



Universidade do Minho
Escola de Psicologia

Teresa Isabel Guerreiro Valente

**Dyad's power dynamic and Client's self
positions throughout the therapy: a case study**



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Dissertação de Mestrado
Mestrado Integrado em Psicologia

Trabalho efetuado sob a orientação da
Professora Doutora Eugénia Ribeiro
e da
Doutora Dulce Pinto

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STATEMENT OF INTEGRITY

I hereby declare having conducted this academic work with integrity. I confirm that I have not used plagiarism or any form of undue use of information or falsification of results along the process leading to its elaboration.

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Resumo

Na teoria do self-dialógico, o self é conceptualizado como uma multiplicidade de posições “/” relativamente autónomas, que sofrem influências tanto do meio histórico-cultural onde o indivíduo está inserido, como das relações interpessoais que este possui.

Ademais, o “/” tem a capacidade de oscilar entre posições, mesmo estas sendo opostas. Devido a isto, podem ser criadas relações dialógicas entre posições.

A posição */I* é mais focada no indivíduo, adotando uma posição mais “ativa” face ao mundo, contrariamente, a posição */Me* adota uma forma mais “passiva” face ao mesmo.

Os principais objetivos da presente dissertação foram explorar se o discurso do cliente mudava ao longo das sessões terapêuticas, ou seja, se o cliente passava de uma posição */Me* para uma posição */I*, se o terapeuta facilita a emergência de novas posições no cliente; e qual a dinâmica de poder presente durante o curso da terapia.

Os resultados obtidos demonstram que terapeuta parecer facilitar a emergência de novas posições, o que vem apoiar o resultado que sugere que existe uma tendência do cliente para, gradualmente, evoluindo para uma posição */I*, apesar da posição */Me* estar fortemente presente. Os resultados sugerem ainda uma assimetria a, nível de poder, entre o terapeuta e o cliente.

Palavras-chave: Mudança; Posições *I*; Self-dialógico

Abstract

In the theory of the dialogical self, the self is conceptualized in terms of a dynamic multiplicity of relatively autonomous *I-positions* that suffer influences from the historic-cultural environment and relationships the individual possesses.

Moreover, the “*I*” is capable of fluctuating among different and even opposed positions. This way, dialogical relations between positions can be created.

The *I-I position* is focused on the individual and has an “active” form towards the world. Contrary, the *I-Me position* focus is more on the outside world and has a more “passive” form. The main objectives of this dissertation were exploring, if the client's discourse changed throughout the therapeutic sessions, that is, if he moved from an *I-Me position* to an *I-I position*; if the therapist facilitates the emergence of new positions in the client; and which power dynamic is present during the course of the therapy.

The results obtained suggest that the therapist seems to facilitate the emergence of new positions, which supports the result that proposes that there is a tendency, of the client, to move gradually towards an *I-I position*, although the *I-Me position* is heavily present. The results also suggest that there is an asymmetric relationship between the therapeutic dyad.

Keywords: Change; Dialogical self; *I-positions*, self

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In the theory of the dialogical self, the self is conceptualized in terms of a dynamic multiplicity of relatively autonomous *I-positions*. These positions are distinguished by the relation between the “*I*” and “*Me*”. The “*I*” is what is considered to be the “self-knower”, in other words, the “*I*” continuously organizes and interprets experience in a purely subjective manner. It is also characterized by three features: continuity, which is the manifestation of ourselves in a “sense of personal identity” through time; distinctness, which means having an existence separate from others; and volition, which is expressed by the continuous appropriation and rejection of thoughts by in which the self-knower manifests itself as an active processor of experience (James, 1890, cit. in Hermans, 2004). On the other hand, the “*Me*” is identified as the “self-known”, being composed by the empirical elements considered as belonging to oneself (James, 1890, cit. in Hermans, 2004). To simplify, imagine that the “*I*” is a director of a play, and the “*Me*” is the actor, and as such, the self as an author, the “*I*” can imaginatively construct a story in which the “*Me*” is the protagonist (James, 1890, cit. in Hermans, 2004).

These two components of the self, form two different types of self-relating: the *I-I* and the *I-Me*. These forms of self-relating are based on Buber's (1958) contrast between the *I-It* and *I-Thou* interpersonal attitudes, respectively, and suggests that, just as we can relate to others as either objects or whole human beings, so we can relate to our own *I-positions* in these two different ways (Buber, 1958, cit. in Hermans, 2004). In terms of *I-I*, the “on-line” *I-position* acknowledges that an alternate *I-position* is part of the same greater “*I*”, meaning that this on-line position is open to the experiences, thoughts and behaviors of the alternate *I-position*, accepting them and taking them into consideration. On the other hand, in terms of *I-Me*, the “on-line” *I-position* distances itself from the alternate *I-position*, noticing it as something qualitatively distinct, this means that the purposefulness, meaningfulness and volition behind the alternate *I-position*'s tend not to be acknowledged and consequently the alternate voice is experienced as a representative of a more general class (Hermans, 2004).

However, the dialogical self is also conceived as social, in the sense that other people occupy positions in the multivoiced self (Hermans, Kempen, & Van Loon, 1992). That is to say that our interpersonal relationships become part of ourselves, they become integrated within our sense of self, in this way, said interpersonal relationships and significant other are capable of influencing the characteristics of our own different voices.

Moreover, the self is surrounded in a historical context with deep implications for both the form and content of narratives and dialogical (Hermans et al., 1992). This allows that the different parts of the self become influenced by institutional, societal and cultural expectations where the individual is inserted and in such a way, these expectations become reflected in the individual's internal dialogue, consequently impacting which voice becomes dominant (Bathkin 1929/1973, cit. in Hermans, 2004).

Taking this into account, it is relevant to note the different types of relationships that the individual possesses, because, according to the framework of the dialogical self, the others can be both internal and external (Hermans, 2004), as to say that other people in our lives, exert influence upon us, enabling us to change our thoughts and experiences towards different events and consequently having an input on how we relate with ourselves and others. Also, in terms of an intra relationship it is important to note that a person can also differ from its past self or its past dominant voice.

Taking everything that was said into account, it can be said that the *"I"* can fluctuate among different and even opposed positions and has the capacity to endow each position with a voice so that dialogical relations between positions can be established (Hermans, 2002) so, the *"I"* is not solemnly one voice, but a multitude of voices. Hence the self is made up by various *"I"* positions that are independent from one another and, as such, the self-narrative of the individual is not only temporally, but also spatially structured, meaning that the individual that is telling his story is doing so from a particular position space and time (Hermans & Kempen, 1993 cit. in Hermans, 2004) and consequently the story can also be told from a different position of space and time, hence, depending on the situation that the individual finds him or herself in, the dominant voice can differ.

Because of this fact, in the context of therapy, it is important for the therapist to understand how the various voices of the client are positioned and organized, elaborating a position repertoire. This repertoire enables the therapist to extrapolate relevant information about the relative dominance of the voices (Hermans, 2004). So, the therapist plays an important role, facilitating the emergence of the positions of the self that are more productive for the client and as an extension for the therapeutic process.

The therapist facilitates this emergence, firstly by listening and comprehending what is being said to him by the client, noting what voices are being used; secondly by articulating them in terms of the position that they occupy in the client's narrative; and thirdly, because other people also have an internal role towards us.

This way the therapist has a chance of becoming a new position in the client's mental scenario, facilitating and help change the organization of the client's self (Hermans, 2004). This organization allows the client to move from dysfunctional elements, created by the self's position, to adopt more functional

elements and develop capacities that allow the client to impede the generalization of the dysfunctional elements.

Although discovering the position repertoire is important, it is also equally valuable to understand what type of self-relating form the client is in at the time of the psychotherapy, because the *I-I* like forms of self-relating tend to be associated with psychological well-being, while *I-Me* like forms of self-relating tend to be associated with psychological distress (e.g. Cooper 2003b; Greenberg & Elliott 1997; Jordan 1991a; Vargiu 1974).

Dialogical relationships have two defining characteristics: intersubjective exchange and dominance and they vary on a continuum, ranging from symmetrical to asymmetrical dialogue (Hermans, 1996b) For example, conversations between friends usually have a higher degree of symmetry than a conversation between the therapeutic dyad. This happens because the former dialogues are brought forward by both interlocutors in a cooperative way. The initiative is not continuously on the part of one interlocutor, but it alternates in a fluent way (Hermans, 1996b). As for the latter, there is a clear and continuous initiative of the therapist's part, it may be through questions or statements.

So, it can be said that exists a continuum that ranges from symmetrical to asymmetrical, and as Linell (1990) said, asymmetry exists in each individual act-response sequence, this means that the speaker communicates in meaningful ways if they are able to take initiatives and display their views in turn. As such, the speakers become a part of the turn-taking process throughout the entirety of the conversation, alternating continually the roles of "power holder" and "power subject" (Linell, 1990, cit. in Hermans, 2004). As the name suggests, turn-taking is the act inside the dialogue, where one person speaks in its own turn and then the turn changes, when the other person speaks. As a result, the interactors are dominant in turn (Hermans, 1996b). In the context of therapy, speech activity and the number of words spoken by patient and therapist serve as an overall measure of the level of participation in the conversation (Grabhorn, Kaufhold, Michal, & Overbeck, 2005). This is a helpful way of analyzing and trying to understand how the therapeutic relationship, in that particular dyad, works. For example, if the therapist speaks a lot, he is trying to be protective toward the patient, but if the patient speaks a lot, then he or she is disclosing him or herself.

In the present study, we aim to explore, through a linguistic methodology if throughout the sessions the client's position changes from one centered on others to one more focused on himself, this way evolving from a more *I-Me* position to an *I-I* position. We also aimed to understand, using the number of words spoken by the client and therapist, if there exists a shift in power during the various therapeutic sessions.

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This way it was proposed the following research questions:

1. How does the power dynamic between the dyad evolve throughout the session?
2. How does the therapist facilitate a new position of the client?
3. How does the client's self-position change throughout the course of the therapy?

Method

This study analyzed a clinical case selected from the database from the Psychology Service of the School of Psychology from University of Minho, regarding the investigation project “How collaboration in psychotherapy becomes therapeutic: a study of interactive and psychophysiological processes in good and poor outcome cases”, financed by the Fundação Bial (178/12).

1. Participants

1.1 Client

The client was a male student of the University of Minho and was, at the time, 22 years old. The client had decided to seek therapeutic help because he was having trouble dealing with the emergent conflict within his group of friends and his increasing sentiment of not belonging and being left out. He also had had a break-up recently and was having difficulties in dealing with her presence as she is a part of his group of friends.

Moreover, the client had felt that his recent ex-girlfriend was sending him mixed messages about her feelings towards him and, as such, it became troublesome for the client to understand if he should, or not, try to win her back.

Throughout the sessions it was possible to notice the depressive symptoms the client had showed and it was also possible to note that the client was focusing a lot of time and thoughts to his group of friends and ex-girlfriend, giving emphasis to the other persons needs and opinions, disregarding his own needs, feelings and opinions.

This case is one of success having as basis for this conclusion, the difference of global scores of the OQ45.2, applied before the first and last session, having as reference the cut value of the instrument and the reliable change index (Jacobson & Truax, 1991), as in the Portuguese adaptation (Machado & Fassnacht, 2015)

1.2 Therapist and therapy

The therapist belonged to the Psychology Service of the School of Psychology from University of Minho, having 22 years of experience. The therapeutic model used in this case was the Cognitive-Behavioral Therapy (CBT). The therapy was comprised of 16 sessions, with the duration of roughly 50 minutes each, and 2 follow-up sessions, one per month.

The therapy used, aimed to help the client trust more on himself and focus in his well-being, through the finding of sources that would incite pleasure and positive feeling in the client. It was also

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objectives help the client relate to his former girlfriend in a more autonomous and positive way and to train social skills that could help him in conflict resolutions with his friends.

As a final objective, it was foster the client's sense of self continuity, that is, that he is still the person that he was before the problems happened.

1.3 Judges

The analyze of the data was conducted by a pair of judges. This pair included the co-advisor of the present study, which is an investigator in the group of investigation where this study was developed, that also has formation and clinical practice in cognitive-behavioral therapy, and a student from the last year of the master's degree in psychology, being clinical psychology the specialization area. Both judges integrate the investigation group about therapeutic relationship in psychotherapy, coordinated by the advisor of this thesis.

2. Instruments

Outcome questionnaire (OQ-45.2; Lambert et al., 1996, portuguese adaptation made by Machado & Fassnacht, 2015). It's composed by 45 items regarding the following three dimensions: 1) symptomatic discomfort (anxiety and depression); 2) interpersonal relationships (solitude, conflict with others e marriage and familiar difficulties) e; 3) social role (difficulties in the workplace, school or other activities). These items are scored in a Likert scale that varies between 0 (never) and 4 (almost always). The cases were considered of success or unsuccess by comparing the total score of the first and last session, having as reference, the cut value of the instrument (62 points) and the index of significative clinical change (15 points) (MacHado & Fassnacht, 2015)

3. Procedure

The research project, from which the clinical case was selected, was previously approved by the Ethic Commission of University of Minho. Both the client and the therapist signed a consent form, after it was explained to them the conditions necessary for the participation, namely the video and audio recordings of the therapy sessions and the filling of questionnaires for evaluation of the process and results.

These sessions were later transcript by members of the research team of therapeutic relationship in psychotherapy, from the University of Minho. However, the sessions number 9 and 12 were not

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transcript, because the video and audio were not comprehensible and consequently, these sessions were not subjected to analyses.

4. Analyze procedure

In order to respond to the different research questions, different analyzes were made. The first question was given answer by the counting of words said by the therapist and client throughout the sessions. The second question was answered by the analyze of the pronouns present in the client's and therapist speech, as well as the pronouns said by the client when the therapist said specific pronouns such as "you".

To give answer to the third question it was analyzed the client's discourse in a broader sense, where it was identified what type of relational position (i.e., I-I or I-Me) the client found himself during the various interactions with the therapist.

In order to analyze the pronouns, firstly it was compared the Portuguese and English grammar, in order to find some common rule that connected the two languages.

This was done because having as a secondary objective the elaboration of an article, written in English, through this paper, it became imperative to study both English and Portuguese grammar in order to find common rules in the use of the personal pronouns. This way the translation from Portuguese to English of the data, would be more reliable and consequently the validity of the results, discussion and the conclusions would be secured. It was found that both languages followed the Subject-Verb-Object (SVO) rule, this means that before a verb there is always a subject, usually in the form of a pronoun, therefore this means that in both languages the sentences are created in the same way, following the same rules. However, a slight difference between Portuguese and English is that in the first, it's not always explicit the personal pronoun (i.e. I, you...), as in the latter the personal pronouns are always explicit. Because of this particularity the identification of the personal pronouns included also the identification of implicit pronouns. Secondly, it was decided what type of pronouns would be identified in the transcriptions. The third and final step was arranging rules of identification, so that both judges would have the same criteria for the identification of said pronouns. The rules are described above. After the selection of what pronouns would be used and what rules the judges would follow, the identification of the pronouns started, being in the transcript sessions and later codified to an excel page.

The identification and codification were executed independently by the pair of judges, characterized above. For every session the pair of judges compared their respective codification, in order to see if there was an agreement between them. We considered that there was agreement when the lines

of the interactions had the same number of pronouns to both judges. The desired percentage for the agreement was of the 80% or higher. When such number was not achieved, there had to be done a consensus meeting, where both judges, discussed their coding and identified the pronouns together and at the same time.

The pronouns identified were the personal pronouns whose function was of the subject, because in both *I-I* and *I-Me* positions there is a subject, that can be either the client himself (*I-I* position) or somebody else (*I-Me* position).

Such are: I ; you; he/she; we; you; they, which in Portuguese correspond respectively to Eu; tu; ele/ela ; nós; vós; eles/elas. Because the pronouns "he/she" and "they" refer to the act of mentioning somebody else, they were clustered together due to the fact that in the dialogical self theory there is no difference between referring to plural or singular people.

It is important to notice that in English there are two types of "you". There is the singular "you" which corresponds to "tu" in Portuguese and there is the plural "you" that corresponds to the "vós" in Portuguese. It is also of relevance to note that, although in English the pronoun "they" has no defined gender, the same does not occur in Portuguese grammar, meaning that the pronoun "they" can be translated to "eles" or "elas" depending on which gender we are referring to. The "it", which is one of the pronouns in the third person of the singular, was not taken in to account because in Portuguese there's no pronoun that corresponds to the one mentioned above. Moreover, there were identified two types of the "we" pronoun. The "we" inclusive ("We I") which occurs when the therapist or client want to refer to the therapeutic dyad and, according to Schaumburg (1993), when the patient uses this type of "we", it is a good indicator of a good relationship with the therapist. The "we" exclusive ("We E"), which is used when the therapist or client want to refer to the people outside the dyad.

The pronouns identified had to satisfy a set of rules that engulfed the norms of the signals used in conversational analyses, through which the transcriptions were made and revised (Jefferson, 2004). The rules are as follow: 1) the pronouns have to fulfil the subject role because not all personal pronouns are used as a subject and for this particular study it is important that the subject role is fulfilled; 2) they can only be personal pronouns because there are multiple types of pronouns, but for this project in particular, the aim was to focus, solemnly on the personal pronouns, because those are the ones that, usually, are connected to the role of the subject; 3) in the transcription whenever there are curved parenthesis, the pronoun inside those parenthesis is not to be identified, because according to the transcriptions norms, whenever a word or sentence is inside curved parenthesis, it means that it's an additional information that was not said by the client or therapist. It is simply a note of the person that is

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transcribing the session; 4) when there's ambiguity in the transcription, in other words, when it's not clear what type of pronoun is being used or what type of function is being fulfilled, the pronoun is not counted; 5) when in the transcription cut words appear (i.e n-; des-), the pronoun that comes before is not to be counted, because the word itself is not complete and, as such, it is not completely clear what the client might have meant; 6) whenever the verb is in the infinitive form, there is no pronoun before; 7) Whenever the client or therapist said a person name or the person was referred to as "mother", "brother" or such, as long as it fulfilled the subject role, the pronoun that corresponded to word said, was identified.

For the analyse regarding the answer of the first research question, it was counted the number of words that the client said in each session, the same was done for the therapist, and, in the end, it was compared session to session the difference between the client and therapist.

Regarding the analyze of the client's self position change throughout the course of the therapy (third question), first we selected a theme that occurs throughout the therapeutic sessions as the context of analysis. The theme chosen was of the relationship between the client and his ex-girlfriend, because it was a very central topic for the client and it was discussed during the various sessions.

Then we analyzed the prevalence of this theme throughout the sessions by identifying all the extracts within each session. After the identification of said theme, it was established that the interaction between the dyad started when the therapist spoke and that the only relevant interactions would be those that contained the chosen theme.

It is important to refer that all the interactions in the session, that contained said theme, were analyzed. Furthermore, the interaction began when the therapist spoke and ended when the client finished talking. Then we selected three sessions, one from each therapy phase. The sessions chosen were the session number 3, 8 and 14, that correspond to an early stage session, and intermediate session and a final stage session, respectively. Lastly, it was specified two categories to code the two most pronouns used by the client, throughout these sessions. The pronouns were "I" and "She" and the categories were the position that the client's self occupied in the moment that he said the pronouns mentioned above. The positions could be the *I-I position* or *I-Me position*.

For example, the clinical illustration 1 (session 8) presents an illustration of the interactions where the client's self-position is "I-I".

Clinical illustration ¹1:

T. (35) – 30.58 – TU/VOCÊ Tem alguma ideia do que é que o deixou depois triste?

¹ Optou-se pela não tradução da transcrição original por forma a não se perderem os significados inerentes à língua nativa

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C. – 30.59 – [Não]. (3.0) EU Pensei na J

The clinical illustration 2 (session 3) presents an illustration of the interactions where the client's self-position is "I-Me".

Clinical illustration 2:

T. (51) – 30.18 – Hum, hum. E, e isto, L. ((nome do cliente)), este perceber que ela ELE/ELA não quer estar sozinha consigo, o que é que significa para si?

C. – 30.24 – Que ainda... (2.0) Que ela ELE/ELA tem medo de 'tar comigo sozinha. ELE/ELA Tem medo de... ELE/ELA Também sente alguma coisa. De que qualquer situação vai, que nos vai, juntos ou que NÓS (E) estejamos de novo íntimos juntos os dois.

It is also of importance to mention that the client's self can differ its position during an interaction and, as such, there were interactions where both positions, *I-I* and *I-me*, were present in the client's speech.

Results

The presentation of the results found in the present dissertation consisted in the characterization of how the power dynamic between the dyad evolved during the therapeutic process; on how could the therapist facilitate an emergence of new positions in the client; and the characterization of the evolution of the client's self position from I-Me to I-I.

1. Question 1: How does the power dynamic between the dyad evolve throughout the sessions?

The results show that, throughout the entire case the client prevailed over the therapist in the amount of words spoken, meaning that the client talked more than the therapist during the course of the therapeutic sessions. This way it was shown that the client held more speech activity than the therapist.

The client talked 60% to 75% of the total if the words said by the dyad. There was only one session, session 10, where the therapist talked more than the client, having said 55% of the total words spoken by both.

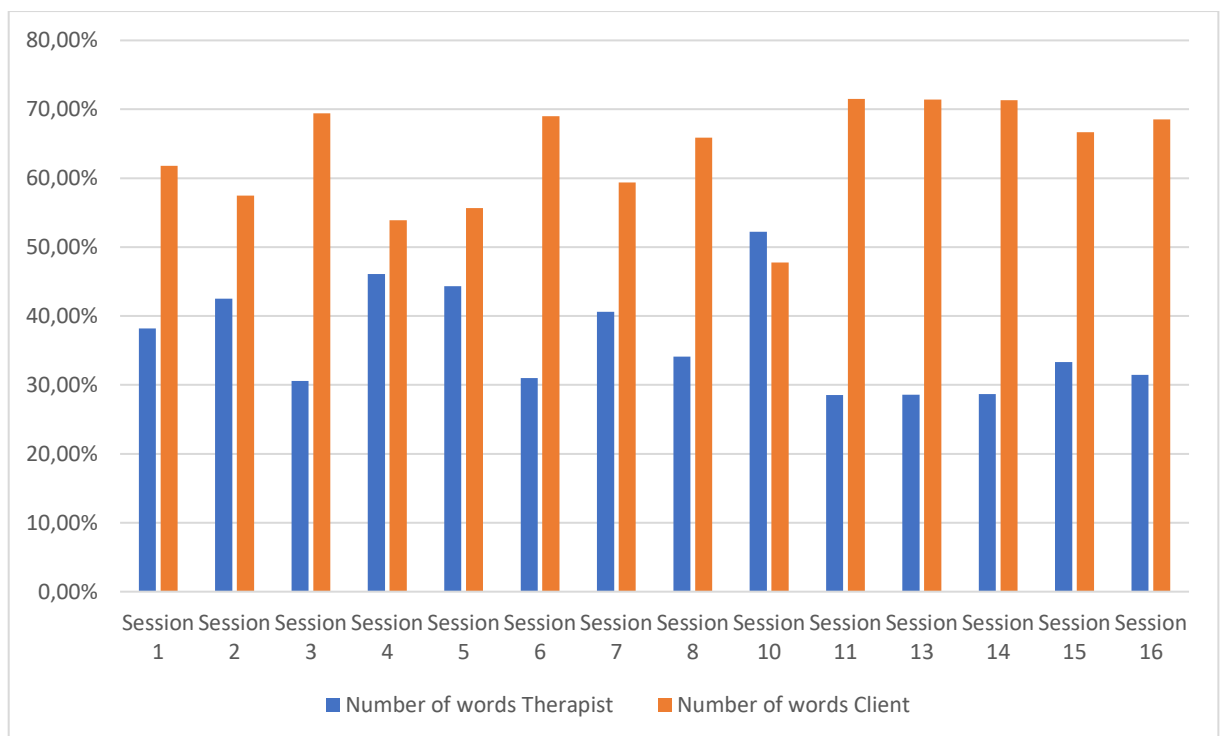


Figure 1: Percentage of words spoken throughout the session

2. Question 2: How does the therapist facilitate a new position of the client?

At this point we present the pronouns that were more predominately used by the therapist and by the client. It will also be displayed how did the client responded to the therapist, when he used the pronouns "I", "You", "He/she/they", "We I" and "We E".

The results show that during the therapeutic process the therapist said most of the times the pronoun "you", ranging from 58% to 80% of the total of the pronouns said by the therapist throughout the sessions.

Being the session 4 the one where the therapist said the least amount of the pronoun "you" having said 58% of said pronoun during the session.

In counterpart the session where the pronoun "you" was used the most was the session 13 (Figure 2).

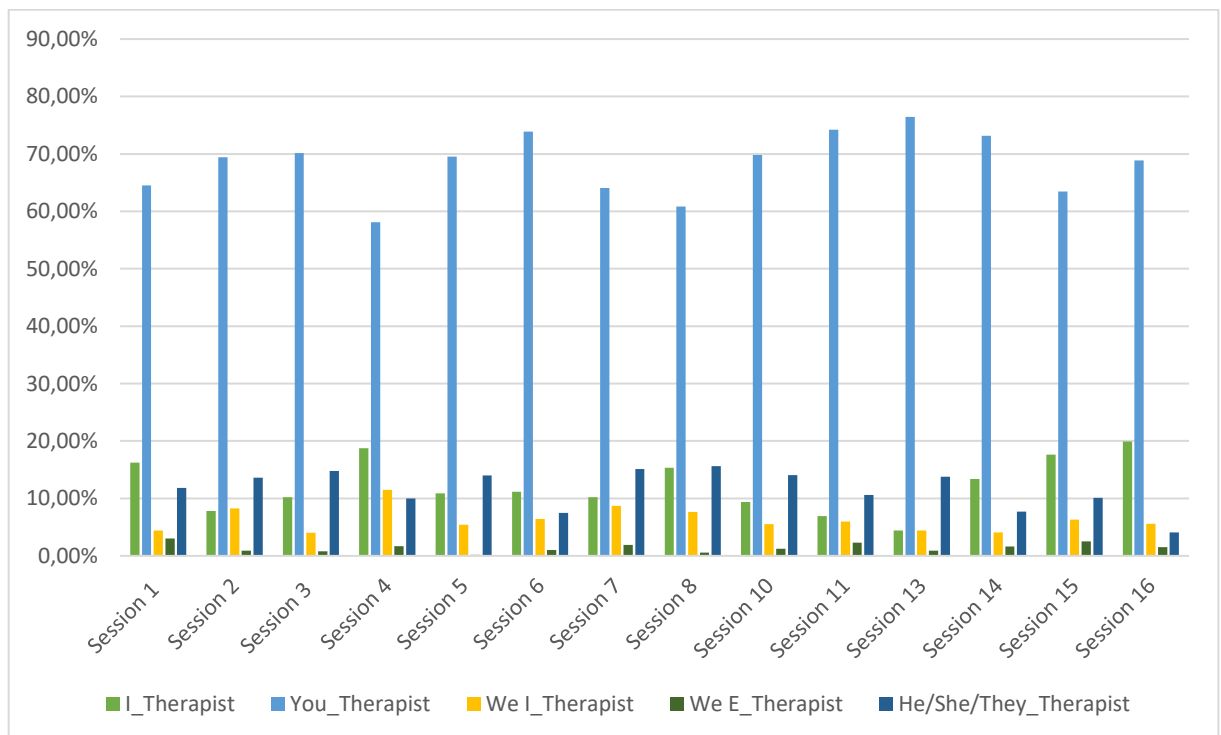


Figure 2. Pronouns said by the therapist throughout the session

As for the client he used most the pronoun "I" and the pronouns that refer to other people ("he/she/they"). The first ranged from 11% to 70%, being the session 7 the one the client less used the pronoun "I" and session 6 the one where he used it the most. The ones who referred to other people ranged from 23% to 75% of the total of the pronouns said by the client.

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Being the session 6 the one where the client used less this type of pronouns and session 7 the one where he used them the most (Figure 3).

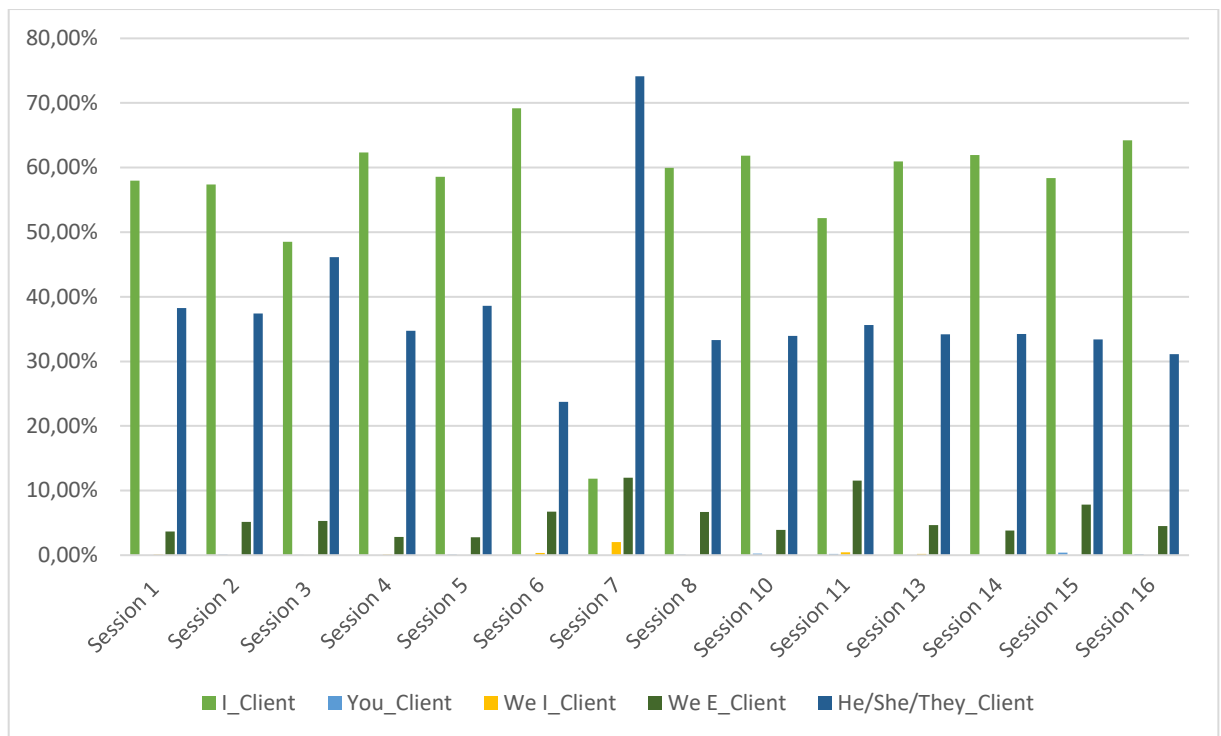


Figure 3. Pronouns said by the client throughout the session

At this point it was tried to make comprehensible how does the client respond when the therapist uses: “I”; “you”; “he/she/they”. It will only be shown an example of a graphic of the analyze mentioned above.

Throughout the course of the therapeutic sessions, whenever the therapist used the pronoun “you” the client responded more frequently with “I” as well with “he/she/they”. This pattern of response by the client remained even when the therapist said other pronouns such as “I”, “he/she/they” and “we” inclusive. Because of this, it will be shown, as an example, the response of the client when the therapist uses the pronoun “you”. However, the remaining graphics will be annexed.

The Figure 4 shows that, when the therapist said “you”, the client tended to respond more with the pronoun “I”, the percentage ranging from 50% to 73%, although the client also seemed to respond with the use of the pronouns that make reference to other people outside the therapeutic dyad.

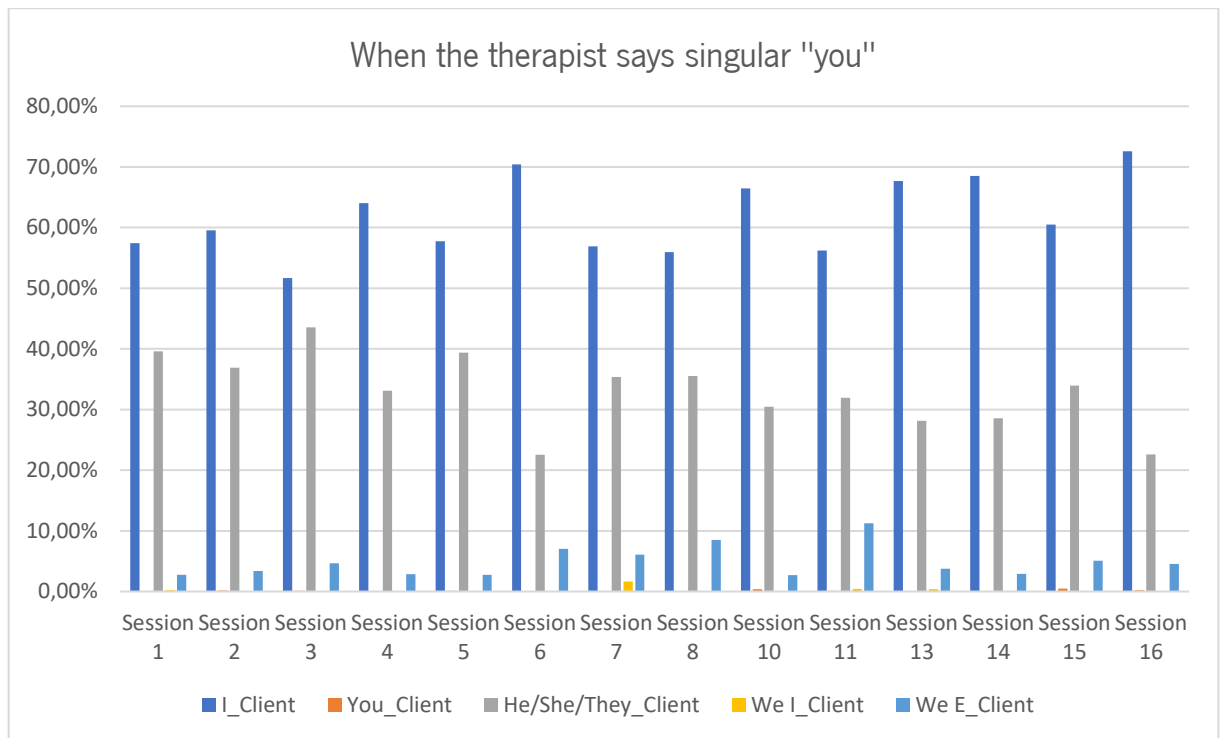


Figure 4. Pronouns said by the client when the therapist said singular "you"

3. Question 3: How does the client's self-position change throughout the course of the therapy?

To achieve an answer to the question above we analyzed the interactions, between the dyad, that contained the theme of the client's ex-girlfriend. As we said above, it was chosen three different sessions. One that belonged to the early phase of the therapeutic process, one intermediate and one that belong to the final phases.

Clinic illustration 3 (session 3)

Client's self-position is *"I-I"*

(The client talks about his insecurities about his ex-girlfriend)

T. (46) – 29.26 – Ok. Portanto, TU/VOCÊ ficou inseguro...

C. – 29.29 – EU Fiquei muito inseguro ((num tom muito baixo)). EU Fiquei muito...

Clinic illustration 4 (session 3)

Client's self-position is *"I-Me"*

(The client proposes what he thinks his ex-girlfriend wants)

T. (53) – 30.56 – Hum, hum. Mas podem ser as duas possibilidades, é isso, L. ((nome do cliente))?

C. – 30.59 – [Sim. sim]. ou podem ser as duas juntas ou assim. Ou, ou ela ELE/ELA não quer 'tar comigo pra me dar esperanças. mas ELE/ELA quer 'tar comigo e c-. coisas assim.

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In the session number 3, session that belonged to the early phase there were a total of 48 interactions that contained the chosen theme, from those 48, 37 included the position *I-Me* and 13 the position *I-I*.

In the intermediate session, session 8, there were 23 interactions, 15 were of the position *I-Me* and 8 of the *I-I* position.

As for the session number 14, that belongs to one of the final phases, there were 42 interactions, 30 *I-Me* position and 18 *I-I*.

In the third session, one that belonged to the early phase of the therapy, the difference between the position *I-Me* and *I-I* was large. Nevertheless, in the intermediate session (session 8) and one of the final sessions (session 14), the difference between these two positions became smaller. Based on these three sessions, it appears that the *I-I* position has a tendency to increase throughout the therapy process.

It was noted that the position *I-Me* was the one that prevailed, although it grew smaller towards the end of therapy. The position *I-I* was never prevalent in the sessions analyzed.

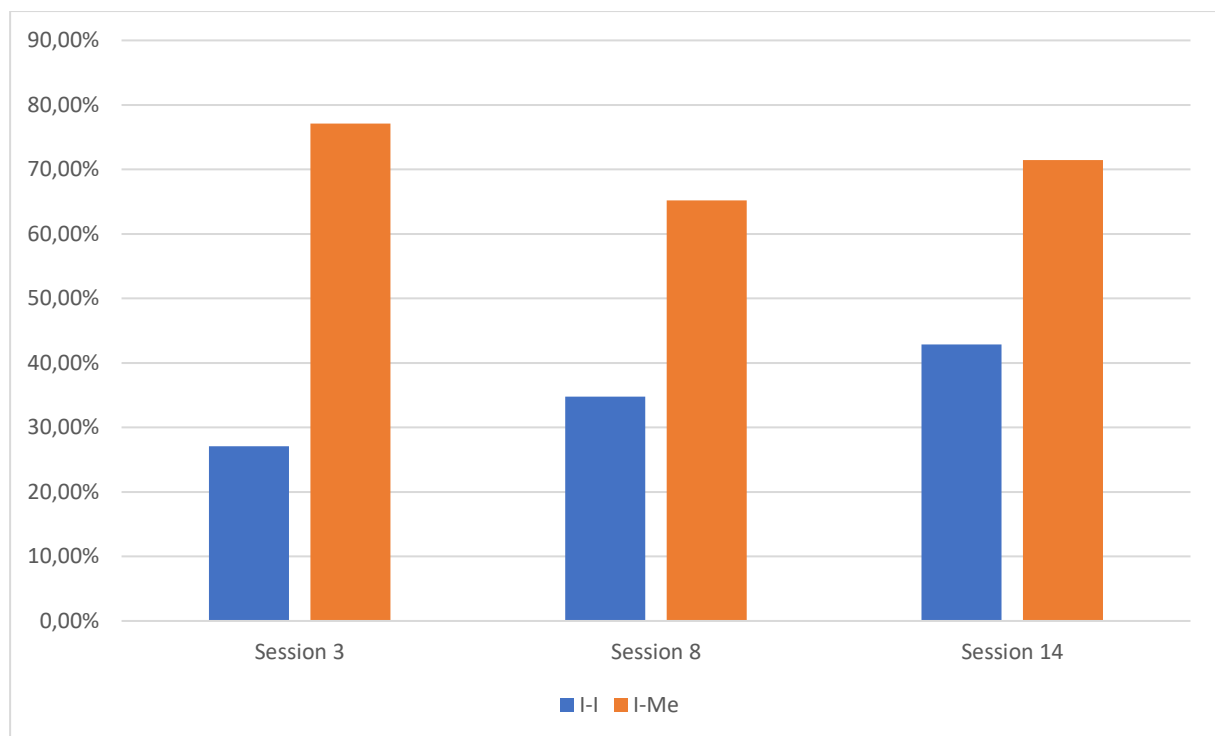


Figure 5. Client's self-position evolution

Discussion

In this dissertation we aimed to explore if the client's position changes throughout the sessions, from one centered on others to one more focused on himself, this way evolving from a more *I-Me* position to an *I*-position. It is also intended that it would be tied to understand, using the number of words spoken by the client and therapist, if there exists a shift in power during the various therapeutic sessions. The following discussion of the results will be organized as an answer to each research question. As such, first it will be discussed the results regarding the power dynamics in these therapeutic sessions. Secondly it will be approached the number of pronouns said by the therapist and the client and also, we will talk about how the client responds to the pronouns said by the therapist, this way, it will be tried to give an answer to the question of how does the therapist facilitate the change in the client's self-position. Thirdly it will be approached the client's discourse and what type of position the client found himself in, in order to answer the question of how does the client's self-position change throughout the therapy.

The results show that throughout the course of the therapy the client tended to talk more than the therapist, although in the session 10, the client talked less than the therapist, being the only session where this occurrence happened.

The prevalence of an increased speech activity by the client is to be expected because, usually the anticipated distribution of speech activity in a psychotherapy is 2 to 1 (patient to therapist) (Mergenthaler & Kachele, 1994, cit. in Grabhorn, 2005), and, as such, the client has this tendency to talk more than the therapist.

This result can also be explained taking in consideration that, during therapeutic sessions, it is expected that, if the patient speaks a lot, then he is disclosing himself (Grabhorn et al., 2005), and therefore he is talking about his problematic and the feeling and attitudes he has towards said problem.

Furthermore, the client having this kind of power during the therapy, is also a good sign for the development of it, because generally a lower speech activity expresses a lack of willingness on the patient's part to work with the therapist (Grabhorn et al., 2005).

However, in the therapist's part, it is expected for him to guide the client, asking him key questions so that the client can reach its own conclusions, and, as such, the therapist has a lower speech activity during the course of the sessions.

Regarding the question of how does the therapist facilitate the emergence of new, it was found that the therapist utilized the pronoun "you" the most, being the "I" and the pronouns that refer to others ("He/she/they") the seconds most used.

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This is an expectable result, because the “you” refers to the interlocutor in the dialogue (Grabhorn et al., 2005) and during the course of the therapy it's the therapist function to help the patient talk about his problematic and his feelings towards it, as well it is confronting him.

The client on its turn uses the pronouns “I” and “he/she/they” the most, which is also to be expected because the “I”, in first person singular, refers to the speaker as the center of what is being said (Grabhorn et al., 2005) and during the therapeutic sessions the client and his problematic are, in fact, the core.

In addition to this, the presence of so many pronouns that refer to a third party, in this particular case, makes sense, because one of the grander problematics of this client was his focus on other people rather than on himself, and, usually the third person singular and plural, when used during the therapy session, refers to the world outside the therapeutic relationship (Grabhorn et al., 2005). In dialogical perspective we interpret these results as expected, because the client still has a very prominent *I-Me position*, which means that the client is not yet capable of trying to move his focus from a certain idea or thought, and in this case in particular, all of this means that the client's focus is still not on himself, but rather on others.

Moving now to the response pattern of the client towards the pronouns said by the therapist it was shown that, during the course of the therapy, the client's pattern of response tended to the use of the “I” and pronouns that to a third party.

These results can be expected having as background this particular case. The core point that brought the client to the therapy sessions was the problems of his relationship with his ex-girlfriend and his group of friends.

Since the beginning, the client always presented himself as caring more about the others in detriment to himself, meaning that his focus was most of the times what others, including his ex-girlfriend, thought of his actions and behaviors. As such, a lot of his discourse was focused on others, referring multiple times to them.

In terms of the dialogical self theory, these type of results suggest that the client was still very much focused on an *I position* that contains dysfunctional elements, that are counterproductive to the client, in the sense that he would override feelings and thoughts that, would be more benefic to himself, in favor of a more centered idea on others.

Nevertheless, the client also utilizes the pronoun “I” multiple times, as can be seen in the figure number 3, as in a way of explaining and uncovering his thoughts and emotions towards the problematic that brought him to the therapy sessions. Also, we can speculate that this can be a consequence of the

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therapist encouraging the client to disclose and explain better, in a way that helps the patient to reach new conclusions.

Referring now to the analyze of the client's discourse whenever the thematic of his ex-girlfriend was present, although the difference between the *I-Me* and *I-I position* diminished, the *I-Me* position was still superior to the *I-I* position.

These results was not expected because, since this is a success case, we would expected that the *I-I position* would prevail over the *I-Me position*, because the latter involves a more "active" form, meaning that this position enables the individual to adopt and utilize newfound abilities to contradict the dysfunctional elements present in the *I-Me position*.

Nevertheless, one could argue that there was an improvement from the client's part, where there appeared to be a steady growth, in the patient's discourse, of the *I-I position*, and a slight decrease in the presence of the *I-Me position*.

This increase of the *I-I position* suggests that the client had started to allow different perspectives, about his problematic, come to light, this way enabling to rethink the problem in a way that allows him to overcome said problematic.

Moreover, according to Hermans (2004), the narrative construction of the self is facilitated by *I-Me* dialogical positions. This happens, because, the client, when he is disclosing his story, he is also listening to what he is saying through the voice of the therapist, and, as such the client is able to rehear and have a fresh perspective of what he told the therapist.

Because of this, it is created a dialogical space that instigates new perspectives of the client's story, introducing new elements, facilitating this way the construction of a more comprehensive and coherent account of the client's self-story. This dialogical space is basically, a tension field between the assessment of the story and the emergence of a change in the narrative (Hermans, 2004). This change in the narrative means that the client, ideally, will move towards an *I-I* position, as can be seen in the figure 5.

In short, the *I-Me* dialogical position has great importance during the beginnings of the therapeutic process, later it is expected for the client to change his dialogical position to one where the *I-I position* is more prominent. This is to be expected because the *I-I* like forms of self-relating tend to be associated with psychological well-being (Hermans, 2004). Although in this particular case the *I-I position* does not surpass the *I-Me position*, there is an evolution, where the *I-I position* continuously grows.

1. Limitations

The obtained results contribute to the continuation of the investigation of the micro-processes and nuances that are involved in therapy, in the measure that it gives a somewhat primordial notion of the importance of linguistics in therapeutic process, and how it might help us understand better the importance of discourse analyze in therapeutic contexts.

Nevertheless, it would be useful to replicate this study using, at least, two cases, one of success and one of unsuccess. This way it could be done a study with contrasting cases, enabling the possibility of discovering differences in the prevalence of the client's self-position, also, the way the client builds his discourse and if there are changes in the client's speech.

We consider still, that the fact the choosing a theme, that extended itself throughout the entirety of the therapy seemed relevant to us, because it allowed us to analyze all the sessions of this case and it appeared to be a theme where narrative changes occurred. However, the fact that there is no measure to quantify narrative change, this choice of theme might present itself as a limitation. This way it would be important to analyze other themes present in the therapy sessions.

In sum, it is noticeable that there is an evolution from the client's part to a more favourable self-position that allows the client the possibility of counterattacking dysfunctional elements he might have.

Furthermore, there is a clear power dynamic during the therapeutic sessions, where the client is clearly the main power holder of the dyad, in terms of speech activity. However, in terms of therapy, the therapist has the power to direct the therapeutic sessions, this way, guiding the client through the sessions. As such, it is clear that the relationship between client and therapist is one of asymmetry, where the therapist as the power to guide and the client the power to express his experiences.

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Appendix A- Pronouns said by the client when the therapist says "I" and singular "He/she/they"

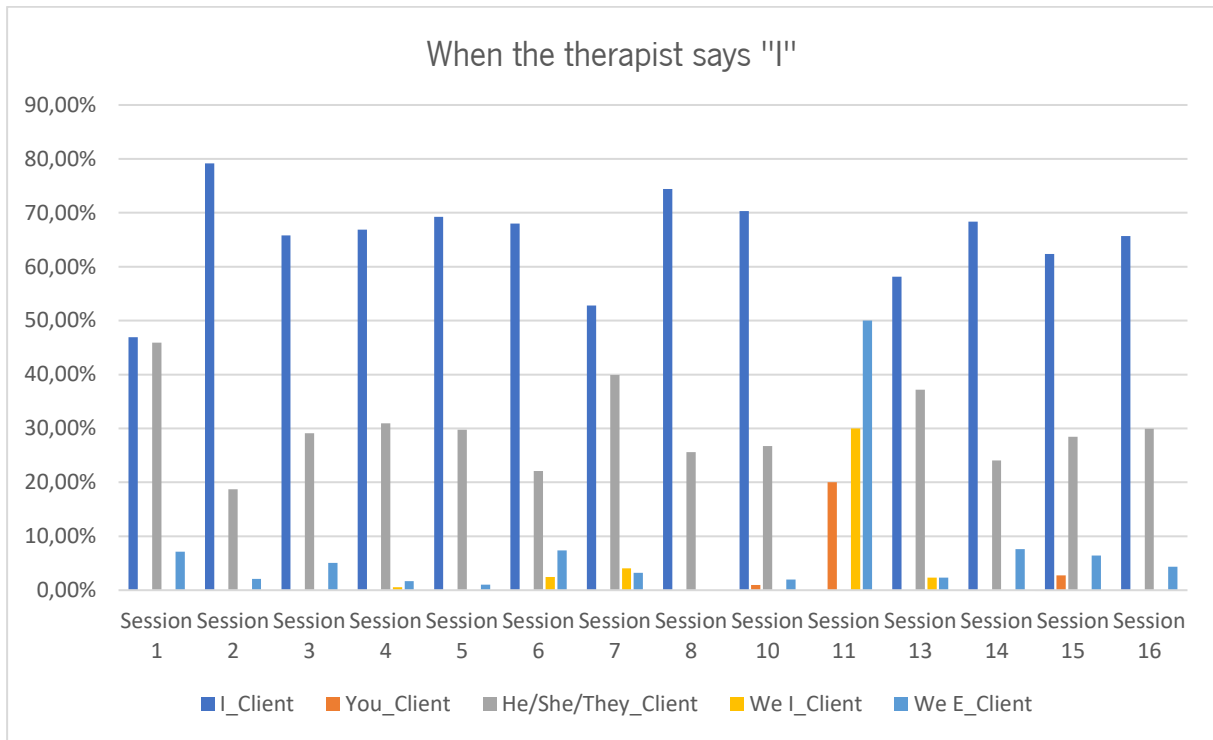


Figure 6. Pronouns said by the client when the therapist says "I"

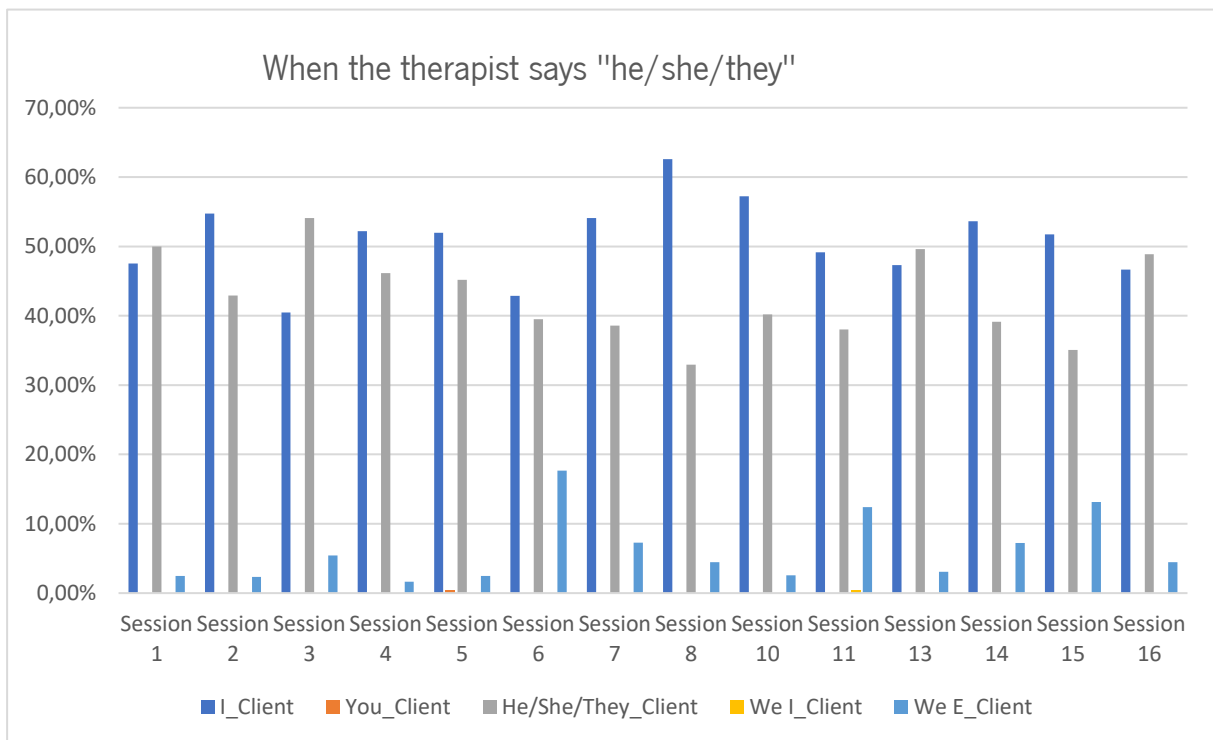


Figure 6a. Pronouns said by the client when the therapist says "He/she/they"

Appendix B- Pronouns said by the client when the therapist said "We I" and plural "you"

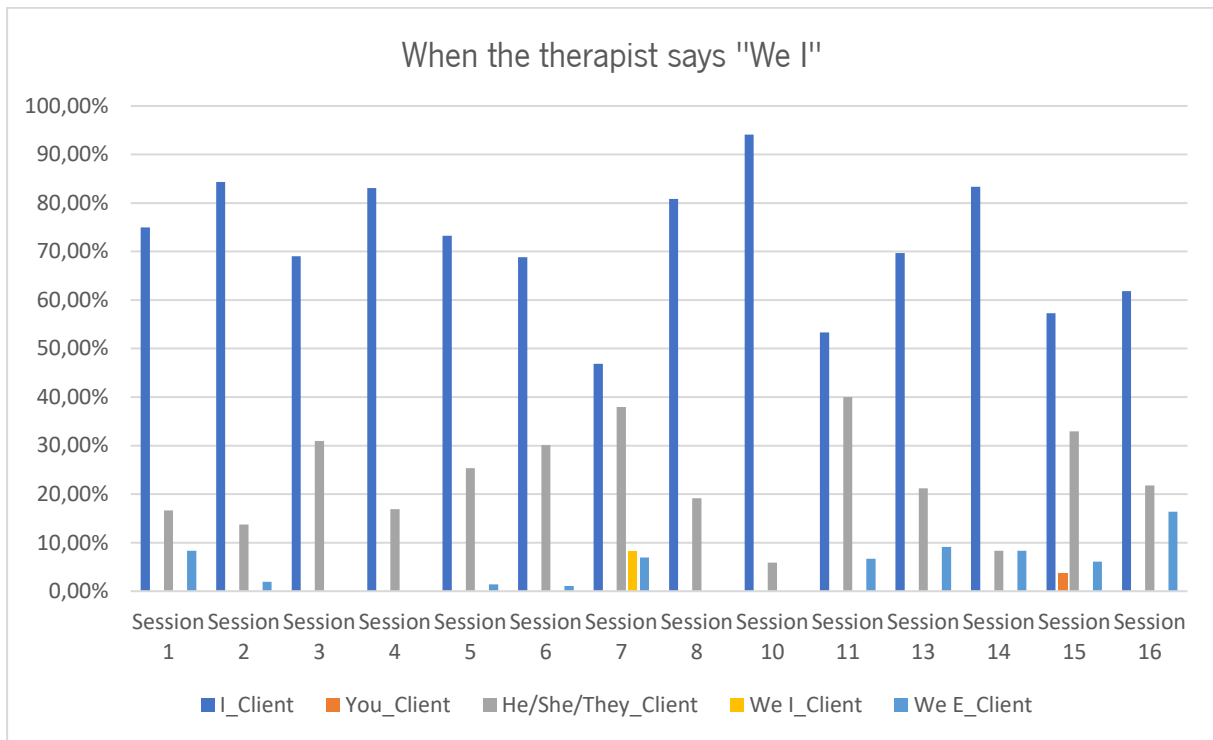


Figure 6b. Pronouns said by the client when the therapist says "We I"

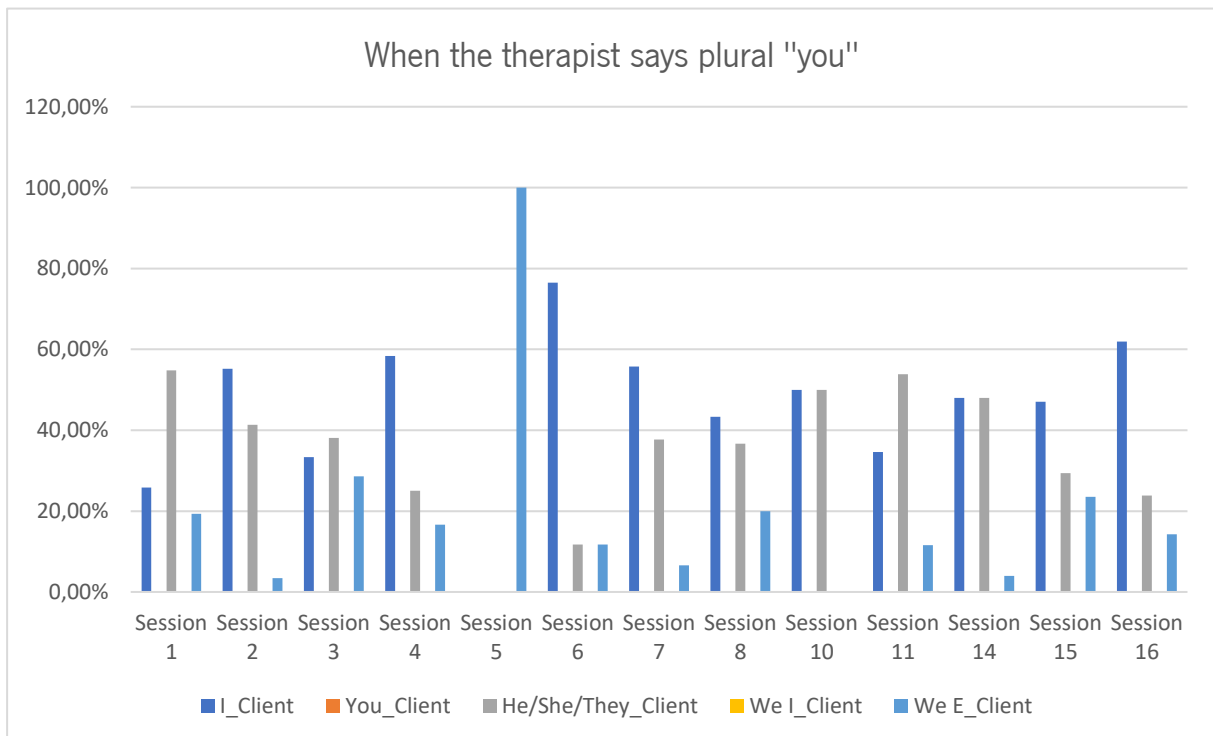


Figure 6c. Pronouns said by the client when the therapist says plural "you"

Appendix C- Ethic's Counsel of the University of Minho feedback



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sua referência	sua comunicação de	nossa referência	data
		CIPSI/CE/2012/11	30 janeiro 2013

assunto
**Colaboração
terapêutica e correlatos
psicofisiológicos em
terapia cognitivo
comportamental
PI: Eugénia Ribeiro**

This is to officially notify you of the approval of your project by the Institutional Review Board (Comissão Ética do CIPSI), pending minor clarifications detailed below. It is the Board's opinion that you have provided adequate safeguards for the rights and welfare of the participants in this study. Your proposal seems to be in compliance with national law (LPD: Lei 67/98, de 26 de Outubro) and international guidelines.

Date of review: January 25, 2013

Please consider the following before starting the project:

- 1) In the Consent form: Please provide a description of what will happen to the video recordings after content is transcribed.
- 2) If recordings are to be kept for further analysis, separate consent must be obtained from participants

We wish to remind you that the principal investigator is responsible for keeping the Board informed of any changes in the procedures or methodology of this study.

Yours sincerely,

Paulo P.P. Machado, PhD
IRB Chair