Introduction

What makes a conversation a therapeutic conversation, a conversation that can be considered transformative of stories, meanings, and perspectives? What is the path through which a conversation generates new meanings? These are the questions that we will address in this chapter.

We want to start by inviting you as readers to take a look at the following excerpts taken from our practice, and see if there is anything that strikes you in terms of differences between them.

Excerpt 1 — The Oranges: Patrizia (wife), Alberto (husband)
Topic: A couple’s dynamic in arguing

Therapist: You both go haywire.
Alberto: It is beyond our control, and we start to see ourselves as two enemies.
Therapist: You become hostile to each other.
Alberto: Yes! We become hostile.
Therapist: Do you become violent?
Alberto: I break some stuff.
Therapist: Are you violent toward each other?
Alberto: We are not.
Patrizia: No. (Smiles)
Alberto: Absolutely not.
Therapist: What is the dynamic of these crises?
Alberto: She feels that she is going to be abandoned or challenged, which is something that I absolutely don’t want to do. Two evenings ago I said, “If we want to stay together, which is fine to me, we have to solve a problem”. And she said, “You cannot call our relationship into question”.
Patrizia: Actually he said, “If we want to stay together.” To me, there’s no “if”. We want to stay together. Do we have to say “If we want to stay together”?
Therapist: Patrizia says that she feels that you haul out an episode to question the entire relationship, and that you exaggerate by raising doubts. This dynamic makes Patrizia feel insecure. She clams up. The dynamic that you Alberto told us is that you feel that Patrizia positions herself in a corner, and when she doesn’t get out from there, so you pull her.

Alberto: I raise the volume.
Therapist: You make her step out of this dynamic. Do you agree?
Alberto: Yes. Through the years I realised that sometimes, even if everything is going well between us, a drama is needed. Usually the tension grows until a tornado blows off, and then pouf! we work it out.

Therapist: It seems like for him it is important to feel that you somehow need him, so when he finds out that it is not so, he is shocked, frustrated because in his view being helpful is part of being in a relationship.

Patrizia: Yes.
Alberto: She is a bottomless pit. What I give her in terms of confirmations and presence is never enough.
Patrizia: I have to admit I am complicated. Maybe I am a little bit, ehm, I am extremely demanding, first and foremost to myself.

Therapist: Yes, but the point is not that you are wrong and he is right, the thing is how the two aspects connect.
Patrizia: I honestly think that now he is attributing to me expectations that, actually, I don’t have.

Therapist: But he seems sorry for this.
Patrizia: (Joking, but slightly seriously) I also told my son Filippo “We have to be careful in asking Alberto to buy things, because he immediately brings them to us”.

Therapist: Could the dynamic be this: Alberto feels triggered by practical requests, like a request to buy something. But you are not asking it literally, you are somehow saying “Show me that you care about me”.

Excerpt 2 — The Reds: Franca (wife), Samuele (husband)
Topic: Divorce

Therapist: Is it your separation consensual?
Franca: Yes.
Samuele: Yes.
Therapist: So you have come to this decision in a shared way?
Franca: Calm way? (Overlapping therapist) Not so much.
Therapist: Shared. Well, these things are not calm, but they can be shared. I mean, at the moment do you both agree about the separation?
Samuele: Yes.
Franca: (nods)
Therapist: And did you analyse the causes of the separation?
Franca: Well essentially... According to me...
Therapist: Later Samuele will tell his interpretation.
Franca: I discovered that he had a story with a woman. He says that she was only a friend, but the tone of the text message that I saw was not friend-like. I have never monitored anything because I trusted him 100%. I checked the phone twice and I caught him.
Therapist: How come you decided to check your husband’s phone if you never monitored him?
Franca: Because he was changed, he was always at the phone.
Therapist: And your interpretation?
Samuele: Well... I met this person with whom I talked and shared my problems, because I could not do it with my wife.
Therapist: So, the separation is... something that you feel like... a solution that is good for each of you.
Franca: Definitely. Together, we can no longer go on.
Samuele: No longer.

Excerpt 3 — The Silvers: Lisa (wife), Michele (husband).
Topic: Partners’ needs

Therapist: What hurt you?
Lisa: Well, the “I absolutely cannot” that he said because he had to go to his friend’s birthday.
Therapist: Mmh, mmh
Lisa: And so I instinctively didn’t feel considered or at least not considered as I would like to be, the reasons of our relational problems were connected to this aspect. We are in a very particular phase. Seeing if, if we can re-establish our relationship or not.

Therapist: You didn’t feel considered by him?

Lisa: I felt little considered because he found hard to say no to his friend. I don’t care about the appointment with your friend. If I am the priority, you have to tell him.

Therapist: So the problem for you is that you want to be a priority for Michele, you want to come first always. This is important for you.

Lisa: I mean, when we had a good relationship, I never restrained him because I myself wish to have my own spaces.

Therapist: And you Michele, what has disappointed you in your relationship?

Michele: Well, it is... that sense of guilt that we already talked about, a sense of inadequacy that I felt towards her.

Therapist: This relates to what Lisa has expressed towards you. Instead if you were to express something to Lisa, regardless of her complaints so to speak.

Michele: Yes, as I always said, I would like to buy a home. I would like to keep many possibilities open, which range from changing home, to even... change lifestyle.

Therapist: Listen Lisa, I would like to ask you...

Lisa: (nods)

Therapist: You say, “I would like to have a relationship in which he is not protective anymore”. But doesn’t this fit with Michele saying “We can go out every day, but not on my friend’s birthday”. Isn’t this his way of not being protective? In this case he didn’t protect you, but you don’t seem to be happy either.

Lisa: What I had spontaneously understood was “he did not consider me” not “he did not protect me”. Now with my individual therapist I’m considering this aspect, this need to feel loved because I have been an unseen daughter.
Therapist: Yes, yes.
Lisa: And right now I feel this need in an impetuous way, and it is difficult for me to control it.

What differences did you notice between these excerpts?

For us these excerpts represent different ways to engage in a transformative conversation. In the first excerpt, the conversation stimulates the emergence of a new perspective on the presented problem. This type of interaction differs from that of extract two, where the conversation promotes the deepening and the specification of the “divorce” topic, thus letting the different family members’ viewpoints emerge. Even if the conversation opens space for all family members to express their opinion, new ways of looking at things do not seem to emerge yet. Finally, the third extract shows an even different type of conversation, where old descriptions of feelings and needs coexist with new ones.

We often think of therapeutic conversations as transformative or non-transformative. The above examples remind us that there are also conversations that are transformative in different ways: the first generates meanings, the second explores different perspectives, and the third opens space for different ways of dealing with the issue at stake. In everyday clinical practice, all these kinds of conversation can occur even during the same session.

Is it important for a therapist to be able to observe, distinguish and describe these different ways of participating in a transformative conversation? Does this methodological attitude count as systemic practice? We argue that the answer is that it does matter. As described by Sluzki (1992), the change processes in psychotherapy are favoured by a redefinition of both the content of the narration and the way the content is narrated. This implies that there are ways of talking about issues that may or may not produce change. Thus it is important for the therapist to be aware of which kind of conversation she is involved. But how can we, as therapists, carry on the analysis of a conversation while it unfolds? Are there criteria or hints for identifying different kinds of therapeutic conversations as they flow? Are there guidelines helping therapists to move from a non-transformative to a transformative conversation?

Drawing from research on therapeutic process, in this chapter, we will propose some ideas useful to answer to these questions.
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Therapeutic competences and process research

According to the systemic approach, a psychotherapeutic session can be conceived as a space where therapist and family members engage in a process of negotiation of new meanings. Such a process can be analysed from two different perspectives: individual and relational. From the individual point of view, the analysis focuses on how each individual (therapist included) makes sense of what is happening, the personal claim that people have in mind coming to the encounter, the reaction they have to each other’s stances, the emotions expressed by participants, the questions raised by therapist, and so on. But research, even the outcome research, has pointed out another level embedded in the therapy: the relational one (Sprenkle, 2003). From that perspective a therapeutic process emerges as a mutual and shared activity (Rober 2005), that the language, the constructs, the notions used to describe the individual processes do not capture. Relationship is not a background of the therapeutic intervention, it is not the container, it is the very web through which therapy takes shape. In this sense we do not understand how therapies work until we find ways to understand how the therapeutic relationship works (Burck 2005; Pinsof 1989). Interestingly enough, the systemic approach that is based on relationships, is still struggling to identify conceptual resources to reflect and analyse in details the therapeutic relationship in the systemic practice. Systemic practitioners and researchers have provided coherent and effective methodologies for the analysis of clients’ relationships but seem to lack instruments for the analysis of the therapeutic relationship. The research field known as Process Research aims to fill the gap. The object of process research studies is the on-going process through which the therapeutic intervention unfolds. The major concern is methodological, that is the elaboration of conceptual tools that are appropriate to analyse the mutual and complex nature of the therapeutic process (Heatherington et al. 2005; Oka & Whiting 2013). The pursuit of such a goal is very important, since process research would provide the tools for the development of an overlooked skill of systemic therapists: the relational competence, that is the ability to analyse the therapeutic process as it unfolds (Fruggeri, 2012). We claim that it is important to make a distinction between technical competence and relational competence. The first one is the ability to apply a model; the second is the ability to monitor the interpersonal process as it emerges from the therapist-clients interchange. The two competences do not overlap. Making the right questions and exploring themes which may seem useful to understand the story of one family, may indeed become unhelpful when it merges with clients’ pre-
vious experiences, feelings, beliefs, and so on. The therapist might “do the right thing” according to the model, yet the conversation that takes place does not seem to introduce novelty, to enhance connectedness, create sharing and trust (Roy-Chowdhury 2006; Fruggeri 2012; Patrika & Tseliou 2015). The technical competence orients therapists to reflect on the rules of the model, the relational competence invites therapists to observe and reflect on the happening of the therapeutic intervention. The technical competence guides the thinking and the actions of therapists, the relational competence orients therapists to observe the interactive effects of their actions.

The search for the methodologies that fit the goal of analysing and shedding light on the development of the therapeutic relationship has called on those fields that study peoples’ talk.

In marital and family systemic therapy, the studies conducted within the process research field over the years can be distinguished in three main areas, depending on the adopted methodologies and the research aims.

The first area includes the research conducted through the framework of Conversation Analysis (CA). In particular, CA studies detach the grammar of a conversation through its regularities and procedures. By pointing out the linguistic actions performed by therapists and clients, this research has described the conversational structure of the psychotherapeutic dialogue (Peräkylä et al. 2008).

The second area consists of studies that adopt Discourse Analysis (DA) methods. DA examines how people use language in interactions to build certain accounts of events, thus enhancing some positions, and undermining others (Potter & Wetherell 1987). Research conducted within this methodology described the discursive construction of a wide range of phenomena (Tseliou 2013), such as: psychotherapeutic techniques, therapeutic relationship, institutional psychotherapeutic practices, gender, blame, power and culture.

Finally, the third area can be identified in those studies that developed innovative methodologies for the study of psychotherapeutic dialogue. In general terms, the third research area is more heterogeneous than the previous ones, and it includes a combination of methods aimed at exploring different aspects of the therapeutic process, e.g. relational control sequences (Family Relational Communication Control Coding System, Friedlander & Heatherington 1989), narrative understanding of family
therapeutic process (Laitila et al. 2001), therapeutic alliance (System for Observing Family Therapy Alliances, Friedlander et al. 2006), responsive processes (Dialogical Methods for Investigations of Happening of Change, Seikkula et al. 2012). Like a prism, process research has elaborated procedures that allow separating the conversational flow into its different components, and helps us to see structures, peculiarities and redundancies of interactions. In this, they all contribute to provide tools for identifying interactive/communicative forms that are connected with the generation of new systems of meanings.

A guide to observe patterns of interaction

Within the stream of process research, we performed a study aimed at identifying specific dimensions of change that can account for different forms of therapeutic conversation, and can offer clinicians some empirically supported information to improve their practice. Central in our study has been the notion of positioning, which underlines that in every conversation participants interact by taking different perspectives that are linked to the subjects’ multifaceted identity, and orient them to perceive others, hear, feel and act in a specific way (Hermans 2006; Van Langenhove & Harré 1994).

The positions of participants are bonded by the context of the on-going discourse; on the other side a change in positioning can modify what people are doing together, that is the context within which they interact (Harré et al. 2009). During the course of every dialogue the positioning for themselves and for the others can be accepted or refused: they can be challenged and can change through the course of interaction (Markova et al. 2007; Seikkula et al. 2012). This process, which is embedded in everyday interpersonal exchanges, is emphasised in the psychotherapeutic dialogue, where clients express themselves both in the interaction with the therapist and in the autobiographical narratives they are telling. This means, according to Wortham (2001), that in analysing a therapeutic conversation it is necessary to look at the positioning adopted both in the on-going interaction, and in the narrated events.

Positioning can change in its content, according to the thematic issues addressed in a specific dialogue. But positioning can change also according to other dimensions that point out the dynamic features of this construct (Grossen & Salazar Orvig 2011; Harré et al. 2009; Hermans 1996; Marková et al. 2007; Vion 1998).
In our study we found that changes in positioning occur in different ways (Balestra 2014): The narration can be made through an individual and a collective positioning which can be expressed in a more or less emotional intensity and be connected to specific time slots. A positioning can be introduced by family members as they tell their story, or by the therapist, and can be proposed also for persons which are not present (evoked others). Moreover, the positions adopted by each participant for her/himself (or for others) can be consistent throughout the narration, or oscillate between opposing aspects. At the same time the interlocutors can contribute to the dialogue in a synchronous way, by adopting similar types of positioning, or in an asynchronous way, by taking positions that express different and even diverging aspects. Finally, the taken positioning can adhere to the storyline or refer to unrelated issues.

Alongside with these changes, during the development of the conversation therapists may position themselves in different ways. As a “co-narrator”, the therapist joins clients in narrating new stories, whereas as an “explorer”, s/he seeks details of the family’s story. Being “curious”, s/he is interested and open to clients’ point of view and explanations, while as an “expert”, s/he uses her/his professional knowledge to interact with clients. A therapist could take the position of a “listener” or an “observer”, but can also be a “coordinator” when s/he decides who talks. As long as s/he listens and comprehends clients’ emotional states therapist adopts an “empathic” positioning, while challenging the story of the family, s/he takes a “provocative” one.

As dialogue unfolds, all the above mentioned elements of positioning can take different trajectories: (i) *morphogenic*, when there is an irreversible change in positioning (e.g., the shift from emotional to non-emotional positioning or vice versa); (ii) *morphostatic*, when changes in positioning constantly oscillate between different forms (e.g., the shift from absence to presence of positioning for evoked others goes back to the initial absence); (iii) *static*, when there is no change in positioning (e.g., there is only a flat emotional tone). These trajectories of the positioning moves allow describing different forms of transformative conversations.

Let’s go back to the initial excerpts and capture the differences between them through the lens of the above-described changes in positioning. We remind the reader that the excerpts refer to a generative, an explorative and an oscillating form of conversation, respectively. It might be of interest to the reader to know that each of the above excerpts is an example of a typology that we identified in our study by analysing 11563
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utterances. All the conversations included in each typology present the features here described.

If we consider the extent of family members’ and the therapist’s positioning, all the three forms of conversation have similar features. The clients go to and from individual and collective positions, e.g., as “worried couple” and “wife sure of the relationship” (excerpt 1), or as “couple in crisis” and as “partner who does not feel considered” (excerpt 3). The therapist oscillates between different positions with a morphostatic trajectory throughout the development of the topic. In the first excerpt, s/he adopts the position of “co-narrator” and “explorer”, then moves across different positions (e.g. “coordinator” and “expert”), to return in the end to the position of “co-narrator”; in the second excerpt s/he shifts from “explorer” and “expert” (adopted mostly at the beginning and at the end of the conversation), to “coordinator” and “provocative” in the middle of the conversation; in the third excerpt, s/he presents a varied range of positionings that oscillate all the time between “curious”, “explorer”, “listener”, “coordinator”, “co-narrator” and “provocative”.

Being sessions of couple/family therapies, the alternation of the I/WE positions on behalf of clients is not a discriminatory feature of the dialogue. But even more interestingly, the multiplicity and oscillation of the therapist positioning does not discriminate the type of conversation either, thus pointing out how it is not by analysing only the therapists’ actions that we understand the development of the therapeutic process.

Let’s observe the other features of positioning that, instead, allow differentiating the three forms of conversation.

In the generative conversation, positioning always relates to the topic at stake (e.g. the dynamic of the couple’s arguments in excerpt 1), while in both the explorative and the oscillating conversations, positioning sometimes fits the topic, sometimes it does not. In the second excerpt, e.g. positioning is congruent with the topic of divorce at the beginning and at the end of the conversation, while in the middle part of the dialogue positioning is related to the betrayal. Similarly, in the third excerpt positioning does not always fit with the topic “partners’ needs”, as we can see when Lisa positions herself as an unseen daughter (excerpt 3).

The emotional dimension of positioning specifies the generative conversation, in which the emotional tone becomes more intense as the conversation goes on. In fact, through the development of generative
conversations we can notice a shift from the expression of neutral positioning (e.g. “wife sure of the relationship”, excerpt 1) to the expression of emotionally connoted positioning (e.g. “complicated wife”, excerpt 2); while in the explorative and oscillating conversations we can observe a continuous fluctuations of the emotional intensity of family members’ positioning. The latter movement is particularly evident in the second excerpt, where clients repeatedly oscillate between the positions of “wife/husband who has difficulties”, and “spouses in the process of consensual separation”.

Generative conversations are also characterised by a shift from past to present and future issues. In the first excerpt, in fact, clients and therapist start talking about the past conflicting moments, then move to present, by talking about how the couple feels. On the contrary, in the explorative and oscillating conversations, the dialogue develops by oscillating through present and past (e.g. the here and now of the divorce, and the past betrayal, 2nd excerpt; the inadequacy of Michele and Lisa’s individual therapy in the 3rd).

Coherence and synchronicity of family members positioning, instead, differentiate oscillating conversations from generative and explorative ones. In oscillating conversations, in fact, each family member expresses a set of contradictory positions, and contributes to the dialogue in an asynchronous way, by taking positions that express diverging aspects. In the third excerpt: Lisa adopts inconsistent positions, like “partner who wants to be a priority” and “permissive partner”; and the couple underlines different aspects: Lisa points out her feelings, while Michele focuses more on the couple needs and opportunities. In generative and explorative conversations, positioning of family members change but they are always consistent and synchronous. These particular features of positioning point out how the oscillating kind of conversation is far away from a shared story.

Finally, authorship of positioning and positioning for evoked characters are the elements that clearly distinguish each type of conversation. In generative conversations family members move from proposing positions to accepting positions proposed by therapist, like e.g. husband as “partner who cares” (excerpt 1). Differently, in explorative conversations, positioning is always introduced by family members who express their point of view in answering to the therapist’s questions. In oscillating conversations, instead, both the therapist and the clients, in turn, introduce new elements. As we can see in excerpt 3, the therapist
positions Michele as “partner expressing needs”, and in the next turn Michele accepts this interactive position by expressing the desire to change home; at the same time, e.g., Lisa positions herself as a “partner who wants to be a priority” and therapist adopts this position for Lisa in the next turn. Finally, positioning for evoked others is introduced during the course of generative conversations, it is consistently present in explorative conversations and it is sometimes present, sometimes not in oscillating conversations.

Conclusion

It is quite easy in clinical practice to identify a change when it is connected with a redefinition of a narrative or with a change in behaviours. However, this is not the only way in which change can occur through the course of a session. We can have conversations that are transformative in a more subtle way. For example, exploration does not necessarily bring dramatic changes in behaviours, but it can facilitate the emergence of different viewpoints and opinions never expressed before or never heard by family members. We can have conversations that produce new descriptions that are later withdrawn, thus giving the idea that novelty is possible but not now. In our chapter, we attempted to offer some guidelines that can be used to identify whether the unfolding conversation is of a generative, an explorative or an oscillating kind.

Constantly adhering to the addressed topic, generative conversations are characterised by the fact that: i) emotional tone gets more intense as the conversation goes on; ii) positioning moves from past towards present and/or future; iii) there is a progressive emergence of new positioning proposed by the therapist and accepted by the family members.

On the other hand, the explorative and the oscillating conversations show similar features: in both cases almost all dimensions of positioning oscillate without fostering any novelty. However, the exploration pattern is recognisable by the fact that the therapist never introduces new positioning; s/he rather deepens the other dimensions of the proposed positioning without changing the content of the story. The oscillation pattern is instead recognisable by the fact that all the elements of positioning do not change, but they introduce a movement in the content of the story. This conversation is characterised by ambivalence and asynchrony, which means that each participant maintains positions expressing opposite aspects, and contributes to the development of the topic in opposite ways.
Why are these results relevant for practitioners?
They help practitioners to become aware of the kind of dialogical construction they participate in. According to the systemic-constructionist approach, a session is not just an application of technical therapeutic devices. It is rather a “joint action” whose consequences are not unilaterally determined but co-constructed through the interaction itself (Shotter 1993). This is why it is important for therapists to develop a relational competence that is the ability to read the interaction as it unfolds through the dialogue among participants. But the relational competence needs instruments to rely on. The operationalisation of the different kinds of transformative conversation in terms of positioning is an attempt that we made to offer instruments that can support and feed the competence of therapists to read processes.

This kind of research provides guidelines to the self-reflexivity of the therapist, who can then ask her/himself questions such as: what is my position in the conversation? How do clients respond to this? Are they generating new positioning? Are they oscillating between this and that? What is the quality of their emotions? What the time dimension?

The generation of new meanings and stories is a goal to which all therapists aim. But sometimes generative conversations are too premature with respect to the timing of the family; accepting to go along with the oscillation of clients’ positioning allows novelty to emerge in a bearable way. Thus, being aware of the above-mentioned characteristics of different transformative conversations, a therapist might choose to participate and stay in an oscillating or in an explorative conversation according to different therapeutic needs. On the other side, if the therapist is able to distinguish the features of the positioning characterising conversations that have or have not the potentials for generating new meanings, she doesn’t need to change the content of the positions adopted by clients, she can rather work on the features of the proposed positioning, like projecting them in another time dimension or elaborating on the emotional tune, or addressing the inconsistency or a-synchronicity of the adopted positions, thus giving a different direction to the on-going process.
References


