

Researching what is not said

The therapist's inner conversation

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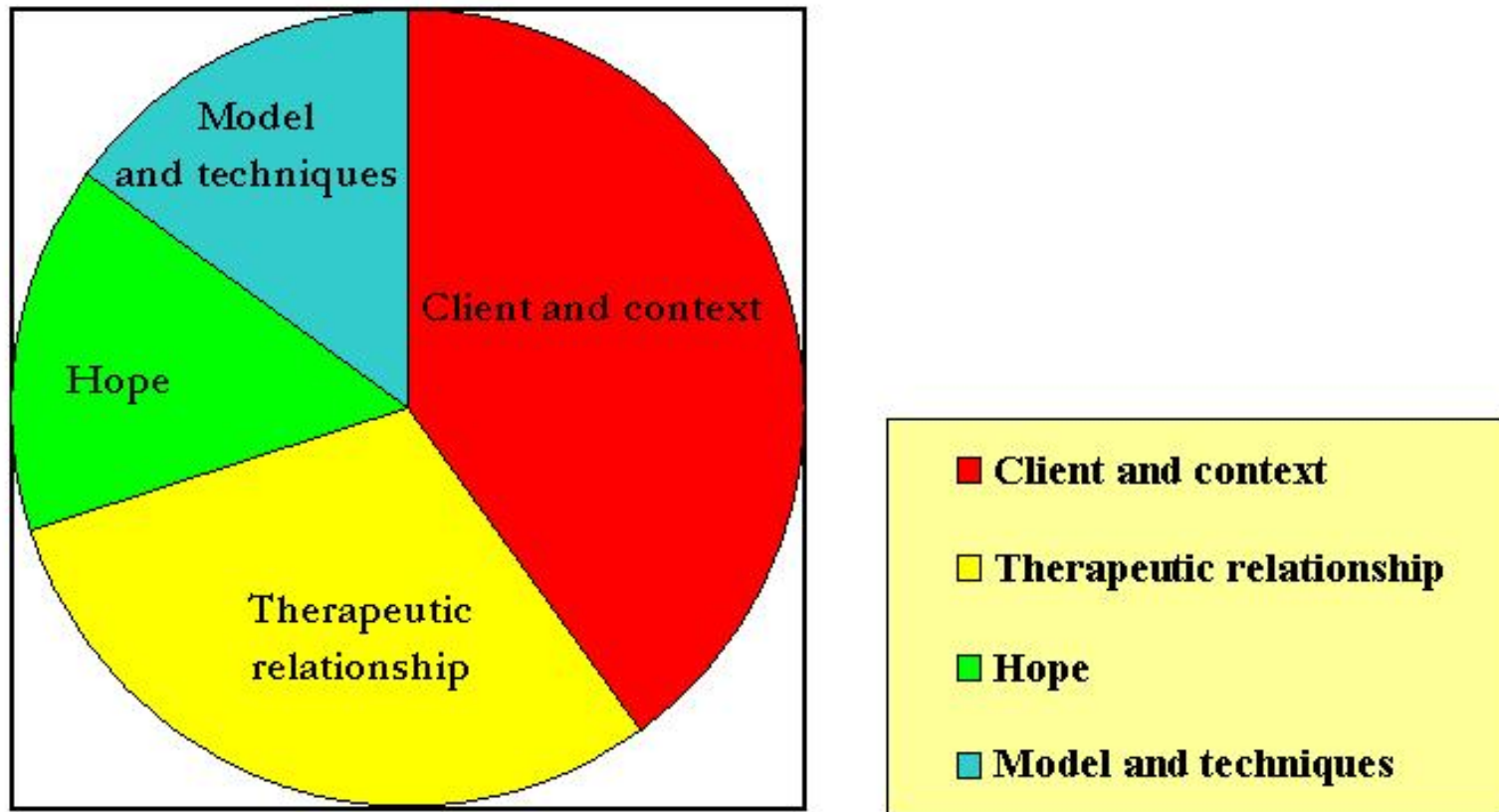
Chapter 1

Therapy as process of responsive interaction

1. Responsive interaction

Non-specific therapy factors

Factors in therapeutic change...



(source: Asay & Lambert, 1999)

1. Responsive interaction

The specifics of family therapy



1. Responsive interaction

Dialogical view of family therapy

Family life is relational attunement
through

the process of responsive interaction

1. Responsive interaction

Responsive interaction and causality

Responsive interaction refers to a special kind of causality

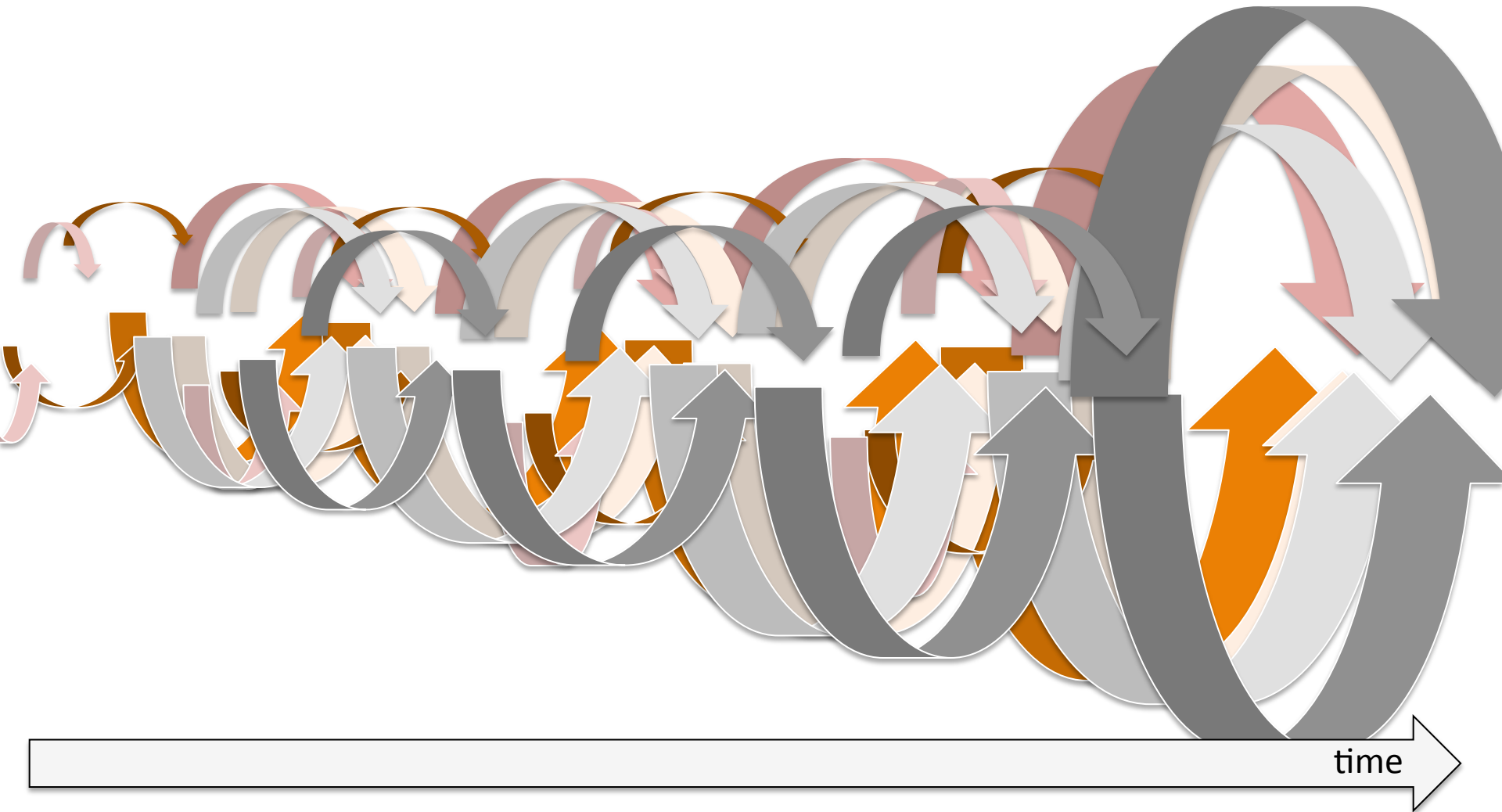
Not: $A \rightarrow B$;

Not even: traditional circular causality.

But: a spiral causality that is a process through time and creates something new.

- Complexity
- Implicit, bodily knowing (instead of explicit knowing)
- Orientation towards each other (instead of intentionality)
- Always to some level unpredictable
- Impossible to control.
- Trust as a pre-condition.

Spiral Causality



1. Responsive interaction

Being responsive

Family therapy is relational attunement
through
the process of responsive interaction

Main task of the therapist is
being responsive
to the complexity
of the family members' stories

Chapter 2

The therapist's inner conversation

2. The therapist's inner conversation

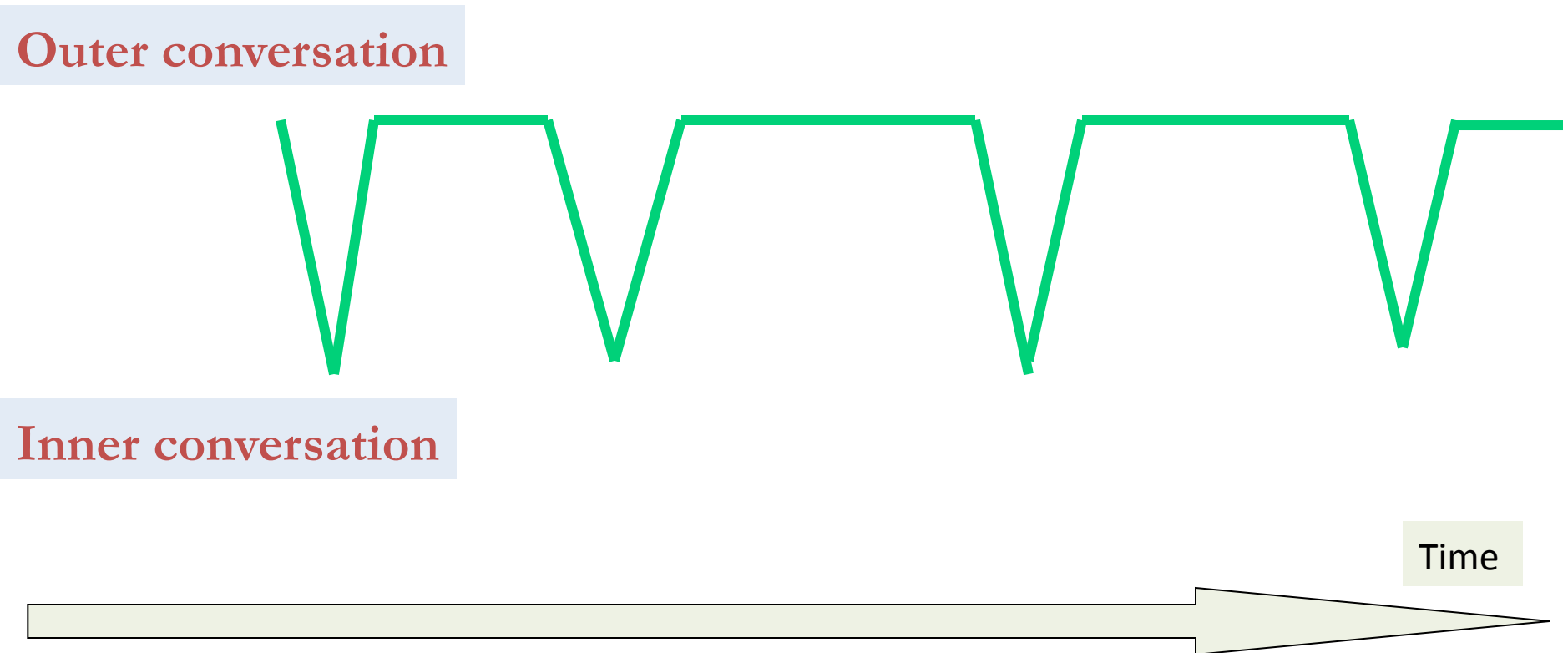
What it is...

While we are talking to others,
we are talking to ourselves.

2. The therapist's inner conversation

Process of therapy

The oscillation between the outer and the inner conversation



Chapter 3

Research approach

3. Research approach

Practice oriented research

Aim of research: better quality of therapeutic and training practice

Therapy as dialogue between therapist and family members: the therapist as center of experience is the entrance into this complexity

3. Research approach

Qualitative research approach

Focus on noticing and systematically describing complex processes and experiences,
rather than on causal or correlational links between variables.

Tools

- Careful and rigorous observations
(wonder+ curiosity = noticing)
- Systematic analyses
- Rich descriptions and development of conceptual tools

Chapter 4

What's on a
therapist's mind?

4. What's on the therapists mind?

Grounded Theory Study (1)

Research question: *"What's on the therapist's mind during a therapeutic session?"*

- Role played sessions with very experienced therapists
- Tape assisted recall procedure
- Grounded theory analysis

4. What's on the therapists mind?

Grounded Theory Study (2)

1.Processing the client's story

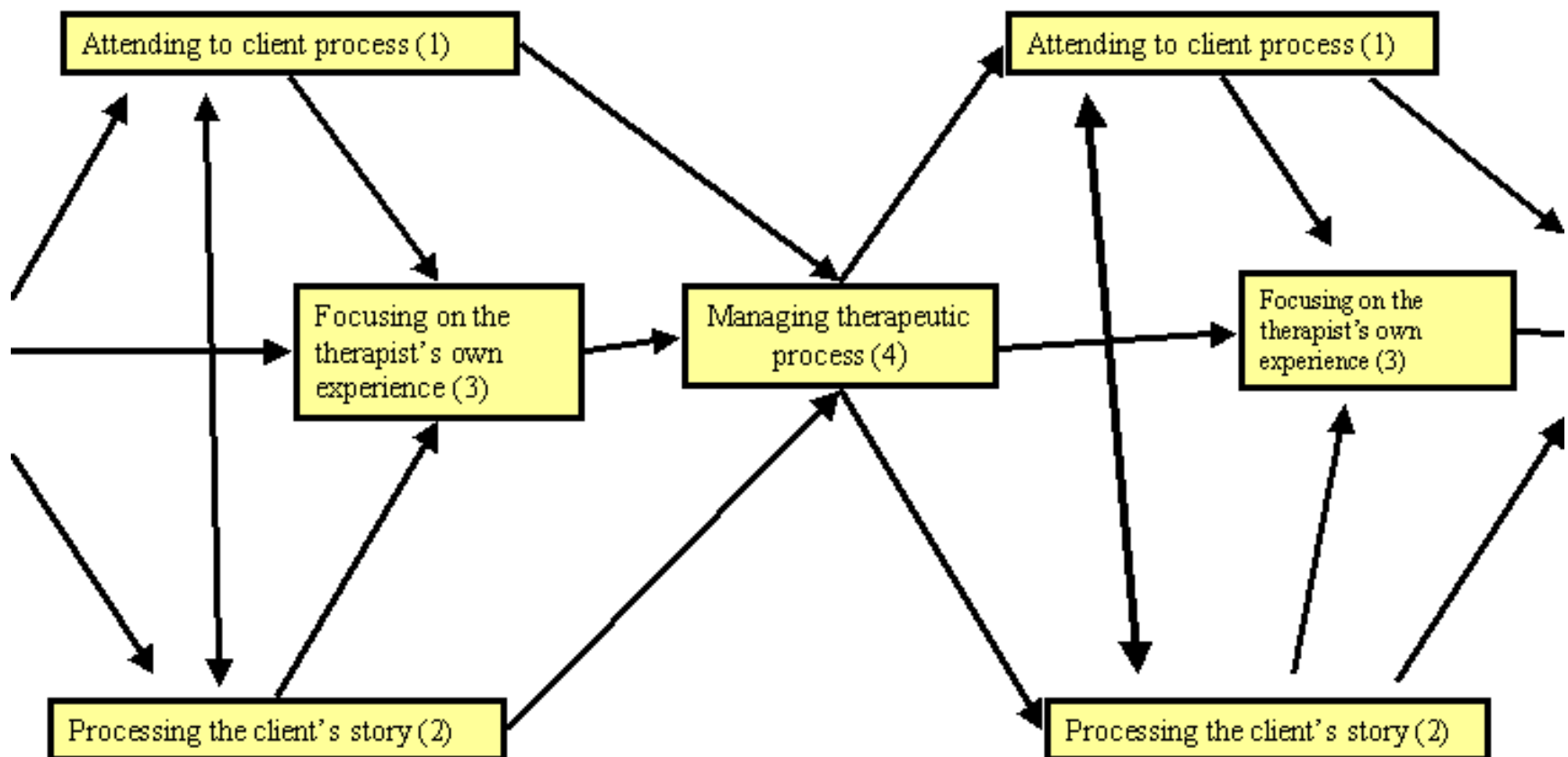
2.Attending to client process

3.Focusing on own experiencing

4.Managing the therapeutic process

4. What's on the therapists mind?

Grounded Theory Study (3)



What's on the therapists mind?

Grounded Theory Study (4)

- The wealth of the therapist's inner conversation
- The complexity of the therapist's experiencing in the session
- The therapist's focus on being in tune with the client (orientation on the client)

4. What's on the therapists mind?

Grounded Theory Study (5)

The therapist's responsiveness ...

- Listening to the story the client tells (ears), shows (eyes) and makes us experience (heart)
- Orientation on the client and reflecting on what how I can act and position myself in such a way that space is opened for stories untold?

→ Therapy becomes a reflective practice

Chapter 5

Back to practice

5. Back to practice

TIC Supervision (1)

- Group supervision
- Paper as preparation
- Focus on 6 minutes of practice
- Tape assisted recall procedure

5. Back to practice

TIC Supervision (2)

- **Paper** has 4 parts:
 - Introduction
 - Table with 3 perspectives
 - Discussion
 - Conclusion
- **Three perspectives:**
 - Actual session (6 minutes),
 - Therapist's inner conversation (during those 6 minutes),
 - reflections afterwards

5. Back to practice

TIC Supervision (3)

- Before **the supervision session**: All participants read the papers of the supervisée
- Discussion starts with conclusion: *what have you learned doing this assignment?*
- Linking these themes with specific moments of the transcript
- Group discussion with focus on strengths and one or two working points connected with the student's conclusion
- Final word of the supervisee

Mother of a 15 year old girl J., who is depressed and tried to commit suicide

Session

Mother: I have had a very hard life. Since the birth of my children, I have always looked after them. I have been through so much. But I never thought about killing myself. How could you do that!

TIC

That is not a nice message to hear for J. That since she and her siblings are born, mother's life has been nothing but misery.

Reflection afterwards

Mother actually isn't saying that her children made her life miserable. When looking at the tape of the session, I noticed that I misinterpreted what mother was saying. This probably happened because at that time I felt little sympathy for her and was feeling the rejection myself.

5. Back to practice

TIC Supervision (4)

General aim:

becoming one's own supervisor, which means

- being aware of one's experiences,
- reflecting on how they can help to better listen to the full complexity of the clients' story, as well of the best ways to be responsive to the complexity and vulnerability of their stories.

<i>Session</i>	<i>TIC</i>	<i>Reflections afterwards</i>
<i>Mother:</i> I sometimes also experience things like that, but I never think about killing myself	Is this going to be a discussion about who has got the worst life?	
<i>J:</i> But you don't understand. <i>(addressing the therapist)</i> Please explain to her what it is like? She <i>(pointing at mother)</i> won't listen to me. I can't explain it any other way than I already have. It wasn't my intention to hurt you, it was just the only thing I could think of!	I feel as if I need to stick up for J. I want to make her feel heard in the discussion.	What would it mean to J. to be listened too and understood by her mother? It obviously is very important to her. Maybe I should have asked this question instead of responding to J.'s appeal myself.
<i>Therapist:</i> Well, we know that when someone is severely depressed and feeling hopeless, they can develop some sort of tunnel vision. Like there is nothing else besides those thoughts and people lose every other perspective. Perhaps that was what you were experiencing at that time? <i>(addressing J.)</i>	No, Linda, no, stop talking! This is not the right time to intervene with 'knowledge'. J. has explained it already 100 times. Now it seems as if you are on J.'s side and against mother. This isn't about the content of what J. is saying, this is about the relationship between them.	This action makes me sound like 'the better mother'; understanding towards J.. That isn't helpful for anyone in the family and it compromises my position towards mother.

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3. Back to practice

TIC Supervision (6)

Linda's conclusion (as her own supervisor)

- Impressed by the wealth of the TIC
- New ideas on my positioning
- I have to...
 - Enhance communication *between* family members (instead of taking the role of 'translator')
 - Respect family functioning
 - Communicate some of my reflections
 - Attend to the topics of the family

Chapter 6

Back to research

6. Back to research

Rich data

Over the years:

About 350 TIC papers of our students.

→ Interesting data for research: rich, complex, close to therapeutic practice in the moment...

6. Back to research

Emotions of young therapists (1)

Pilot study

Random selection of TIC transcripts of 10 first year students.

Research question: “What are the emotions these young therapists are experiencing during the session, and how do they deal with them?”

Thematic analysis (Clarke & Braun, 2006; Joffe, 2012)

6. Back to research

Emotions of young therapists (2)

Remarkable: the most frequent code was
“commenting on own intervention”

These comments are mostly critical and
sometimes devastating.

6. Back to research

Emotions of young therapists (3)

A wide range of emotions

- *Emotions of empathy*: compassion, being touched, ...
- *Comfortable emotions*: relief, hope, joy, pride, ...
- *Emotions of discomfort*: powerless, despair, fear, alarmed, frustration, ...

6. Back to research

Emotions of young therapists (4a)

The central emotion in these 10 TIC transcripts is “frustration”, and more specifically “irritated by one of the family members”.

6. Back to research

Emotions of young therapists (4b)

Mrs. Blue:

- 14 yrs old Eveline
- Grandfather's story about the divorce of his daughter (E's mother)
- Irritation with E's theatrical reactions

The importance of the therapist's awareness

6. Back to research

Emotions of young therapists (4c)

Mrs. Pink

- 5 yrs old Luke, mother and stepfather
- Luke is insecure, bullied in school
- After an hospitalisation of 5 months he's doing better.
- Irritation with the pressure mother is putting on Luke when she says "He does the best he can". Then Mrs. Pink wants to protect Luke, but does not know how (powerlessness) and changes the subject.

6. Back to research

Emotions of young therapists (5)

Preliminary conclusion:

Young therapist have to learn to deal with *a great variety of strong emotions* during the session.

Irritation can be such an emotion.

- It can touch upon the therapist's feelings of powerlessness and uncertainty.
- It can be present without the therapist's being aware.

How can *family therapy training* help them with this?

6. Back to research

Experience of TIC supervision (1)

Pilot study

Selection of 14 students' reflections on their TIC supervision.

Research question: *"How does the therapist/student experience a TIC supervision session?"*

Thematic analysis (Clarke & Braun, 2006; Joffe, 2012)

6. Back to research

Experience of TIC supervision (2)

1. My experience of the supervision session
2. Me as a therapist
3. My work with this family

4. Back to research

Experience of TIC supervision (3)

1. My experience of the supervision session

- Being emotionally moved
- Supervision as group building experience
- Supervision session as a room for reflection:
 - My job as a therapist
 - Personal issues
 - The organization in which I work
- Process of learning:
 - Need to practice
 - Learning as a process in time

6. Back to research

Experience of TIC supervision (4)

2. Me as a therapist

- Dealing with my experiences in the session:
 - Awareness of my experiences
 - Dealing with strong or threatening emotions
 - Introducing my experiences in the session
- Dealing with complexity
 - Complexity of families
 - Complexity of my emotions (dialectics instead of B/W)
 - Complexity of therapy as a process

6. Back to research

Experience of TIC supervision (5)

3. My work with this family

- New insights in this family
 - Focus on competences of families
 - Seeing parents as experts
 - Silences as coping mechanism
- New position in this therapy
 - Finding time to reflect
 - My position as a problem solver/savior
 - Better alliance with the family
 - Being more present in the session

Chapter 7

A temporary conclusion

7. Towards a temporary conclusion

How did this research enrich my practice? (1)

My practice as a therapist

My practice as a trainer and supervisor

→ Conceptual tools to talk about and describe complex processes of therapy and learning

7. Towards a temporary conclusion

How did this research enrich my practice? (2)

E.g. TIC supervision is now the backbone of our training.

→ *Helping us to track the progress of our students over the 4 years of their training:*

- Growing awareness of own experiencing
- Growing into reflective practice: From *reflection afterwards* to *inner conversation* to *reflecting with the family*
- Learning to use the inner conversation as a resource
- Reflecting on own positioning in the session

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You can find my publications at
<https://www.researchgate.net>