

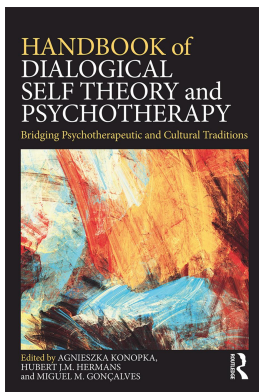
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## **Handbook of Dialogical Self Theory and Psychotherapy Bridging Psychotherapeutic and Cultural Traditions**

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### **Epilogue**

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# 17 Epilogue

## Looking back and forward

*Hubert J. M. Hermans, Agnieszka Konopka, and Miguel M. Gonçalves*

Arriving at the end of the rich variety of chapters, it is time to look back to what we have achieved in this book and look forward to some future perspectives as promising ways to go. With this purpose in mind, we will focus on three main questions: (a) What is the specific contribution of Dialogical Self Theory (DST) to the field of psychotherapy? (b) Which aspects of this theory make it particularly suitable to be applied in a variety of psychotherapeutic approaches? and (c) Are there neglected areas that deserve particular attention in future research and practice?

### **Specific contribution of DST**

The best way to characterize DST is to qualify it as a ‘bridging theory’ that offers a new and broad conceptual platform on which different therapeutic schools and approaches from different cultural origins can meet and learn from each other, where they can discuss their commonalities and differences, and where they can explore new ideas.

In order to explicate what we mean by a ‘bridging theory’, it should be emphasized that DST is neither an integrative nor an eclectic approach (see Norcross & Goldfried, 2005; Palmer & Woolfe, 2013). Whereas integration suggests that the elements are part of one combined approach to theory and practice in which different approaches are synthesized, eclecticism draws ad hoc from several psychotherapeutic systems in the treatment of a particular case. DST is not integrative because it does not pretend to create one integrative theory in which the different approaches are components of a superordinate and synthesizing conceptual system. It is also not eclectic because, instead of bringing different theories and practices together on an ad hoc basis, it aims to connect different therapeutic traditions and schools in a theory-guided way. Instead of providing an integrative or eclectic psychotherapeutic framework, DST offers an original and specific system of concepts (e.g. *I*-position, meta-position, promoter position, centralizing, and decentralizing movements in the self) which function as conceptual bridges enabling practitioners and researchers to move to and fro between independent therapeutic schools or traditions and even stimulate a dialogue between their different perspectives. As the contributions in this book

have demonstrated, DST concepts are broadly applicable beyond the boundaries of the presented approaches.

A bridging theory adds three main advantages. First, there is no necessity or desirability to ‘force’ different approaches into one integrative framework. Existing theories and practices are fully recognized and appreciated as autonomous systems of thought and there is no need of selecting parts of them as constituents of a new, superordinate theoretical system. Second, as a bridging theory, DST is able to link a larger diversity of therapeutic approaches than is usual. Here we touch a weakness of existing integrative approaches. It is our contention that, in a situation of growing diversity of psychotherapeutic schools, the Achilles heel of integrative approaches is their limited scope. For example, Anthony Ryle’s (1996/2005) model of cognitive analytic therapy is an attempt to integrate ideas from psychoanalytic object relations theory and cognitive psychotherapy. Another example is Paul Wachtel’s model of cyclical psychodynamics that integrates psychodynamic, behavioural, and family systems theories (Wachtel, Kruk, & McKinney, 2005). Typically, integrative systems integrate two or three approaches and, as a consequence, they have a limited theoretical and practical scope. DST doesn’t aim to add another integration, but has the purpose to link a broader range of existing therapies by offering a meta-theoretical level where dialogical relationships between them can be established. In this way, DST creates communication channels between a larger diversity of existing therapies, including non-mainstream psychotherapeutic perspectives like Buddhist-inspired (Konopka & Van Beers, Chapter 13), indigenous (Mehl-Madrona & Mainguy, Chapter 15), and transpersonal (Rowan, Chapter 6) approaches. As these chapters exemplify, DST contributes to transcending existing cultural boundaries (see also Morioka, Chapter 14 on Japan and Martínez & Tomici, Chapter 12 on Chile). Third, as a broad-span theory, DST offers not only a link between a diversity of therapeutic schools of different cultural origins, it also bridges between psychotherapy as a field and other scientific disciplines and sub-disciplines, like cultural psychology, cultural anthropology, educational psychology, and psychopathology (see Hermans & Gieser, 2012). The broad-span perspective of DST as a bridging meta-theoretical perspective has the potential of creating conceptual linkages between therapy and other fields in psychology and outside. Research findings in these fields may broaden and enrich existing therapeutic practices and dialogues between established schools.

### **Which aspects of DST make it useful as a bridging theory?**

The fact that the most central notion of DST, *I*-position, was applied in all chapters of the book underpins DST’s bridging quality across therapeutic schools and cultures. What is the basis of its bridging capacity? An *I*-position is a spatial-relational act. It exists only in the context of other positions (e.g. I position myself as open in relation to a cooperative other and as closed towards an aggressive other). The act of *I*-positioning is placing oneself vis-à-vis somebody else and, at the same time, toward oneself in the metaphorical space of the self.

As a spatial-relational process it is taking a stance toward somebody, either physically or virtually, and it is a way of addressing the other and oneself via verbal or non-verbal orientations and communications. In the act of *I*-positioning there is always a ‘here’ and a ‘there’, both in the communication with the other and in the communication with oneself. Between this here and there, a field of tension is stretched in which one makes, physically or virtually, movements from the one to the other and back. When I take a stance towards, from, or against the other, this coexists with (or is followed by) a similar or dissimilar movement in the metaphorical space of my own self. I appreciate myself, when I had a productive talk with my colleague, and I criticize myself when I made a stupid remark during a conversation with my superior. Like between self and other, there are fields of tension between *I*-positions within the self. In both cases, continuous processes of positioning and counter-positioning are taking place and these processes are basically spatial and relational. As the different chapters of this book demonstrate, these processes are applicable across widely different therapeutic approaches: cognitive (Dimaggio, Ottavi, Popolo, & Salvatore, Chapter 10; Lysaker, Hamm, Leonhardt, & Lysaker, Chapter 7; Stiles, Chapter 5), psychoanalytic (Georgaca & Avdi, Chapter 11; Martínez & Tomicic, Chapter 12), narrative (Gonçalves et al., Chapter 9; Morioka, Chapter 14), Gestalt (Staemmler, Chapter 3), constructivist (Neimeyer & Konopka, Chapter 8), emotion-focused (Whelton & Elliott, Chapter 4), mindfulness (Mamberg & McCown, Chapter 16), Buddhist-inspired (Konopka & Beers, Chapter 13), indigenous (Mehl-Madrona & Mainguy, Chapter 15), and transpersonal (Rowan, Chapter 6). This variety illustrates the boundary-crossing nature of the *I*-position as an open, flexible, and non-specific concept.

The process of *I*-positioning is not only spatial but also temporal, as expressed by the dual concepts of positioning and repositioning. Positions are not to be conceived as stabilized, reified entities but as involved in a continuous process of transition and change from one position to another position, from open to closed and back, from sad to happy and back, from tense to relaxed and back. When such transitions are blocked and the self is not able to make a movement from a position associated with negative emotions to one with positive emotions, the *I*-position changes finally into an *I*-prison. An *I*-position has an entrance and an exit. When the self becomes locked up in an *I*-prison, there is an entrance but no exit. In an adaptive self, positions have entrances and exits open enough to permit a flexible process of positioning and repositioning. From the DST perspective, a dysfunctional self is maladaptive as the flexible process of positioning and repositioning is blocked. In a most general way, psychological dysfunctions can be described as problems in the organization of the position repertoire. Psychotherapy aims at transforming a maladaptive organization of the self into an adaptive one. As demonstrated in the chapters of this book, processes of positioning and repositioning are, like positioning and counter-positioning applicable across a diversity of psychotherapeutic approaches.

The organizational structure and dynamic nature of the dialogical self are further expressed by some other DST concepts that are widely applied in different chapters

of the book. Meta-positions enable the self to take a helicopter view on the content and organization of a broader range of more specific positions so that adaptive and maladaptive patterns can be discerned, discussed, and changed. Promoter-positions can be implemented in the service of the integration of specific positions from past, present, and future, which gives direction to the development of the self as a whole. Of pivotal importance for psychotherapy is the distinction between centripetal and centrifugal movements in the self, the latter working in the direction of multiplicity and diversity and the former creating order and integration (for a more elaborate discussion of meta-positions, promoter positions, and centripetal and centrifugal movements, see Konopka, Hermans, & Gonçalves, Chapter 2).

The intrinsic social and relational nature of DST is further reflected in the distinction between internal and external positions in the self. Whereas internal positions refer to the inner domain of the self (e.g. I as trustful, I as humorous, I as pessimistic), external positions represent others-in-the self (e.g. my father, my children, my opponent). Such external positions refer not only to significant others in the client's social environment, but also to imagined or imaginary figures, like ancestors or mythological beings that populate one's experiential world (see Mehl-Madrona & Mainguy, Chapter 15). Many people have a relationship with invisible others, like gods, spirits, saints, or angels (see Rowan, Chapter 6). In the course of psychotherapy and even later, the psychotherapist may play his or her role as 'other-in-the self' in the self of the client and may even serve there as a promoter position. The other in the self is well in agreement with the general empirical finding in psychotherapy research that the quality of the relationship between client and psychotherapist is paramount.

### **Neglected areas and future directions**

Overseeing the variegated landscape of chapters in this book, we nevertheless note that there are some 'neglected areas' that lead us to formulate some future directions in DST informed theories and practices. In this final section, we focus on three topics: (a) attention to the non-verbal aspects of the self; (b) taking into account recent developments in brain research; and (c) the need for acknowledging not only the maladaptive aspects of dysfunctions but also their adaptive features.

#### *Attention to the non-verbal and embodied aspects of the self*

In his preface of a special issue on self and dialogue, Stam (2010) proposed that future studies on self and dialogue devote attention not only to what is said but also to what is not said. This recommendation touches the well-known finding that in face-to-face communication, non-verbal cues, including body language, are even more influential than verbal aspects. However, the latter ones are in need of more attention, not only in this book, but in DST research in general (for notable exceptions, see the Compositionwork method by Konopka & Beers in Chapter 13 and Gieser's (2006), research on 'shape shifting').

From a theoretical point of view, the concept *I*-position potentially encompasses both conscious and less conscious aspects of the self, where the latter can gradually evolve from bodily experience that is not immediately verbalized or defined to more conscious and explicit levels. Accessing and expressing such unspeakable aspects of the self is crucial in psychotherapy as a source of possible new, transforming meanings (see Rowan, Chapter 6 on the unconscious, Neimeyer & Konopka, Chapter 8 on grief and Whelton & Elliot, Chapter 4 on emotions).

Closely related to non-verbal processes in psychotherapy is the well-known observation that there are clients who say that they want to change, but on a less conscious level resist this change at the same time. This observation challenges the seemingly self-evident assumption that the self is always involved in change and development. However, this assumption does not sufficiently take into account an important phenomenon that is generally discussed under the label ‘resistance to change’. In their book *Immunity to Change*, Kegan and Lahey (2009) demonstrate that resistance to change does not always reflect active opposition or passive inertia. Instead, even people who are sincerely committed to change on a conscious level, may unwittingly invest energy toward a hidden competing commitment that blocks the change that they consciously aspire. In DST terms, there are non-conscious *I*-positions that are not accessible because they are separated from conscious *I*-positions so that dialogical relationships between them are impeded. Insight in the dynamics of verbal and conscious *I*-positions on the one hand, and non-verbal and non-conscious *I*-positions on the other hand, is required to uncover hidden maladaptive patterns in the organization of the self. Basically, DST assumes that the self is spatialized, localized, and embodied. However, more research is required that permits access to non-verbal and bodily aspects of the self and more methods should be developed that stimulate dialogical relationship between its conscious and non-conscious domains.

### ***Developments in brain research***

Closely related to non-verbal and non-conscious processes in the self, are recent developments in brain research. The direct connection between neurological evidence and psychotherapy is particularly relevant to understanding what happens in the non-verbal domain. A recent example of this connection is Schore’s (2012) research on the workings of the right hemisphere of the brain and its relevance to the communication between psychotherapist and client. He argues that the right hemisphere, more than the left, provides efficient cortical–subcortical and brain–body communication channels and is also heavily involved in self–other relationships. On the basis of collected evidence, he shows that empathy, humour, compassion, and morality are primarily mediated by the right hemisphere of the brain. In this context, he discusses the existence of ‘right brain-to-right brain communication’ (p. 7) that develops between therapist and client in those regions of their brain where knowledge operates in rapid, unconscious ways beneath levels of awareness. When such knowledge accumulates, it is spontaneously expressed in the form of intuition. This shifting emphasis into the direction of emotion,

intuition, and unconscious knowing seems to be highly relevant to future DST research. The reason is that this shift coincides with a move from a classical one-brain neuroscience into the direction of a ‘two-body approach’ referring to processes taking place between two embodied participants involved in communication.

In his book *Society in the Self: A Theory of Identity in Democracy*, Hermans (2018) draws on recent developments in brain research in developing a model in which meta-positions function as ‘meeting areas’ where dialogical processes are taking place between self and other and between conscious and non-conscious *I*-positions.

### *Attention to adaptive aspects of dysfunctions*

We recommend that future DST research pays attention to not only the maladaptive aspects of dysfunctions but also to its adaptive qualities. It is commonplace to notice that what is dysfunctional in a particular period of history is accepted as normality in another period. Dysfunctions can become identities. Homosexuality, originally considered to be a psychiatric disorder was finally accepted, at least in some countries in the world, as a normal identity. What was originally labelled as ‘gender identity disorder’ became later integrated in some societies as transgender identities. Apparently, dysfunctions are culturally relative and subjected to historical changes.

In psychiatric and psychotherapeutic circles we witness tendencies to give more attention to the adaptive aspects of dysfunctions originally considered as maladaptive aberrations from normality that just had to be cured or removed. Narcissism is a suitable example of research that has distinguished maladaptive and adaptive expressions. The narcissistic personality inventory (NPI; Raskin & Terry, 1988) includes scales of exploitativeness (e.g. ‘I find it easy to manipulate people’), entitlement (e.g. ‘I insist on getting the respect that is due me’), and exhibitionism (e.g. ‘I get upset when people don’t notice how I look when I go out in public’). These scales refer to maladaptive behaviour based on their associations with poor social adjustment. On the other hand, items from scales labelled authority (e.g. ‘I see myself as a good leader’) and self-sufficiency (e.g. ‘I like to take responsibility for making decisions’) have been considered relatively adaptive based on their shared relations with self-confidence and assertiveness (Barry, Frick, Adler, & Grafeman, 2007). A similar reasoning applies to other constructs, like perfectionism, see (Hewitt & Flett, 1991).

Another example of increased attention to the adaptive–maladaptive distinction can be found in research on autism. In his study on the relationship between autism and creativity, Fitzgerald (2004) notes that usually people with autism are characterized by communication problems, difficulties in social relationships, repetitive activities and routines, and an obsessive narrow range of interest. More unexpectedly, historical figures like Ludwig Wittgenstein, Lewis Carroll, Hans-Christian Anderson, William Butler Yeats, and many others, reveal classic autistic features that they apparently combine with excessive forms of creativity. People diagnosed as having an autism spectrum disorder often develop an intense

interest in a particular subject and can display a strong attention to detail, focus, precision, and tenacity in working on a task that captures their interest.

The combination of adaptive and maladaptive features of dysfunctions is particularly significant to future DST research and practice. From a theoretical point of view this complex combination fits very well with the idea that a dysfunction can be considered as a dynamic multiplicity of *I*-positions in the self as a society of mind. The combination and integration of adaptive and maladaptive positions has the potential of inciting dialogical relationships between both types of positions so that they can learn from each other to their mutual benefit. Each position, considered to be dysfunctional, can be seen, from a DST perspective, as a dynamic process placed in a broader context of a socially and historically situated position repertoire, not as a separate or reified entity. The cultural relativity of dysfunctions and their change across historical periods underscore the self as a society of mind as it is, at the same time, participating in the society at large.

As editors of this book, we hope that our proposals will benefit not only future research and practice but also increase the awareness that psychotherapies (although their number and variety have increased dramatically in the past decades) have more in common than their underlying theoretical systems would suggest.

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