

Motivation for change in psychotherapy

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1. Introduction

Various motivational approaches in literature have been developed in an attempt to prevent patients from dropping out of treatment, to increase their active engagement and, hence, to improve the short-term and long-term outcome of therapy. In most cases motivation is intended as a cognitive quality and lack or falls in motivation (relapses) are usually seen as weakness of the will (Romaioli *et al.*, 2008).

On the contrary, in the transition from modern to post-modern psychology, the very concept of motivation does not issue from a well-formed and orderly cognition at the centre of our being, but originates in a person's vague, diffuse and unordered feelings — their sense of how they are 'positioned' in relation to the others around them (Leiman, 2002). Offering a critical review of the literature on this theme (Bakhtin, 1981, 1984; Vygotsky, 1962; Shotton, 1993a, 1993b; Cheyne & Tarulli, 1999; Volosinov, 1986) we intend to discuss some suggestions about how to analyse positions using discourse analysis.

2. What is change? In which way do people change?

In everyday speech "change" is represented in contrast to permanence, and they are viewed as being complementary. "Change" and "non-change" narratives are strictly linked to motivational rhetoric in the sense of *will* and *determination*: "he/she is not ready for change" "he/she hasn't decided to change yet", "unless he/she decides to change, no one can help him/her".

Many theoretical models have been pointed out in order to explore the theme of change, i.e. the motivational interview (Miller and Rollnick, 1991), the Socratic method (Vitousek *et al.*, 1998), the trans-theoretical model of change (DiClemente, 1999; Prochaska & DiClemente, 1982) and the Self-Determination Theory (Deci and Ryan, 1985). These models, despite representing different approaches, share two fundamental presuppositions (Romaioli, 2009): the first one is that motivation

is intended as a cognitive quality, the persistence of which is made by means of predominantly intra-psychic heuristics (individualistic proposition). The second one is a conceptualization of “change” as if it were an object. In despite of that, we are going to suggest that both motivation and change are socially constructed throughout the dialogue among people.

3. “Change” and “non change” as the effect of a dialogue between voices

In this regard, Hermans (1996b, 2001) and Hermans, Kempen, and Van Loon (1992) proposed a decentralized conception of the self as multi-voiced and dialogical. More specifically, they defined the dialogical self in terms of a dynamic multiplicity of I-positions or voices in the landscape of the mind, intertwined as this mind is with the minds of other people. Positions are not only “internal” (e.g., I as a man, professor, husband, father) but also “external”, belonging to the extended domain of the self (e.g., my wife, my children, my colleagues). Dialogues may take place among internal positions, between internal and external positions, and between external. Building on the views of figures like Bakhtin (1973, 1981), James (1890) Mead (1934) and Gergen (2009), we envision the existence of a multivoiced dialogical self that is involved in internal interchanges between I-positions who desire change, and I-positions that contrast with change.

4. “I and the other part of me who doesn’t want me to change”: a clinical evidence

As an example, we take now into consideration a clinical case: Carlotta is a woman who has been diagnosed with a bulimic disorder. During the therapy she started to call her negative voice using the name of “Rebecca”. Who is Rebecca? As Carlotta said, “Rebecca is the other part of me – who doesn’t want me to change”.

Two years ago I had a bit of a breakdown, I started to take it out through food. I never stopped eating but I limited the type of foods I ate, I only ate white meat and vegetables. I’ve lost more than 10 kilos in a very short time. I cut out bread, pasta, pizza, sweets, everything else... At the moment I would like to eat everything without feeling guilty because I change from day to day: Some days I say.. “Who cares?! I can eat a pizza! ”and I eat it calmly. The problem comes out after having eaten it, when my alter-ego pops up, as I call it, I call her Rebecca, my first enemy, who makes me feel guilty and says: “You have eaten pizza and so tomorrow you’ll have to starve ... otherwise you’ll put on weight!”

The main problem is that Rebecca pops up every time I “slip up”, so to speak!

Rebecca, whose name was chosen by Carlotta after the name her mother might have given to her instead of Carlotta, forces Carlotta to go running every time she has eaten something, who prevents Carlotta from going out for dinner, who prohibits Carlotta from sitting down to eat and relax without paying attention to the calories. She is the personification of the problem. The interaction between them is viewed as a fight.

The more asymmetrical it is, the more it constrains the exchange of views and experiences. From a clinical point of view, excessive dominance of a voice can be a dysfunctional characteristic of the dialogical self (Dimaggio, 2006). As Hermans and Kempen remember (1992), citing Linell (1990), the dominance in interaction is multidimensional. There are many ways in which a party can be said to “dominate”, that is, to control the “territory” shared by the interactants in communication. As we will see later, there are at least four different dimensions involved in the interaction of dominance (Linell, 1990).

5. Aims and methods of the research

Aim of the present research is to show the trend of a therapy, identifying linguistic variations which could mark changes from dysfunctional narratives of the self to more organized narratives of the self. In particular, a discourse analysis (Potter and Wetherell, 1987) has been developed in order to clarify the discursive devices that could be indicative of the presence of distinct voices in the words of therapy clients. The qualitative analysis was carried out through a comparative approach: a) as regards the speaking voices of the self and b) at a temporal level, by comparing the text produced at the beginning and at the end of the therapy.

Moreover, the comparison between the first session (first, second and third colloquium) and last session (ninth, tenth and eleventh colloquium) has been done by the analysis of four dominance dimensions:

- interactional dominance: it consists in patterns of symmetry or asymmetry in terms of initiative-response structures. The dominant party «is the one who makes the most initiatory moves. The subordinate party allows, or must allow, his or her contributions to be directed, controlled, or inhibited by the interlocutor’s moves» (Hermans, 1993, 75.).
- Topic dominance: «one party predominantly introduces and maintains topics and perspectives on topics. By determining the topic of a conversation, an interlocutor may achieve a high degree of dominance that may be visible not only in terms of the content of the talk, but also in terms of the direction that the conversation takes as a whole» (Hermans, 1993, 75).
- Amount of talk: «a person who talks a lot in a conversation prevents, as long as he or she talks, the other party from taking a turn. The subordinate party is especially restricted in those situations in which the dominating party requires only a “yes” or “no” answer» (ivi, 76).
- Strategic moves: «every kind of linguistic device which influences direction and results of discourse is considered a strategic movement; as an example the

use of persuasive and metaphorical language, grammar, verbal formula» (ibidem).

6. Main Results

6.1. Interactional dominance in the first clinical session

In the first session Rebecca's voice is definitively predominant. In terms of initiative-response structure, Rebecca's voice prevails on Carlotta's voice. By a linguistic analysis we conducted, we can affirm that the speaker here doesn't identify with Rebecca: the voice uses the third person singular and addresses Carlotta with "you" (the second person singular). In contrast, Carlotta's voice speaks in the first person singular and always in the present tense.

6.2. Topic dominance in the first clinical session

Rebecca predominantly introduces and maintains topics and perspectives. The dominance is visible not only in terms of the content of the talk, but also in terms of the direction that the action then takes.

6.3. Amount of talking and Strategic moves in the first clinical session

Rebecca says few, but strategically important, things; Rebecca uses logical and rational strategies, based on convincing demonstrations of cause-effect. In this first exchanges between Rebecca and Carlotta there is no dialogue but the imposition of the former on the latter. Rebecca is at the top of the hierarchy: she polarizes and dominates the other voices.

6.4. Interactional dominance at the end of therapy

During the final sessions at the end of therapy, the modality of the interaction between the voices changes thanks to a third "voice" that was already present, albeit very weakly so, from the start of the first sessions and which is strengthened through the course of the therapy; that which Hermans (2006) calls "meta-perspective". This voice seems strong enough to oppose the dominant position of Rebecca and to effectively reorganize the self.

In this phase of the therapy, Rebecca makes herself heard less and Carlotta manages to behave differently with regard to food. The voice of the metaposition makes the most initial moves and then becomes, a bit at a time, the mediator of the

dialogue between the various parts and the privileged interlocutor with which the voice of Carlotta.

Sometimes, the metaposition prefers coordination to subordinate clauses, she doesn't use the imperative form. It is no longer the "monologue" of Rebecca, but a symmetrical dialogue; the voice of the metaposition occupies a higher hierarchical position from which to organize the exchange, it favours reciprocal interaction.

6.5. Topic dominance at the end of therapy

Rebecca tries to introduce and maintain topics and perspectives; she has not disappeared, but now the equilibrium has changed: the metaposition is a match for her.

6.6. Amount of talking at the end of therapy

Rebecca now talks less. Whereas, the metaposition makes herself heard a lot. Through the course of the therapy her voice strengthens and is increasingly present.

6.7. Strategic moves at the end of therapy

Through the use of a particular style of questioning (Hermans and Kempen, 1993) the direction and the resulting insights may be heavily influenced. In general, in this latter part the dialogic structure of the question-answer dominates on the part of the metaposition that mediates.

7. Discussion

A little at the time, the metaposition starts to use the first person singular (*"I tell myself..."*), thus assuming an increasingly important role in the hierarchical organization of Carlotta's dialogic self. Nevertheless, it utilizes its dominance in a functional way, favouring a dialogue and mediating between the other positions. The mediating voice also manages a new flexibility when shifting from one position to another. There is a more symmetrical relationship between Rebecca and Carlotta, both have the right to speak and to be listened to, but the last word goes to the voice that speaks from the metaperspective. The mediating voice also manages a new flexibility when shifting from one position to another. *"I won't let Rebecca do what she wants with me anymore. (...) Lately I have been transforming the negative things that Rebecca wants to say to me and playing them to my favour. The relationship with Rebecca has really changed"*.

In more general terms, the analysis of the four different dimensions involved in the interaction of the dominance, allows us to show the trend from a condition of dysfunctional narratives of the self to more organized narratives of the self (in Hermans's terms). In the first condition the voices are characterized as a monologue: a strong and rigid hierarchy of self-positions. In this condition the potential of dialogue is limited by a dominant voice. Facilitating a different organization of repertoire of I-positions would be crucial to the emergence of contra-positions or of meta-positions.

To summarize: the selves narratives present in the first session is disorganized and is in the form of a monologue (Hermans, 2006). It is characterized by:

- a strong and rigid hierarchy of I-positions, in which Rebecca's position is dominant;
- a limited capacity for dialogue between voices;
- a strict interpretation and construction of experiences;
- other positions (Carlotta, others and metaperspective) are constantly pushed into the background, they don't participate in the dialogical process.

On the contrary, the selves narratives present in the last session is more organized (Hermans, 2006). It is characterized by:

- the emergence of a contra-position: the metaperspective. It is strong enough to contrast the Rebecca position;
- even in this more organized system a position is more dominant than one other (being still hierarchical) but dominance becomes relative: voices are having a dialogue with other voices, negotiating meaning, they alternate in adaptive ways under supervision of metaposition: dominance is intrinsic and organizes the repertoire of positions.

8. Conclusions

Most of the assumptions we have been searching for an alternative have survived thanks to the persuasive power of metaphors that individuals, including psychologists during their work, have presumed to be true or at least plausible in order to make human action comprehensible and predictable. One of these metaphors is the idea that people have a particular motivation and, on the basis of this strength, they build up actions which are coherent with what they consider the best thing to do. Despite the fact that this construction has represented a heuristic potential for a long time, especially in the historical context of psychology, it has actually focused concentration upon the internal constitutive dimensions of the person, such as personality traits, or motivations.

The perspective we have been trying to outline here allows us to reshape a vision of the individual as a plurality of selves. What the therapist must constantly keep in mind is the impossibility of addressing the person as a whole. During the dialogue, the therapist is left the task of discovering "who" is talking in that precise moment, for what reasons, in response to whom, what voice is spoken aloud and what voice is kept quiet.

The present contribution took into account some implications for psycho-

therapy and discourse analysis when the individual is seen as a multiple self. By these terms we also want to assert that the process of change is never derived from a solipsistic decision or motivation. It rather seems intrinsic to the relational context of narratives and dialogues. Taking seriously into consideration the idea that the individual could be fragmented into multiple selves implies a new way of considering motivation and the change process.

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