

THE INTERACTING-REFLECTING TRAINING EXERCISE: ADDRESSING THE THERAPIST'S INNER CONVERSATION IN FAMILY THERAPY TRAINING

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In recent years several authors have made a beginning in describing therapeutic conversations from a dialogical perspective. Training and supervision, however, have not yet been addressed from a dialogical perspective. In this article, an experiential training exercise is described that is focused on the basic dialogical skills of the trainee: respectful inquiry and constructive reflecting. Rather than teaching and instructing, this training exercise is aimed at staging a dialogue. The trainees are invited to take part in this dialogue, as they are encouraged to experiment with new positions and new ways of encountering others, and as their different voices tell of their experiences, of the things they have learned, and of the new perspectives that have opened up for them. Leaning on ideas about the therapist's inner conversation (Rober, 1999, 2005b) and stressing the importance of polyphony, dialogism, and tolerance for uncertainty, the training exercise described in this article is consistent with a dialogical and postmodernist frame, as described by Seikkula and Olson (2003).

For some years now, we have explored the meaning as well as the usefulness of the concept of the therapist's inner conversation, first from the perspective of a practicing family therapist (Rober, 1999, 2002b, 2004), and later from the perspective of a qualitative researcher (Rober, 2005b; Rober, Elliott, Buysse, Loots, & De Corte, 2008a, 2008b; Rober, van Eesbeek, & Elliott, 2006). In this article, we will take the perspective of a family therapy trainer and reflect on a method that addresses the therapist's inner conversation in training.

We present an experiential training exercise that is focused on the basic dialogical skills of the trainee: respectful conversing and constructive reflecting. It is a group exercise (eight or more participants) in which all group members participate. The aim for the participants is to practice conversational skills, to experiment with different positions, and to make room to talk about what is implicit in the dialogical process; each speaking from his or her own position, without finalizing the conversation into some kind of ultimate truth. While a more traditional approach to training and supervision emphasizes the importance of consensus (Ratliff, Wampler, & Morris, 2000), in this dialogical training perspective the goal of conversations is multiplicity.

Before we go into a more detailed discussion of the training exercise, let us first consider the concept of the therapist's inner conversation that is the central concept around which the exercise is built.

THE THERAPIST'S INNER CONVERSATION

The concept of the therapist's inner conversation refers to what the therapist experiences, thinks, and feels, but what he or she does not share in the session (e.g., Andersen, 1995; Anderson, 1997; Anderson & Goolishian, 1988; Penn & Frankfurt, 1994; Rober, 1999, 2002b, 2005b). The therapist's inner conversation can be described as a polyphony of inner voices

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(Bakhtin, 1981, 1984; Volosinov, 1973). In previous publications, I have reflected on some of the implications of this concept for family therapy practice, focusing especially on the therapist's participation in the therapeutic process as well as on the therapist's inner conversation (Rober, 1999). Our empirical research on the therapist's inner conversation taught us that the therapist's inner conversation is very rich and varied (Rober et al., 2006, Rober et al., 2008a, 2008b). While as clinicians we were already impressed by the richness of the therapist's inner conversation, especially our grounded theory research of therapist reflections even further emphasized this aspect (Rober et al., 2008a). Rather than to a construction of a detailed model about how the therapist's inner conversation functions, our research has led us to an appreciation of the wealth of the therapist's inner conversation, and its complexity. As researchers we were struck by the diversity of different kinds of reflections: observations and evaluations of the client's process, reflections about trying to make sense out of the client's story, reflections dealing with the therapist's own experiencing, and finally reflections about how the therapist can be helpful to the client. Furthermore, we found that the different reflections of the therapists are linked to each other in complex and diverse ways. We proposed a descriptive model of the therapist's inner conversation with four positions (Rober et al., 2008b). In this model, each of the four positions represents a concern of the therapist: attending to the client's process, processing the client's story, focusing on the therapist's own experience, and managing the therapeutic process. Viewed thusly, the therapist's inner conversation can be described as a dialogue between inner voices speaking from these different positions (Rober, 1999, 2005b). The therapist creates a reflective space—after the session, for instance, or at moments during the session when he or she can take some mental distance (or *outsideness*, as Bakhtin would call it) to make room for this inner dialogue in which the therapist reflects on the family's story, on his or her own experiences in the session and on his or her position in the conversation, as well as on what he or she will do next in order to help the clients.

This idea of the complexity of the therapist's inner conversation is in tune with Donald Schön's reflective practitioner approach (Schön, 1983), and it represents an interesting alternative to the scientist-practitioner model that is dominant in the psychotherapy field (Crane, Wampler, Sprenkle, Sandberg, & Hovestadt, 2002). According to the scientist-practitioner model, a therapist applies evidence-based scientific knowledge to practice (Calhoun, Pilkonis, Moras, & Rehm, 1998; Larner, 2004). Such models, picturing the therapist's inner conversation as a cognitive hypothesis-verifying process, do not do justice to the complexity of the therapist's inner conversation as it emerged in our research. As Schön (1983) points out, practitioners do not rely so much on explicit scientific knowledge they have learned in their training at the university, as they consider each case as new, unique, and unpredictable. Tuning in to the client and his or her own complex situation, they often improvise on the spot and base their practice on implicit, intuitive knowledge. Schön (1983) used the term *knowing-in-action* to refer to this special kind of knowledge: "Our knowing is ordinarily tacit, implicit in our patterns of action and in our feel for the stuff with which we are dealing. It seems right to say that our knowing is *in* our action" (p. 49). But, as Schön writes, professionals do not only *act* on this implicit knowledge (Polanyi, 1975); they also *reflect* in action. According to Schön, professional practice consists of sequences of action-reflection-action-reflection, or as we would call it, as a process of successive alternating sequences of interactions (in the outer conversation) and reflections (in the inner conversation). Indeed, for practicing therapists, this *reflection-in-action* reveals itself in the thousands of small and ordinary questions the therapist asks him- or herself in his or her inner conversation during talks with clients: "What will I say?" "What will I ask?" "To whom?" "What do they expect from me?" "What will I do next?" and so on. Therapists usually base their answers to these questions, not only on prior explicit theoretical or scientific considerations, but also on reflections in our inner conversations, in which tacit knowledge (Polanyi, 1975) and implicit theories are involved. In fact, therapists seldom articulate the answers to these inner questions explicitly. Instead, these answers are *performed* in what they do and do not do: in their acts, in the words they speak, in the questions they ask, and in the silences they leave when they listen attentively to their client's stories. Family therapy training then can help novice therapists to be more aware of these complex inner processes, and give

them more comfort and confidence in dealing with these sometimes confusing and often contradictory inner reflections in their practices.

The Importance of Safety in the Training Group

Although some authors doubt the importance of a safe classroom environment in the context of a master's course in Couple and Family Therapy (McDowell, Storm, & York, 2007), we believe that in the training exercise we will describe in this article, having a safe arena to practice and experiment is of central importance. The interacting-reflecting exercise is an experiential exercise, with an emphasis on taking risks and trying out new things, rather than on lecturing or on knowledge acquisition. Therefore, the creation of a safe culture for practicing skills, exploration of new positions, and experimentation is crucial (Schwartz, 1988). Since we schedule the exercise in the last year of a 4-year postgraduate family therapy training, the participants already have some experience and they have known each other already for some time. If the exercise is used as an independent training module, there should be at least one session with all participants before the training starts in which the participants get an opportunity to talk about their expectations and hesitations (Rober, 2002a). This can help to deal with utopian expectations of trainees (Liddle, 1988), and it can contribute to the establishment of a stable working relationship between the trainer and the trainees (Schwartz, 1988). It can also give the trainer information about the questions, needs, and concerns of the participants. Furthermore, the trainees are offered the opportunity to meet each other and get in touch with the competencies, as well as with the vulnerabilities of the other group members.

Because in the interacting-reflecting exercise the trainees are invited to experiment with taking new dialogical positions, there is an overall focus on the trainee's competencies as well as on opportunities during the sessions for the trainee to have new experiences and learn, and in that way become more flexible and more competent. The trainer tries to be sensitive of the delicate balance between novelty and familiarity (Mahoney, 1995), between affirmation and challenge (Lowe, 2000), between old and familiar ways for the trainee of encountering others on the one hand, and new, as yet unexplored ways, on the other. The general attitude of the trainer toward the group is warm, supportive, and positive. *Robotization* of trainees (Schwartz, 1988) by the trainer is avoided, as the trainees are always addressed as competent and creative human beings. Often the group is recruited by the trainer as an important additional resource of support and encouragement for the trainee who is experimenting with novel challenges. Although trainees are invited to take risks, they are never pushed to go further than they themselves are prepared to go. To the contrary, hesitations to act are welcomed as rightful and wise moments of reflection about personal safety (Rober, 2002a). When a trainee is prepared to try new things without signs of hesitation, the trainer may choose to stop the role play and use this surprising absence of fear for the new and the unknown to reflect with the group members on the value of fear and hesitation. The trainer can invite a discussion about the importance of personal security as a necessary condition for learning and growing. Such a discussion contributes to a safe culture in the group, as it reassures the group members and gives them the permission to hesitate and to feel fear when confronted with new challenges.

The Use of Metaphorical Images

In contrast to traditional family therapy training through live supervision with real clients (McDaniel, Weber, & McKeever, 1983), in the interacting-reflecting exercise metaphorical images are used as clinical material. The use of metaphorical images contributes to the safety of the training context. Metaphorical images are valuable language tools because they allow the speaker to talk about things that are hard to talk about. Using the analogy between what is hard to describe and what is easier to describe, the speaker succeeds in saying something meaningful about the subject under discussion. The group does not talk directly about a client or about the supervisee. Instead, the exploration focuses on an image of a tree or an image of a train leaving the station or an image of a flock of seagulls. This creates a space of freedom for the participants to experiment with new ways of connecting and exploring a client's stories without putting the supervisee or the client on the line.

INTERACTING AND REFLECTING: THE TRAINING EXERCISE

The interacting-reflecting exercise is inspired by the work of Belgian family therapist Edith Tilmans-Ostyn¹ and has some resemblances to the metaphoric work of pioneers like Virginia Satir (1972), Peggy Papp (1982, 1990), and others. The aim of this exercise is to train the clinical skills of constructive inquiry (Lowe, 2000) and of constructive hypothesizing (Rober, 2002b). In this article, the story of one group's experiences² with the exercise will be used as an illustration.

The Case and the Images

The exercise starts with a case (an individual client, a couple, or a family) of one of the group members who volunteers to talk about a case in which he or she feels stuck. This volunteer, whom we will call *supervisee* in the remainder of the article, is asked not to discuss the case in the group, but to select three other group members and go to another room. There the supervisee talks to the three group members about the case for 5 or 10 min. While he or she is talking, the three group members listen and try to come up with an image that metaphorically describes the client, couple, or family the supervisee talks about. Although some trainees might find it hard at first to switch to a metaphorical mode and open up to their implicit responsive involvement with the case, in my experience eventually everyone succeeds in coming up with an image of the client (or couple, or family) that, in his or her view, fits with the way the client is described by the supervisee.

In order to preserve these metaphorical images for a systematic exploration in the group, at this moment it is important that they are not yet shared with the other group members, nor with the supervisee. The images will be the clinical material around which the exercise will be built up. The group members who generated the images from now on have the role of "clients," and their images stand for the stories the clients have to tell.

Vignette

Sarah is the supervisee and talks about her experiences in working with a couple. Eve, Bob, and Frank listen to her story and each searches for a metaphorical image that he or she senses fits the clients described. On a piece of paper they each write down in a few sentences the image that in their opinion best catches the couple as Sarah described them.

The Tasks

While the supervisee talks to the three group members about the case and the group members generate metaphorical images about the case, in the group, tasks are assigned to the other group members, who have to explore the metaphorical images of the case in a dialogical way. Artificially a distinction is made between two therapeutic tasks:

1. *Interacting*: This refers to the outer conversation between the therapist and the clients, and to the skill of constructive inquiry (Lowe, 2000). In terms of therapeutic tasks, it means responsively connecting with the trainees who generated the metaphorical images, listening actively and creatively, and dialogically exploring the images (Katz & Shotter, 2004a, 2004b; Rober, 2005a).
2. *Reflecting*: This refers to the therapist's inner conversation. In terms of therapeutic tasks, it means attending to the process of the client in the here and now, processing the client's story, focusing on his or her own experience, and reflecting on the management of the therapeutic process (Rober et al., 2008b). The trainees are asked to observe the dialogue between the "client" and the "interactors" from a mental distance, to try to make sense of the conversation, and to reflect on constructive hypotheses (Rober, 2002b), as well as on possible interventions.

Each group member can volunteer for one task or for the other. In a group of eight, two trainees can "interact" and two others can "reflect." In this way, the two aspects of the therapeutic dialogue as described by Rober (1999, 2002b, 2005b), namely the outer conversation

with the client and the therapist's inner conversation, are artificially separated for the sake of the training, and the participants get the chance to experiment with both aspects separately (see Table 1).

Vignette

Erik volunteers to explore the images. So does Diane. An, Lou, and Karen will make hypotheses. The trainer explains the concept of constructive hypothesizing (Rober, 2002b) and stresses the difference between hypotheses and theories that aim to capture the truth. Hypotheses do not have to be true. They have to be useful. Then An, Lou, and Karen are asked to concentrate on hypothesizing. They are asked to reflect on hypotheses about the future of the therapeutic relationship (possible obstacles for collaboration, potential impasses, possibilities that remain unexplored, unused resources, and so on).³ As the aim is not consensus, but polyphony, they are asked to work separately. Alfred will take notes, which will be xeroxed so that all participants have a paper record of the training session.

Interacting (The Outer Conversation)

The three metaphorical images that were generated by the "clients," when listening to the story of the supervisee, are explored one by one by the two group members who were assigned that task (the "interactors"). Each image will be explored *as if* it were the story of a client. This is an example of the exercise leaning on the isomorphism between clinical practice and training (Liddle, 1988). The training situation is explicitly addressed *as if* it is a clinical situation. In that way, implicit dynamics of complex dialogical processes that are replications of similar dynamics in the trainee's therapeutic practice become accessible in the here and now of the training situation.

The "interactors" are asked to start their exploration of the images with open questions in order to be respectful toward the story of the "client," and then to move to more closed questions in which they present themselves as active, involved, and committed listeners. The trainer stresses the importance of staying "inside the image": the explorers are asked not to make interpretations, nor to try to connect the client's imagery with so-called reality. Instead, the explorers are invited to consider the metaphor as a sensory image, and to explore four dimensions of the image (Kopp, 1995):

1. the setting (*What do you see? Can you describe the setting? What else do you see?*),
2. the action/interaction in the image (*What is happening? What is going on?*),
3. additional sensory modalities (*What do you see, hear, smell, taste in the image?*) and
4. past/present/future (*Does the image tell you something about what happened in the past? Or about what will happen in the future?*).

Usually not all of these questions are important for every "client." The explorer chooses the questions that seem to be relevant to the specific image he or she is exploring. If

Table 1
The Four Positions in the Training Group

1. *Supervisee*—talks about a case in which he or she feels stuck.
2. *Client*—listens to the information about the case, generates a metaphorical image, and plays the role of client as his or her image is explored by the "interactors" as if it was a story of a client.
3. *Interactors*—connect with the clients in a dialogical way, listening and exploring the metaphorical images.
4. *Reflectors*—attend to the process of the client, process the client's story constructively (hypothesizing), focus on their own experience, and reflect on possible useful interventions.

the exploration of the images of the “clients” is limited to these four dimensions, the explorer stays “inside the image,” without making interpretations about real life. In that way, respectful exploring is enhanced. This is important as this is an exercise in being active but respectful listeners who try to explore the experiential world of another. As Katz and Shotter (2004a, 2004b) explain, entering the world of others is not done by explaining or making interpretations, but by “dwelling” with them for a while in a dialogue: “It is only in our dwelling on or with the other person’s expressions of their disquiets, in our interactive explorations of their experiences in relation to ours, that they reveal their inner lives to us” (Katz & Shotter, 2004a, p. 41). Trainees have to learn to be open to the story of the “client,” to let themselves be “touched” (Andersen, 1995), while making space for the not-yet-said (Anderson & Goolishian, 1988), and to be attentive to hesitations of the “clients,” as well as to the good reasons they have to hesitate (Rober, 2002a).

Vignette

“Interactor” Erik asks “client” Bob to tell something about the image he has of the couple. Bob replies that his image is an elephant and a mouse running through the desert. An endless sea of sand. Not a flower or a tree in sight. The elephant looks over his shoulder and reproaches the mouse for generating so much dust. (There is laughter in the group.)

Then Erik asks “client” Bob: “What does the wife answer next, after her husband reproached her that she made too much dust?”

“Client” Bob hesitates, but Erik does not seem to notice.

The trainer interrupts. He points out to Erik that the “client” hesitated and then asks “client” Bob what his good reasons to hesitate were: “Can you help us to understand your hesitation?” Bob explains that he was confused because Erik started to talk about the husband and the wife, instead of about an elephant and a mouse.

Tom Andersen (1995) maintains that the therapist not only has to listen to what the client says, but also has to see how it is uttered: “to hear is also to see . . .,” Andersen writes, “talk . . . comprises something that can be *seen* in addition to what is said and can be heard” (Andersen, 1995, p. 23). It seems that this is what happened between Erik and “client” Bob: Erik was so tuned in to the story the “client” told that he did not notice the client’s nonverbal hesitation. The trainer had to interrupt the exercise to draw his attention to it. The “client” then explained how uncomfortable and confusing it was that Erik spoke about the husband and the wife. This illustrates that it is important for the trainer to guard the playful safety of the client’s metaphorical world, where frogs can turn into princes, and where a kiss can wake a dead girl from eternal sleep. Making interpretations that link the metaphorical image with real life positions the therapist as an expert and limits the safe arena of what can be talked about. In that way, it threatens the client’s safety to speak freely, without fear of being judged. In a training context, making interpretations about the presumed underlying meaning of the metaphors evokes the hard clinical reality in the training room. This can upset the confidence the trainees need to let go and dwell for a while on the picture the “client” is painting. Furthermore, in the group, it can jeopardize the atmosphere of safe exploring and experimenting.

Usually by now it becomes clear in the group that the exploration of a metaphorical image is more than just the description of a mental picture that existed beforehand, independent of the dialogue, inside the mind of the “client.” Through the dialogical process of exploration and questioning, the mental image that was originally generated by the “client” is enriched. In a sense, it comes into being through the dialogical exploration in such a way that the person who had originally generated the image sometimes is surprised by the image that develops in the conversation. It is as if the image has a life of its own, beyond the absolute control of the author, as it evolves and becomes richer, deeper, and more complex. But the “client” recognizes it as “my image of the clients” nevertheless. Although it has changed, it is still in congruence

with the lived experience of the maker of the original image, as the new image is loyal to the original image's implicit dynamic. Often trainees find this relative autonomy of the image strange and fascinating. For the trainer, it offers the opportunity of pointing out the importance of dialogism: the story we tell is only partly ours, as it is jointly created in the dialogue with an active listener (Bakhtin, 1986).

Introducing the Therapist in the Image

When the "interactors" and the "client" feel they have a clear picture of the image that emerges out of the dialogue, the "interactors" ask the "client" to metaphorically add the supervisee to the original image of the client (or the couple or the family). The "interactor" asks the "client": *If the supervisee would have a place in your image, what would that place be?* This is the second time the "client" is asked to use his or her metaphorical intuition to generate an image, this time about the relationship between the supervisee and his or her clients. This gives the "reflectors" some ideas about unexplored resources and potential obstacles in the therapeutic relationship.

Vignette

When Erik and Diane feel they have a clear picture of Bob's metaphorical image of the couple, they ask Bob to give the therapist a place in the image.

Erik asks: "If the therapist for this couple would have a place in your image, what would that place be?"

Bob's original image of the couple was an elephant and a mouse running through the desert, but how would the therapist come into the picture? What would she be if she were part of that image?

Bob replies: "The therapist would be an oasis. A small lake in the middle of the desert, with refreshing water and some palm trees that would give the elephant and the mouse some shade."

Then the "interactors" talk with the "client" about everything that changes in the original image when the therapist is added to the image. Here, often an implicit tension or unbalance in the client's original image surfaces. The metaphorical introduction of the helper elucidates where, at least in the view of the "client," help is needed most to bring some relief or balance in the image.

Vignette

Bob explains that an oasis would bring some rest. The elephant and the mouse are tired and if there were an oasis, the elephant and the mouse would stop running and would get the time to refresh and to rest. Also, the dust cloud would settle and it would be easier to breathe.

The Next "Client"

When the image of the first "client" is explored, and when the therapist is given a metaphorical place in the image, the "interactors" turn to the next "client" and start with the exploration of his or her image, followed by the adding of the therapist to the picture.

Vignette

When they have finished exploring Bob's image, Erik and Diane start to explore Eve's image. She describes a shepherd with his flock on a prairie in the Alps. Eve focuses on the responsibility of the shepherd and on one of the sheep that falls in love with the shepherd. The sheep will never be happy because she will always be a sheep, and he will always be a shepherd.

Diane asks Eve how the therapist would be introduced in the image of the shepherd and his flock. Eve replies that the therapist would be a fairy with a magic wand. Then

she hesitates and says, “But I don’t know if the fairy turns the sheep into a woman, or the shepherd into a sheep.” She thinks for a moment and then decides that the fairy turns the sheep into a woman, and that they lived happily ever after.

Frank has the image of a pilot and a female flight attendant in a plane flying over the ocean. There is a terrible storm, and the pilot is afraid the plane might crash. “May-day mayday.” The flight attendant is scared and she clings to the pilot and forgets her duties to the passengers. When Erik asks to introduce the therapist in the image, Frank first answers, “The therapist would be two parachutes.” But then he says, “No, parachutes would not be of much use because of the passengers in the plane. Indeed, they have to get the passengers safe on the ground too.” After some thought he says, “The therapist would be the navigator of the plane, who found a way out of the storm. They will have to make a detour, but they will arrive safely.”

Reflecting (The Inner Conversation)

While the “interactors” and the “clients” are talking about the images and exploring them, the other members of the group listen and observe. It is their task to watch the interaction, to listen to the multiplicity of their inner voices, and to reflect on the therapeutic relationship between the therapist and the couple. They are invited to consider questions like the following: what is the therapeutic relationship like, how is it likely to develop in the future, what might be obstacles for collaboration, what might be possibilities that have remained unexplored until now, or what are as yet neglected resources, and so on. These intuitive reflections are not judged on their ontological value. They do not have to be true, but they have to be useful for the supervisee, as well as respectful and constructive for the client (or the couple or the family). In that sense they can be called constructive hypotheses (Rober, 2002b). Furthermore, the exercise is not aimed at uncovering the unitary truth. Instead, it is aimed at generating multiple perspectives. This multiplicity gives to the supervisee an opportunity to compare the different ideas that are generated by the different group members, and if he or she would like to, to select one or more ideas that help him or her to make sense of his or her experiences in the therapy, or that might be useful to enrich the dialogue with the clients. As polyphony is central to this exercise, the three reflectors are encouraged to reflect on the differences between their ideas and discuss the meaningfulness of these differences. They are invited to let themselves be inspired by these differences, without being disloyal to their own perspectives and their own sensitivities, and without trying to arrive at a consensual conclusion.

Vignette

Lou offers the first hypotheses. He notes that in all three images the difference between the husband and the wife is central: elephant-mouse, shepherd-sheep, and pilot-flight attendant. The husband is hierarchically superior to the wife, and this makes the wife unhappy, as is evident in Eve’s image of the sheep and the shepherd. There seems to be no way to change the hierarchy, except in Eve’s image through the use of a magic wand. “On the other hand,” Lou adds, “the husband is trustworthy. He takes his responsibility, as a shepherd and as a pilot. But they are in a storm. It seems everything is out of their control. But he is not responsible for the storm, is he? You can’t put the blame on him, can you?”

An is fascinated by the image of the shepherd. She says that although the sheep is taken care of by the shepherd, she is unhappy because she can never be like the shepherd. Furthermore, the shepherd lacks flexibility to really be there for her, as he would probably not be able to let go of his responsibility. “It is as if he has to choose between intimacy and being responsible. A painful dilemma for the shepherd,” she adds empathically. Furthermore, An says that she thinks it might be difficult to really help the couple. “If the differences between them are so big—he being a human being, and she being a sheep—I’m afraid they might be insurmountable. It is as if you will need a magic wand if you want change in the couple,” she says,

“and a therapist in the real world doesn’t have a magic wand.” Then she compares the fairy with the navigator of Frank’s image and remarks: “How difficult it was for Frank to come up with a solution to get the plane safely on the ground.” Finally, she addresses Sarah and says that she thinks Sarah should watch out for high expectations: “The couple seems to expect the impossible from you, while any real change has to originate from them.”

Karen says it seems to her that there are a lot of irritations and reproaches between the two partners. According to Karen, instead of reproaches, humor might be a useful resource for the couple. She refers to the joke of the elephant and the mouse running through the desert, and the mouse remarking to the elephant, “We make a big cloud of dust, don’t we?” Furthermore, Karen wonders what would be the best position for Sarah in the therapy with the couple. “I think you have to resist the temptation to become too important for the couple. They should be in the driver’s seat, not you. But, it seems to me that you are invited again and again to work hard, instead of them.”

When the “reflectors” have talked about their views, a general discussion ensues in which all group members, also the “interactors,” share their views. Usually this is a very lively phase in the session, as everybody has experiences, ideas, and stories to share. There is an atmosphere of openness toward each other’s views, and interest is shown for the differences between these views. Again, consensus is not sought, but rather avoided since consensus can be totalizing and repressing toward alternative and potentially innovating views (Crocket, 2004). Instead of striving toward consensus, conflicting views are explored and discussed in order to understand each of them in more depth.

The Last Word

Until now the supervisee has been listening patiently to the exploration of the images, and to the constructive hypotheses that were generated. Now he or she is asked for feedback. Highlighting the intuitive character of the different hypotheses that were generated in the group, the trainer says: “*In all these crazy ideas, do you find things that seem useful to you?*” So, the supervisee has the last word. It is up to the supervisee to pick and choose what seems useful, to write down those ideas that might become useful in the future, and to throw in the metaphorical wastepaper basket the ideas that do not seem to fit for him or her. In this way, the inner conversation is externalized in the lively dialogue between the different group members speaking from different positions, on the one hand, and the supervisee who reflects on the fit and the usefulness of the different views presented, on the other.

Vignette

Sarah says she is moved by the images of Eve, Bob, and Frank. And also by what has been said about the images. Not all that has been said connects for her with how she experiences the couple. “But some things definitely fit,” she says. “For one thing, the ideas in the group about the hierarchical organization of the couple certainly fit with how I experienced the couple. The man is in charge, and the woman depends on him. She also is full of admiration for him. Also, there is the dilemma An mentioned between intimacy and responsibility. The husband seems to feel so responsible that he can’t find the rest to just be there as a husband. He’s always the man in charge, which keeps others at a distance. In fact, I now realize that he keeps me at a distance too. Furthermore, and maybe more importantly, I feel heavy pressure from the couple to help them quickly and without too much talking. Indeed, I told a colleague of mine the other day that I had the feeling that they wanted me to perform magic.”

What was most striking for Sarah, however, was that although she had not mentioned the profession of the clients to the group members who generated the images, Frank spoke of a pilot and a flight attendant. And indeed, in real life the man of the couple was a pilot, and the woman was a flight attendant. To boot, the couple came for the

first time in therapy after the man had piloted an Airbus to safety in a near-fatal forced landing during a thunderstorm. Sarah had not mentioned this information when she presented the couple to Frank, Eve, and Bob.

DISCUSSION

It would be interesting if this exercise could be repeated a few times with the same group, with the trainees having a different role each time. This has the benefit that every student in the training group has the opportunity to experiment at least once in each role (supervisee, “client,” “interactor,” “reflector”). Also, when the exercise is repeated, variations can be made. For instance, the second or third time, some “reflectors” can reflect on new themes (for instance, on the family of origin of the clients, family secrets, the referral, and so on). Variations can also be made in the way the “interactors” collaborate (as co-therapists, as supervisor-supervisee, etc). Also in the role of the “clients” variations can be made. For instance, one of the “clients” can make a drawing of his or her metaphorical image. In that way the trainees can try to connect with the “client” and explore the image as if it is a drawing of a child in a family session.

It is clear that the interacting-reflecting training exercise needs an experienced trainer to guard the specific structure of the exercise, and the safety in the group. Given that polyphony is a pivotal concept in this exercise, it is essential that the trainer always tries to open space for multiple stories in the group. In some groups there is an implicit tendency to finalize and to arrive at clear-cut conclusions. Some participants might be tempted, for instance, to diagnose the client, or to label the impasse of the therapist. The trainer avoids a judgmental position and accepts this tendency on the one hand, but he or she also invites alternative descriptions or approaches. If participants in the group cannot provide alternative descriptions, the trainer can provide some him- or herself.

Living dialogues are complex and in part escape conscious control of the participants. Therefore, besides guarding the principle of polyphony, the therapist has to consciously respect unconscious processes (Mahoney, 1995). He or she has to be open to tacit knowledge (Polanyi, 1975) at work in the complexity of the interactions in the training group. In that way the trainer demonstrates his or her respectful dealing with brittle experiences, impressions, and intuitions of clients that, if tended to with care, may grow to be important local sources of change, renewal, or empowerment. Again, the trainer’s refusal to think in terms of universal truth, and his or her promoting constructive hypotheses as useful tools for the supervisee, are very important in this respect.

Table 2
Summary of the Interacting-Reflecting exercise

1. Case description by the supervisee (separate from the training group)
The three group members come up with a metaphorical image that describes the client(s).
2. Interacting—Focus on outer conversation
 - a. Exploration of the metaphor of “client 1” by the “interactors”
 - b. Introduction of the therapist in the metaphor of “client 1” + exploration
 - c. Exploration of the metaphor of “client 2” by the “interactors”
 - d. Introduction of the therapist in the metaphor of “client 2” + exploration
 - e. Exploration of the metaphor of “client 3” by the “interactors”
 - f. Introduction of the therapist in the metaphor of “client 3” + exploration
3. Reflecting—Focus on inner conversation
Sharing of the different reflection of the “reflectors” and making room for the polyphony of inner voices
4. Last word for the supervisee

Furthermore, some group members are fascinated by the metaphorical images and want to understand everything. They keep on asking all kinds of questions, trying to grasp deeper meanings of every detail of the image, sometimes up to a point that they start irritating the “clients.” The trainer has to communicate to these trainees a respect for the unsaid and the unsayable (Frosh, 2004). Some things cannot be told, and our words will never grasp everything. We have to accept mystery and unanswered questions, and not try to understand too hard. Also this is a way to respect the client and his or her otherness. As Frosh (2004) writes, the most important and most difficult part of being a therapist is “not hoping to understand everything or believing one can, but nevertheless, in the heart of that not-understanding, reflecting back to the other both her or his difference and the willingness that the therapist might have to stay in this impossible dialogue” (p. 67). In a certain sense, understanding is not *that* important. Instead, what is of central importance is to be part of the dialogic exchange, dwelling with the other (Katz & Shotter, 2004a, 2004b), and acknowledging the unbridgeable gap between oneself and the other, while staying in touch with the other.

CONCLUSION

As mentioned in the introductory section of this article, the interacting-reflecting training exercise is indebted to the original ideas of the Belgian family therapist Edith Tilmans-Ostyn (Tilmans-Ostyn & Rober, 1999a, 1999b). Mainly founded on object relational and structural family therapy theory, she developed an intensive group training meant for experienced family therapists who wish to reflect on their personal style. As in Tilmans-Ostyn’s approach, also in our training exercise metaphorical material is used to explore by different group members with different tasks. In contrast to Tilmans-Ostyn’s original exercise, our exercise is not focused on the participant’s style as therapists. Instead, the aim of this exercise is to train the clinical skills of respectful inquiry and constructive hypothesizing. When the “interactors” connect with the “clients” and start exploring the metaphorical image, the trainer encourages dialogical sequences of attentive listening and empathic questioning. Before this dialogical exploration, the image usually is vague and sketchy. It is as if it is not fully developed, as if it needs the dialogue to become what it is. Indeed, in the dialogical process of exploration it develops into a new and richer image that is still loyal to the original image’s implicit dynamic. This illustrates a basic idea of Bakhtin’s dialogical view: meaning is the product of the dialogue between speaker and listener, addresser and addressee. For Bakhtin (1986), as for Volosinov (1973), word is a two-sided act: “It is determined equally by whose word it is and for whom it is meant” (Volosinov, 1973, p. 86). Interestingly, through the dialogical process of the exploration of the metaphorical image, the “client” often discovers that the image he or she generated is implicitly much richer than he or she had initially thought. Often it becomes clear in the exploration that the image is a vehicle for tacit knowledge and intuitions of the “client” that prove to be very meaningful for the supervisee.

Although the exercise is rather time consuming (4–6 hr, depending on the case, the group, and the trainer), it is experienced as a valuable training tool by the trainees. It is intensive and exciting, and it always offers new questions to reflect on and new insights to consider. It also tends to create a pleasant atmosphere in the group of joint exploration and experimentation. Rather than teaching and instructing, this training exercise is aimed at staging an enriching dialogue. The trainees are invited to take part in this dialogue, as they are encouraged to experiment with new positions and new ways of encountering others, and as their different voices tell of their experiences, of the things they have learned, and of the new perspectives that have opened up for them.

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NOTES

¹Edith Tilmans-Ostyn is not very well known in the Anglo-Saxon family therapy world. In French-, Dutch-, and Spanish-speaking Europe (Belgium, France, Switzerland, Holland, Spain) and in some South American countries (Brazil, Chile), she is a wellknown and highly respected trainer and supervisor. She is the author of a book and several professional articles in French. The basic ideas on which our method is founded were originally developed by Tilmans-Ostyn for her object relational–inspired 10-day intensive training (Tilmans-Ostyn & Rober, 1999a, 1999b).

²In this article, we give the example of a training session with a group of 10 participants. The exercise can be adapted to be used in bigger or smaller groups.

³The trainer can choose to invite other hypotheses: for instance, hypotheses about the past of the clients, hypotheses about the past of the therapist, hypotheses about the referral, and so on. The participants can also be asked to think about interventions, for instance, to generate positive reframings for things that are described as problematic, or to make a healing therapeutic story for the clients.