Meaning and Change in Psychotherapy

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Abstract Starting from two accounts of psychological change in therapeutic settings, based respectively on the analysis of metaphors (Faccio et al. 2011, this issue) and on transformative moments in self narratives (Ribeiro and Gonçalves 2011, this issue), this paper examines core processes of psychological change. Drawing on sociocultural psychology, the paper first argues that core processes of change in such therapeutic settings take place at the level of the organization of a person’s semiotic sets. Second, the paper suggests that such therapeutic frames are likely to provoke changes in other aspects of a person’s life as these aim at transforming the persons thinking capacities, and as these have as objects situations external to them.

Keywords Psychotherapy · Semiotic sets · Psychoanalysis · Sense making · Cultural psychology · Spheres of experience

Introduction

In their paper, Ribeiro and Gonçalves (2011, this issue) propose to see “therapy as a natural laboratory where often changes occur at a faster pace” (p. xx). These authors, as well as Faccio et al. (2011, this issue), try to describe psychological change through an analysis of the evolution of verbal occurrences within the therapeutic setting: the firsts authors study the evolution of self-narratives, the second, the evolution of metaphors used by patients. Both see these changes in linguistic form and structure as signals, and means, of psychological change. Why is that? Or, more precisely, if we admit both demonstrations, how can we explain that changes in metaphors and self-narratives might both be attached to psychological change? And secondly, why would be changes in interactions with a psychologist, within the
specific setting of therapy, have any consequence at all in the life of the person outside of that setting? In order to answer to these two questions, I will replace the process of psychotherapy in a broader developmental perspective: this will enable me to propose one tentative model of semiotic elaboration in mind, and of the articulation between spheres of experiences in one’s daily life.

Semiotic Processes and Therapeutic Change

Metaphors and Self-Narratives in Therapy

For Faccio et al. (2011, p. xx) “the essence of metaphor is to understand and experience one thing in terms of another [and thus] metaphor organizes each person’s own perception of the world, influencing as well his/her way of experiencing it”. Hence a metaphor enables to capture feelings in spatial terms—certain mood is thus called “depressed”, which suggests feeling “low”, in opposition to feeling “high”. Yet metaphors have acquired stable meanings in a certain shared, or personal culture (Valsiner 1998) (what the author calls “language game”). Thus a spatial metaphor might carry all kinds of associations and connotations on the metaphorical plane, that have recursively consequences on the literal, initial experience. If one feels “very low” it will need a lot of effort to “cheer up” again. In some cases, the metaphor might even be “literalized”—a “heavy moral burden” might be felt as heavy and bring a person to actual back pain. Faccio et al. present the case study of a woman who feels as a problem the fact that she is “tall”; her “literalization” brings a whole semantic network associated to “height” to permeate her daily life; she permanently measures her height to others’, or she limits her relationship to her daughter to comments about her posture (she should “straighten up”). As a result, she can not really communicate with her daughter or engage with others—she is prisoner of the ramifications of the metaphor. Therapy, in that case, is presented as likely to reinstall new “language games”—by breaking down these self-imposing semantic network, or opening new associations.

Pereira and Gonçalves (2011, this issue) are also sensitive to the way in which people talk about themselves. They consider “self-narratives” constructed around various I-positions, which might be more or less in tension or contradictory with each other. Therapy might lead the person to move from problematic self-narratives to new ones, and the authors have developed a complex analytical grid to follow the transformation of self-narratives. They thus have identified typical sequences in transformative processes: “innovative moments”—moments in which a new self-narrative might emerge; and what follows—whether there is quick return to the initial problem, or whether it might bring to a stabilized new change. The case study of a young woman experiencing various difficulties exemplifies their argument. As she initially presents herself as a negativistic person, who does not trust much herself, feels unease, etc., the authors identify a “pessimistic” self-narrative. They then observe the emergence of a counter self-narrative of “optimism” when the young woman observes that “she was always able to reach her goal”, or “get what she wants”. The therapist’s action aims at catalyzing the “non-pessimistic” narrative; after some oscillation between statements considered as “pessimistic” and “optimistic”, and highlighted explicitly by the therapist,
the young woman names the need to find a sort of “balance”. “Balance” becomes another self-narrative identified by the authors.

The two papers suggest that various aspects of our discourse can be seen as belonging to a wider whole, whose consistency exists beyond the simple occurrence and the individual person. Hence, talking about one’s size and one’s daughter’s posture belong to the same socially shared and idiosyncratic idea of “tallness”. “Managing one’s goals” or “getting one’s goal” both suggest that a person’s narration reflects a more general common notion of “optimism”. The two papers also suggest that these “wider wholes” have some power on a person’s life—or minimally, that they guide the way in which a person perceive herself, and how she acts and interacts. What is that common principle on which the two papers base their descriptions? How can we account for the fact than words, metaphor or semantic fields can change one’s feelings or limits one’s action? What is the common therapeutic aim?

Both papers choose to focus their analysis at the level of words—language games, or narratives. But the “performativity” and the “guidance” of words comes from a more general characteristic: metaphors, words for emotions etc. are of semantic kind, and as thus, behave like signs. Hence I propose to consider signs as they small common denominator of these papers, and my commentary will focus at the level of semiotic processes.

A Semiotic Perspective on Development

Semiotic sociocultural psychology admits that human experience is given to them through signs (Salvatore and Zittoun 2011; Valsiner 1998, 2007; Zittoun 2006)—things that stand for something else, for someone and under some aspect (for instance Peirce 1878). A sign can be a mnemonic trace of a past experience; but it can be also anything that has a socially acknowledged sign value (a red light, a triangle, a word or a color). Some signs exist out there in our environment, and as we interact with them, they are internalized—they find some form of translation in our mind (Valsiner 1998). There, they enter in complex processes of organization and differentiation and hierarchization, that have been described widely, under various labels.

Drawing on Vygotsky’s (1986) idea of “quasi concept”, we might say that ontogenetically children start experiencing and remembering situations as wholes—such as the whole “nice-feeling situation when mother offers me milk and sings me a song”. Eventually, some aspect of such a whole might become a sign for the whole—as when it becomes “milk time”. Appropriate language and concept uses emerge when children start to be able to discriminate, within that situation, things which are socially constructed and designated as such. Hence, the word “milk” does not mean “mother feeding me and singing”, but only the white liquid in the bottle. With time, the experience might on the one side be associated with the idiosyncratic group of “nice moments with mother”, which differ from “not nice moments with her”, and on the other side, be recognizable with the socially shared label of “milk”, which can be classified as “liquid” or even as more abstract category of “milk product”, in opposition to “vegetal products”.

Similarly, as adults, we keep apprehending situations both as wholes, which resemble or differ from aspects of earlier experience, and at the same time, through
the analytical grid of shared words, categories, and hierarchically organized notions. Yet it is not only verbal or socially instituted notions that are organized. This first mode of organization, which leads to what we might call “semiotic sets” (Zittoun et al. 2011)—signs which are associated in mind under some aspect—can also be organized and structured: in our daily experiences, we also distinguish events or things from their opposite; we also group them, and through processes of synthesis, hierarchize these groups; and we can use some of them to think about others—hence when the experience of seeing a tree in the wind becomes a mean to reflect upon one’s emotional state (as can be expressed in poetry).

My hypothesis is thus that people experience the world and think through different modes of organizing experiences in semiotic sets—modes which often coexist, and which are more or less socially shared. Hence, the daily situation of “drinking coffee with neighbor” can be, for the same person, through some link of emotional similarity, associated with “drinking milk with mother”; through social learning, with “occasion to establish good relationship with neighborhood”; or, if required, can be associated to the consensually shared semantic network of “tea-drinking”; “informal meeting”; etc. In other words, semiotic sets can be elaborated through logics of recurrence (i.e., repetitive experiences become a set), through strong emotional impact (i.e., elements of a semiotic set are glued by strong emotions, as in flashbulb memories), or through different modes of social guidance—such as when learning a specific scientific language to organize a field of knowledge, or when constructing a set that corresponds to a social representation anchored in one’s social group (what is a “proper woman”, Zittoun et al. 2011).

All semiotic means have potentially the same power to both fix experience, and distance from it; they are markers of the stream of consciousness. In a series of studies pursuing classical studies on emotions, Valsiner (2005; 2011) has thus shown that semiotic means can help to identify a given physical/perceptual/emotional state (level 1 in Fig. 1 below); than more generalized ones enable to label such situations (level 2), or even to identify it as part of a category or group (level 3); and that eventually, that semiotic mean can be hyper-generalized into a meaning field (level 4), such as a general feeling of optimism or helplessness.

Semiotic Processes and Psychotherapeutic Change

All forms of psychotherapy invite people to use semiotic means to “express” their experience (through drawing, acting, singing or speaking)—but doing so, they also suggest transforming it.

Specifically, in the two forms of therapy described in this issue, language is meant to capture emotional, embodied states. In the first case, the woman describes her feeling of inadequacy with the word “being tall” (level 2); in the second case, the young woman consults for a feeling of discomfort which she describes as “not trusting” herself (level 2). In both cases, the local externalization of the patient are interpreted by therapist as revealing some underpinning “order”, or “category”, that makes hold together a certain number of experiences—which we might call “semiotic sets”. In one case, the therapist makes the hypothesis that the mode of grouping various experiences is socially constructed: it is because “tall” is associated to a whole semantic set, mobilized by the patient,
that the patient is prisoner of the “tallness metaphor” (level 3). In the other case, the therapist proposes a name to label a group of experience “pessimistic”, “balanced”—thus proposing some distance over the corresponding experiences (level 3). The working hypothesis of the therapist seems thus to be that it is the particular grouping of experience which has some stability, and forces the person to interpret further experiences or define conduct under the umbrella of that particular semiotic set. And in both cases, the therapist seems to suggest a transformation of the set, either by re-labeling it, or by adding events or experiences normally not included within the set, so as to eventually change its extension and content. Hence, if what prevents the patient to experience some type of feeling or engage is new conducts is their limiting “labeling” (at level 2), therapy proposes to transform semiotic processes at a different level of distancing (at level 3), which brings about new possible experiences at level 1, and might subsequently alter the general mood of the person—her feeling of hopelessness or of depression (level 4).

The Therapeutic Frame

The second question to be asked is why such processes of labeling or reorganization of semiotic sets within the setting of a psychotherapeutic encounter might have any influence on one’s person capacities to deal with situations beyond that particular setting. To explain this two points have to be explored.

Continuity and Change Through Spheres of Experiences

First, from a person’s perspective, “going to the therapist” is just one of the many things he or she does in her daily life, and during a limited period of time. “Going to the therapist” belong to one sphere of experience—a social frame phenomenologically experienced as distinct from others—which is one of the many spheres experienced by the same person, next to being home, being at work engaged in team work, or alone on one’s desk, or at the movies (Zittoun 2011). In each sphere of experience, the person is engaged in conducts that imply interactions with real or imagined others, that are
mediated by specific means, and demand feeling, thinking, communicating, doing things, etc. In each sphere of experience, the person is engaged in activities which participate to her daily change: a new task has been achieved at work, and she feels happy and more confident; at sports after work, the person might have tried to learn a new trick at tennis and have been beaten by a friend; back at home, the person might then see a movie which brings her back to some uncomfortable childhood experience. To some extend, people’s experiences in these many spheres of experience are cut off from another; hence, feeling a bad tennis player after the match usually does not make the person feel incompetent at work. Indeed, self-definition, or I-position in Pereira and Gonçalves’ term, are also situation-specific: they are attached to certain activities, the skills and actions they demand, the specific and local sense it has for a person, in relationship with others. Of course, and this is a recurrent difficulty in psychology, as people migrate through spheres of experiences, they remain also the same person, and they normally maintain a sense of self-continuity.

Besides the fact that it is physically the same person that goes through these spheres, two other dimensions can be invoked when it comes to explain continuity through change. One is given by the constant dialogicality of social life and human experience: for various reasons, situation call upon other ones, the language used in one sphere carries the echoes of other spheres, objects and things demand interactions in different spheres of experiences, etc. (Grossen 2010; Grossen and Salazar Orvig 2011). The second dimension is given by the very modalities of human sense-making. Indeed, as the local demands of the person’s situation change, her own capacities to adjust to them also evolve generally relatively slowly—unless the person experiences a major rupture. In effect, hyper-generalized feelings, which result from the slow, and constant parallel generalization of experience, might color one’s experience durably: one’s generalized feeling that “the worst is still to come” (or pessimism), might be present at work, in private life or in expected events. Or one’s organization of idiosyncratic categories, based upon emotional and recurrent experiences, might have some stability too. Yet, at the same time, these modes of organizing experiences can be changed—through slow accumulation of changes or through ruptures (as described by dynamics system approach, see Fogel 2006). In that sense, the therapeutic setting, as proposed above, can be seen as providing one of the many spheres of experiences in which change occurs. But how to be certain that changes occurring within that setting last beyond its boundaries?

The Therapeutic Sphere of Experience

The therapeutic setting has a few specificities, described by clinicians themselves as well as social psychologists (Grossen and Perret-Clermont 1992). First, it usually takes place in specific institutional contexts that legitimize this type of interactions for psychological change. Their material setting is also usually arranged so as to foster change: the place is isolated, silent, chairs or sofas are disposed according to certain theories, therapists dispose of conceptual tools, professional validation, and past experiences of understanding themselves and others, etc. When a new patient comes in, an interactive frame has to be created— which usually implies for therapist and patient to collaboratively define what the demand is, what the goal of the therapy might be, and how to achieve it. One of
the expertise of most therapists is precisely to bring to a good enough therapeutic frame, or alliance, in which both person are oriented towards the solution of a problem through certain means.

How the change if going to be brought about depends on the therapist’s preferred or acquired theories. In the psychoanalytical setting, for example, change can be described as being enabled by the very fact that the setting could be seen as an amplification of the mind. In effect, in that frame, a patient addresses a stream of words (“free associations”) to some invisible other, stream which might be more or less saturated with emotions, full of inconsistencies, recurrences, discourse about what is and what could be, and also, absences. This stream of consciousness can be addressed to that other, because there is a strong emotional relationship between patient and analyst—transference—partly fed by reactualizations of earlier relationships. The flow of language—which can be very close to affects—enables a first capture and distance from embodied affects or unsemiotized experiences. Second, it is the work of the analyst to slowly identify, thanks through “floating attention”, some order in that flow: interpretations—supported by theory—can be seen as suggestions on how various experiences are grouped, as attempt to identify possible sets, to create links where there are none, or to highlight some sorts of grouping which are cause of pain or distress, and especially, identify forms of association which are repetitive and prevent change (for instance Green 2005). In other words, the therapeutic setting can be seen as a socially implemented system for thinking which otherwise could occur in the mind of a person: it is a “talking apparatus” meant to render visible, externalize, and socially share, the “psychic apparatus”. This externalization is thus meant to reinforce the person in her ability to think about her own experience in her mind: the intersubjective relation is dynamic thanks to the transformation of two sets of intrapsychological processes (Green 2002). In vygotskian terms, it can be described as a social situation that should bring to the creation, on a mental plane, of similar dialogical processes, thus reinforcing thinking processes. Although they do not rely on psychoanalysis, the two variations of therapeutic setting described by Faccio et al. (2011, this issue), and Pereira and Gonçalves (2011, this issue) might similarly be seen as setting enabling to display, on a social level, processes of thinking, which could otherwise be occurring within the mind of the person.

Therapy: Developing Thinking About Other Spheres

From such a description, two consequences can be deduced: first, although the therapeutic interaction usually has as objects of discourse situations and events occurring in other spheres of experience, its goal is not to solve the actual problem where it lays: it is generally to bring about a change in the very way in which the person mentally apprehends these past events, so as to increase her future possible actions or understanding. Second, consequently, it also suggest that the change operated is located at the level of the person’s thinking processes, that is, that it affects how her semiotic sets, categories, or semiotic means of different levels, are organized. Hence, therapy can be seen as a sort of learning-teaching situation in which pain-causing, or development-preventing modes of thinking are diagnosed and transformed.

In other words, therapy might durably change the person in various spheres of experiences, first precisely because it is about learning to think about situations in
other spheres of experiences; and second, because it is about developing modes of thinking about these past and present experiences which enable further changes and avoid repetition.

To better highlight the specificity of the therapeutic process, we can compare therapy with other spheres of experience in which experts intend to change durably a person. On the one side, school settings usually aim at changing the thinking capacities of the learning person; but unlike therapy, the objects of discourse of educational settings are usually very specific to that setting (nowhere else as at school one usually meets algebra and grammatical analysis). On the other hand, daily conversations—such as discussions between acquaintances, or pub talks, are very often about other spheres of experiences—what happens at home or at work. However, one might think that such conversation have very often a conservative function: people tend to reinforce and stabilize their shared understanding of events or their environment, especially if there are strong available social representations active to guide their discourse (hence, problems with one’s boss might be repeatedly described as due to the fact that bosses always want to exploit their women worker, preventing the emergence of new modes of action). In contrast, thus, therapy demands dialogues, whose objects are other spheres of experiences, and whose goal is to produce new, durably evolving modes of thinking.

Therapy as Serious Play

In this paper, I have tried to take seriously the idea that therapy is a “laboratory for change”—that is, that it creates a specific environment in which thinking processes are isolated and, ideally, catalyzed. Considering two different therapeutic settings, I have addressed two questions: What is the smaller common denominator shared by various forms of therapy based on a verbal interaction between two persons? And how can we explain that change eventually achieved within the specific frame of the therapeutic interaction might have any consequences outside of that frame, in an other of the person’s many spheres of experiences?

In order to answer these questions I proposed a wider sociocultural, developmental approach, in which the core processes of psychological change might be seen as taking place in the person’s ability to organize her experience under semiotic forms. From such a perspective, therapy is one of the many spheres of experiences in which change and possibly development might occur. The specificities of that sphere is that it is strongly socially organized and oriented toward change; and the actual interaction have as object events beyond the sphere, about which the person is progressively encouraged to think differently, so as to reorganize her own modes of understanding.

Yet there is something more to therapy as a laboratory. As laboratory, it is indeed a protected space: the therapeutic alliance is based on the promise made by the therapist not to mention that therapy and its content to other persons. In that frame, as we have seen, patient and therapist try to deconstruct the simple one-to-one correspondence between events and their meaning, acts and their emotional valence, metaphorical and literal sense, or even, words and their meaning and connotation. Therapy can be thus seen as an attempt to introduce some game zone within the
usual links between words and things. It thus might be seen as starting when people question the taken-for-granted of that what is, so as to open the possibility of thinking what if: what if the patient would stop behaving like a good person, what if she would let her anger go free? It can also be seen as an exploration of the consequences of these thoughts (what could be), and of identification of the more general rules that prevents the person to engage in these hypothetic exploration (what should not be) (see Valsiner 1998; Zittoun et al. 2011).

It is in these terms that Winnicott (2001) has described the therapeutic sphere as “transitional space”—as space in which things, sentences and actions are both real—about the socially shared world, about real people—and not real—where one can experience events and fantasies that have no rights to be elsewhere; and a space in which the first goal of the therapist is to restore the person’s ability to play. In that sense, therapy might be seen as a laboratory for change because it is a playful zone, where things from various spheres of experiences might be freely and playfully questioned and imagined differently, and where even the boundaries between spheres of experience might be questioned and overlooked. Imagining new possible meanings, new views of the world and new boundaries—creating new semiotic forms—is the first step for making them actual.

References


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