



Using the Therapist's Inner Conversation in Teamwork with Novice Therapists

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Peter Rober's work (2005a) on the therapist's inner conversation (TIC) has been a significant contribution to understanding the therapist's 'here and now' experience that focuses on the emergence of different voices responding to what is said in the therapy session. Frediani and Rober (2016) conducted an investigation into the experience and TIC of novice therapists concerning emotions aroused and how they deal with them during family therapy. Their research prompted us to ask how this methodology could work with recent graduates and those in the last year of their undergraduate training. This was addressed in the adolescent psychotherapy team that is part of the Equipo de Trabajo y Asesoría Sistémica (Systemic Counselling and Teamwork) (eQtasis) of the Psychology Department of the University of Chile. An important characteristic has been developing an ethics for clinical practice and generating a collaborative reflexive approach as a central aspect of the clinical training. The paper aims to promote the legitimacy of the experience of novice therapists who despite limited professional experience have many stories that connect with what is said in therapy.

Keywords: inner conversation, reflective team, experience, dialogical, clinical training, polyphonic

Key Points

1. The therapist's inner conversation provides useful tools for training with novice therapists.
2. At first, novice therapists faced the difficulty of paying attention to their experiences because of the interference of other voices from other theoretical frameworks.
3. Reflective teamwork in the therapist's inner conversation leads to the emergence of polyphonic conversations that enrich clinical work.
4. Dialogical responses involve an emotional commitment and an ethical responsibility that requires formative work related to the experience of the therapist.
5. The supervisor must generate the necessary conditions for the teamwork to take place, paying special attention when working with young therapists who might be intimidated by group work.

The therapist's position in systemic therapy has had different versions, consistent with the different hypotheses that have characterised the models. For instance, strategic and structural therapists believe that the symptom fulfilled a function of stability so they were prepared to meet a family system that was going to deploy strategies of resistance to change. Thus, the therapist sought control and strategies for intervention. Milan therapists, believing that the problem is an expression of evolutionary obstruction, promoted attitudinal alternatives – curiosity, irreverence – that encourage change in family members by eliciting differences between them. Narrative therapists, for whom the problem is an expression of saturation by dominant stories, turned the therapist's position into a political stance, inviting clients to resist the practices that subjugate them, thus promoting

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empowerment. Conversational therapists, by assuming people are able to find their own answers to existential situations, accompany their clients with the stance of ‘not-knowing.’

In this context, the dialogic approach has established itself as an important movement within the therapeutic culture of the new millennium, influenced by the ideas of Mikhail Bakhtin (Lidbom et al., 2014; Olson, Laitila, Rober, & Seikkula, 2012; Rober, 2005b; Seikkula, 2011). For Bakhtin (1981) identity occurs in the endless tension between centrifugal and centripetal forces of saying, so that our mental/experiential world is filled with voices – polyphony – that inhabit the space of interlocution. Therefore, dialogic therapists give central importance to the therapist’s experience happening here and now in the session, paying attention to the emergence of different voices that respond to what is said in therapy.

Peter Rober’s work has been a major influence in this therapeutic movement, promoting the use of the therapist as a rich source of intuitive knowledge that can be used – always in dialogue with the professional role – to encourage empathy and bring into the conversation what has not been said. Rober (1999) calls this working method the use of the therapist’s inner conversation (TIC) and refers to the conversation that therapists have with themselves during the session, which will serve as a tool to access implicit aspects of the therapist’s self that influences the practice. It refers to the voices, images, and private sensations that therapists have with themselves while participating in a dialogic encounter with families during the session, and it has greatly helped therapists use their own experience in the service of empathy and generating hypotheses (Flaskas, 2009; Rober, 2011). It has allowed bringing to the forefront the active presence of therapists as living beings (Rober, 2005b) whose experiences during the sessions are sensitive responses that relate to their own history, and that are elicited in the field of dialogic interlocution of the session.

Rober’s work includes developing exercises for training and supervision, such as the experiential training exercise using metaphorical images (Rober, 2010) and the supervising method (Rober, 2017), in which the supervised transcribes six meaningful minutes of the session, commenting on personal evocations and sensations. It is a practice that invites therapists to go beyond their theoretical knowledge and use their implicit experiential knowledge as a source of knowledge that responds tacitly to the flow of the therapeutic conversation. According to Rober (1999) it implies a negotiation process between the professional voice (the role) and the voices that emerge in the therapist’s experiential field and that connect with both personal stories and other stories that are evoked with the client’s a resource consists in distinguishing how and when to respond from a professional or a personal knowledge perspective with the goal in the dialogic field of the session to allow something that remains in the unsaid to be said.

As part of their research, Frediani and Rober (2016) explored what happens in the experience and TIC of novice therapists, focusing on emotions aroused, and how they struggle to deal with them during a family therapy session. To do this, they interviewed psychologists and psychiatrists with an average age of 27 years, who in the context of their first year of postgraduate training performed the therapist’s inner conversation exercise as part of their preparation. This work prompted us to ask how such methodology could help in working with even more junior therapists such as recent graduates or students in the last year of their undergraduate training. It is

common for novice therapists to start their professional practice trying to obscure their personal images and voices in the session, in order to maintain neutrality. Also, they often try to fit the theories they have learned to the patients with whom they are working. Under these premises, novice therapists learn to distance themselves from their own experience so as to be as professional as possible. Considering Rober (1999), in doing so, therapists lose the opportunity to establish a rich connection with their experiential world, which is a very important source for hypotheses generation. Our motivation is to encourage novice therapists to recognise the legitimacy of their experiences as living beings in the session so that, despite little professional experience, they have many stories to connect with what is said in therapy.

Case Study

Our work was developed in a psychotherapeutic team for adolescents and their families, which is part of the Equipo de Trabajo y Asesoría Sistémica (eQtasis) (Azúa, 2014; Bustos & Campillay, 2010; Zúñiga, 2015) in the Center of Applied Psychology (Caps) in the Psychology Department at the University of Chile. Caps works with adolescents and their families, who are mainly referred by their schools because of troubles with their classmates and poor school performance, with most of them presenting with depressive symptomatology.

The eQtasis teams are made up of senior undergraduate students, recently qualified psychologists, and diploma and master's students, which implies that different levels of clinical training attend the space. Our team consisted of 13 members: seven were in their last year of undergraduate training, four had one year of clinical experience, two had more than five years of experience, and their team coordinator/trainer had more than 20 years of experience.

The procedure followed the steps developed by Rober (2010) with some modifications. First, the therapy session was held in a room with a one-way mirror where the team sat behind the mirror. The session was videotaped. Second, immediately after the session, the therapist was asked to choose a significant moment of the session in which she remembers the evoking of some personal experience, either her own or some non-personal story or image. The team recorded that moment and was interested in knowing details of what was evoked. Third, the following week, both the team and the therapist reviewed the chosen moment with the video of the session, considering the previous three minutes and the subsequent three minutes and asked about their thoughts, feelings, and images evoked in the dialogue with the clients. Fourth, the team created a reflexive team, inspired by Tom Andersen (1987), which invited members to share their hypotheses and impressions without exploring the certainty of them with the therapist or the other group members. Such practice entails developing a horizontal ethic in the group where all contributions and responsibilities are shared and equally important, as well as active listening and speaking for all members. Thus, the team hypothesising about what was evoked in the therapist is connected to the evocations of the rest of the team and what may be implicit in what the clients narrated. This last step contributes to the methodological design developed by Rober (2010) since it constitutes a rich reflective and experiential space that generates a broad polyphonic field in the session and the therapeutic process as a whole. The therapist

was a female, 24-year-old psychologist with a year of experience, whom we will call Victoria.¹

The session: The turtle

The session was a first interview, admission to the Center of Applied Psychology of the University of Chile, and was attended by Tiare, 12 years old, and her mother Catalina,² in her forties (fictional names). They were referred by the school who saw Tiare as isolated and not performing well at school. Initially, Tiare recounted her problems as difficulties socialising at school, feeling that people are not sincere, and especially referred to a fight with her best friend who unexpectedly exchanged her for a new classmate, which generated a deep sense of loneliness and problems with in her friendship group. She also said that a year ago her father cut off his relationship with her, after a fight on her birthday. All this contributed to the feeling of having lost her joy and her easy way of seeing things, with Tiare responding with anger towards relationships that, until then, were trustworthy.

After the session was over, the therapist chose the following significant moment to work with her inner conversation:

Vignette

Catalina: *We have constant fights that leave a great malaise in Tiare since I am the only person she has. She used to have a close relationship with her dad but they have had no contact for about a year. I have the impression that Tiare is deeply rooted in the past, she doesn't live in the present. She cares a lot about what her friends say and think about her.*

Victoria: *And do you live nearby?*

Catalina: *Yes, we do. In a condominium.*

Victoria: *Do you have a pet?*

Tiare: *No.*

Catalina: *No.*

Victoria: *It's just the two of you.*

Catalina and Tiare: *Yes.*

Catalina:: *We've wanted to have a pet but . . . (she looks at Tiare).*

Tiare:: *She scolds me because she says I am unable to take care of a pet.*

Catalina:: *The thing is, once we had a little turtle and finally I ended up taking care of her . . .*

Tiare:: *In the end, the turtle fell in love and dumped me.*

Catalina:: *We had a little turtle and finally when I had to travel, and we had no one to leave her with . . . her dad didn't want to keep the turtle so at last she lent it to a friend who had another turtle, so our turtle fell in love and of course . . . left her.*

Tiare:: *Yes.*

Victoria:: *Turtles are kind of lovebirds, right? (Everyone laughs.)*

Once the video was reviewed the supervisor was interested in the voices, sensations, and images that were evoked by Victoria (V) at the time and asked the therapist different questions such as:

Why did you choose that moment?

V: Because I appeared, not Victoria the therapist, but Victoria the person; I say something that has nothing to do with what was being talked about in the session; I wanted to get the idea of how they lived, I felt I needed to have the image of their daily lives, regardless of fighting, if someone else accompanied them, even if they had a pet because pets are important in family relationships . . .

What were the main voices at that moment in your TIC?

V: There was the voice of the “psychologist” trying to hypothesise about mother-daughter conflicts but at the same time when they tell the story of the turtle, the voice of innocence believing that turtles fall in love appeared in my internal conversation. And that, surprisingly, connected me with a story from my childhood: I also had a turtle. When I was a child, my grandmother gave me a turtle, it was a very old turtle that nobody knew where it had come from; I loved her slowness and mystery, I think her name was Paula. I don’t have many memories of her, but I remember well that a schoolmate had a male turtle just like me, and we always fantasised about being able to settle them up so that they would fall in love and have many baby turtles.

What was going on in the session that allowed the turtles story to be meaningful?

V: What was discussed before in the session about the disappearance of fantasy, the loss of naivety and magical explanations, to give way to the sad and harsh reality where classmates are mean, people betray, and that dads are not what you expect. And moreover, the pet falls in love and leaves her alone.

Did any questions arise in your inner conversation?

V: One. I have no doubt that a 12-year-old girl may think it is possible for turtles to fall in love, but I doubt the mother believing that the turtles really fall in love. I thought she had invented it because she didn’t want more responsibility, and didn’t want to take care of the turtle. I think she used fantasy to avoid saying that she no longer wanted to take care of the turtle and that she preferred to leave her with her friend.

Do you think you could have responded differently in the session if you had considered your inner conversation?

V: Yes, I think I could have taken more advantage, and thus gain more information. A professional voice might have opened the inquiry towards more stories of care, conflict resolution, or other love relationships that eventually leave.

Reflective Team Dialogue

After doing this exploration through the TIC, the team worked together reflectively (Andersen, 1987) to give rise to the other voices that were evoked while tracking the therapist’s experiencing process. To do so, each team member wrote in their own notebook the images, voices, and hypotheses that were evoked at the moment of asking the therapist for her TIC, and what could help to understand the dilemmas and afflictions presented by the clients.

To carry out this work, it was important to ensure respect, safety, and confidentiality among the group. Team members agreed not to comment on any evocations or stories that took place, outside of the teamwork. No one felt obligated to share things they thought were embarrassing or made them feel afraid. As Rober (2010) proposes, team members share an atmosphere of openness towards each other’s views

with interest shown for the differences between these views. In this regard, the supervisor had to pay attention not only to the content of what was said by each person but also to the way it was spoken (e.g., rhythm of speech, breathing, sighs, how the body tenses as one speaks, etc.). The supervisor generates the necessary conditions for team work to take place, paying special attention when working with young therapists who might be intimidated by the group work. Sometimes, this implies helping a member elaborate an idea, others encouraging them to speak up and inviting them to overcome their own expectations of saying something intelligent or useful, which usually keeps them quiet. So, rather than teaching and instructing, the responsibility becomes staging an enriching dialogue where words circulate between all the members of the group so as to generate a polyphonic field.

Thus, the team chooses to reflect on the place that the turtle occupies in the story. At that time, different ideas are raised that contribute in generating a polyphonic field. At this moment, there is no attempt to find the true reasons why the turtle disappears or if they do fall in love, instead they try to contribute with different hypotheses that will provide different angles to the co-creation of a diverse field of enunciation, of different valuations and accents. So then, the team raises three lines of understanding, which are summarised below:

- 1 Since they have always lived alone, the turtle could represent the existence of a third between Tiare and Catalina, and how that could partly distance them and partly set them together in a common task. And then we thought about the complexity and difficulties that may exist when a third is integrated into the lives of two people who are used to living together and having only one another. And what could happen if one of them had a partner someday.
- 2 It could be an exceptional event in the caretaking relation; in this sense, given that Tiare is talking from her stance as a daughter, in relation to her mother's caring position, the existence of a pet was an opportunity for Tiare to take on a caretaker position for once. With the turtle's departure that extraordinary experience is also lost.
- 3 An additional responsibility for Catalina, who already feels overwhelmed by her obligations of being a single mother. Somehow, Catalina also feels in charge of caring for the pet, which constitutes a separate concern that she does not want to have. That made us hypothesise about the good reasons why mothers may feel overwhelmed and how difficult it can be to give their tiredness and frustration a place in what is said.

Also, the team reflected on the fact that by losing the turtle, Tiare loses a bonding relationship. Thus, we asked ourselves about other bonds that have been lost in Tiare's history and how the turtle's departure represents the experience of loneliness and of not being important enough in the lives of other people. In this regard, the team reflected on four significant bonds that Tiare had lost over time: her grandfather, who died three years ago and of whom she was very fond; her grandmother, who after the death of her husband began giving more attention to another grandson; her best friend from school, who has preferred to gather with a new classmate, leaving Tiare excluded; her father, who severed the relationship with Tiare a year ago on her birthday due to a discussion. Thus, for Tiare it is difficult to express her anger and frustration every time she experiences loss and grief.

Finally, the team reflected on the main voices that inhabit the context of the session. According to Bakhtin (1984) every utterance is made of a voice belonging to an author; an utterance always evaluates and expresses the position of the author regarding the world and the addressee. Thus, according to Voloshinov (1973) the word is a joint creation. It is the product of the dialogue between the speaker and the listener because every utterance invites a response, and the anticipated response of the addressee affects the utterances of the speaker. So, the reflective team aimed to identify different voices that can be discerned in both Catalina's and Tiare's utterances; and how these voices position in relation to one another and to what has been spoken in their conversation. In order to identify the voices, the work was organised in two aspects:

- Attention was paid to what was expressed in the relationship between Tiare and Catalina, considering how what was said expressed each one's positioning and sensibility towards the world. Some guiding questions were: *Which are the most important enunciations? Which enunciations are more emotionally attached? What is the conflict about? What are they asking of each other? What is Tiare's demand about? How do they both believe human relationships are?* And so on.
- On the other hand, we asked ourselves about the place we were invited to occupy in the dialogical field and what kinds of answers we could address. This agrees with Bertrando and Lini's (2019) point about the therapist 'finding one's place,' as the therapist uses her ability to find her place in order to help clients to find, in turn, their places within the significant systems they inhabit. To do so, it was important to think about the different places that both the therapist and the team could have occupied, and the kind of answers that could help them enhance their understanding. In this context, the following questions guided us: *What am I being invited to in this story? In which place am I being situated? Who has occupied this place before in this story? How did these people respond when they were in this place in the story? Who am I responding to in this story?*

The voices were identified as we answered these questions through free interpretations that were shared. Thus, the team identified three strong voices in the dialogic field of the relationship between Tiare and Catalina.

The voice of unconditionality

The voice of unconditionality refers to when Tiare found herself faced with the different relationships that have been lost in her history. Tiare responds with anger when she experiences a lack of unconditionality. Anger, and also pain, which is related to how unthinkable it is to consider significant bonds as not unconditional. These experiences show Tiare that relationships are not forever. Regarding this aspect, Victoria felt it was difficult to question Tiare's rigid ideas about people. It was important both for Victoria and the team to be able to tell Tiare that not totally agreeing with her was not an expression of disloyalty, but rather an attempt to widen her point of view. This can be an important guideline in therapy, especially given the entry into adolescence and how changing the world becomes at this stage.

The voice of demand

The voice of demand is present in different stories. Several enunciations express different expectations towards others. They are demanded to respond without faults or errors: Catalina demands Tiare be less sensitive and more sociable; Catalina demands

strength of herself. Tiare demands her friends to respond with loyalty and her mother to understand her. As the therapeutic process continued, Victoria and the team began feeling exhausted. We realised that the strong voice of demand that was identified in the therapeutic dialogue was affecting us as well. We encouraged Victoria not to be afraid of making a mistake or not fully understanding what was going on. Also, it was thought that maybe some of Tiare's friends felt the same way and responded by growing apart from that demand. The exhaustion the team experienced could also be felt by Tiare every time Catalina did not understand her. Victoria and the team tried to respond differently, by recognising our human condition; assuming we could not understand everything that was going on but being committed to their suffering and willingness to be happier.

This voice that monologically centralises the way in which the other is evaluated and does not allow distraction or weakness, can be reviewed in therapy by inviting other versions of the relationship to gain flexibility. Addressing this aspect of their lives may help both Tiare and Catalina face the challenges of adolescence.

The voice of (dis)trust

The voice of (dis)trust appears clearly at one point during the session when Tiare says: 'better alone than in bad company.' Through this saying the voice of distrust is expressed and makes Tiare believe the effort to trust another is not worth it. Being by herself Tiare is able to listen to her own statement, feeling valuable even if there is no company. That ambivalence shows us how each word is crossed by the conflict and tension between the diverse and multiple voices that compose them. It opens the possibility of inviting Tiare to think about whether and how she chooses the 'right' person, how damage to relationships might be repaired, and how relationships can come and go. And it also suggests the importance of valuing herself when feeling solitude. The team thought about how it is impossible to know when you have chosen the right person with different personal stories about this shared. But we also talked about the importance of believing in love and friendship no matter what. During different moments of the therapeutic process we shared some of these ideas with Tiare and Catalina, not giving definite answers but inviting them to reflect on the importance of looking for company and developing the ability to be alone.

What happened with the voices during therapy?

The reflections in relation to the voices of unconditionality, demand, and (dis)trust constituted a space for interlocution where topics such as loneliness, abandonment, and emotional dependence on significant bonds were addressed. However, the therapeutic system built a dialogic space that reflected on the sense of reciprocity in relationships.

At the beginning of the process the voice of demand was very present in the therapeutic space: the demands of Tiare towards her relationships, from Catalina to Tiare, from the team to the therapist, from the therapist to Catalina. This voice responded with special force when relationships did not follow expectations, creating a strong feeling of loneliness that occupied several sessions. An example of this is the relationship that Tiare had with her friend at school with whom she believed she had a relationship of total compatibility. The break up occurs after her friend finds a boyfriend and begins having other friendships, which led Tiare to consider the whole existing friendship until then, as a lie. The fact that Tiare commented that it was better to be

alone and not emotionally attached to others was experienced by Catalina as a threat; she feared that her daughter was depressed and being left out of social relationships.

During the therapy, the voice that demanded *being fine* and being socially accepted was considered as a very present expression of the monological force of the story that told Tiare how she ought to be, leaving little space for other voices that would allow her to value being alone or experiencing less socially accepted emotions, such as anger or grief. Once these emotions were legitimised, the team could also relate to them. One team member had noted: *Tiare is angry. She tells her mother that she hates her because she is a liar who minimises all problems and dares nothing. Tiare shouts, gestures with an accusing finger towards her mother, then her voice breaks, she cries, and dries her tears saying: "Everyone always criticises me, I'm tired of trying to be perfect, I won't do it anymore."*

Opening space for the legitimacy of anger created moments of tension in the therapeutic alliance, and the team understood that it was an opportunity to learn ways to express it, to receive it, and to resolve the impasses caused by its expression. Thus, Tiare starts being very sarcastic and angry in session, she repeatedly asks to be treated alone, and every time Catalina is present, they only argue. Their disputes allowed a relational aesthetic opposed to the one they showed when they first came to consult, where expression of anger with Catalina was very difficult for her since she was the only unconditional person in Tiare's life: 'I feel really bad when I fight with my mum because she is the only thing I've got.' Considering that all the words are addressed to someone and are spoken in response to another, the team considered that the appearance of anger in that relationship also allowed them to speak to social demands and obligations.

So then, we signify anger as a new response towards the voice of demand. Given this, the team considered it relevant to make interventions that created a space in which the hegemony of the voice of demand lost its strength. New answers were provided in response to Tiare's discontent and they did not imply or demand that Tiare necessarily overcome it. At the same time, she was invited to imagine other possible responses when she felt frustrated for not overcoming some difficulty. Thus, Tiare and Victoria shared other personal stories in which the voice of demand appeared in different ways, inviting her to have a more patient and respectful attitude towards herself and her relationships.

After 16 sessions of therapy over six months we agreed to finish the therapy process.

Reflections on TIC in the Training of Novice Therapists

Coinciding with Frediani and Rober (2016), our teamwork focused on how TIC shows us that novice therapists (both the therapist who participated directly and those who participated behind the mirror) experience diverse emotions, which could even be considered inappropriate for a therapist to feel, such as anger or distrust towards Catalina or tiredness about Tiare's persistent story about betrayal. As Rober (2011) notes, experiencing negative emotions is an unavoidable part of the unpredictable process of therapy and should not be considered as a sign of being a bad therapist. Instead, by giving dignity and value to the experiential aspect of therapists, and understanding these feelings as responses that occur in the field of the dialogic

relationship, then those emotions can be a rich material to share and try and make sense of a collective and polyphonic experience.

However, this exercise is not exempt from difficulties or inhibitions. Therapists who have just started their professional career have not had training in recognising their feelings as a relevant aspect of the therapeutic relationship or may have been trained in psychological intervention techniques and criteria to establish guidelines of treatment. While these aspects of therapy are undoubtedly necessary, they may lead novice therapists to distance themselves from their own experience.

Once therapy was completed, we had a teamwork meeting to talk about the experience of working with TIC. Both Victoria and the team members participating in our exercise mentioned different aspects that were part of the process of getting carried away and committing to paying attention to their TIC. To ensure confidentiality, they were given pseudonyms³ (Mrs. Rain, Mr. Sun, Mrs. Moon), except when Victoria speaks.

Learning how to use experience

At the beginning the therapists faced the difficulty of paying attention to their experience both because they did not know how to do it and because of the interference of other voices from other theoretical frameworks that took them away from the sensitive experience of what was happening – there in the moment – and distracted them towards diagnostic or psychopathological hypotheses. In relation to this Flaskas (2014) points out how challenging it is to teach and supervise clinical practice, learning frameworks of practice sits in tension and balance with the inseparability of the use of our own self.

While learning about personality theories, systemic patterns, etc., many students technify their knowledge believing that in order to fulfil their professional role their listening needs to be primarily oriented toward theory. This obscures the experiential response during the human encounter. In this regard, some comments were:

At the beginning I felt a bit frustrated because it was a little difficult for me to find a moment or find how I felt; I had never thought about it and starting to think about it with my first case was difficult.

(Victoria)

I feel I was very technical to think about some things and that also made the process difficult. Just when we started working with Tiare, I was taking the course of psychopathology; I started listening to her and said: "This girl goes by the book." That also made it very difficult for me to connect with other things.

(Mrs. Rain)

These answers made us think about how curious our world of experience is, what is closest to us but is nevertheless difficult to register or recognise. And that made us reflect on the contents of undergraduate training in psychology and how teachers either teach undergraduate students to distance themselves from their experience or not to approach it. As Flaskas (2009) states, 'while theory is by its nature abstract, therapeutic practice is always specific and embodied and very human. The relational processes of empathy lie at the center of practice, whether theorized or not' (p. 157).

The work with the TIC showed us how by giving legitimacy and listening to the dialogic territory of the experience of novice therapists, the co-creation of that

polyphonic field opened up a rich generation of hypotheses much more vivid and less abstract:

It was interesting to move towards the therapist's experience as a child of Tiare's age and from that register invited Tiare into a new dialogue. It was useful being able to start thinking about other stories in therapy, and speak in less formal and technical terms in the therapeutic relationship.

(Mr. Sun)

This experience leaves us with the conviction that it is necessary to achieve a balance between what is learned in courses as content, and the consideration of the therapeutic relationship as a meeting of living beings (which includes the therapist) with all its sensitivity and history. The experience of carrying out an exercise of collective responses to the therapist's personal response to her significant moment allowed the creation of a polyphonic field useful for the generation of hypotheses. It also became a collaborative space through which the therapists exercised respect for the evocations of others, and confidence in being heard and in exercising creativity together:

It was like opening a window; I was very impressed with the work that took place that day because I said: "From a turtle we did all this," because the board was full of many ideas (. . .) It gave us the possibility that as a team we could begin to get to know each other a little better.

(Mrs. Moon)

It became something shared. In fact, when someone on the team mentioned "the turtle" we all knew what it meant. Then it's not something of mine ... anymore and it becomes a situation that was as much of Tiare as of us all ... in fact I will never remember my turtle without remembering Tiare as well.

(Victoria)

For students in their last year of training and therapists who are beginning their professional career, having the experience of recognising themselves through the presence and look of their peers has been a great opportunity for experiencing the responsibility of jointly taking charge of their responses as a constitutive act of the ethical nature of our work; and thus, to verify that 'our word, our voice, and therefore our being, is first for others and then for ourselves' (Dag Bøe et al., 2013, p. 24).

The dialogical response implies an emotional commitment

The therapeutic relationship is not just an analytical or technical tool but a radical alterity that allows the unfolding of the other. When we are oriented to the encounter from our own sensitivity – with its openings and closures – then the therapeutic relationship becomes a crossing of responsive acts in which – with Bakhtin (1993) – we have no alibi. We are involved, and that includes our thoughts, feelings and actions: 'all in me – every movement, gesture, lived experience, thought, feeling – everything must be a [responsive] act or action; it is only under this condition that I really live, that I do not separate myself from the ontological roots of the real being.' (Bakhtin, 1993, p. 44). As Bertrando and Lini (2019) consider emotions as systemic and dialogical phenomena, any emotion felt and displayed is a consequence and a response to an emotion displayed by someone else. This was important new learning for the therapists participating in the current research exercise:

When I remembered that story (the turtle) I was nostalgic, but the following week when I had to tell it in front of the team I was embarrassed. Other emotions began to appear around what it meant to me to give space to that experience and what sharing it with other people means.

(Victoria)

As Errington (2015) suggests ‘rather than ignoring or distancing oneself from the strong and uncomfortable emotions experienced in the session, seeing things in terms of dialogical space means that these may be treated as potential tools for understanding’ (p. 29). Thus, working from a dialogical stance implies considering the therapist’s emotional responses as enunciations that may contribute to the understanding of the situation. As Bertrando and Gilli (2008) suggest, all our dialogues are emotional exchanges; moreover they are a live enterprise. It is not simply an exchange of words, but something that involves the (systemic) interaction of whole persons. For the team, working with TIC involved also learning to listen to the emotive response, and that enriched the work:

I also remember that later I started to get angry with the mother when I thought about her lying to Tiare, an emotion that I did not evoke at that moment, but only later. When I shared the inner conversation it gave me the possibility for other experiences to emerge.

(Victoria)

In this sense, an emotion must be considered as an invitation to participate in a relational scenario and to adopt a certain position in that scenario (Gergen, 1999, in Rober, 2012, p. 244). Therefore, the register of an emotional tone also holds an ethical responsibility considering that the therapist is obligated to act in a way that responds to the other and that creates a space for their responses. As Rober (2012) points out, it is relevant for the therapist to wonder what he attempts to do because a potentially destructive role can be played. Different authors have addressed using the experience evoked in the session (Flaskas, 2009; Lidbom et al., 2014; Rober, 2005a; Roberts, 2005) who in general emphasise the importance of moving between the personal and the professional voice.

In this regard, when Victoria was interviewed as part of the exercise, she said:

I learned that not any story is useful at any time; I think I learned to choose better what to tell. Now when I tell personal stories in session I feel much safer than in that first moment.

(Victoria)

Learning to choose what is to be shared with our clients in therapy, the opportune moment to do so, the nuances of the story and its dilemmas is a process that benefits from the clinical experience. However, as this exercise shows, therapists can begin to connect with their evocations early, if a reflective space of trust and guidance is provided.

Finally, we emphasise that one of the main effects of training in TIC for novice therapists is the possibility of relating to their experiences as an opportunity to connect with stories in other areas of their own lives. And thus, understand that there are guiding principles to connect different areas and registers of our existence.

Acknowledgements

This research was funded by the Vicerrectoría de Investigación y Desarrollo (VID) of the Universidad de Chile, project code: PROA004/18

Endnotes

- ¹ The therapist consented and allowed the use of a different name in order to be deidentified.
- ² Not their real names. Both signed informed consent to be part of this research and publication.
- ³ Team members authorised that quotes may be textual and unidentified.

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