Journal of Contemporary Psychotherapy
https://doi.org/10.1007/s10879-026-09751-8

ORIGINAL PAPER

Collaborative Polyphonic Writing as Therapeutic Practice: A Longitudinal Case Study

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Received: 20 April 2026 / Accepted: 11 August 2026

Abstract
This article introduces Collaborative Polyphonic Writing as a therapeutic practice grounded in Social Constructionism, Dialogical Self Theory, Collaborative Therapy, and Narrative Therapy. It presents a longitudinal case study involving a patient diagnosed with bipolar and schizoaffective disorders. Therapist and patient collaboratively constructed an autobiographical narrative, creating a dialogical space in which multiple voices of self could be explored, negotiated, and re-authored. The text was examined using a thematic framework combined with dialogical inquiry. Findings highlight the development of the meta-position "I as a writer," which facilitated dialogue among multiple I-positions and supported the reconstruction of autobiographical meaning. Collaborative Polyphonic Writing is discussed as a therapeutic practice that promotes narrative transformation and expands possibilities for self-understanding and psychological change through collaborative authorship.

Keywords Social construction · Meaning-making · Narrative therapy · Dialogical self-theory · Collaborative polyphonic writing · Re-authoring

Introduction

Writing and storytelling are fundamental processes through which individuals organize experience and construct coherence in their lives. They can also decenter problem-saturated narratives by separating people from their difficulties, creating space for alternative stories that foreground resources, values, and possibilities for action. From dialogical and narrative perspectives (Mellado et al., 2024), storytelling is understood as a transformative process through which meanings are reconstructed and new understandings of self emerge. In this context, autobiographical writing may support the re-authoring of life stories through reflexivity, openness to possibility, and the exploration of alternative identities (Ruini & Mortara, 2022). Within a social constructionist perspective (Gergen & McNamee, 2025), identity is viewed as an ongoing relational accomplishment, continuously negotiated through interaction, and evolving as a form of multi-being (Gergen, 2022). Similarly, Dialogical Self Theory conceptualizes the self as a dynamic multiplicity of I-positions engaged in ongoing dialogue (Hermans, 2025). The metaphor of polyphony captures the coexistence of these multiple perspectives, whose tensions and negotiations may be closely related to experiences of psychological distress. I-positions may be internal (e.g., "I as a therapist") or external (e.g., "my patient"), functioning as interacting voices within a dialogical space (Georgiaca & Viou, 2026). The development of a meta-position allows individuals to adopt a reflective stance toward these

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positions, facilitating dialogue and fostering more integrated forms of self-understanding.

Recent developments in relational, dialogical, narrative, phenomenological, and collaborative approaches to psychotherapy have emphasized the importance of creating therapeutic spaces in which patients actively participate in the co-construction of meaning. Within these perspectives, collaborative writing can be understood as a relational practice through which narratives are explored, negotiated, and transformed, promoting reflexivity, autonomy, and participatory forms of care (Faccio et al., 2023; Chiara et al., 2026).

Despite growing interest in writing-based and collaborative practices, little attention has been devoted to collaborative polyphonic writing processes developed jointly by therapist and patient throughout long-term psychotherapy. To our knowledge, no studies have examined how such practices may support dialogue among multiple positions of self, contribute to the re-authoring of autobiographical experience, and foster psychological change over time. To address this gap, the present paper explores the therapeutic application of Collaborative Polyphonic Writing through a longitudinal case study, examining how narrative, dialogical, and relational processes unfold within a collaboratively authored autobiographical text.

Materials and Methods

Therapeutic Setting, Research Context, and Analytic Process

From late 2019 to early 2025, the patient engaged in psychotherapy with the first author of this article. Sessions were conducted twice monthly during the first three years, every three weeks during the following two years, and subsequently once a month. All sessions took place in person. Following an initial phase devoted to establishing the therapeutic alliance, the therapist suggested collaborative polyphonic writing, and the patient agreed. It was developed over approximately two years (2022–2024) as an integral component of psychotherapy and centred on the collaborative development of an autobiographical narrative through which significant life experiences, reflections, and personal meanings could be explored.

Although moments of joint reflection occurred during face-to-face sessions, the autobiographical narrative was primarily developed through collaborative writing within a shared digital environment. Writing exchanges occurred asynchronously between sessions, which from 2022 onward were held every three weeks. The use of a shared digital platform (Google Drive) provided flexibility regarding the timing and pace of the writing process and allowed therapist and patient to engage in an ongoing written dialogue between sessions.

The collaborative polyphonic writing process unfolded through a series of interconnected stages involving individual writing, therapeutic dialogue, and collaborative writing. In the first stage, the therapist invited the patient to independently write an autobiographical narrative focusing on significant life experiences. This initial account served as the starting point for subsequent therapeutic and writing activities. In the second stage, therapeutic dialogue was combined with reflective writing. The therapist engaged with the autobiographical material through circular and reflexive questions (Tomm, 2025), written reflections, and invitations to elaborate specific experiences. The patient subsequently responded in writing, further developing the text. Through this iterative exchange, autobiographical experience became the focus of an ongoing collaborative process of exploration and reflection. In the third stage, therapist and patient collaboratively identified the various I-positions present within the narrative, as well as the dominant narrative themes organizing the patient's experience. This work took place through both face-to-face sessions and written exchanges. The fourth stage involved successive cycles of therapeutic dialogue, writing, feedback, and revision, through which alternative meanings and narrative possibilities were explored. Attention was devoted to facilitating dialogue among I-positions and supporting the emergence of a reflexive meta-position. In the fifth stage, therapist and patient collaboratively produced a final version of the autobiographical narrative. The therapeutic work accompanying collaborative polyphonic writing was informed by social constructionist, dialogical, and narrative perspectives. The final collaboratively authored autobiography consisted of approximately 120 Word pages.

Following completion of the therapeutic and writing process, the therapist suggested writing a scientific article based on this material, with the patient's consent. The autobiographical narrative constituted the text for clinical examination.

The text was examined by first identifying overarching themes across the narrative material, which then informed a deeper exploration of the different voices and positions within the patient's narrative system, drawing on dialogical concepts (Androutsopoulou et al., 2020; Braun & Clarke, 2025). This iterative process involved continuous movement between the identified themes and the dialogical relationships within the material. During the familiarization stage, therapist and patient engaged in repeated readings of the corpus to develop an in-depth understanding of the narrative. The subsequent coding phase involved identifying segments of text that were particularly meaningful in

relation to key experiential domains, including diagnosis, hospitalization, identity transformation, reflexive processes, and emerging forms of self-understanding. The first author examined the text to identify the various I-positions within the narrative and explore their relationships. This process relied on the three indicators of significance proposed by Androutsopoulou (2015): frequency, uniqueness, and negation. These indicators facilitated the identification of salient inner voices and the examination of the dialogical relationships among them. These thematic and dialogical perspectives were then integrated to develop a comprehensive understanding of the processes through which autobiographical meanings were negotiated and transformed over time. Preliminary interpretations were first discussed between the first and patient and subsequently shared with the remaining authors. This process resulted in the identification of five overarching themes reflecting both distinct experiential domains and a broader trajectory of narrative transformation.

Relational Reflexivity

Throughout both the psychotherapeutic process and the development of collaborative polyphonic writing, therapist and patient adopted a reflexive and relational stance. The first author occupied the dual role of therapist and researcher. At the time of the study, he was 43 years old and held two PhDs and has approximately 15 years of experience as a psychotherapist, with a particular interest in interactionist, narrative, and family therapy approaches informed by social constructionist perspectives. The patient occupied the dual role of patient and researcher. At the time of the study, she was a 46-year-old woman holding bachelor's degrees in philosophy and law. She had a long history of psychological distress characterized by alternating periods of depressed mood and manic excitement. Following psychiatric hospitalization and subsequent treatment within community mental health services, she received diagnoses of bipolar disorder and schizoaffective disorder. Attention was devoted to issues of relational power, interpretative positioning, and the ways in which meanings were collaboratively constructed throughout both the therapeutic and research processes. Reflexivity was further supported through regular discussions with the other authors, who functioned as a reflective team.

Ethical Considerations

This study was conducted in accordance with internationally recognized ethical standards for research involving human patients, including the principles outlined in the Declaration of Helsinki. The patient was fully informed about the aims of the study, the use of anonymized narrative material, and the procedures adopted to protect confidentiality and privacy. Written informed consent for the use of the material for research and publication purposes was obtained and understood as an ongoing process involving opportunities for discussion, revision, and withdrawal of consent (Klykken, 2022). The patient gave her explicit consent to the scientific publication of the results both prior to submission and during the peer-review process

Results

Five overarching themes were identified, capturing key dimensions of the patient's life trajectory and narrative transformation: Living with mental illness; Diagnosis, Hospitalization, and the Re-signification of Psychiatric Experience; Polyphonic arena: the chorus of voices; Reflexivity: from writing to co-writing with the therapist; and Toward uniqueness and a sense of freedom. All excerpts can be understood as written manifestations of a collaborative therapeutic dialogue.

Living with Mental Illness

This theme captures the initial dominance of a diagnosis-centered narrative and the gradual emergence of alternative I-positions through the collaborative and polyphonic writing process. In the early phases, the position "I as a person with a psychiatric diagnosis" organized the patient's experience around passivity, limitation, and internalized stigma. During these initial stages, the patient described this experience as follows:

> *"Living with a mental illness, well, it means having an excuse not to move, to stay in bed, waiting for a miracle or some miraculous event to pull me out of my apathy through the sheer power of my soul."*

In response to clinical invitations to reflect from the perspective of the writer, a dialogical tension emerged between this diagnosis-centered position and a more agentic voice of resistance. The patient explicitly noted that they were more than just a psychiatric diagnosis, identifying as someone who fights against the incomprehensible. This tension may have fostered the creation of a relational and dialogical space for alternative interpretations of the self, even though the diagnosis-centred narrative continued to play a prominent role.

Diagnosis, Hospitalization, and the Re-signification of Psychiatric Experience

This theme brings together narratives concerning psychiatric hospitalization, diagnosis, and family presence during periods of crisis. Initially, these experiences are organized through the position "I as a person with a psychiatric diagnosis," which is associated with fear, vulnerability, and diminished agency. During the recollection of these events, the patient highlighted this profound vulnerability:

> *"I remember being terrified by it. […] I didn't want to communicate with anyone but myself."*

Relational perspectives also coincided with this narrative organization, particularly through the emergence of the position "I as a daughter" in connection to family relationships during crisis:

> *"I wrote them confused and distressing messages. […] They can't bear to see me suffer. They don't recognize me anymore. […]."*

Through dialogical exploration, diagnostic meanings appeared to become increasingly open to negotiation and reinterpretation. This shifting dynamic encouraged a closer engagement between the diagnosis-centered narrative and the developing writer voice, allowing both perspectives to interact:

> *"When I was in the ward, the other "guests" would sometimes speak to me. I responded with gestures and grimaces dictated by my distress. [But now] these two voices should engage with each other in the present moment. They should encourage each other without losing heart."*

A further transformation became visible through the consolidation of the meta-position "I as a writer," which has contributed to a reinterpretation of both the diagnosis and hospitalization. This process has enabled the patient to actively reframe the meaning of the illness, moving away from a deficit-focused perspective:

> *"After hospitalization, I started thinking that if the doctors had used the word "melancholy" instead of "depression" from the beginning, it would have had tangible benefits for my health. While "depression" evokes the concept of mental illness, "melancholy" is less loaded and more ambiguous. It allows people like me to connect with literature […]. Moments of distress and illness have transformed me, much like the Japanese art of Kintsugi."*

This movement illustrates a shift from understanding psychiatric experiences primarily as markers of deficit toward integrating them into a broader autobiographical narrative. The metaphor of Kintsugi captures the possibility of incorporating vulnerability into one's life story without reducing it to illness alone.

Polyphonic Arena: The Chorus of Voices

This theme represents the clearest expression of the dialogical transformation that unfolded through collaborative and polyphonic writing. Central to this process is the emergence of the meta-position "I as a writer," which functions as a coordinating voice, facilitating dialogue among positions. The patient introduced the metaphor of the "chorus of voices" as a narrative device for representing and exploring this internal multiplicity:

> *"Sometimes, in these imperfections, words fail me; that is why I decided to have a chorus of voices accompany me, from this point forward, on this introspective journey. […] I feel and write about this polyphony. I am a free and generous woman and no longer sublimate pain as a constant presence in my life."*

The polyphonic arena appeared to become more fully articulated as a range of distinct I-positions were invited into dialogue. The patient utilized the collaborative polyphonic writing space to give voice to multiple, diverse facets of self-experience, allowing relational, academic, and I-driven positions to emerge in unison:

> *"I as a person with a psychiatric diagnosis: Psychiatrists responded to my existential distress […] they stabilized my mood, but not my heart, soul, or identity.*
>
> *I as a daughter: My parents have always done everything they could to make me feel better.*
>
> *I as a sister: My sister has been very close to me in recent years. This is by no means guaranteed.*
>
> *I as a philosophy graduate: The concept of mental distress was essentially foreign to Socratic thought.*
>
> *I as a law graduate: We should create associations/foundations sensitive to the issue.*

I as a homosexual: To love a woman, being a woman, in this Italian society […]. It takes a great deal of courage.

I as an aunt: The birth of my little niece has brought immense joy to my life.

I as a poet: I see poetry as a way of expressing all the love I have in verse."

All of this has highlighted how the writer meta-position can facilitate communication among various aspects of the self, enabling core existential tensions and contradictions to remain present without fragmenting the overall narrative. When reflecting on how to harmonize these various perspectives, the patient concluded:

"I believe that life and mental health are all about relationships."

In this sense, the "chorus of voices" functions as a dialogical process through which new meanings and alternative possibilities for self-understanding can emerge.

Reflexivity: Moving from Writing to Co-writing with the Therapist

This theme highlights the reflexive and relational dimensions of collaborative and polyphonic writing, focusing on the process through which personal meanings were explored, negotiated, and transformed. The transition from autobiographical writing to collaborative writing appeared to mark a significant shift from solitary narration toward a shared space of reflection. Within this shared framework, personal experience became the object of ongoing dialogue between therapist and patient. The patient highlighted how writing gradually evolved from a form of solitary self-expression into a collaborative practice of meaning-making:

"For me, writing has been a journey of self-discovery intertwined with therapy […]. It was collaborative writing, and the subsequent reading, rereading, and joint reflection on my story with my therapist, that appeared to set the process of change in motion […]. Writing with a therapist is an act of self-care […]. Collaborative writing involves various levels of reflection and shared understanding […]."

Overall, this theme illustrates how collaborative and polyphonic writing transformed the act of composition into a relational and reflexive practice. The movement from individual writing to co-writing fostered a dialogical process through which autobiographical meanings became open to revision, negotiation, and re-authoring, supporting the consolidation of new identity narrative positions.

Towards Uniqueness and a Sense of Freedom

This final theme captures the consolidation of the overall dialogical transformation process. Previously competing I-positions appeared to become increasingly coordinated within a broader and more flexible sense of self, while the diagnosis-centered narrative lost its organizing dominance. The patient reflected on this relational and integrated self-awareness, noting:

"I have realized that it is possible to know and understand oneself only through others, in the way we experience others and ourselves in relation to others, and in the way, others experience us, like a game of mirrored reflections."

The integrative role of the writer meta-position, which supported this major transformation, is further illustrated by the patient's ability to actively co-construct new personal meanings through narrative multiplicity:

"I discover how to tell my story through polyphony; thus, multiple points of view brought together by my role as a writer, through which it was possible, together with the therapist, to construct a new meaning for the story."

These reflections suggest a shift from defining oneself primarily through a self-narrative centred on a psychiatric diagnosis to a more complex understanding of the self, organized along dialogical lines.

Discussion

This paper presents Collaborative Polyphonic Writing as a therapeutic practice situated at the intersection of Social Constructionism, Dialogical Self Theory, Collaborative Therapy, and Narrative Therapy. These perspectives share a relational and postmodern understanding of identity, meaning, and psychological change, emphasizing the collaborative construction of experience through dialogue.

Collaborative polyphonic writing may be understood as a relational practice through which autobiographical meanings are explored, negotiated, and transformed over time. The study itself reflects these assumptions, as the research process emerged directly from the collaborative writing practices that constituted the therapeutic intervention.

Traditional approaches, such as expressive writing or therapeutic letter-writing, are based primarily on individual writing, just as narrative therapy focuses on rewriting dominant narratives. In our proposal for collaborative polyphonic writing, however, the therapist and the patient co-construct the narrative collaboratively, sharing a relational and dialogic space. This process explicitly aims to cultivate a reflexive meta-position capable of orchestrating a multiplicity of internal voices, thereby distinguishing itself from standard co-writing or collaborative documentation interventions.

The relational theoretical framework centered on social construction, as well as the use of the Interventional Interview model (Tomm et al., 2026), enabled the therapist to formulate various types of questions designed to stimulate reflexivity, which in turn facilitated the co-construction of multiple narratives expressed through the polyphony of the self.

The therapeutic process unfolded across two interconnected dimensions: synchronous face-to-face encounters and an asynchronous writing process developed through collaborative polyphonic writing. Together, these dimensions created an ongoing context for reflection in which lived experience could be revisited, questioned, and reinterpreted. In the initial phases, the patient's narrative was largely organized around a diagnosis-centered understanding of self. The themes "Living with a Mental Illness" and "Diagnosis, Hospitalization, and the Re-signification of Psychiatric Experience" illustrate how psychiatric diagnosis initially functioned as a dominant narrative framework through which experiences of suffering, vulnerability, and identity were interpreted. Within this framework, alternative understandings of self-remained largely marginalized.

The introduction of collaborative polyphonic writing gradually expanded the range of voices available within the patient's narrative. Through successive cycles of writing, reflection, feedback, and revision, previously marginalized I-positions became increasingly visible and capable of entering dialogue. This process is most clearly reflected in the theme "Polyphonic Arena: The Chorus of Voices," where the self is no longer organized around a single diagnosis-centered position but emerges as a multiplicity of perspectives, each contributing different understandings of experience. Consistent with Dialogical Self Theory, psychological change appears to involve not the elimination of voices but the expansion of the dialogical relationships among them.

Of particular importance is the emergence of the "I as a writer" meta-position. Although it initially appeared to be just one voice among many, this position gradually took on a coordinating and reflective function. Through this meta-position, the patient became increasingly capable of observing, comparing, and mediating between competing ego positions, rather than identifying exclusively with a narrative centered on the diagnosis. The "writer" meta-position thus functioned as a vantage point from which it was possible to facilitate dialogue among the voices and reconsider autobiographical meanings.

From this perspective, the therapeutic significance of collaborative polyphonic writing may lie not simply in its use of writing as a therapeutic tool, but in its capacity to facilitate the emergence of reflexive meta-positions capable of coordinating multiple voices. The findings suggest that collaborative writing may provide particularly fertile conditions for the development of such positions by creating opportunities for repeated reflection, rereading, dialogue, and reinterpretation.

The theme "Reflexivity: Moving from Writing to Co-Writing with the Therapist" further clarifies this process. The transition from writing to collaborative writing involved more than a change in therapeutic technique; it marked a shift from individual narration toward a shared process of inquiry. Through ongoing exchanges between therapist and patient, autobiographical meanings became increasingly open to revision and reinterpretation. Reflexivity emerged not merely as an internal cognitive activity but as a relational achievement fostered through dialogue and co-authorship.

The theme "Towards Uniqueness and a Sense of Freedom" may be understood as the outcome of this broader process of dialogical transformation. Rather than indicating the resolution of inner tensions or the achievement of a unified identity, the theme reflects the patient's increasing capacity to inhabit multiple positions without being defined exclusively by any one of them. In particular, the diagnosis-centered narrative gradually lost its organizing dominance and became one voice among others within a broader autobiographical landscape. The patient's references to relationships, creativity, sexuality, family bonds, and personal agency suggest an expansion of the narrative possibilities available for understanding herself. From a dialogical perspective, this movement may be understood as the development of greater flexibility in negotiating among multiple voices and perspectives. The emerging sense of freedom therefore appears to derive not from the elimination of complexity, but from an enhanced capacity to engage with it reflexively and relationally.

The relational orientation that characterizes collaborative polyphonic writing may also contribute to addressing asymmetries within the therapeutic relationship by fostering a more collaborative process of knowledge production.

The relational and epistemic justice orientation that characterizes collaborative polyphonic writing can also help address power asymmetries within the therapeutic relationship, fostering a more collaborative process of knowledge

production in which the patient is an active, equal contributor to the construction of meaning (Drożdżowicz & Grodniewicz, 2025). Consistent with social constructionist perspectives, the therapeutic relationship becomes a generative context (Gergen, 2026) through which new meanings, new forms of self-understanding, and new possibilities for action can emerge. Overall, the findings suggest that the value of collaborative polyphonic writing lies in its capacity to foster conditions in which multiple voices can be expressed, coordinated, and transformed through dialogue. It appears to expand the range of dialogical possibilities through which individuals can understand, reinterpret, and author their lives.

Clinical Implications

The findings suggest that this therapeutic practice may provide clinicians with a structured way of extending therapeutic work beyond face-to-face encounters. By creating an ongoing space for writing and reflection, collaborative polyphonic writing allows experiences, emotions, and personal narratives to be revisited over time. This may be particularly useful when working with individuals whose difficulties are organized around rigid, problem-saturated, or diagnosis-centered narratives. The implementation of collaborative polyphonic writing requires therapists to adopt a collaborative and reflexive stance characterized by openness, curiosity, and attention to the multiplicity of perspectives present within the patient's narrative. In practice, therapists are invited to facilitate dialogue among different voices of self through questions, reflections, and written responses that encourage exploration. This requires a significant investment of time and effort on the part of both parties. It may be particularly well-suited for people who feel comfortable expressing themselves through writing and who wish to take an active role in the therapeutic process.

Limitations and Future Directions

Several limitations should be considered when interpreting the findings of this study. The study emerged from a therapeutic process rather than from a research project designed in advance. Although this enhanced its grounding in naturally occurring clinical practice, the subsequent involvement of therapist and patient as co-authors may have influenced the interpretation and presentation of the material. The influence of the authors' positions and perspectives on the analytic process cannot be entirely excluded.

Additional limitations concern the collaborative nature of the narrative itself. The autobiographical text was co-constructed through therapeutic dialogue and writing, making it difficult to distinguish between lived experience, retrospective reconstruction, and narrative elaboration. Likewise, the selection and interpretation of extracts inevitably reflected the theoretical and interpretative framework adopted in the study. Furthermore, it is not possible to determine the relative contribution of collaborative polyphonic writing in relation to other potentially influential factors, including the therapeutic alliance, the duration of psychotherapy, medication, personal maturation, or significant life events. Further limitations concern the patient's longstanding interest in writing and her considerable literary abilities. It remains unclear to what extent similar processes would emerge among individuals with different relationships to autobiographical writing.

Future research could explore the application of collaborative polyphonic writing across diverse clinical populations, therapeutic settings, and cultural contexts. Multi-case and comparative studies may help clarify the mechanisms through which collaborative writing contributes to dialogical development, narrative transformation, and psychological change. Further research could also examine the role of digital writing environments as therapeutic spaces and explore how synchronous and asynchronous forms of interaction contribute to meaning making.

Conclusions

This paper has presented Collaborative Polyphonic Writing as a therapeutic practice grounded in Social Constructionism, Dialogical Self Theory, and Narrative Therapy. This practice can foster therapeutic change by creating a space for dialogue in which autobiographical meanings can be revisited, negotiated, and rewritten. Central to this process was the emergence of the meta-position "I as a writer," which facilitated dialogue among multiple I-positions and supported the reorganization of autobiographical experience.

At the same time, the present study invites caution regarding the status of reflexive meta-positions. There is a risk that a newly developed narrative, although richer and more complex than a diagnosis-centered account, may become privileged and constrain other voices. From this perspective, therapeutic work does not aim to replace one dominant narrative with another, but rather to preserve the conditions for ongoing dialogue among multiple positions of self. The writer meta-position may therefore be understood as both a resource and a potential limitation: it can facilitate coordination among voices, yet it should not become the sole authority through which experience is interpreted.

Consistent with social constructionist perspectives, no position can be regarded as permanently privileged. The value of a meta-position lies not in its capacity to control other voices, but in its ability to foster communication,

negotiation, and openness to alternative meanings. As Gergen's notion of the multi-being suggests, every position remains relationally constituted and contextually situated. Consequently, the significance of "I as a writer" resides less in its permanence than in its capacity to support dialogue at a particular moment within a person's ongoing narrative development.

In conclusion, collaborative polyphonic writing may represent a valuable resource for clinical practice aimed at fostering more plural and dialogical ways of understanding self and experience. Finally, it appears to support the expansion of the dialogical possibilities through which individuals can continuously author and re-author their lives.

Acknowledgements The authors express their deepest gratitude to the patient for her invaluable collaboration, trust, and dedication throughout the therapeutic and collaborative writing process. Her unique voice and insights were foundational to the co-construction of this work.

Author Contributions The first author conceived and designed the study and acted as the therapist and researcher for the study. The text was co-authored collaboratively by the first and patient. The first and the patient also discussed and examined the text and wrote the first draft of the manuscript. Subsequently, the other authors provided comments on earlier versions of the manuscript. The last author also contributed to improving the paper. All authors have read, supervised and approved the final manuscript.

Funding Open access funding provided by Università degli Studi di Napoli Federico II within the CRUI-CARE Agreement. Funding Declaration PRIN 2022 Call (Decree No. 104 of February 2,2022—Macro-sector SH, Social Sciences and Humanities sector SH4 "The Human Mind and Its Complexity," 2022AR3EFB) titled "ReCo2: Re-Co-VeryThrough Co-Writing: The Implementation of a Collaborative Writing Approach in Mental Health Care."

Data Availability We declare that the data is not shared. For ethical reasons the authors prefer not to share the data described in the manuscript, but it is available if requested from the corresponding author.

Declarations

Conflict of interest The authors declare no competing interests.

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