

Dialogical Origin of Meaning Making and Co-construction of Voices in Psychotherapy

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Abstract

Aim: Intersubjectivity has priority over subjectivity because meaning is discussed and constructed in a two-way process that happens in a conversation. According to this, the research aims to show the terms of change for meaning production in psychotherapy with clients.

Method: Two cases (a child and an adult) were selected with apparent symptoms of anxiety and fear with the case study method and convenience sampling. They were treated by the technical integrative method. Conversations were coded by process-focused conversation analysis.

Results: Analyzing results by process-focused conversation analysis showed that in both cases, to happen changes in psychotherapy, besides terms of conversation, a particular type of psychotherapy response is essential (Khayyami's cycle), and client change is not explained by the merely particular response of the therapist. The therapist can, by the method used in the research, acquire the meaning hidden behind client's verbal response and symptomthe dialogue process.

Conclusion: Placing the client's problem in the course of dialogue, the therapist's appropriate responses, revealing the meaning of the signifiers used in the client's conversations, and gaining awareness by the client are the most important components of change in the process of counseling and psychotherapy.

Keywords: Dialogism, Meaning making, Process-focused conversation analysis, Psychotherapy, Signified chain.

Introduction

If personal meanings, including thoughts, memories, and sufferings, are spoken in the context of psychotherapy for the therapist, and he also gives an understandable response, those personal meanings are translated to the conversation, and the person is improved from speaker to narrator and co-construction of voices happens (Brinegar et al., 2006; Healing & Bavelas, 2011; Leiman, 2012). This semantic bridging is possible only if the therapist or client, with the help of psychotherapy micro-skills, can translate concepts behind the verbal and non-verbal symptoms of the client. This is the time when the change process on the client desirably continues (Bavelas et al., 2000; de Ronde, 2019; Healing & Bavelas, 2011; Leiman, 2012; W. Stiles, 1999). According to **Guidano's** (1991) point of view, personal meaning organization is the process during which a person gives meaning and organizes and reinforces information about his environment, self, and interpretation. According to this point of view, changes in psychotherapy happen by abstraction in a context that is itself integrator, and the person is also mentally flexible.

According to the theory of personal meaning organization, the system itself has two dimensions: one is a dimension that it experiences, and another is a dimension that means and evaluates the experiences named I or me. This concept was already well described by James (1890), quoted by (Hermans & Dimaggio, 2004); of course, meanings resulting from those two parts also manifest in it. In the first step, therapy aims to teach the patient how a disorder like a panic attack is shaped in mind and how to name related feelings and behavior and give meaning to them. In the second step, recognizing and studying the dialogue between I and me is the focus of attention (Lindeman, 2011). In constructivist cognitive psychotherapy, this item is named reflexivity. The basics of reflexivity return to parents' reactions to the child's feelings and behavior, and, mutually, the child learns the same reaction from their parents. The meaning of reflexivity activism is well reflected in the analytical cognitive therapy method by Ryle and Kerr (2020). The reflexivity activism happens in a secure attachment-based space. If, in the context of psychotherapy and psychotherapy, a desirable situation for activating reflexivity activism is provided, in a client like who with panic disorder in which everything is terrible for him, by activating reflexivity activism and mental flexibility, he will be able to accept the other meaning for rejected emotions.

In some resources, client's problems are introduced as problematic or incompatible voices in communities of voices (Hermans & Dimaggio, 2004; W. B. Stiles, 1992), and numerous types of research have been done in order that incompatible voices in client's community of voices are internalized and compatible with a community of voices by semantic bridging (Brinegar et al., 2006; van Rijn et al., 2019). Ribeiro et al. (2013) showed how a client's problematic self-narrations could be challenged by thinking and action methods, i.e., establishing innovative moments. This is not a crowd of innovative moments, but the relationship among the innovative moments' structure influences the therapeutic conversation.

A point of view believes that therapeutic exchange is a simple transition of knowledge, thoughts, and emotions from one person to another person's mind. Another different point of view recently introduced knows therapeutic exchange as a co-construction process during which the client and therapist cooperatively and by different and continuous

methods, edit the history, situation, problem, and solutions of the client (De Jong et al., 2013). From the latter point of view, the issue of making meaning is essential, and the same issue introduces some discussions. While Vygotsky emphasizes symptoms for meaning transition, Bakhtin knows the symptom as insufficient and emphasizes audience importance and his influence on the speaker and its interaction with reference issues (Leiman, 2012).

Bakhtin (1984), cited by Leiman (2012), believes that in the language of a relationship, the person simultaneously sees himself in consideration with reference object and audience. While speaking with each other, two persons orientate their style and mix utterances depending on whether they are speaking about what and to whom. Such an orientation indicates that personal and historical meanings always construct reference things. The historical mental structure is also used for the audience. The utterances often become complex because there are some hidden or unobservable audiences besides current audiences. The utterance's meaning is correct regarding the audience or co-speaker, so intersubjectivity prioritizes subjectivity (Hermans & Dimaggio, 2004; Lindeman, 2011). Leiman (2012) believes the client's experiences are full of symbolic forms of symptoms or memories unexpressed about past events that are so agonizing and embarrassing and are not directly told. To make the patient's utterances explicit, the therapist needs a theory to make clear the relationship between utterances and mental processes.

In the theory of transcendental signified and signified chain, Lacan believes that unconscious structure and symptoms and mental disorders in it are in such a way that to attain the main issue or work case becomes difficult or impossible because desire or tendency in the course of reflexivity is lost by the language (Dor, 1998; Glowinski et al., 2001). Lacan (2011) shows that unconsciousness and its manifestations depend on a chain hierarchy among the signifying without the contribution of the signified or their foreign references in such a chain, and semantic association is a mental phenomenon dependent on this chain hierarchy. Just like language that establishes a chain of symptoms and symbolic units in a structure consistent and proportional to syntactic rules, human unconsciousness saves a series of symptoms and symbolic elements resulting from the person's suppressed tendencies and unsatisfied desires, including codes and linguistic ciphers. Encrypted themes behind unconsciousness manifest as complications, just like language symptom units have an interconnected system and establish a net of signifying. This is a reading series of signifying accompanied by complications that direct us toward decoding the person's unconsciousness. Simply speaking, unconsciousness is manifested as unpredicted and non-signified signifying. By recalling the main signifying logic, the priority of signifying on signified explains the nature of unconsciousness that is influential on speaker cases from outside (Dor, 1998; Glowinski et al., 2001).

De Jong et al. (2013) also emphasize similar concepts like the co-construction of meanings. In psychotherapy, counseling, and social work, by using the term construction of meanings, we aim to emphasize that meaning is discussed and constructed in a two-way process that happens in a dialogue. In this regard, therapists assign meaning to social rebuilding or Wittgenstein's theory of language. For example, White & Epston (1990) assign their work to Foucault's theory, and de Shazer assigns it to Wittgenstein's theory.

Therapeutic conversation is a co-construction process in linguistic interaction, but none of the perspectives can provide an effective observational method about how co-construction happens in psychotherapy. If co-construction is used by a researcher or a professional, it should be visible. By applying microanalysis in psychotherapy, Bavelas et al. (2000) found that a therapist should participate at least in three therapeutic conversations: (1) questions resulting from presuppositions of the therapist; (2) formulations, including verbal feedback and summarizing and echoing by the therapist; (3) lexical choices, meaning negative and positive issue content chosen by the therapist. Co-construction can depend on the therapist's main and observable choices that he makes at the micro level. All therapists ask questions and make formulations, and have lexical choices. They also inevitably prepare and establish understanding or meaning with the client's cooperation. Microanalysis of therapeutic conversations is a scientific path that examines choices and expands co-construction in therapy in observable and arbitrable theoretical and experimental contexts (Bavelas et al., 2000). In research by (Brinegar et al. (2006), researchers tried, by verbal semantic bridging, to make the client's inconsistent parts consistent. In van Rijn et al. (2019) research, researchers tried, by symptom semantic bridging, to make the client's inconsistent parts compatible.

However, whether we want the patient's suppressed emotions to find meaning and inconsistent voices in the society to be integrated with the client's voices or an innovative moment to be constructed, the client and therapist in counseling and psychotherapy should find an understandable symptom during which a typical mentality is constructed. This is a result of Khayyami's cycle. All of Khayyami's cycles include a series of client's and therapist's responses that cause a change in client response toward the upper level in W. B. Stiles et al. (1990) assimilation scale. If we pay attention to codes determined for each response of the client, we find that the client's response begins from one level of codes like 1 or 2, and as soon as the client's response moves to a higher level, a successful Khayyami's cycle is constructed; So, we can imagine that therapeutic change pyramid is a result of the accumulation of Khayyami's cycles constructed regularly in the result of being therapist's responses proportional to client's circumstances (Ghamari Kivi & Jamshiddoust Miyanroudi, 2022). So far, in various methods of counseling and psychotherapy, various paths are applied to examine meanings behind client's symptoms (Bavelas et al., 2000; Freud, 1963), Cognitive processing therapy (Foa et al., 1989), narrative therapy (White & Epston, 1990) and article by W. B. Stiles et al. (1990). In this article, therapists (both therapists) provide a simple method accompanied by clear examples in both child and adult cases that can suit the reader.

In this article about two cases (a four-year child and a twenty-five-year adult), writers try to show that, just by a common understanding of symptoms used by clients, they can find ordinary meaning and co-construction. On the other hand, to mutually understanding symptoms used by every person, a counselor or therapist should use a particular method. This four-year child has separation anxiety, and during a five-session psychotherapy, the therapist helped the client to overcome his problem. In the latter case, that is a twenty-five-year woman with a master's degree and scared pseudo-like darkness influencing full function in life, during seven sessions, the therapist helped the client to overcome her problem. Determining the course of psychotherapy is shown by the process-focused

conversation analysis method (Ghamari Kivi & Jamshiddoust Miyanroudi, 2022; Mojarrad, 2020).

Methods

Participants

Two cases assigned to the research were selected by convenience sampling method. The child and second cases were treated by the second and first article's writers, respectively. Cases therapists also coded the therapist's and client's responses. The first case was a four-year child with separation anxiety, and during a five-session psychotherapy, the therapist helped the client to overcome his problem. In the latter case, that is a twenty-five-year woman with a master's degree and scared pseudo-like darkness influencing full function in life, during seven sessions, the therapist helped the client to overcome her problem.

Ethics

The participants signed the consent form before treatment sessions. They made sure that confidentiality of all their therapeutic information was maintained.

Procedure

The symptoms in both clients were determined using a checklist prepared from the diagnostic criteria of Diagnostic and Statistical Manual of Mental Disorders (**DSM-5-TR**) on anxiety and fear disorders and based on a semi-structured interview. The research method was process-focused conversation analysis in that all answers by the therapist and client were coded. Therapist's responses coding was made by process-focused conversation analysis (Ghamari Kivi & Jamshiddoust Miyanroudi, 2022; Mojarrad, 2020). In this method, all therapist's responses are determined in three statements: questions, skills, and techniques, and determine change equation besides the therapist's responses coding. Therapist's responses coding was made by assimilation pattern or assimilation of problematic experiences scale (APES). This pattern was introduced and expanded by W. B. Stiles et al. (1990). The assimilation pattern describes eight successive steps from assimilation problematic experiences levels during therapeutic relationships. The pattern is provided in Table 1.

Table 1. Assimilation of problematic experiences scale

Levels of APES	Cognitive content	Emotional content
Warded off/ association (0)	The problem has no scaffolding, and the client has no awareness of it.	There is less distress that it is a sign of successful avoidance.
Unwanted thoughts/ active avoidance (1)	The content consists of unwanted thoughts, and the client prefers to avoid them.	Strong negative affect.
Vague awareness/ emergence (2)	The client can explain his/ her problem and acknowledges them, but he/ she cannot organize them.	Affect with acute psychological pain and fear.
Problem statement/ clarification (3)	The client can explain the problem in words, and the problem is prominent in consciousness.	Affect is negative but controllable.
Understanding/ insight (4)	The client feels an obvious understanding of the problem as an “aha” experience (meaning bridge).	Affect is companied by displeased thoughts but expressed enthusiastically.
Application/ working through (5)	The client uses understanding for problem-solving.	Affect is positive and optimistic.
Resourcefulness/ problem solution (6)	The client can find solution for the problem.	Affect is satisfactory.
Integration/ mastery (7)	The client successfully applies the solutions in new situations.	Affect is neutral.

In the above table, the coding of the client's responses is presented. The responses of the client in the beginning sessions are not understandable, therefore, they are determined with a code of 0 (**Warded off/ association**), and in the next sessions, of course, if the client improve, these responses will be more specific. However, the first column introduces the codes and The meaning of each code at the cognitive and emotional level is explained in the second and third columns.

Results

First case

The various questions, skills, and techniques used during a five-session psychotherapy were studied. It turned out that among many questions, only the linear question was used 34 times, and because the client was a child, other questions were not used. The skills and techniques used were also determined. For example, clarification, facilitation, orientating, and empathy were used as skills, and exposure narrative therapy as a technique. On the other hand, the results of client responses coding during five sessions were provided in Table 2.

Table 2. Results of client responses coding by assimilation of problematic experiences scale.

Responses	First session	Second session	Third session	Forth session	Fifth session
Warded off/ dissociated (0)		3			
Unwanted thoughts/ active avoidance (1)					
Vague awareness/ emergence (2)		8			
Problem statement/ clarification (3)		5	5	4	2
Understanding/ insight (4)		4	10	6	5
Application/ working through (5)			3	7	5
Resourcefulness/ problem solution (6)				2	1
Integration/ mastery (7)					

As the table shows, the most frequent client response was vague awareness/ emergence with eight frequencies in the second session, understanding/ insight with five frequencies, application/ working through with five frequencies, and tact and problem resourcefulness/ problem solution with one frequency in the fifth session. The regression line or change line is also suggestive of the course of client improvement due to inclining (Ghamari Kivi & Jamshiddoust Miyanroudi, 2022) and index point of understanding/ insight was expressed according to documents provided by Gabalda (2006) and Gabalda et al. (2016) about this case with ten answers related to the understanding/ insight. The change equation about this case is as follows:

$$= [(34 \text{ Linear questions}) + (20 \text{ Clarifications} + 10 \text{ Facilitation} + 10 \text{ Empathy} + 8 \text{ Tasks} + 4 \text{ Encouragement} + 1 \text{ Direction}) + (9 \text{ Exposure})] + [(\text{Warded off/ dissociated } S2/3 + (\text{Vague awareness/ Emergence } S2/8 + \text{Problem statement/ clarification } S2/5 \text{ } S3/5 \text{ } S4/4 \text{ } S5/2 + \text{Understanding/ insight } S2/4 \text{ } S3/10 \text{ } S4/6 \text{ } S5/5 + \text{Application/ working through } S3/3 \text{ } S4/7 \text{ } S5/5 + \text{Resourcefulness/ problem solution } S4/2 \text{ } S5/1)]$$

An excerpt of the conversation between the first therapist and client is provided in Khayyami's cycle frame.

Client: I am falling apart; I am bleeding. (Problem statement/ clarification)

Therapist: You said that monster is coming from the mirror. Where is the mirror? Where in the house? (Orientating, clarification)

C: In the room of my brother and me, near the closet (Problem statement/ clarification)

T: Ommm (Facilitation)

C: My bed is near the mirror, and while sleeping, I am back to the mirror not to see the monster, but it comes out with bleeding eyes (Understanding/ insight).

T: Yes (Facilitation)

And its triangular chain is as follows:

(Problem statement/ clarification) + (Orientation, clarification) + (Problem statement/ clarification) + (Facilitation) + (Understanding/ insight) + (Facilitation)

A triangular chain related to the excerpt of the conversation between the first therapist and client is provided in Figure 1.

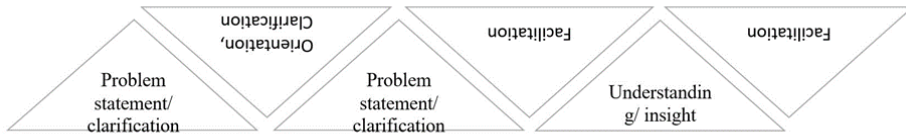


Figure 1. Triangular chain related to third session of first case

Successive changes of the client and triangular chain related during the sessions are provided in Table 3.

Table 3. Successive changes of the client and triangular chain related during the sessions

Content of change for meaning making	Triangular chain	Session
Interpreting mark plus as the voice of the mirror	(Warded off/ dissociated) + (giving assignment) + (Vague awareness/ emergence) + (Linear question) + (Vague awareness/ emergence) + (Linear question)	Second
Interpreting the voice of the mirror as the voice and image of a monster	(Linear question) + (Vague awareness/ emergence) + (Linear question) + (Problem statement/ clarification) + (Clarification) + (Problem statement/ clarification)	Second
The child's sleeping place is near the mirror (just near the monster)	(Problem statement/ clarification) + (Understanding/ insight) + (Facilitation)	Second
The mother removes the mirror from the bedroom; so, the child is no longer scared.	(Understanding/ insight) + (Facilitation) + (Understanding/ insight) + (Task) + (Application/ working through)	Third
Expressing emotions and dominating them	(Understanding/ insight) + (Facilitation) + (Understanding/ insight) + (Exposure narrative therapy) + (Linear question) + (Application/ working through)	Fourth
Regulating emotions and determining independent roles for self	(Understanding/ insight) + (Linear question) + (Resourcefulness/ problem solution) + (Exposure narrative therapy) + (Resourcefulness/ problem solution)	Fifth

Table 3 shows that the child gradually recognizes elements and components related to dreams and voices. At the same time, tangible changes in cognitive, emotional, and behavioral levels are constructed.


Second case

In the second case, a variety of questions, skills, and techniques used during five psychotherapy sessions are examined, and it is clear that, for example, the therapist used 14 linear questions during five sessions, and the most skills were clarification, acceptance, and encouragement. Among writing techniques, black chairs and two black chairs and free association were also used. Results from client responses coding during five sessions are provided in Table 4.

Table 4. Results from client responses coding by assimilation of problematic experiences scale

Responses	First session	Second session	Third session	Forth session	Fifth session
Warded off/ dissociated (0)		1			
Unwanted thoughts/ active avoidance (1)					
Vague awareness/ emergence (2)	7	5			
Problem statement/ clarification (3)		3	5		
Understanding/ insight (4)			5	1	2
Application/ working through (5)			3	4	
Resourcefulness/ problem solution (6)				2	3
Integration/ mastery (7)					1

As it is clear from this table, the most frequent client response was vague awareness/emergence with seven frequencies in the first session and resourcefulness/ problem solution solving with three frequencies in the fifth session. The regression line or change line is also suggestive of the course of client improvement due to inclining (Ghamari Kivi & Jamshiddoust Miyanroudi, 2022) and index point of understanding/ insight was expressed according to documents provided by Gabalda (2006) and Gabalda et al. (2016) about this case from third session. The change equation about this case is as follows:

 = [(14 Linear questions + 1 Circular question + 1 Reflexive question + 1 Strategic question) + (1 Summarizing + 3 Interpretations + 7 Clarifications + 1 Facilitation + 3 Encouragement + 1 Direction + 1 Empathy + 1 Paraphrasing + 6 Task) + (3 Writings the letter + 1 Two empty chair + 1 Empty chair + 1 Free association)] + [(Vague awareness/emergence S1/7 S2/5 + Problem statement/ clarification S2/4 S3/5 + Understanding/ insight S3/5 S4/1 + Application/ working through S3/3 S4/4 + Resourcefulness/ problem solution S4/2 S5/3 + Integration/ mastery S5/1)]

The above equation shows all therapist and client responses where the first bracket shows questions and skills, the second bracket shows techniques used by the therapist, and the third bracket shows client responses. In order to show a change in the client during

Khayyami's cycle, pay attention to an excerpt of the conversation between the second therapist and client in Khayyami's cycle frame:

Therapist: Be careful that if problems and fears remain unresolved, as you become older, you encounter newer stresses; they become more powerful and influence all things (Interpretation).

Fatemeh (client): Yes, it is possible (Problem statement/ clarification).

T: Tell me everything you know from the shadow (Clarification).

C: It wants to dominate me (Understanding/ insight).

T: What happens if it dominates you? (Clarification).

C: Maybe it wants to irritate me (Understanding/ insight).

Khayyami's cycle and its triangular chain:

(Interpretation) + (Problem statement/ clarification) + (Clarification) + (Understanding/ insight) + (Clarification) + (Understanding/ insight)

A triangular chain related to an excerpt of the conversation between the second therapist and the client is provided in Figure 2.

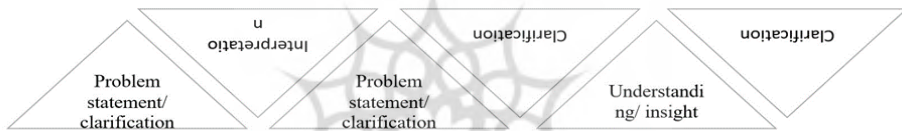


Figure 2. triangular chain related to third session of second case

Successive changes of the client and triangular chain related during the sessions are provided in Table 5.

Table 5. Successive changes of the client and triangular chain related during the sessions

Content of change for meaning making	Triangular chain	Session
Association of snake by Farideh	(Vague awareness/ emergence) + (Task) + (Problem statement/ clarification) + (Free association) + (Problem statement/ clarification)	Second
Weakening terrible shadow	(Problem statement/ clarification) + (Clarification) + (Problem statement/ clarification) + (Linear question) + (Understanding/ insight) + (Facilitation)	Third
Shadow wants to dominate me in order to agonize me.	(Interpretation) + (Problem statement/ clarification) + (Clarification) + (Understanding/ insight) + (Facilitation)	Third
Terrible looks and moods of the woman in relatives	(Understanding/ insight) + (Clarification) + (Free association) + (Application/ working through) + (Interpretation) + (Application/ working through)	Third
Dominating dreams and understanding motherhood	(Application/ working through) + (Linear question) + (Application/ working through) + (Encouragement) + (Task) + (Resourcefulness/ problem solution)	Fourth

role instead of the main role of self		
Redefining the role of self and reinforcing a sense of independence	(Understanding/ insight) + (Clarification) + (Strategic question) + (Resourcefulness/ problem solution) + (Interpretation) + (Resourcefulness/ problem solution)	Fourth
Regulating emotions and determining the main role of self	(Resourcefulness/ problem solution) + (Reflexive question) + (Integration/ mastery) + (Encouragement)	Fifth

Table 5 shows that the child gradually recognizes elements and components related to dreams and voices. Simultaneously, tangible changes happen at cognitive, emotional, and behavioral levels.

Discussion

Due for applying process-focused conversation analysis and including main issues into Khayyami's cycle, change in clients happens (Ghamari Kivi & Jamshiddoust Miyanroudi, 2022). Change in clients happens in various conditions each time. The change criteria in the present research were the client's movement from a low level in W. B. Stiles et al. (1990) pattern to a higher level. In the child case, the first tangible changes happened when the mark plus was interpreted as a mirror voice, and this occurrence was manifested in the triangular chain (warded off/ association) + (task) + (vague awareness/ emergence) + (linear question) + (vague awareness/ emergence) + (linear question). The last tangible changes happened in the form of regulating emotion and determining independent roles for self and, at the same time, with a triangular chain (understanding/ insight) + (linear question) + (problem statement/ clarification) + (exposure narrative therapy) + (problem statement/ clarification). Results showed that in the second case, the first tangible change was in the type of client's answers in the form of Farideh's association with the snake, the triangular chain of which was (vague awareness/ emergence) + (task) + (problem statement/ clarification) + (free association) + (problem statement/ clarification).

In the second step of the changes, named as weakening terrible shadow, the triangular chain was (problem statement/ clarification) + (clarification) + (problem statement/ clarification) + (linear question) + (understanding/ insight) + (facilitation) and in the last step of the change, named as regulating emotion and determining its main role, its triangular chain was (resourcefulness/ problem solution) + (reflective question) + (integration/ mastery) + (encouragement). It turned out that each step of the change had its unique triangular chain and content of the conversation, and the type of therapist's and client's responses changed because, in the course of change, the client's change does not happen according to an assignment or linear question and strategic question or interpretation by the therapist. This is the same inference that causes some researchers, in the first research related to the conversation analysis, to conclude that determining the

cause-and-effect relationship between therapist response and client recovery is not possible (W. B. Stiles et al., 1988; W. B. Stiles & Shapiro, 1994).

Now, we know that the case is changing, and its main catalyzer is being on the relationship, but this conclusion should not be an obstacle not to showing changes in small levels in the client's responses. In the child's case, the change in content began in successive processes from interpretation of mark plus to mirror voice. It continued with a change in mirror place by the mother and ended with regulating emotion and determining independent role for self by the child. In the second case, change in content was made meaning in a successive trend, including the association of dream related to the snake by Farideh, weakening terrible shadow, perception of the dominance of the shadow for agonizing, terrible looks and moods by a woman in relatives, dominance on dreams, understanding motherhood role instead of the main role of self, the redefining role of self, reinforcing a sense of independence, regulating emotion and determining the main role of self. So, to explore the meaning behind every signifying or symptom in the psychotherapy process with the help of the collaborative cooperation of therapist and client. This is the same process already used by Freud (1963) to apply free association and interpret adults and by Klein (1955) in play therapy with children, but now, it is expressed by newer and more tangible concepts.

If personal meanings, including thoughts, memories, and sufferings, are spoken in the context of psychotherapy for the therapist, and he gives an understandable response, those personal meanings are translated to the conversation, and the person is improved from speaker to narrator, and co-construction of voices happens (Brinegar et al., 2006; Hermans & Dimaggio, 2004; Leiman, 2012). When the client's objective or verbal symptoms and symbols are translated into an understandable common language by the therapist, semantic bridging happens, and this is when the first change in the client begins. In this narrative stance, the client can edit his/ her narratives. In both the first and second cases, by exploring the meaning of the symptom used by their clients, every two therapists could, besides making more effective psychotherapy communication with their client, orientate him toward becoming free from the symptom. The change equation in both cases follows process-focused conversation analysis, including some questions and psychotherapy skills and techniques. The main mechanism is to explore meanings behind signifying expressed in language form in both clients. This is here that theory of the endless chain of transcendental signified and signified is introduced (Glowinski et al., 2001).

From Lacan (2011)'s perspective, just like symptom units of language, the symbolic themes behind unconsciousness expressed in the form of problems have an interconnected system and establish a net of signifying, and this is reading a series of the signifying accompanied by complications that orientate us toward decoding the person's unconsciousness. Also, in the present research, a chain of signifying is continued, and the process of introductory psychology is recognized. The metaphor that Freud (1963) defined as accumulation applies to psychotherapy. Freud (1963) showed the meaning

behind symptoms by free association and interpretation. From the perspective of conversation order analysis, the main core of psychotherapy activity is exploring personal meaning established in the client's history and methods of organizing their mental process. It causes falling distances between the word's meaning in the dictionary and psychotherapy. Freud (1963) also believed that symptom in utterances is not suggestive of the thing referred to.

for analyzing the order of dialogue by Leiman (2004), elements recognized usually include passive voice, third audience, falling far from experience form, intrapersonal conversation (like two voices, one says to cut your hand with an ax; another says you are a terrible person) and low quality of self-observation in the patient. All these elements help describe the patient and have concepts expressed by Bakhtin (1984), Leiman (2004), and Ryle & Kerr (2020).

This claim that change happened to a client is merely the result of the particular type of therapist's response is a facial inference, and it was also already regarded as incorrect (W. B. Stiles et al., 1988; W. B. Stiles & Shapiro, 1994). Change in clients' responses is observable when things related to change circumstances have happened. Now we need to find out which response of the therapist about a unique client stimulates which reaction from change mode in them. The therapist always stands a step back from the client because to observe the effects of their response, he/ she should look forward to the client's response. At least, about the change process in Khayyami's cycle, we know that each therapist's response is an incentive for the client, but the fact that what would be his response manifests after the client's perception and that recent issue makes it more difficult client's behavior prediction. Early judgment, in this case, distracts the therapist from a systematic and ultramodern-oriented perspective. So, the only common factor in the whole psychotherapy process is the presence of Khayyami's cycle and the therapist's and client's continual cooperation in the conversation process. In Khayyami's cycle, all common and dedicated healing factors begin to be activated. The main issue is caught in Khayyami's cycle and its clear expression, i.e., exploring the meaning behind Lacan (2011)'s endless chain of signifying causes the client's freedom from suffers resulted from confusion and emotional disturbance, and the client finds a new meaning for it.

Now, about changing resources in the client, we know that being in psychotherapy condition causes monologue translation in the client to the dialogue process, and this establishes three positions of speaker, listener, and referral content of (W. B. Stiles et al., 1988; W. B. Stiles & Shapiro, 1994) and concerning two positions of therapist and client in the course of conversation, the same issue causes meaning to rotate inside six positions (case therapist, perception of client's presence, present content in therapist's mind and the same about client), so that meaning rotates inside a periodic space and the case becomes boundless. Case rotates in space and in time during a periodic movement. By constructing reprocessing space for meaning, psychotherapy provides the client an opportunity for new moments established from the passage of self-expression and cooperative language. So, this is Khayyami's cycle that provides the most influential bed to change and has a

relationship-based nature. In this way, it is not easy to answer whether the type of therapist's response causes change or how much the client's role is. Determining the proportion for all influential factors in change requires research from a more accurate methodology. However, influential factors in this change are 1: a succession of conversations and conversation on client-therapist-client that concludes just by succession. 2: Underlying and deliberated responses by the therapist are (question, skill, and technique) consistent with the case and referential content discussed. 3: Preparation and looking forward to changing in the client. These factors are emphasized in (Brinegar et al., 2006; Hermans & Dimaggio, 2004; Leiman, 2012; Ribeiro et al., 2013; van Rijn et al., 2019). It is recommended that personal and family experience and social culture be studied in another research.

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