in therapeutic change.

This Handbook addresses these issues from multiple perspectives (e.g. psychodynamic, constructivist, humanistic), targeting such diverse topics as ambivalence (Gonçalves et al., Chapter 9), grief (Neimeyer & Konopka, Chapter 8), personality disorders (Dimaggio et al., Chapter 10), psychosis (Lysaker et al., Chapter 7), and non-clinical populations (Staemmler, Chapter 3). The bridging nature of DST is further reflected by its potential for crossing cultural boundaries as exemplified by contributions from Native-American culture (Mehl-Madrona & Mainguy, Chapter 15) and from Japanese culture (Morioka, Chapter 14). We hope that it may open a path, not to a new "school" of psychotherapy, but to a new bridge between theories of psychotherapy, contributing to the development of a dialogically informed theory, research, and practice. Finally, honoring our

multiple selves, we intended from the outset that this Handbook would be a truly international project, involving therapists from different backgrounds and cultures.

This Handbook is organized in three parts. Part I addresses theoretical extensions that are especially relevant for clinical practice; Part II deals with methodological innovations of therapeutic practices, and Part III demonstrates how DST crosses the boundaries of different cultures.

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