

THE PSYCHOTHERAPIST’S SOCIAL ROLE UNDER A DIALOGICAL PERSPECTIVE: A STUDY OF THE PERSONAL CONSTRUCTION OF ‘I AS PSYCHOTHERAPIST’

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ABSTRACT

To become a psychotherapist is a self-organizing challenge for anyone who assumes that role, involving a dynamic dialogical interplay between social expectations and personal features. This involves subjective and inter-subjective processes in which self-image (or “internal I-position”) emerges as co-relative others’ images (or “external I-positions”). The classical distinction between the motives of agency and communion is considered here a valuable theoretical tool for this dialogical approach, because it may help to distinguish and classify diversity in terms of two kinds of orientations towards clients: one more self-centred (focused on the therapist’s abilities and power) and the other a more other-centred (focused on the contact and empathy with the client). Following these assumptions, clearly rooted in a dialogical approach of self-identity, we analyse the discourse of three psychotherapists about two different clients (one referred to as a “positive client” and another referred to as a “negative client”).

The results suggest that this adaptation is a very dynamic process and that different therapists create different meanings to their occupational role. Moreover, this analysis also allows a distinction between those different self-images in terms of their global orientation. One of the therapists seems to engage in self-organization processes focused in self-needs, other seems focused on client’s needs and the third seems to keep a balance between those

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two orientations. The implication of these results for future research and their practical and theoretical implications are discussed.

Keywords: dialogical self; dialogism; psychotherapy; psychotherapists; self-organization; social role.

PSYCHOTHERAPISTS AS AN OBJECT OF STUDY

The psychotherapist's social role is supported by a set of professional and social expectations and rules that are, explicitly (e.g., ethical rules, popular movies) and implicitly (e.g., observation of more competent peers), acquired by professionals. These rules and expectations are diffused in the professional and lay environment. For instances, people can expect a therapist to be more patient and have the ability to interpret ones behaviour and wishes. In this sense, Heiss (1990) suggests that the social role, more than a set of behaviours, "is a set of expectations in the sense that it is what one *should do*" (p. 95).

Among other professional social roles, to be a psychotherapist involves a peculiar association between the occupational role and one's personal life. It has long been recognized that "who the psychotherapist is" – the person – is an important element in the therapeutic process. This recognition started, at least, with psychoanalysis, as training in this model traditionally obliges a didactic therapy. Therefore, there is a long tradition of empirical studies about the therapist's impact on the effectiveness of psychotherapy. Generally, the results of these studies tend to support the idea that the "personality variables" influence the ability to perform the role of a psychotherapist (cfr. Beutler, Machado & Neufeldt, 1994). More recently, some studies started to look at this relationship between psychotherapy and personal functioning with a reverse gaze. In fact, if we question what is the impact of personal organization (i.e. personality) on the ability to perform the role of a psychotherapist, we may also question the influence of that occupational role in the individual's personal realm.

This trend has generated different kinds of results: while some obtain results that support the view that this role may have some positive effects (e.g. Burton, 1975; Farber, 1983), others indicate a somewhat negative impact of the professional role in the overall life adaptation (e.g. Guy & Liabone, 1986). This pattern of results suggests that the exercise of psychotherapy is a

challenge to the person who takes on the role, associated with some possible positive outcomes and risks.

However, these studies about psychotherapists usually follow a differential and correlational approach, studying the psychotherapist population as if it was a homogeneous one. Thus, they are, in a sense, less psychological than demographical studies (see Lamiell, 1998; Valsiner, 2000); in other words, they do not inform us about the personal and psychological processes involved in “being a psychotherapist”. Another problematic issue has to do with the conceptual approach of those studies. Implicitly or explicitly it is usually assumed that “personality” and “role” are two “variables” that may influence each other. However, from our perspective, to be psychotherapist is to have a personal relationship with the role itself – in other words, it is a matter of self-organization through the role.

In this paper, we offer a contribution to this field introducing a different perspective concerning the relationship between the role of a psychotherapist and the person that lies behind (or, probably better, lives within) that same role. If we start questioning what it means to be a psychotherapist, we will probably conclude that there is an artificial separation between these two “variables”. To be a therapist always entails “a person performing the role of a therapist”. However, this role is not a clear-cut, unambiguous social role. As a role, it establishes a set of social expectations, but this set is probably diffuse and diverse. From this perspective, social roles are important elements of the semiosphere (Valsiner, 1989) but the way they are assimilated and lived is always a matter of personal adaptation. The person constructs the psychotherapist self as a function of their personal positions and choices that, more or less implicitly, happens in the multiplicity of discourses and practices about the profession.

Moreover, whenever someone begins to act under this role, that person begins a process of *active* organization of the occupational (and necessarily personal) experiences through that diverse set of expectations and rules while simultaneously and personally shaping the role. Therefore, we will not approach this issue as a matter of one's personal influence on the role or the other way around, instead we will assume a reciprocal relationship between the personal and socio-cultural level, following the arguments of the socio-constructivist approach (Valsiner, 1998, 2000). Hence, our focus will be on the process of self-organization that takes place whenever a person assumes the social identity of “psychotherapist”. In other words, our main question is:

how does the “person becoming” process take place through the acquisition of this role.

The effort of introducing a different perspective to this field is clearly based on a dialogical perspective (Bakhtin, 1984; Hermans & Kempen, 1993; Salgado & Gonçalves, *in press*). Therefore, our empirical study focuses on the dynamics of self-organization in the positioning and repositioning that take place whenever psychotherapists start a process of narrating their experiences with clients. As we will argue, the definition of “who am I as a psychotherapist” is a process that creates a dynamic diversity of self-images (or, more precisely, internal I-positions) that are co-relative to the images of the clients (external I-positions).

This kind of analysis introduces another question that deserves a closer look. Since self-identity always becomes a matter of relating with someone else, it becomes particularly interesting to analyse meaningful patterns of relationships. Dialogical perspectives usually argue that psychology has been too self-centred and has, consequently, forgotten our “otherness” – in other words, our necessary relationship with other human beings. As Hermans and Hermans-Jansen (1995) have said some time ago, within a dialogical perspective we may find two distinct trends in human relations. On the one hand, a person may be self-focused, in a competition, struggle or assertiveness relationship of personal rights, perspectives or wills. On the other hand, human beings are also involved in relationships in which they pursue closeness, intimacy, love or caring – in other words, in relationships focused on mutuality and communion. Therefore, our empirical study will also analyse how these two motives may be present in a therapist’s self-narratives about their clients.

In sum, our aim is to explore an alternative and dialogical conception of a psychotherapist’s self-organization, in which the personal and subjective dimensions of the process are highlighted. Instead of asking how the role of psychotherapist may influence the person (or vice-versa), we will assume that “to be a psychotherapist” is necessarily to be a singular person through this role. In the first part of the paper we will present our theoretical bases that support this option and later we will illustrate this perspective with some results of an empirical study that follows these general guidelines. With that study, specifically devoted to narratives told by the therapists about their clients, we will try to highlight the following ideas: (1) “to be a psychotherapist” involves an intense dialogical dynamic of creation and recreation of I-positions co-relative of external positions (e.g. the clients); (2) through the micro-genetic processes

the therapist creates a personal way of being; and (3) it is possible to distinguish two general motives that support this personal organization (one more self-centred, the other more other-centred).

SELF-ORGANIZATION WITHIN A DIALOGICAL PERSPECTIVE

Dialogism, as an epistemological and ontological perspective, sustains that human existence and the construction of meaning has a relational and communicational nature. Thus, it is in the relationship's contexts that we ascribe meaning to our lives. Salgado and Gonçalves (*in press*), strongly influenced by Bakhtin (Bakhtin, 1981; 1984; 1986), characterize the dialogical approach as emphasizing four basic axioms:

1. a relational principle, that asserts the primacy of relations in human lives;
2. a dialogical principle, that asserts that human relations are dialogical, that is, they are structured as communicational interchanges;
3. a principle of alterity, that situates every human being in dialogical interchanges with an Other; and
4. a principle of contextuality, according to which dialogical relations necessarily take place in a given socio-cultural context that are involved in the dialogue.

Congruently with these axioms, the I is always necessarily in relation with an Other, which means that for our subject, the therapists that are thinking about themselves and their clients have their experience shaped by the others (real or imagined).

In an effort to understand the dialogical nature of the self, Hermans and collaborators (Hermans, 1996; Hermans & Kempen, 1993; Hermans, Kempen & Van Loon, 1992) have been developing the Dialogical Self Theory (DST). According to the DST, meanings are the result of the multiplicity of relations that through dialogue are established between the different I-positions, that are situated in the inter-personal as well the intra-personal space. To be precise, each I position arises as a perspective or "voice" about the ongoing experience. At the same time, each I-position is in relation with a

diversity of other I-positions. Among this diversity there are independent and even contradictory I-positions, leading to the emergence of a multiplicity of meaning for the current experience.

The dialogical nature of the self depends precisely on the narrative and vocalized nature of the different I-positions that establish among them interchanges through dialogue. The result is a decentralized, polyphonic and narratively structured self (Hermans, Kempen & Van Loon, 1992).

The inherently social nature of the self is a fundamental issue of this dialogical conception, in which some important I-positions are voices of significant others that are relevant in the co-construction of meaning. The other's voices that are internalized occupy a position in the polyphonic self and represent a particular view of reality and of the self (Hermans, 1996).

Accordingly, Hermans, Kempen and Van Loon (1992) conceive the dialogical self as

“a dynamic multiplicity of relatively autonomous *I* positions in an imaginal landscape. (...) The *I* as the possibility to move, as in a space, from one position to the other in accordance with changes in situation and time. The *I* fluctuates among different and even opposed positions. The *I* has the capacity to imaginatively endow each position with a voice so that dialogical relations between positions can be established. The voices function like interacting characters in a story. (...) Each character has a story to tell about experiences from its own stance. As different voices these characters exchange information about their respective *Me*s and their worlds, resulting in a complex, narratively structured self” (p. 28-29).

This multivocal space is decentralized and permeated to a diversity of influences, like the ones that are present in the cultural context. Thus, the diversity of positions in the self is determined, in each moment, by the linguistic resources available in the socio-cultural world. It is from this diversity of available discourses, norms and practices – in Bakhtin (1981) words a *heteroglot* world – that one constructs different perspectives, each one with its particular voices. Needless to say, that this diversity of perspectives is in connection through dialogue and change.

Valsiner (2002, 2004) suggests that the main theoretical question of the dialogical self is not so much its polyphonic and multivocal nature, but its dynamic functioning. It is this latter characteristic that allows the dialogical self its permanent possibility of reconstructing the relations between the diversity of I-positions, that is, to change.

Human beings are always immersed in processes of construction and re-construction of meanings, by their need to regulate their interchange with the environment, allowing them to reduce the uncertainty towards the future. Since, all human activities are also semiotically organized; this means that it is through the use of signs that the dialogical self regulates the fluidity of its I-positions (Valsiner, 2004).

In Valsiner's view (2002) the dialogical self emerges as a self-regulating process, allowing people to construct meaning for the experience. In the interaction with the (social) world, humans regulate themselves by the generalization of meanings (i.e. creation of signs), that are organized in semiotic hierarchies of organized structures. The signs that occupy a superior level, work as semiotic regulators of the lower levels. For instance, the category "psychotherapist" can work as a highly generalized sign that organizes other lower categories like "I as motivated therapist", or "I as challenged therapist that is able to value the client". The result is the dynamic stability – always temporary – of the self, allowing people to ascribe meaning to new experiences, without a permanent proliferation of signs and reducing uncertainty towards facing the world.

In this sense, Valsiner (2004) sustains that "the DS is a semiotically self-regulating self" (p.7), since it is through the process of semiotic mediation that dialogical relations are organized into a dialogue of I-positions. From a dialogical perspective, the construction of meaning is a self-regulatory process by which different I-positions are connected, constraining possible new I-positions.

From a microgenetic perspective, the social role can be conceived as a semiotic tool of high generalization (e.g., "I as psychotherapist"), through which people regulate their intrapersonal and interpersonal activities in this domain of activity. Even if these tools are socially shared and constructed from social discourses (e.g., psychotherapy organizations, books), there are always idiosyncratic constructions that arise from people's life experiences and in this sense no psychotherapist is like any other.

As such, the empirical study explores how people organize themselves around this role. In regards to the role of psychotherapist, we think that a central position that is in strict dialogue with the role is the internalized positions of clients. It is important to emphasize that we are not arbitrarily reducing the relevant I-positions of being a psychotherapist to the internalized positions of the clients, certainly other relevant relations are important (e.g., relations with

significant others, important peers). However, given the nature of the work itself, the way clients are internalized in the psychotherapist's self is certainly relevant to the construction of this social role.

AGENCY, COMMUNION AND THE RELATION WITH CLIENTS

In the study of dialogical relationships between the psychotherapist and his/her clients, as analyzing tools, we will use the classical division between agency and communion as two major orientations on human life (Bakan, 1966; Hermans & Hermans-Jansen, 1995). As Hermans and Hermans-Jansen (1995) argue, psychology has been so ego-centred that the necessary relationship with others is usually forgotten. However, if agency, here understood as centeredness on ego wills and accomplishments, is a necessary element of our lives, we are also an ego with reference to someone else. Dialogically, and following Marková (2003), Ego and Alter, or I and Other, are two distinct and yet bounded elements. For example, almost paradoxically, the sense of personal power is only attainable with some recognition of an audience (actual or potential).

To claim that an Ego is always co-referential with an Other means that agency and communion are two co-existent dimensions of a lived moment. As Bakhtin (1984) once said, "*To be is to communicate*" (p.287). In order to communicate we must simultaneously share some common ground (communion) and to be different from the addressed others (agency). In other words, within a dialogical perspective, to be an agent means to be different from the other, but it necessarily implies some sort of equality with the other.

Thus, within this perspective, agency and communion are conceived to be two distinct, but interconnected and simultaneous dimensions of human life. Moreover, they do not necessarily annihilate each other. In fact, two people may feel a strong sense of communion while facing a common task, for example, while maintaining a sense of personal and individual commitment – as usually happens in moments of mutual help in face of catastrophes. On the reverse side, we may have situations in which the person is actively struggling with others on the basis of self-centred needs or wills. Nevertheless, even if these situations create a strong sense of agency, it also implies a necessary mutual basis of communication. What seems distinct in those two kinds of

situations is the focus on self-needs or wills *versus* the focus on other's needs or wills. Therefore, one of the dimensions (agency or communion) may dominate the other, but not totally eliminate it.

Accordingly, Hermans and Hermans-Jansen (1995) have distinguished two kinds of motives that may be present in every human interaction. Following that proposal, underneath every meaning-making activity we may distinguish two complementary orientations or motivations: a self-enhancement or S motive (that refers to the self striving for recognition, success and power), and a motive of longing for contact with others or O-motive (referring to needs of love, intimacy or caring about the other). Those two orientations or motivations are not mutually exclusive, but one may dominate the other. Different events and interactions may activate the two motives, or activate one more than the other. From this point of view affect results from the fulfilment or from the inability to satisfy these motives (see Hermans & Hermans-Jansen, 1995).

Applying this distinction to psychotherapists, becomes an interesting topic of analysis, since it arises the question of how these two types of orientation may be present in the assumed positions towards clients arises. In one hand, the occupational role is usually a potential field of self-assertion, and therefore, it is expected that some therapist's may organize this activity with an orientation of self-enhancement. On the other, psychotherapy is a situation in which the needs of other people are the main issue and in which the creation of an alliance with the client is expected. Therefore, the contact with others may also be dominant. Thus, another purpose of this paper is the exploration of how these kinds of orientations are manifested in the therapist's discourse about their clients.

EMPIRICAL STUDY

In this paper, we will present and analyse three interviews conducted with psychotherapists. This data is only a small part of a larger research project devoted to the study of the personal self-organization of psychotherapists and so, for the purposes of this presentation, we will restrict the data to one single part: the description of two clients (one considered as a positive client and the other viewed as a negative one). The overall aim of this part of the interview is to obtain the discourse about those clients, in order to specify the differ-

ent I-positions of the psychotherapist (and the co-relative external positions). Through the analysis of the psychotherapist's discourses we will have access to the way they organize themselves when reflecting about their role, that is, the way they attribute meaning to that same role.

Method

Procedures

This study is based on a global interview, in which we ask the participants to identify the two clients that had greatest impact on them in their professional life: one that had the greatest positive impact and another that had the greatest negative impact.

The content of the interview was analysed in order to, implicitly or explicitly, obtain references from the therapist's discourse, whether to herself (self-references) or to others (hetero-references), but mainly the ones referring to the clients. Through this procedure and from each description we analyzed: (1) the different I-positions that emerged from the professional facet of the client's characterization, (2) the characterization of the positive and negative clients, (3) the relational dynamics between the I-positions and the positions of the clients, as well as (4) references to other external elements (persons, situations and or events) that were relevant to the understanding of the description.

The following therapist's description of her "positive client" can be thought of as an example of the analysis that we have just described: "*She told me once: «I only feel good here! The reason for this is that only you can understand me»*". From this fragment it is possible to explore (1) the image of the therapist as understanding, (2) the image of the client as someone that has the ability to tell what she feels and that felt understood by her therapist, and (3) the relationship of these two positions (internal of the therapist and external of the positive client) based on understanding.

With this approach, we analyzed all the discursive units from each description, creating meaning in the way the therapist organizes himself/herself in the professional role, focusing more on him/her, or on the contrary, focusing more on the desire to contact and unite with others.

In a second part of the interview, we asked the participants to rate the three positions involved in the interview – psychotherapist, positive client and negative client - with Hermans' list of affects (see Hermans & Hermans-Jansen,

1995). This list of 16 affects is rated on a scale from 0 (*not at all*) to 5 (*very much*), allowing the intensity of such feelings to be identified for each position. The output of this procedure is a matrix that allows an affective profile of the positions (see Hermans & Hermans-Jansen, 1995) and the following indexes to be obtained:

1. index S, is the sum score of the affects that express self-enhancement striving, and they are: self-esteem, strength, self-confidence and pride.
2. index O, is the sum score of the affects that refer to longing for contact and union with the other, and they are: caring, love, tenderness and intimacy. The difference between S and O informs about how the position is more oriented to self-enhancement (S motive > O motive), to union with others (O motive > S motive), or if the motives are equally present (S motive = O motive).
3. index P, is the sum score of the positive affects: joy, happiness, enjoyment and inner calm.
4. index N, is the sum score of the negative affects terms: worry, unhappiness, despondency and disappointment.

By using this procedure one can easily calculate the indexes above, which allow us to understand the affective properties of the I-positions, at the same time revealing the basic motives that are present in each one.

Sample

From the global research project we will present the results of three psychotherapists, which will permit us to explore the relation between S and O motive. We selected three different types of therapists: one that clearly orients her psychotherapist I-position to the satisfaction of both S and O motive (therapist HH), another one that centres herself on S (therapist S), and another that centres herself on O (therapist O).

Therapist O has a sum of O affects greater than S. In her activity as a therapist she orients more to others than to herself.

On the contrary therapist S has a sum of S greater than O, meaning that in her activity she orients herself more to herself than to others.

Therapist HH satisfies both motives at the same time: she satisfies both S (self-enhancement) and O motive (union and contact with others) in the professional activity.

Table 1- Affective meaning for the psychotherapist I-position

Therapist I-position	S	O	P	N
Therapist O	6	13	9	8
Therapist S	18	12	17	5
Therapist HH	19	19	20	2

Note: S = affect reflects self-enhancement; O = affect reflects desire for contact with others; P = positive affect; N = negative affect. (Range for O, S, P, N from 0 to 20)

Analysis of results

For each of these three participants, we studied the two descriptions that describe the positive and negative client. For each of the six descriptions we searched for different positions of the “I as a therapist” that emerge in the relationship with others (especially clients).

Starting the analysis from the discourse of therapist O (table 2) about her clients, one can notice that she centres the subjective interchange, mainly in the relational dimension of the therapeutic processes, making inferences from the quality of the relation with the clients to draw conclusions about the therapeutic success.

In what concerns the description of the “positive client” we can emphasize that: (a) the relation is described as a reciprocal one and the main themes are trust, contact and appreciating the other; (b) the image of the therapist is very close to what the client “allows” her to be (e.g., competent therapist since the client trusts her); and (c) absence of references to the therapeutic success in contrast with the emphasis on the relation.

Regarding the “negative client” we can highlight (a) the impossibility of harmony between client and the therapist, given the demanding and rejecting nature of the relation; (b) the image of the therapist that is dependent upon the behaviour of the other (e.g., the therapist feels incompetent since the client demanded a change of therapist); and (c) the therapeutic failure that is present in the drop-out of the client (something that happens more in the

relational domain, rather than in the technical sphere), that is attributed to the therapist's actions.

Table 2 - Analysis of the descriptions of the therapist O

	Client (She/He)	Relation (Us)	Therapist (I)	Other elements
Description about the positive client				
<i>I'm thinking about a client... that has especially positive impact on me, that makes me feel highly motivated...</i>	Client that motivates	Motivational relational	I as motivated therapist	
<i>He is very smart, he is a very intelligent man and he has been in therapy for years. We developed a very interesting relationship... very empathic and very good.</i>	Smart client, man, intelligent, empathetic, in therapy for years	Empathetic relationship	I as an empathetic therapist	
<i>He makes me feel like a balanced therapist, a therapist that accepts the other, not judgmental, a therapist to whom he says: "I trusted you from the first minute that I saw you".</i>	Client that trusts and feels acceptance	Trustful relationship	I as a balanced therapist, capable of acceptance and trustful	
<i>He is a man that has lived so many things, with a negative view of himself and for all of this he has been so challenging to me... To have a positive view of him and to let him know that (I've told him this before).</i>	Client with difficult life experiences, with a negative vision of himself, that feels valued by the therapist	Valuing and challenging relationship	I as challenged therapist that is able to value the client	

cont...

<i>He has been having a huge impact on me. He is proof that if we accept people as there are they can change a lot. We are a base for that.</i>			I as therapist that accept the others as they are	Generalization of meaning for other clients
Description about the negative client				
<i>A person that made me feels very bad... I'm thinking about a girl... obsessive, with a strong obsessive profile...</i>	Client as an obsessive young woman		I as therapist that feels bad	
<i>...There was a time that she wanted me to see her twice a week – she has miles of psychotherapy... She is very rigid and harsh, with a very difficult story and she wanted me see her twice a week, just like her former therapist.</i>	Demanding and harsh client, with very difficult experiences	Demanding relationship	I as therapist that is a target of demands	
<i>There was a time that I told her: I think you have resources, you're abstinent for a thousand years, you're in a program for rehabilitation and you have inner resources.</i>	Client as someone with inner resources and in a recovering process	Confronting relationship	I as confronting therapist ("I told her")	
<i>And she made a written complain about me and asked to change therapists. I then felt very inaccurate, I thought that I had missed the target, that I didn't take her obsessive side into account, that I was unable to deal with her and that I tried to impose my way of seeing things.</i>	Clients that made a written complaint and asked for changing therapist	Rejection	I as inaccurate therapist, that had missed the rigidity of the therapist and was unable to deal with her	

Turning our attention to therapist S, one can stress the reduced descriptive articulations concerning the two clients: we know little more than the fact that they are children (see table 3).

Table 3 - Analysis of the descriptions of the therapist S

	Client (She/He)	Relation (Us)	Therapist (I)	Other elements
Description about the positive client				
<i>It is positive because it was a very happy story... I think that in some way I was able to reach her, when everything was pointing to that impossibility. It was a very interesting relationship with highly positive results.</i>	Positive client	Happy story, interesting relationship with positive results	I as a therapist that was able to reach her, in the middle of big difficulties ("hero")	
<i>She was a child, I think that children are easier and have more considerable and clear progress. Thus, everything went fine, from the therapeutic success point of view, making the child's evolution visible.</i>	Children, easy to relate and showing progresses	Successful relationship	I as therapist that sees successes	Meaning generalization for other clients
Description about the negative client				
<i>The negative is negative just from one side... the negative was a child, and it was not negative because of the child, but because there was so little time to do something. With the time that was lost in the assessment when the time came to start intervening, I was at the end of my internship.</i>	Ambivalent client, children		I as therapist without time to intervene; I as therapist unable to assume the lost time	The negative impact results from the absence of time (therapist that doesn't assume the lost time)
<i>... and besides that, the child was approaching an age that would no longer be in the domain of early intervention. So, one way or the other I was going to lose him, and I think that I hadn't done a considerable effort from my side, as well.</i>	Children outside the domain of early intervention		I as therapist that loses the client; I as therapist that do not devote myself to the client	

The instrumental dimensions of the process (that is, what one has done and its results) have precedence over the relational dimensions. Specifically, in the description of the “positive client”, the therapist (a) refers to the client in a very unspecific way, mixing the description of the child with the outcomes of the therapy (e.g., easy, positive, with progresses); (b) the therapeutic relationship itself is characterized from the outcomes (e.g., successful relationship, with positive results); and (c) the therapist is the main protagonist, that was able to face adversity and is responsible for a successful outcome. Regarding the “negative client”, this therapist (a) gives an inarticulate image of the client; (b) does not make references to the relationship; (c) stresses the instrumental dimensions of the process, what was done, what was missing and the outcomes of these; and (d) talks about the impossibility to intervene in a non compromised way (extraneous factors are presumable, thus being the only one’s to hold responsibility for this impossibility).

Turning to the last therapist (see table 4), we can highlight that this therapist describes the “positive client” by (a) positively articulating the description of the client, making reference to her behaviour (e.g., the client did not appear at the sessions in the beginning and then gave up this attitude, starting to be involved in the process) and to her personality (e.g., she felt discriminated), (b) characterizing the therapeutic relationship as a very important ingredient for change, based in the mutual understanding, empathy and well-being; (c) characterizing the therapist as someone that can understand others, suggesting that successfulness depends upon this ability. The instrumental dimensions emerge in her discourse (e.g., success), but as an output of the therapist’s personal competency (mainly to understand the other) but, at the same time, she reveals an awareness of her limitations (e.g., the discussion with the psychoanalyst about the identification with the client).

Regarding the “negative client”, therapist HH (a) describes this client as someone that every therapist would have difficulties with (e.g., empty, with psychotic traits, indifferent, with speech difficulties); (b) talks about herself as someone involved in the difficulties that she has been feeling with this case (e.g., physical suffering, tension during sessions) and attributes part of the difficulties dealing with this case to herself; (c) highlights the frustration that she feels having the sense of inability to influence the client and to make herself be heard; and (d) the relationship is described as being in its first stages, with some implicit possibility of success.

Table 4 - Analysis of the descriptions of the therapist HH

	Client (She/He)	Relation (Us)	Therapist (I)	Other elements
Description about the positive client				
<i>This is an adolescent that I still follow today. Since the beginning there was a big empathy between us and there were a lot of things that made me identify myself with her, some conscious and other unconscious.</i>	Adolescent client	Relation of empathy	I as therapist who can identify myself with the clients self aspects	
<i>Therefore, I was able to reach her and reflect that to her, which made her feel really good.</i>	Client that feels well with what the therapist reflects/says to her		I as therapist who can reach others	
<i>She was a girl that was misunderstood by everybody, and eventually she started to feel discriminated, from her family to her friends. She once told me: "I only feel good here, because you understand me". Thus, I always feel very good with her.</i>	Young woman misunderstood by everyone, that felt discriminated. Able to feel good and understood only by the therapist	Relationship of mutual understanding and wellbeing	I as a therapist that understands others, that feels good with the client	
<i>I'm not like her in everything, but there are some similarities, which I'm also working on in my analysis. On the other hand, and from her side, I feel that I can understand her, even in our different dimensions. When she makes me see that, it is when I notice some success in this process.</i>	Client that makes the therapist see that she feels protected, that makes progresses	Relation of understanding	I as a therapist who partially identifies herself with the client, that understands the client and sees success	Reference from the therapist to her own psychoanalysis (therapist aware of her limitations)

cont...

<p><i>Although, this client had missed a lot of sessions, she has not been missing any for some months now. I interpret this change in attitude as a way of her letting me know that she has been taking me serious and that she no longer wants to interrupt the therapeutic process.</i></p>	<p>Client that was missing a lot of sessions and that now doesn't; she takes therapy seriously</p>		<p>I as therapist who gives meaning to success</p>	
<p>Description about the negative client</p>				
<p><i>This is also a young woman that I've been following... It is also something that has to do with me, in the sense that I have never had difficulties to be with someone in psychotherapy, but in fact with this woman I had some problems. I ended each session full of pain in my body...</i></p>	<p>Young woman</p>		<p>I as therapists that has difficulties to be with this client and that attributes at least part of the difficulties to myself</p>	
<p><i>My analyst told me that this had to do with my negative counter-transference and that thinking about it, passed it into my body...</i></p>			<p>I as therapist that tries to give meaning to this unusual difficulty</p>	<p>Reference to the analyst as someone that gave meaning to the bad feelings that she felt toward this client</p>
<p><i>...She is a very complicated young woman, with some psychotic traits. Therefore, there is little insight in her discourse. So, in one hand, it is the frustration that I feel while trying to help her, feeling that there is little resonance inside of her, although we have only had a few sessions until now.</i></p>	<p>Young complicated client, with psychotic trait, "empty" client</p>	<p>Therapeutic relation with few sessions</p>	<p>I as frustrated therapist, that tries to help without being able to do it, given the limitations of the other</p>	

cont...

<p><i>What I feel when I speak is as if I didn't say anything, since she continues with her speech. It is by this that I feel frustrated, and on the other hand, I feel so tense with this frustration that I start feeling pain in my body...</i></p>	<p>Client indifferent to what the therapist says</p>		<p>I as a frustrated therapist, tense, with physical pain for not having any impact on the other</p>	
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Globally, this therapist refers to the relational aspects when she describes the positive client and instrumental aspects when she discusses the negative one (e.g., inability to influence the client; description of the client as having psychotic traits). On one hand, the intersubjective interchange emerges around the positive client, suggesting that success precisely happens because of the understanding relationship that characterizes the therapeutic relationship. On the other, and in the negative client's case, as a way of still protecting the possibility of future success, the therapist refers to the fact that the therapeutic relationship is still at the beginning. However, the way she describes success and failure seems to point to two different processes beneath these two paths: success is related to the possibility of understanding (relational domain) and failure is associated to the inability of influencing the other (instrumental domain). Finally, her discourse alternates between references to herself and references to the other.

DISCUSSION OF RESULTS

The results suggest that the therapists personal self-organization process of his/her professional role occurs through an intense positioning and re-positioning in the "*spatial realm of the self*" (Hermans, 2001, p.362). Thus, to be a psychotherapist is a highly idiosyncratic process that results from the dialogue between the person and the role, thus leading to the emergence of a multiple repertoire of I-positions or self-images, which are co-relative to the images of the clients.

This process is illustrated in the previously analyzed descriptions. In the midst of microgenetic processes one can devise some mesogenetic ones, resulting from the redundant patterns of a psychotherapist's role assimilation:

- O therapist has an image of herself that is highly dependent on the image that she thinks the client has of herself (e.g., in the presence of a client that trusts and feels accepted, she sees herself as a balanced therapist, capable of acceptance and trust);
- S therapist emerges as the main protagonist in the success case, revealing feelings of mastery and autonomy (e.g., "I as a therapist that was able to reach her, in the middle of big difficulties"); while in the failure case she declines responsibility for the negative results, attributing them to extraneous factors (e.g., "I as therapist without time to intervene").
- HH therapist shows herself as someone that gets involved with her cases (e.g., "I as a frustrated therapist, tense, with physical pain for not having any impact on the other"), attributing success to her ability of understanding others (e.g., "I as a therapist that understands others, that feels good with the client") and failure to her inability to influence the client (e.g., "I as frustrated therapist, that tries to help without being able to do it, given the limitations of the other"), in turn, assuming her competencies as well her limitations (e.g., "I as therapist that can reach others"; and "I as a therapist who has difficulties to be with this client and believes that these difficulties are partially related to myself as a person").

From the above results it is possible to say that the term "psychotherapist" emerges as a semiotic tool with a higher level of generalization, which regulates and organizes the lower level meanings of the professional activity. This study also illustrates how the organization of these meanings is constrained by the psychological motives (Hermans & Hermans-Jansen, 1995), showing how the three therapists give meaning to their professional activity. Clearly, these therapists give different meanings to the way they understand the interaction with clients, depending on how they value the O motive – union and contact with other – or S motive – self-enhancement (Hermans & Hermans-Jansen, 1995). In fact, the S therapist organizes her activity around the theme of power (S motive), the O therapist around the connection with the client (motive O) and the HH therapist uses a combination of both motives in her understanding of the profession.

CONCLUSION

In our view, this research has two distinctive features that deserve to be highlighted. On a general and theoretical level, we are trying to contribute to the dialogical self-theory insisting on a more careful and dynamic consideration of the audiences and of culture in the creation of the multiple voices of the self. Indeed, as Hermans (2001) has argued, every I-position is always addressed to someone else – in the author's terminology, addressed to an external position. This is a striking feature of any dialogical account – a human life is always an addressed (and therefore socially situated) one. Nevertheless, some of the most popular methodologies devoted to a dialogical study of the self somehow tend to neglect this feature and its intense dynamic (Gonçalves & Salgado, 2001); in other words, following these axiomatic guidelines, our study methods must be adapted to the idea that, from moment to moment, each person is involved in a repositioning movement towards others (actual or potential others). In this sense, we have tried to find a way of taking this “dialogical principle” into account, simultaneously studying the I-position as co-relative to an audience. Moreover, this involves a careful examination of how contextuality is deeply involved in this social act by which a person configures her or his self-identity.

A second and more specific issue of this research that we would like to highlight is the possible contribution to the study of what it means to be a psychotherapist. More than to give a general – demographical – portrait of this social group, we have tried to illustrate multiple ways in which a person may adapt to this social role. This must be considered as a first step towards a more careful and deep analysis of this issue. However, it is viable to claim that the relational features of communion and agency seem to work more or less as generic modes of personal adaptation to this role – including the successes and failures that it may bring. Future studies around this issue may bring a more personalized and detailed account of potentialities and possible dangers of different modes of adaptation, which, in turn, may result in a more careful planning of the training and supervision of future psychotherapists.

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ACKNOWLEDGMENTS

This research is supported by a grant from the Portuguese Foundation for Science and Technology (SFRH/BD/10194/2002)

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