CZU: 159.9.072.2:615.851 **DOI:** https://doi.org/10.5281/zenodo.7354414

OVERCOMING THE BLOCKAGES IN THERAPY – A DIALOGIC PERSPECTIVE IN QUALITY RESEARCH

Marcel NEDELCU
Romania

This paper aims to provide an example for a qualitative research design which combines grounded theory methodology with the open dialogue approach. The results of this research are presented as a theory of some concrete attitudinal landmarks, which can help therapists to unblock from difficult situations that may occur on the therapy sessions. The research is based on three cases' studies, which can be used as models for this way of intervention.

Keywords: *qualitative research, dialogical approach, stuck situation in therapy, therapy attitudes and action, connecting children with parents.*

DEPĂȘIREA BLOCAJELOR ÎN TERAPIE – O PERSPECTIVĂ DIALOGICĂ ÎN CERCETAREA CALITĂȚII

Lucrarea de față își propune să ofere un exemplu de design de cercetare calitativă care combină metodologia grounded theory cu abordarea dialogului deschis. Rezultatele acestei cercetări sunt prezentate sub forma unei teorii despre o serie de repere atitudinale concrete ce ajută terapeuții să deblocheze situațiile dificile care apar în sedințele de terapie. De asemenea, sunt prezentate trei cazuri care au stat la baza cercetării. Ele pot fi privite ca modele în care terapeutul a folosit, pentru deblocare în procesul terapeutic, reperele cercetării.

Cuvinte-cheie: *cercetare calitativă, abordarea dialogului, situații blocate în terapie, atitudini și acțiuni terapeutice, relații dintre copii și părinți.*

Introduction

In therapy practice are moments when the therapists perceive that the process is blocked, redundant and they are not sure which is the next necessary step. The modernist paradigm invites the therapists to be in control with their strategy of change. Stuck moments could bring extra tension to the therapist and develop a vicious circle in their relationship with the clients. The dialogic approach [1] offers flexibility and a state of freedom in therapeutic action. The vicious circle can be broken by the therapist, by assuming not-knowing position, accepting uncertainty, sharing with the client the responsibility and the construction of the therapy process. The therapist has the possibility to listen the inner voices, to feel free to express authentic and spontaneous. This attitude could be useful to the clients, too, because they will feel that are invited to pay attention to their inner voices and to the voices from the outside, invited to be

curios and to accept being guided by the dialogs, to unpredictable directions. In this context, significant and useful elements will appear.

This article presents a creative way to use dialogic perspective for the qualitative research of the therapeutic practice. The results of this research provide a set of concrete benchmarks that will help therapists to get out from the blockage situations in therapy.

Aims of the current study

Specific goals of these study are to analyse moments in psychotherapy with children, in which the therapists perceive difficulties of connection and alliance with clients.

Data and methods

The used research questions were: "What happens in the therapeutic process when the therapists perceive a blockage in their interaction with the client? ", "Which are the ways to overcome this blockage?", "What happens when the clients are children, and these situations occur?"

This paper uses the qualitative research design, combining grounded theory methodology [2] with elements of dialogic perspectives and case studies .Thus, a theoretical triangulation, combined with methodological triangulation (collecting data based on participatory observation in therapy session, therapist self-enquiry, client feedback, exploring life situations outside the therapeutic practice, and data analysis by open codes and thematic codes[3],) offers more complex understanding of reality and increases the degree of validation of the data obtained [4, 5].

Procedure

To conduct this research, the author have used constant comparative analysis to explore therapist's inner dialogue, therapist's conversations with clients and with other significant people [6].The memos have been used to write down reflections and to make connections between categories [7].

The researcher inner dialogue was developed by exploring the cases that were underway in his practice, in the research period. Respectively, three cases were chosen to be analysed, the ones which involved interaction with children. In all these cases the practitioner experienced a blockage, perceiving the fact that these clients do not want to participate in the therapeutic process. They were "resistant". The first argument that came out to justify this situation was that, maybe, the researcher wasn't listening to them. It looked like a dead-end dialogue between the therapist and the clients.

As a result, the next step taken by the therapist was to approach the following meetings by listening and responding strictly to what the clients had to say. He was intrigued by the important number of elements, useful for the therapy process, that was revealed in a very short time. In this period, the practitioner

was attentive to his thoughts even in the moments when he was not in the role of a therapist. He trusted the conversation and experienced "living moments" in dialogical exchanges [8].

There are few steps to follow for the open dialog state to occur:

- *We start from the client's statements (research statements).*
- *We have the state proper for a dialog (we are here and now, we are listening and to answer in a responsible way).*
- *We build a proper frame for the dialog, make space for many voices on horizontal and vertical levels for every person involved in dialog (listen – answer/ support listening and answering).*
- *When the turning point appears, we support the dialogue in that new direction useful for the client.*

The inner dialogue and observations of the therapist were noted and analysed based on open codes and thematic codes. The links between the concepts and the turning points were noted in memo cards. These helped the researcher to make connections between the categories and the construction of the final text.

Results

Aspects generated by the analysis of the collected data (open codes and thematic codes).

Signals that show us that we are stuck in a dead-end dialogue and what to do to unstick the situation (What the therapist perceives from the client):	**Deblocking actions initiated by the therapist for themselves**	**Signals that show there is an open dialogue**
The clients try to persuade me and do not agree with me. *They are interested in and talking of topics I believe are not related for the therapy.* *They do not proceed with the topics I propose, they are not partaking in the therapy.* *They repeatedly come up with ideas they previously*	*I put aside my ideas, my perspective, and I shift towards understanding and hearing the client.* *I put aside the goals I set for the therapy session, and I try to be just curious.* *I try trusting the "open dialogue" and share the responsibility of the therapy with the clients (putting up with the*	*I am curious about what the others have to say and try to understand.* *There are suddenly new perspectives for me, regarding the topic and I am willing to explore them.* *I feel that I am connected with the clients.* *I don't need to control the ending part of the discussion anymore.*

stated. *They withdraw and are tensed.* *They are unhappy/do not see the purpose of the discussion.* *The clients are blocked in closed dialogue.*	*unknown).* *I suggest another framework for our talk.*	*I trust the dialogue and share the weight of the therapy with the clients.* *The clients are listening to what I have to say and is responding.* *The clients find new perspectives and are willing to explore them.*

Cases used in research

1. The flying child

Cristi, a child of 11 years old, was brought into therapy by his mother because he is untamed, he has problems with school adaptation, and she does not know how to "control" him anymore. The mother, Veronica, is 38 years old, and she is divorced from Cristi's father, for 4 years. She is currently in a stable relationship with Victor, 40 years old, an involved man, who tries to help her "discipline" Cristi.

During the therapy sessions, the interaction with Cristi is very difficult, because he loses his patience quickly, he moves around the room continuously, he wants the session to finish as soon as possible.

Exploring the inner dialogue of the therapist

The therapist perceives that Cristi does not want to participate in therapy, does not want to discuss about himself, and it is difficult for him to be focused on a task (possible ADHD diagnosis). The practitioner believes that he can help the boy, if he will succeed to collaborate with him on a concrete task, creating the framework for the child to open, to say what bothers him, to be able to negotiate other patterns of conflict resolution with his mother. The therapist's objective is to promote all kinds of tasks to Cristi, that can attract him, and then to collaborate on the important topics (from the therapist's point of view). But the more the therapist is trying to come towards the child, the more the boy is agitated and is jumping between ideas.

The meeting approached from the perspective of open dialogue

The meeting is attended by the mother and the son (the sixth session). The therapist perceives the child's behaviour not as a resistance or an inability to stay focus, but as the need to be heard too – "Listen to me". The practitioner puts aside his own goals and is open to listen and respond strictly to the clients' requests. The connection with the clients becomes more intense. The therapist begins to move around the room, led by Cristi. Shortly after that, the mother is also invited to follow them. After another few minutes, the therapist enjoys the interaction, he no longer thinks that he is wasting time and that is necessary to

provoke the change.

An important *turning point* on the therapy is the moment when they all start playing "Mime". The therapist proposes the game without pursuing a specific goal. They will just play. It is among the first moments in the therapy sessions when the mother, the child and the therapist communicate authentically. During the game, the themes related to the fear of change and the mother's new partner appear naturally on behalf of Cristi. The next 5 sessions go much more coherent. The child's reactions are no longer perceived by the therapist as resistance and Cristi and his mother manage to collaborate better and better.

2. Dangerous tenderness

Mia, a 13-year-old girl, is brought to therapy by her parents because she does not perform her school tasks, she quarrels with them, she is aggressive with her 2-year-old sister. What frightens the mother more is the girl's interest for horror movies and games. She is particularly interested with/in a game where she has to find the killer from the shadow ("FNAF"). This character represents the ghost of a child killer who hided the souls of five killed children, in some Skeleton dolls. Two years ago, Mia was fascinated by a Japanese Anime about a teenager returned from the dead to take revenge (Jeff the Killer).

The mother broke up with the girl's father when the child was only one year old. After 2 years the mother married with her current partner. Now they have also a two-year-old girl of their own. Mia was raised, for a while, by her maternal grandmother. For the last 4 years, she lived with her mother and her husband. Mia did not meet yet her biological father who lives in another city. In therapy there are joint sessions with the parents and separate sessions with the girl.

Especially in individual meetings, Mia is not involved in the topics of discussion proposed by the therapist. She often invites the therapist to watch together videos of her favourite games, on the internet. Another way of "distraction" is to draw characters from the games. She is a very talented drawer. The therapist lives her space, gets involved in watching the client's videos, considering that, in this way, he builds the therapeutic alliance. But he perceives afterwards that the dynamics does not change, even if they already had 5 individual sessions.

After a while, the pressure on the therapist is increased by the fact that the girl comes to therapy scratched at the corners of her mouth with scissors, following the model of the hero from the anime "Jeff the killer". The parents are extremely worried.

Exploring the inner dialogue of the therapist

The therapist perceives that the girl avoids getting involved in therapy, that she does not assume the problems, manipulating him just as she manipulated the parents. He also perceives that Mia is stuck in this state, which is getting worse. He has to do

something urgently. The girl's parents put their hopes in his work. He cannot jest leave space for his client. In fact, he feels he is incapable of solving the problem and that he avoids proposing a change under the motivation that he is building the therapeutic alliance. He must get Mia eliminate defensive behaviour and bring out the problems consciously. And he starts this action, but the more he invites Mia to involve, the more the girl hijacks him with her videos.

The meeting approached from the perspective of open dialogue

It is the 11th session. Mia comes alone to the meeting, as it was established. The therapist starts the session assuming that the girl's behaviour is sending the message:" Listen to me". He follows girl discourse without having a hidden agenda.

A *turning point* for the therapy is the discussion about the girl's drawings. She draws the Foxy Skeleton on the flipchart. Next, she draws Foxy's girlfriend. The therapist asks the client how the characters are holding hands. The girl is at first surprised and then says that the girlfriend might get injured because Foxy has a sharp hook, instead of a hand. From there a meaningful discussion about closeness starts, which reveals how the others can hurt us, sometimes, when they approach, especially if they experienced important trauma before.

After this session, the tension between the therapist, Mia and the parents decreases. There are various moments of connection through drawings and games' videos when the clients find many resources to communicate and to resolve the conflicts.

3. World of Tanks

Virgil, a 12-year-old boy, in the 6th grade, attending a school for children with special needs. He had learning difficulties, dyslexia, low-level intellect, as diagnoses received so far. He comes in therapy with his parents. The parents complain that Virgil is refusing to do the school homework, is refusing to participate in household chores, and is not following the outside playing schedule, intentionally forgetting to come back home.

An individual session is included on this study, a session that took place after other four individual sessions and six family sessions. Along the family and individual sessions, which time the practitioner tries to communicate with Virgil, the boy says two or three sentences on the therapist's subject and then, he suddenly remembers the tanks' game, he likes to play - " Mister, mister, … let me tell you about the German tank".

Exploring the inner dialogue of the therapist

Virgil cannot talk about the topics proposed by the therapist. In time, the boy received a lot of diagnoses. But, at the same time, he meets with friends, plays online games communicating with others. So, he can process relational information. The therapist has to find a way to help him to address the themes proposed by the parents. He cannot

just talk about tanks on the meeting. The therapist hooks him a little bit with the tanks, but after that, he must make him talk about the relationship with his parents. The more the therapist tries to involve the child into the interest themes, the more Virgil avoids and talks about tanks. He cannot or does not want to. He has low intellect. The therapist thinks that it is impossible to collaborate but, at the same time, he hopes to succeed.

The meeting approached in the light of the open dialogue

Virgil attends the meeting. The message the therapist choses from Virgil's behaviour is "Listen to me". From the very beginning of the session the game World of Tanks comes into discussion.

A *turning point* in therapy is the moment when the therapist starts drawing the tanks on the flipchart so he can understand what the client wants to say. Virgil becomes excited and begins to tell even more stories, talking about the characteristics of each tank, about the relationship between them and about the power ratio. He likes a particular tank. He says he wants to be the German tank. The therapist askes who can be the other tanks. Virgil associates mom and dad, teachers, and friends with various types of tanks. There is a talk about power relations and about who is winning. The next meeting involves the parents, and the therapist keeps the tanks' theme and the relationship between them, as the main theme. In a short time, the problems improve. The therapy stops after another 6 sessions.

Conclusions

The research results provide several milestones that can be followed by therapists when they are working with themselves to increase the likelihood of overcoming blockages in therapy: signals that tell us that we are stuck in a dead-end dialogue and how to act to get unstuck; deblocking actions initiated by the therapist; signals that show us we are in an open dialogue.

The case studies reveal concrete behaviour that unlock the dead-end dialogue between the therapist and the clients. The research highlights the inner dialogue of the therapist and, also, the important moments that modify the interaction. The changes are not primarily at the cognitive level but are especially attitudinal. The abandonment of the therapist on the open dialogue process gives coherence to the interaction and helps the client to assume the present situation and to define his solutions.

The proposed qualitative research design is based on the combination of grounded theory methodology (constant comparative analysis, the use of notes and memos, text analysis based on open, thematic, categorial codes, etc.) with the open dialogue characteristics (focus on vertically and horizontal open dialogue, tolerance to uncertainty, acceptance of all voices, focus on turning points – new, different voices). It reveals a specific way to explore the psycho-social phenomena and assures the accuracy of the representative aspects.

References:

1. SEIKKULA & TRIMBLE. Healing Elements of Therapeutic Conversation: Dialogue as an Embodiment of Love. In: *Family Process*, 2005, vol.44, no.4.
2. GLASER, B.G. & STRAUSS, A.L., *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago: Aldine Publishing Company, 1967.
3. HUBERMAN, A.M., MILES, M.B. Data Management and Analysis Methods. In: DENZIN, N., LINCOLN, Y.S. [ed.] *Collecting and Interpreting Qualitative Materials*. London: Sage Publications, 1998.
4. UWE, F. *Introduction to Qualitative Research*. London: SAGE Publication, Inc., 2009.
5. SCÂRNECI, F. *Îndrumar de cercetare calitativă în științele socioumane*. Brașov: Editura Universității Transilvania, 2006.
6. DICK, B. *Grounded theory: a thumbnail sketch*, 2005. [On line] Available at http://www.scu.edu.au/schools/gcm/ar/arp/grounded.html
7. NEDELCU, M. *Singurătatea și strategiile de coping*. Iasi: PIM, 2010.
8. SHOTTER & KATZ. "Living moments" in dialogical exchanges. In: *Human Systems – Sage Journals*, 1999, no.9, p.81-93,

Author data:
Marcel NEDELCU, PhD, Psychotherapist, Couple and Family Institute, Iasi, Romania
E-mail: nmarcelro@yahoo.com
ORCID: 0000-0003-4550-8003