The Shift from Monologue to Dialogue in a Couple Therapy Session: Dialogical Investigation of Change from the Therapists' Point of View

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As part of a larger research project on couple therapy for depression, this qualitative case study examines the nature of dialogue. Drawing on Bakhtinian concepts, the investigation shows how the conversation shifts from a monologue to dialogue. Among the findings are: first, the process of listening is integral to the transforming experience. That is, the careful listening of the therapist can evoke new voices, just as the experience of one of the partners' "listening in" to the conversation between the other partner and the therapist can create movement and new trajectories. The latter is a qualitative difference between dialogic therapy with a couple and that with an individual. Second, the therapist not only acts as creative listener, but as the dialogue unfolds, actively contributes to meaning-making. Third, the study upholds having a team of researchers as a polyphonic forum and the usefulness of Bakhtinian concepts in clinical research on dialogue in multi-actor sessions.

Keywords: Dialogue; Dialogical; Bakhtin; Couple Therapy; Polyphony; Depression

INTRODUCTION

Within the last two decades, new forms of practice in the family therapy field have arisen from the convergence of Bakhtin's concept of dialogue—as a "model of the

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[living] world"—with an evolving framework that makes communication central (Andersen, 1991; Anderson & Gehart, 2007; Morson & Emerson, 1990; Seikkula & Arnkil, 2006). In Open Dialogue, the Keropudas group successfully pioneered this way of working in acute psychiatric care. They were the first to distill what Bakhtin calls "dialogicality"— or the practice of dialogue—into a special form of interchange that makes for the primary therapeutic ingredient (Haarakangas, Seikkula, Alakare, & Aaltonen, 2007). It emphasizes creating common language, holding multiple voices, and embodying a stance of "being with." Originally embedded in a network approach, the principles of Open Dialogue have become widely adapted to other kinds of situations, including couple and family therapy (Seikkula & Olson, 2003). The purpose of our research is to examine the nature of transformative, or "dialogical," dialogue in couple therapy.

To do so, we have undertaken a qualitative single-case design study that looks at what happens moment-by-moment in sessions with couples where one partner has reported signs of depression. Entitled "The Dialogical Investigations of Happenings of Change," this project so far has yielded one paper that explicates our newly developed methodology for examining processes in multi-actor, couple, and family sessions (Seikkula et al., 2011). This article, a companion piece, will present the next step, which is to put our methods to use.

We will examine the shifts in dialogue that transpired in a therapy session with Margareta, a 25-year old Swedish woman who works for a high-tech company, and her husband Haim, an Israeli teacher employed at a Finnish university.[1] We have chosen this particular meeting for scrutiny because of the vectored features of its therapeutic conversation. As Lynn Hoffman (2007) notes, "Not all meetings make the kind of difference psychotherapists are looking for, and it behooves us to examine what is the special nature of those that do" (p. 69). Our overall goal is to gain greater clarity about what fosters the transformative process and thereby helps improve clinical practice for the benefit of the couples and families who consult us.

The following discussion will analyze what we regard as the couple's progression from a state of turmoil and escalating conflict to the emergence of a more constructive interaction that culminated in their open discussion of their differences. There will be special attention given to how the therapists' responses were part of these developments. To make sense of the unfolding details of this process, we will use Bakhtinian concepts including "utterance," "voice," "addressee," and "polyphony," which are all facets of the larger prism of dialogue (Bakhtin, 1981, 1984, 1986).

From our collective experience with social networks and a variety of other clinical contexts, we have become convinced that dialogue is the remedy for many human problems. It is our governing assumption that the presence of so-called psychological symptoms tends to coincide with the absence of expression reinforced by single-voiced, or "monological," interchange and habits of mind, while their dissolution seems connected to the emergence of multi-voiced, or "polyphonic," processes between people. This perception is backed up by case and outcome studies of a variety of severe difficulties (Olson, 1995; Penn, 2001; Rober, Van Eesbeek, & Elliott, 2006; Seikkula, 2002). In the present study, we will simplify this larger and more abstract assumption into a close examination of the movement of a particular dialogue.

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[1]The names and identifying information of the couple have been altered to protect their confidentiality. Both partners in the study gave their informed consent for participation in the study and their conversation to be used as research data.

The main and ancillary research questions posed by this investigation are the following: How does the conversation shift from a "monological" process to a "dialogical" one? What new voices become audible in the utterances and to whom are they addressed? What part did the therapists' words play? What is the significance of positioning? What are the qualitative differences between dialogue in individual and couple therapy? Let us review our research tools.

THE ELEMENTS OF DIALOGUE IN RESEARCH

Most current research studies of dialogue in therapy concentrate on the dyadic social unit or the psychodynamics of the "dialogized" self (Hermans & Dimaggoi, 2004), thus formulating polyphony in the context of individual psychotherapy. While we have drawn inspiration from individual researchers on voice (Leiman, 2004; Stiles, Osatuke, Glick, & Mackay, 2004), our interest here is the "outer dialogue" that includes family members and professionals rather than the client's "inner dialogue." This has required our generating new methods that can capture the lines of dialogue in a multi-actor field (Seikkula et al., 2011). The translation of Bakhtinian concepts into research methods has been an ongoing conversation and an encounter of different, though overlapping, languages and perspectives that have co-evolved.

Utterance

Not unlike Gregory Bateson, who made communication central, Bakhtin sees dialogue as the essential, creative phenomenon of life: "to be means to communicate," that is, to participate in dialogue. At the heart of dialogue so understood is the utterance – a unit of speech communication, both literally and metaphorically. (It usually refers to talking, but it may also mean nonverbal expression: gesturing, dancing, painting, and so on.) The phenomenology of speech embedded in context and relationships provides the basic model for language and communication (and truth) in the dialogic world, not an abstract, linguistic understanding of language. In its most elemental form, an utterance is something spoken by someone to someone else in a specific context. It is unrepeatable and impermanent, existing only in the present moment. In contrast to a monologue, there is fitting together of utterance and a responsive reply (an aesthetic) that makes an exchange dialogical. One word—such as "well"—one turn in dialogue, or an entire Shakespearean soliloquy could be regarded as a single utterance. It is an unquantifiable part of a living, back-and-forth, and reciprocal crisscrossing of response, anticipation, and reply.

Voices

Voice connotes an act of communication and the embodied quality of the utterance. As Bakhtin (1984) writes, there must be "an author, that is, a creator of the given utterance whose position it expresses" (p. 184). The term voice thus signifies that the author of the utterance is a living person, an actual speaker (co-) authoring a distinct point of view. Every person has a repertoire of potential voices as shaped by their history and the dynamics of the social field. Voices can be linked broadly to the whole range of previous lived experiences that have marked the person for example, the voice of loneliness or love, religious conviction, or cultural ideology, etc. They become

activated by a present context and can shift in primacy and intensity in the course of dialogue. We also use the term voices to refer to dimensions of expression or thought. Outer and inner speech invariably contains the voices of others. Voices point to not only the explicit embodiment of the speaker but to the implicit polyphonic nature of life: all thought, all consciousness, and all communication are potentially multi-voiced, dialogical processes.

Polyphony

Importantly, the concept of polyphony is woven throughout Bakhtin's tapestry of ideas and concepts. Polyphony not only means a plurality of voices but it represents a theory of truth and creativity (Morson & Emerson, 1990). Polyphony is moral, that is, the way things truly are and should be. Bakhtin cites the deadening effects of Western philosophy and its legacy of top-down, "monologic" truth as the antithesis of polyphony. The state of aliveness and sustainability coincides with a multiplicity of independent, unmerged, and fully valid voices that emerge through the activity of dialogue, the co-evolving process of listening and speaking. In this way, "dialogical" dialogue preserves multiple centers of subjectivity, or voice and agency, without one dominating. A polyphonic understanding of social relationships is especially well suited as a framework for family or couple therapy, since there is a multiplicity of voices present both in the therapeutic conversation and as the inner experience of each person.

In contrast, monologue—also paradoxically called "monological dialogue" (Luckmann, 1990; Seikkula, 1995)—is a conversation that has a dominant speaker without a contributing listener. There is no opening for new meanings or understandings to form. This latter kind of communication tends to be static, hierarchical, and closed, not producing multiple subjects and voices nor leading to new, jointly created meanings.

Addressees

An addressee is the listener to whom the speaker's words are directed. Dialogue is possible only when someone says something to someone else. In couple or family therapy, there is increased complexity, since a speaker can be turning to one person but simultaneously addressing or affecting others who are there. Instead of the simple back and forth that occurs between two people, there are unpredictable zigzags within a larger group. This process can evoke new voices, or polyphony, in unexpected ways. The participants in dialogue also can be communicating to imagined addressees. In fact, there always is a third part, or voice, in any dialogue that forms a context, which the speakers address. It can be the perspective of another person, an event, or a more abstract idea, which Bakhtin (1986) calls a "superaddressee." As these invisible presences become more explicit, the potential increases for more genuine understanding between the actual participants to occur.

Positioning

Leiman (2004), a dialogic researcher, sees positioning as a constitutive feature of utterance, in contrast to Harre's (Harre & Langehove, 1999) social constructionist idea of an agentic act of the self. The former notion is close to Bateson's idea of meta-communication, or the way communication defines the ongoing relationship. It

includes the verbally expressed part of speech and together with it, an evaluative stance or "tone" that positions both the speaker and the interlocutor in relation to each other and to what has been said (Bakhtin, 1981; Voloshinov, 1996). Along with Leiman and other similar theorists, we are attempting to move research on psychotherapy from what Bakhtin called his "Ptolemaic" phase and into his Copernican revolution, which Morson and Emerson (1990) characterize as making "dialogue central and primary, and the old opposition of self and society a secondary abstraction" (p. 53).

In any form of transformative dialogue, utterances are co-authored jointly between speaker and addressee. There is an unfolding exchange that becomes the guiding "center" occurring "in-between" and continuously redefining the participants. Positioning is no longer an artifact of an individual intention, but that of the joint, living ebb and flow of social dialogue. In this vein, dialogical—or open—dialogue represents a different kind of communicative process that is emotional and creative. There is innocence to the dialogic encounter. The speakers are allowing themselves to be present and vulnerable to the living, felt moment and to participate in a new and common experience that, albeit shared, remains inexorably polysemous.

METHODOLOGY

The videotape of the session was transcribed. The authors read the transcript and viewed the tape of the session at an international seminar organized at the University of Leuven (Belgium) in October 2009 fourteen days after the session. During a long research session, we discussed the transcript line by line and reflected on its richness. We considered each utterance of each person, turn by turn, as a reaction to the previous turn, and as the context for the next one. We became curious about the first 15 minutes of the session because it seemed to produce a crucial change in the nature of the dialogue. For this reason, we decided to do a dialogical investigation of this particular meeting.

One of the therapists (JS) was present during this discussion and gave us his recollections of what he experienced while talking with the couple. The presence of the therapist allowed the team to know his felt-sense of being with the couple. This information added an extra dimension to the transcript and the video and greatly increased our understanding of the dialogical processes in the session.[2] It was also important for the researchers to have access to the videotape, in addition to the transcript, because the tone of voice of the participants and other aspects of their non-verbal presentation helped us to understand subtle shifts. All members of the team were both qualitative researchers and clinical practitioners. This team gave us a repertoire of expertise in the fields of clinical research, psychology, family therapy, and communication.

The first step in our study was to try to get an overview of what happened during the session as a whole. As a second step, we identified the shifts from one dialogical episode to the next. We distinguished the different episodes based on our observations about which voices were presented, how the utterances positioned the speakers, and to whom the words were addressed. Our inquiry represents our own joint analysis and the interpretations afforded by our theoretical and clinical lenses, which our team

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[2]There are examples of valuable studies of therapeutic dialogue without the therapist's presence (Seikkula, 2002). So this feature is not absolutely necessary, although we found access to the therapist's inner conversation enriching.

shares as a definite point of view and bias. Alternate readings of the transcript are possible of course based on alternate conceptual and research methods.[3] However, we did try to represent as faithfully as possible what happened in the session.

When we met in Belgium, we were originally working with a session from an ongoing therapy. As researchers, we did not wish to interfere by asking for the clients' responses at that time. After writing up this study, we tried but were unable to reach the couple to have them comment on the article. So, as a way of capturing their voices as clients, we decided to include their session and outcome rating scales and the direct comments the couple made about their experience of the therapy.

A PROCESS OF INQUIRY

This second session in an ongoing therapy occurred in the university psychotherapy centre (Finland). Twenty-five-year-old Margareta and 22-year-old Haim, who had been living together for 5 years, had moved to Finland 3 years ago. Margareta had been on disability for 8 months for depression as diagnosed by her physician. When couple therapy started, she already had begun to work again. The session was conducted in English though not the first language for any of the participants. There were two therapists present: T1 (JS) is an experienced family therapist and T2, a young psychologist in training who was not present for the first session due to scheduling difficulties.

First Episode

The beginning of the session seemed rather chaotic and tense. Therapist (1) recalled the way Margareta and Haim, who were about 5 minutes late, entered the building. It seemed that there was some commotion, and Haim had to convince Margareta to come into the office. The therapist asked Haim how he has been feeling the past week. "Quite good," Haim answered. The therapist turned to his wife and asked: "Margareta what about you?" Margareta answered: "Well, I feel differently. I did not want to come here today. I am not usually like this…"

The therapist answered by asking "You didn't want to come here today… for some specific reason, or..," implicitly choosing to respond to one of Margareta's utterances and not the other two. The therapist's response addressed the specific concern most active in the present moment, which is an invitation to be in dialogue. Rather than answering in terms of her not wanting to be there, Margareta replied that she has been working too hard and was tired. Her voice sounded beaten. By highlighting her tiredness and enacting it in her voice, she seemed to fold back on herself, almost apologizing. From the dialogic viewpoint, the expression of "tiredness," a kind of symptom, may have embodied the perceived absence of the dialogic context: namely, a new, joint language in which she could give voice to her real feelings. She substituted a symptom for an actual reply to Therapist 1. Her comment was monological in the sense that she was declaring the way things are, and not making room for the contributions of a listener.[4]

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[3]For a copy of the transcript, please contact the first author.

[4]One member of our team thought her reply was dialogical, rather than monological.

Remarkably, immediately after that, she started to talk about her relationship with Haim: "… I just feel sad because … I don't know why we feel so differently." The therapist asked about her sadness. She replied: " …like now, when we were coming here, we were talking about the last things that you made us do last time, that we have to make a wish for the other one, and I am sad because I think that it didn't work…" Margareta spoke in the voice of a forlorn and disappointed spouse, twice repeating the word "sad."

It is possible to hear her words as attributing responsibility for her sadness directly to the therapist and indirectly to the husband, thus making them both addressees. The words "the last things you made us do" positioned the therapist as authoritative and coercive, while adding the remark that "the [assignment] didn't work." This may be understood as a criticism of the therapist for a homework assignment that evidently made her feel defeated. Perhaps even more importantly, she also may have been addressing her husband by referring to their "discussion," that is, their earlier quarrel about therapy that had erupted before the session.

In this exchange, Haim's voice merged with hers. He incoherently tried to back up her statements, but he became virtually incomprehensible. Haim's replies consisted of sentences he started but did not finish. It was as if Haim created a mist of words in which nothing was really stated outright. Here is one of Haim's responses to Margareta's criticism:

> H: …Maybe I think because it's sometime we haven't like… for example I am not doing many particular things, I am not always like—how to say—like choosing other things instead of her…. It's not like that. What I think is that most that if we have to compare what we do singularly I think it's okay like we are like together; maybe we don't go to places…

The comments of Haim continued to be confusing. This was the moment that Therapist (1) chose to introduce his co-therapist Hanna.[5] Then the therapist again turned to Haim and inquired what he meant earlier. Again his answer was halting and inarticulate. With the benefit of hindsight we can discern important messages in his utterances: "I know that she is important for me." But these important sentences were drowning in other words and half sentences fogging up their meaning. During Haim's talk, Margareta seemed to have sustained her despairing mood since she expressed a depressing thought about the effect of her work hours: "I've been working like approximately 15 hours per day and I am never home, and then if I am home, he is not because he has some friends to see or something…" She remarked that she was never home at the same time as Haim, implying a profound distance and separation.

The therapist responded by saying:

T(1): You said never, what does it mean?

M: That I am never home?

T(1): Not that you said that you are never home, that you are never home together?

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[5]The unusual delay in introducing the co-therapist seemed the result of the tense opening of the session with Margareta stating she did not want to be there.

Shift from Episode 1 to Episode 2

This question of Therapist (1) about the meaning of "never" seemed to mark the shift to the second episode in which Margareta became more direct and explicit about her concerns. The therapist's "never question" was the second and now successful attempt at generating a dialogue with her, although it came in the form of a subtle and tense challenge to Margareta's hopelessness. This question seemed to help Margareta get out of her negative trance and shift to a reflexive mode and an alternate voice. The clear voice of the therapist himself appeared to make the difference by showing both that he was intimately listening by his repetition of her words while simultaneously resisting her despairing conclusion. The therapist was an attentive listener communicating a genuine reply.

By this simple question, the therapist brought Margareta's utterance in relation to another voice. A dialogue was born; the response gained Margareta a voice, and she was no longer alone. And instead of displaying her escalating sense of misery, she began to speak to the therapist as though the session now held for her a real possibility of being heard. Haim also changed after that and suddenly began to express himself clearly in an assertive voice that also dissented from that of his wife. This small segment of the conversation managed to reconstitute the entire context as a dialogic one and to set in motion remarkable changes in the interchange between the couple.

Second Episode

In the second episode, following the never question, Margareta began reviewing her own recent schedule: "What time did I come home yesterday?" Margareta then elaborated on how hard she had been working and spoke mainly to the first therapist in a markedly stronger and more forthright voice. The therapist listened to Margareta and drew out her voice with his "Mhms" and his questions. She then quickly and spontaneously shifted her topic and went to the heart of her emotional distress. Haim had only one short and remarkably clear entry in this episode: "Yes that's just how it is. You think that I put you second of everything, that's just not like that." It was a reply to Margareta's explanation of what she needs and fears she does not have in her relationship:

> … I don't know if I am asking too much, but I am asking that I am the most important in his life. Because I think that I don't want to be in a relationship in which I am not the first one.

Here Margareta was surfacing something very significant: coming first for Haim. Margareta explained that, in doing the homework assignment, her wish was that Haim would show a small sign to reassure her that she was his priority. Therapist 2 then asked: "What could those small signs be?" Margareta replied that it could be "a text message, hoovering (vacuuming) the living room, or buying a chocolate bar."

Shift from Episode 2 to Episode 3

When Margareta answered Therapist 2 about what might be small signs of Haim's love, it brought about another coherent and direct response from Haim: "What do you think that I don't do this?" It is easy to see how Haim's reply built on the earlier challenge by the therapist that pivoted on the word "never." Haim seemed to find support

in that prior exchange to conduct himself as a dialogic partner, revealing his differences with her, rather than trying to placate her and ending up with dissolving sentences and meanings. The emergence of Haim's voice allowed the dialogue to shift from Margareta and Therapist (1) to Haim and Margareta.

Third Episode

The dialogue between the couple, in which they began directly addressing each other, inhabited the main part of third episode. For the first time, each spoke from a distinct "I" position, addressing their partner as "you." Margareta and Haim took the risk of confronting each other. Both therapists were more on the outside now. At this point in the session, there are 20 short exchanges between the couple, without any question or remark from one of the therapists. This has never happened before in this session. For example, Haim recounted a telephone call he made to talk with her when she was taking the bus home from work. Margareta agreed that that made her happy. They went on to discuss how Margareta wanted further signs of commitment, while Haim wanted to go out with his friends without having to fight about it with her.

At a certain moment the therapist returned to the topic of the homework assignment and said, "The task that we agreed last time so that [it] made things worse so that it was a bit too unrealistic." With this comment, the therapist addressed Margareta's utterance at the outset of the session, and surprisingly, Margareta answered: "…I think that [the task] was good…" And Haim agreed. Her earlier resentment toward therapy and discouragement toward this task were no longer evident. Her reply positioned her differently as a person who was being helped by the therapist. Revisiting the subject of the homework assignment verified that there had been a change in Margareta's experience during the session. This allowed the therapist, who also was noticing Haim's more lucid utterances, to invite the partners into a fuller collaboration and engagement with therapy. For this reason, he then asked the partners: "How would you like to use this time?" This question marks the end of the third episode.

Shift From Episode 3 to The Rest of The Session

In response to the therapist's question, the couple decided on the husband's upcoming trip to Israel. This topic led into talking about the most difficult and complex issue in the relationship. This was the struggle of Haim's loyalty to his mother and the ambiguity concerning her priority over his wife, compounded by his mother's stated hatred of his wife. This relational knot seemed to be connected to other important tensions about Haim's commitment to his marriage. Yet, in the remainder of the session, they were able to begin negotiating constructively ways of handling Haim's absence while he was in Israel and his communicating with Margareta while there to reassure her of her importance to him.

The Outcome

Altogether there were three full sessions with a briefer, fourth follow-up. At the next and third session, the therapist learned that during Haim's visit to Israel, he maintained regular contact with Margareta. She experienced this increased

sensitivity to her as an expression of a shift in his loyalty and commitment to her. The couple reported many positive changes, including that Margareta was much happier.

Before each session, they both had completed the Outcome Rating Scale (ORS) and, at the end of every session, the Session Rating Scale (SRS), to evaluate the therapeutic change and alliance (Duncan et al., 2003; Miller, Duncan, Brown, Sparks, & Claud, 2003). In the course of therapy, they both began to score above 25 in the ORS, which is the cut-off point for distress thought to require therapy. Margareta's ORS scores improved from 19 to 37, and Haim's from 23 to 32. For each, the most notable change in the ORS scores occurred between the second session and third one (from 23 to 29 for Haim; 19 to 31 for Margareta). Margareta's SRS ratings were 36 after every session, which is optimal. Haim's SRS ratings changed from 31 to 33, which are nearly optimal, with 40 being the best possible session score.

At the final meeting, the couple reported that things were going well. The therapist noticed that Margareta continued to mention her fears about her importance to Haim, but he no longer reacted to them as before. The couple was able to talk about these insecurities rather than exploding into a quarrel. Margareta took responsibility for her own feelings and did not blame Haim, while he continued to appear more assured in his responses. Here is an extract that conveys the couple's experience:

H   *There have been less situations…*

M   *I think it is both of us. I don't let you to take all the credit about it. …I try to pay attention to my own behavior. It has not been normal and that's why I go to therapy. Now it is easier for me to let go. It's not easy, it never will be…*

M   *I have to say to myself that don't listen to that "that I don't mean nothing to Haim," because I have to believe, otherwise I would have nothing….*

T1   *What made it possible that you can say to yourself that don't listen to that?*

M.   *Well, I don't know, like, I said I have to say like this.*

T1   *Is it the case that you have found a solution to the question you were asking when coming here?*

M   *Yeah, the main problem was that how can we discuss if I need to discuss about something and Haim can't. Yeah, maybe. It's getting easier so that now we can find something new.*

T1   *Is it the case that we have done together what needed to be done? What about today? Are any questions more that you would like to discuss?*

M   *Hmh, no. I don't have.*

H   *No, there is nothing.*

DISCUSSION

Our interpretive approach aims at understanding the creation of therapeutic dialogue as a communal process. Our investigation shows that the therapists'

contributions were spare, though pivotal, since they seemed to occasion a shift from monologue to dialogue. Gradually, a context developed in which the couple could talk about and handle problems that were usually hard to confront. In examining what produced the initial transformation, we noticed shifts in voice, addressees, and positioning summarized as follows.

Shifts in Voice

This shift occurred first on the boundary between the first and second episodes where the therapist's question, "You said never, what does it mean?", gave Margareta the experience of being heard even though the therapist was not endorsing her point of view. The way the therapist responded in that moment appeared to become a template for Haim and provoked his discovery of a new voice that also could challenge his wife's despair. Experiencing the dialogue between the therapist and Margareta from outside, he adopted this alternate way of being in communication with his wife. Haim's speaking in this new voice constituted the end of the second episode when he challenged the notion that he does not care for his wife or put her first. This utterance inaugurated the third episode when husband and wife began speaking directly to each other.

At the end of the third episode, the therapist then asked the partners to define how they wanted to use the remainder of the session. Perhaps it was a shared confidence that derived from the partners feeling heard that permitted them to take on the most difficult issue in their relationship. At the same time, the therapist's question positioned the couple as competent agents in charting the course of their treatment. It further reinforced the dialogicality of the dialogue by not only giving voice but also constructing agency.

Shifts in Addressees

The configuration of addressees shifted as the session evolved into a dialogical dialogue. As we have noted, at the beginning, Margareta and Haim mainly talked to, and through (or via) the therapists, not to each other, although they appeared to be each other's addressees in these remarks. At the same time, the therapist may be understood to be addressing both members of the couple even while he was addressing one partner. Once a dialogue began, however, the couple began to talk directly to each other. Since we do not have access to the inner dialogue, we can only guess that imagined addressees continue to shape their utterances, such as Haim's friends or his mother. But the complex interpersonal interplay of addressees seemed simplified in actual dialogue.

Shifts in Positioning

One of the recognitions of the study is that the nature of positioning changed. In the opening segment, the wife seemed to inhabit a moral position as the victim of her husband's emotional infidelities and the therapist's ill-conceived intervention. As Haim struggled to find a way to respond to Margareta's picturing him as an insensitive husband, he became inexpressible and wordless. This initial interaction between the couple may be understood as reinforcing Margareta's definition of things as the dominant one and making their exchange monological. As the therapist succeeded in

establishing a dialogue with her, however, Margareta seemed to constitute herself as an agent, instead of a victim, and the intonation of fault faded. This appeared to open discursive space for Haim. Perhaps the original positioning ebbed away as a true exchange happened that evoked a joint negotiation of meanings. The tensions of embattled relationship eased as each participant recognized the other as a legitimate and inherently qualified voice.

CONCLUSIONS

This study has brought into vivid relief for us the nature and significance of listening and its link to polyphony and development of common understandings. We also will address the role of a research team and the usefulness of Bakhtinian concepts in clinical research.

The earlier results in this research project (DIHC) have indicated that while the therapist must be responsive, there is enormous variability in terms of what and in what way the therapist chooses to respond. Furthermore, the same response can be interpreted differently according to different therapeutic orientations. From a dialogic perspective, the therapist's response in the "never-episode" can be understood as an effort to make a request to widen "the zone of proximal development" (Seikkula, 2002). Borrowing this phrase from Vygotsky (1970), it refers to the process, which we have just analyzed, in which the initial emphasis is to create the kind of conversation in which everyone can express a point of view. A systemic or structural therapist might view the same question as risk taking (Andolfi, 1979) or therapeutic challenging (Minuchin & Fishman, 1981).

Listening

This study points to the importance of the activity of listening as the start of the first phase of dialogue. The therapists' beginning responses were embedded in a deliberate style of listening integral to bringing forward each person's perspective. The especially careful listening as expressed in the therapists' simple questions—that repeat or paraphrase the couple's own words—constituted responses that encouraged genuine dialogue. The therapist's responsiveness was fitted to the utterance of the client and the present moment, thus emphasizing "speaking as a listener" (Seikkula & Olson, 2003). This phrase comes from philosopher Jean-Francois Lyotard's (as cited in Hoffman, 2007) distinction between "talking in order to listen" and "listening in order to talk." The latter he saw as an exclusionary, expertise-based practice, while the former practice, being more lateral and democratic, Lyotard called the "Game of the Just." The therapist's listening was in the service of polyphony, which became dialogical and seemed to be the primary transformative condition. In this sense, the origin of newness and creativity can be traced back to the process of giving voice and fostering polyphony to the quality of listening as the center of the therapy.

The Ricochet Effect

This kind of listening has radial effects on the whole scene that are unpredictable. Dialogical listening not only gives voice to the person with whom the therapist engages but allows the people not speaking to listen in and eventually react without

pressure. This process creates unpredictable movements and fosters new trajectories. We are calling this the "ricochet effect."[6]

Haim's new voice seemed to emerge from this kind of experience of being outside a conversation and listening in. It is suggestive of the reflecting process (Andersen, 1991) and the associated idea of "movement" (Andersen, 2007; White, 2004). We typically think of the reflecting process as a more structured event among professionals, with families listening to the professionals' talk, rather than, as this session shows, a naturalized occurrence.

One way of understanding Haim's sudden transformation is as the result of a kind of depth perception. Bateson called this phenomenon "double description," which he defined as "cases in which two or more information sources come together to give information of a sort different from what was in either source separately" (Bateson, 1979/2002). An example is binocular vision where two eyes together produce a new dimension, i.e., depth perception. Similarly, here, in this session, combining auditory (rather than visual) sources of information from different experiences of talking and of listening about the same theme also evoked a new dimension: Haim's new orientation to "the social weather" (Hoffman, 2007).

Our linkage of double description to the process of social orientation is indebted to the work of Shotter (2010). Drawing on Wittgenstein, he distinguishes between difficulties of the intellect and of the will, which he calls orientational, or relational, difficulties. While difficulties of the intellect can be solved by a rationale method of thought, the latter kind compose dilemmas of how to approach a situation or "how to go on," which are central to psychotherapy. According to Shotter, they are not solved by reasoning but resolved by the continuous and combined effect of multiple sources of information, or double descriptions, from which relational knowledge suddenly appears. That is, the "different sort of 'information'" that emerges from double description is an orientational way of knowing. We propose that Haim's turning point represented a new orientational way of knowing, or "orientational resonance," arising from alternations in talking and listening.

The kind of creative, listening experience can only take place as an interplay of interpersonal—rather than intrapersonal—voices and thus qualifies as a distinctive feature of a multi-actor session rather than a dyadic one. This new trajectory of voice is only one of the ways that a transformation can occur in dialogue. New voices emerge from speaking and being listened to and helped to find language for one's experiences. But, we have highlighted the recognition of the ricochet effect, because it was one of the surprises within the particular segment we chose to examine. Furthermore, this example illustrates what we mean by "happenings of change." It is the multi-dimensional process of dialogue that the therapists foster, not their planned intervention, which produces the shifts from monologue to dialogue.

Common Understandings

At the same time, the outcome of therapy did not rely solely on the construction of dialogue but also the creation of new and common understandings that bubbled up from the ongoing dialogue and the achievement of new meanings that the therapists

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[6]We have chosen this phrase, because it is geographical and psychological and brings in more the sense of an orientation in space, in addition to exchanging voices.

helped shape. The voices of the particular family therapy tradition that guided the clinicians informed the dialogue. During the second part of the interview, once the couple was in dialogue, Therapist 1 shifted in voice and positioning from principally listening to active inquiry. He asked: "Yes, I remember, but my question was perhaps a bit more…how would I put it: the place of the visits in your life? Not the geographical place. But what is the meaning of your visit to Israel?" At another point during his reflections at the end, he repeated the phrase first uttered by Margareta and re-contextualized the terrible struggle of the couple as an artifact of "being between two families." These are two instances where the therapist gave spontaneously structured responses, not pre-planned ones, which nevertheless embedded a stance of logical connotation linking symptoms (depression and conflict) to a particular context of meaning. These contributions became elements of the polyphonic exchange of voices that began to weave a new fabric of meaning creating common understandings to which everyone had contributed important threads.

Research Team and Tools

In the analysis of dialogical sequences of multi-actor therapeutic sessions, we have found that it makes sense to work with a team of researchers in order to have a polyphonic forum in response to the complexity of the dialogue. We also found that sharing distinct perspectives enlarged our whole view. Our conceptual framework was enhanced not only by agreement but also initial tension and disagreement, which fueled the creative development of our ideas. For instance, at the outset, there was uncertainty among some of us about including the concept of positioning. In course of combining our views, we actually began to understand each other and come together in a shared language about what we meant by this within a dialogic framework.

Every analysis results in a view that is only one of the many ways to achieve understanding and coherence in the conclusions. Conclusions, of course, are provisional and tentative since no analysis of a therapeutic session is free from questions about perspectives taken, or about the interpretations made. We have analyzed and interpreted this transcript based on our theoretical lenses, which largely coincide, and many alternative constructions are possible.

The research method we used in the present study, The Dialogical Investigations in Happenings of Change (DIHC), has been developed incorporating the concepts of dialogic thinking and applying them as research tools in studying marital therapy conversations. Once again, we have found the Bakhtinian concepts can be useful for the investigation of multi-actor dialogues as they helped us not only notice subtle characteristics of the conversation but crystallize new concepts of the "richocet effect" and "orientational resonance."

Dialogic therapy operates minimally and "prosaically" by generating small, skilful alterations in voice and meaning and by providing well-timed and spare reflections. Under a dialogic conception, this particular session shows that the therapists' responses encouraged the experience of polyphony—or the horizontal co-existence and interchange of voices among people—that forms the contextual basis for the powerful re-negotiation of meanings and constructive shifts in voices, identities, and relationships.

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