

The Therapist's Self in Dialogical Family Therapy: Some Ideas About Not-Knowing and the Therapist's Inner Conversation

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In this article, the focus is on the therapist's self, which will be in line with Bakhtin's thinking, viewed as a dialogical self. First, the dialogical view of the self is situated in the context of psychology's traditional focus on the individual self. Then, leaning on Bakhtin and Volosinov, the self is described as a dialogue of multiple inner voices. Some of the implications of this concept for family therapy practice are examined, focusing especially on the therapist's participation in the therapeutic process and on the therapist's inner conversation. The author argues that not-knowing does not only refer to the therapist's receptivity and respect but also implies that the therapist is aware of his or her experience and reflects on how his or her inner conversation might inform and enrich the therapeutic conversation. Finally, these ideas are illustrated with a brief clinical vignette.

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In the past decade, reflection on the therapist's self in the family therapy field has been strongly influenced by the concept of *not-knowing*. This concept was first introduced by Harlene Anderson and Harold Goolishian in their 1992 article, "The Client Is the Expert: A Not-Knowing Approach to Therapy." It was described as a general attitude in which the therapist's actions communicate a genuine curiosity. In order to really listen to the client's story and to really understand what the client means, the therapist needs to be not-knowing in the sense that he or she has to

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suspend his or her own assumptions and preconceptions and be open to what the client wants to convey. According to Anderson and Goolishian, the client is the expert.

The notion of the client as an expert does not deny that a therapist has expertise. Harlene Anderson doesn't challenge that therapists have prelearned knowledge—theoretical and experiential, professional and personal: "A therapist cannot be a blank screen, void of ideas, opinions, and prejudices . . . To the contrary, we each take who we are, and all that entails—personal and professional experiences, values, biases, and convictions—with us in the therapy room" (Anderson, 1997, p. 137). Clearly, according to Anderson, the therapist's mind is not empty. He or she has opinions, ideas, and feelings, just as the client does. However, in contrast to the client who is expert on his or her own life, the therapist's expertise is in the area of process instead of the area of the content of the conversation: "[A] therapist is the expert in engaging and participating with a client in a dialogical process of first-person storytelling" (p. 95). Explaining what she means by this, Anderson highlights the importance of the receptive aspect of the therapist's expertise: to "invite, respect, hear and be engaged in a client's story" (p. 95). The therapist should promote a dialogue in which all voices are heard. This certainly sheds light on the concept of not-knowing, but at the same time, it leaves in obscurity what the therapist has to do with his or her experiences—opinions, ideas, and feelings—of the conversation. Does being receptive mean that the therapist should consider his or her experiences as obstacles to being receptive to the client's story? And should these experiences consequently be pushed aside, as the concept of not-knowing, if taken literally, seems to suggest? Anderson makes a beginning of answering these questions when she refers to Donald Schön (1983) and his concept of the reflective practitioner. She stresses that it is important that therapists reflect on their practice—that they are aware of, leave open to question, and reflect on their experiences and eventually consider going public or sharing out loud aspects of their private inner conversation (Anderson, pp. 100–103).

In comparison with the receptive aspect of not-knowing, the reflective aspect has remained underdeveloped in Anderson's writings (Anderson & Goolishian, 1992; Anderson, 1997). This resulted in a disproportionate focus on the client's expertise and the therapist's receptivity in the family therapy field, which opened the gate for a lot of criticism of the concept of not-knowing, not only from authors who oppose to the postmodernist project in family therapy (Minuchin, 1998, 1999) but also from authors who are inspired by postmodernist ideas. David Paré (2002), for instance, maintains that by one-sidedly stressing the expertise of the clients, the concept of not-knowing betrays an underlying individualistic perspective on the therapeutic relationship. As Paré remarked, "the notion of client as expert . . . failed to capture the tenor of an intersubjective relationship. It does not dismantle the notion of individualistic expertise: it merely shifts it from the therapist to the client" (p. 32). According to Paré, the not-knowing concept doesn't capture the mutuality and shared activity of a therapeutic relationship because the therapist's lived experience in the encounter with the family is not valued. Kaye (1999) offered another critique of the not-knowing concept; he maintains that the concept can be misinterpreted as a disavowal of the therapist's expertise. He opposes the view that working with people from a base of expert knowledge is intrinsically oppressive: "The contribution of the therapist's point of view is hardly in itself colonizing, nor does it deny either mutuality or respect for the consultee's world of reality" (p. 32). According to Kaye, the skilled therapist is an expert. His or her expertise lies in the construction of a dialogic frame in which new

meanings can emerge. Other authors have pointed out that there is no escape for the therapist from the responsibility that power engenders (Guilfoyle, 2003; Lerner, 1999; Rober, 2002, in press). All these authors question the usefulness of not-knowing as a concept if it one-sidedly focuses on clients as experts. Such a focus, for these critics, is one impoverishing therapy. Furthermore, another weakness of this concept is that it does not do justice to the expectations of the clients toward the therapeutic encounter. As Paré remarked, clients seek more than the liberation of their own subjugated knowledge. They also want to expand their choices and possibilities through the additional ideas and practices that the dialogue with the therapist generates. They need the therapist as a responsive other to understand themselves (Leiman, 2004).

In this article, I focus on the reflective aspect of not-knowing in reviewing the concept of dialogical self from a Bakhtin perspective. I want to illustrate the usefulness of this concept through a microanalysis of a case vignette in which I outline how the concept of the dialogical self may help us capture some of the complexity of the not-knowing concept. Furthermore, I want to shed some light on how this concept of the dialogical self might contribute to finding a new balance between these two important aspects of not-knowing: receptivity and reflection. My starting point will situate the dialogical view of the self in the context of psychology's traditional focus on the individual self. Then, drawing mainly on Bakhtin and Volosinov,¹ I will describe the dialogical self. Finally, I will outline some of the implications of this concept for family therapy practice, as well as for the concept of not-knowing and the therapist's participation in the therapeutic process.

THE INDIVIDUAL SELF

Traditionally, in psychology, the self was viewed as an individual self. In his classic distinction between the *I* and the *Me*, William James (1890) presented the *I* as the self as knower and as processor of experience. The *I* interprets and organizes experience in a subjective way. The *Me* is the self as known. The *Me* is all the person can call his or her own: his or her body, his or her personality, his or her history, his or her possessions, and so on. Following James, legions of psychologists came to view the self as individual. Few questioned this view until the social constructionists pointed out that the concept of the *self as individual* is part of the *ideology of the individual self* (Gergen, 1991, 1999). This was an ideological heritage of the Enlightenment, positing the person as rational, integrated, and conscious (Gergen, 1994).

The echoes of this Enlightenment conception of the self as individual and unitary are clearly traceable in the world of psychotherapy (Gergen, 1994, 1999). Therapists want to help their clients to be autonomous, assertive individuals capable of making their own choices and determining their own futures. This, for instance, is evident in Carl Rogers's (1966) view of the self and the therapeutic process. In line with humanistic psychology, Rogers focuses on the person as a unique individual, experi-

¹Volosinov's work is often associated with Mikhail Bakhtin, with whom he worked for a while. Some have even claimed that Volosinov's books were actually written by Bakhtin. However, research on the subject is inconclusive (Wertsch, 1991), and several authors have highlighted important differences between the work of Volosinov and the work of Bakhtin, casting doubt on the hypothesis that Bakhtin was the real author of Volosinov's books (Emerson, 1997; Morson & Emerson, 1990). Therefore, I will assume that Volosinov's work was, although undoubtedly influenced by Bakhtin's thinking, written by him and not Bakhtin.

encing the world in his or her own way and possessing an inner tendency for personal growth. In some family therapy schools, too, the individual self for a long time was a popular concept. Family therapy pioneer Virginia Satir (1987), for example, described therapy as a place where family members could express their emotions to one another and grow: "People already have what they need to grow and the therapist's task is to enable patients to utilize their own resources" (p. 24). In recent decades, with the coming of the narrative turn in family therapy, a new concept of the self emerged in the field. According to Harlene Anderson (1997), the view of the single individual self as an entity existing autonomously is part of the modernist view of the mind as a closed space sufficient unto itself. She proposed instead a postmodernist view of the self as storyteller, or *narrative self*. "The self," she writes, "is an ongoing autobiography . . . an ever-changing expression of our narratives, a being-and-becoming through language and storytelling as we continually attempt to make sense of the world and of ourselves" (p. 216). This narrative view of the self is inspired by authors like Schafer (1981), Spence (1984), Sarbin (1986), Bruner (1986, 1990), and Polkinghorne (1988). Sarbin, for example, reframed William James's distinction of *I* and *Me* in a narrative framework in which the *I* becomes the author and the *Me* the actor. Thus, the *I* is the storyteller who constructs a story about the *Me*, the protagonist. Interestingly, the use of the storyteller metaphor opens the gate for an audience: The story is told to someone else (Hermans & Hermans-Jansen, 1995). This is important, because it introduces a more dialogical view of the self. Viewed in this perspective, the storyteller now constructs and tells his or her story with an audience in mind. The audience coconstructs the story in both content and form. Emphasizing the social nature of the self, we can then speak of a *relational self* or a *dialogical self* (Hermans, 2004; Hermans, Kempen, & Van Loon, 1992).

BAKHTIN'S PERSPECTIVE ON DIALOGUE

Before we consider the dialogical self in greater depth, it is useful to first outline some of the basic ideas of Mikhail Bakhtin's dialogical perspective.² *Dialogue* is a keystone in Mikhail Bakhtin's philosophy of language. He wrote, "Life by its very nature is dialogic. To live means to participate in dialogue: to ask questions, to heed, to respond, to agree, and so forth. In this dialogue a person participates wholly and throughout his whole life: with his eyes, lips, hands, soul, spirit, with his whole body and deeds. He invests his entire self in discourse, and this discourse enters into the dialogic fabric of human life, into the world symposium" (Bakhtin, 1984, p. 293). For Bakhtin (1981, 1984), language exists only in dialogical interactions of people using it, where every utterance is addressed to someone and acquires its meaning in the continuously developing context that individuals shape through their interaction with each other. Like links in a never-ending chain, every word we speak is connected with words that were spoken before. In this sense, Bakhtin's perspective is very different from the view of structuralist linguists like Chomsky and de Saussure, who studied language as a mathematical system of signs operating according to abstract rules.

² Because of obvious limitations of space, I will propose just some of Bakhtin's main ideas in this article. I hope that these ideas will tempt the reader's curiosity to get to know Bakhtin better. For a more thorough introduction to his work, I want to refer to Morson and Emerson's wonderful book, *Mikhail Bakhtin: Creation of a Prosaics* (1990) and to the interesting chapter of Shotter and Billig (1998) in Bell and Gardiner's book, *Bakhtin and the Human Sciences*.

Bakhtin, instead, focuses on language *in practice*, or on what Morson and Emerson (1990) call *the prosaics* of language.

To further briefly introduce Bakhtin's work, a focus on three central concepts of his can be useful: (1) voice, (2) the word as a joint creation, and (3) dialogical understanding

Voice

For Bakhtin, an all-important question we need to ask is, "Who is speaking?" (Wertsch, 1991). According to Bakhtin, every utterance is made by a voice belonging to an author. However, as Wertsch wrote, "For Bakhtin the notion of voice cannot be reduced to an account of vocal-auditory signals... It applies to written as well as spoken communication, and it is concerned with the broader issues of a speaking subject's perspective, conceptual horizon, intention, and world view" (p. 51). Also, the idea of voice suggests tone, which is another important Bakhtin concept (Morson & Emerson, 1990). According to Bakhtin, every utterance has an emotional-volitional tone: An utterance always evaluates and expresses the position of the author with regard to the world and with regard to the addressee (Bakhtin, 1984). As Volosinov (1973) put it, the word is essentially "a vehicle for intonation" (p. 105), and this intonation positions the speaker in the world and in the relationship with the addressee.

The Word as a Joint Creation

Although every utterance has an author, a voice is never alone. Bakhtin is concerned both with who is speaking (the voice of the author) and with who is addressed (the voice that responds); (Wertsch, 1991). According to Bakhtin, the speaker doesn't own his or her words. Instead, he or she rents the words from the community of speakers in the past and utters them now, like an actor performing a scenario, investing them with his or her own intentions and position in the social landscape. The word is a joint creation (Volosinov, 1973). It is the product of the dialogue between speaker and listener because every utterance invites a response, and the anticipated response of the addressee affects the utterances of the speaker. Words acquire their meaning only in the actual response of the listener. This is the core of Bakhtin's dialogical approach: speaking always involves an author who addresses someone, speaks, and anticipates a response, a sociocultural context from which the speaker's words are "rented," and a listener who responds to the speaker's words and shapes their meaning (Leiman, 2004).

Dialogical Understanding

Bakhtin speaks of dialogical, or creative, understanding (Bakhtin, 1986). Using this frame, understanding is not a passive process in which meanings are conveyed by the client and received by the therapist. Rather, understanding becomes an active, creative process in which the meanings of the client make contact with the meanings of the therapist. In this process, new meanings emerge that are different from the original meanings of the client. Bakhtin (1986) pointed out that the possibility to see the world through the other's eyes "is a necessary part of the process of understanding." He added, "but if it were the only aspect of this understanding, it would merely be duplication and would not entail anything new or enriching" (p. 7). Bakhtin is not satisfied with understanding that is mere duplication of the speaker's meaning because

according to him, the speaker “does not expect passive understanding that, so to speak, only duplicates his own idea in someone else’s mind” (p. 69). Instead, the speaker is oriented toward a responsive, creative understanding: “In order to understand, it is immensely important for the person who understands to be *located outside* the object of his creative understanding” (p. 7). In addition to looking through the other’s eyes or standing in the other’s shoes, the listener also has to be different from the speaker (outsideness) if he or she wants his or her understanding to be more than just duplication of meaning. Bakhtin even called this outsideness “the most powerful factor in understanding” (p. 7), because only outsideness creates the possibility for an enriching dialogue.

THE DIALOGICAL SELF

Bakhtin’s and Volosinov’s ideas about language and dialogue constitute the basis of their theories about the self. Bakhtin describes the self as a multiplicity of inner voices, each with its own perspective, in constant dialogue with each other or with external voices (Bakhtin, 1984). Each of these voices has a story to tell, and each story positions the voice in the social world and invites a response from the other (Hermans, 2004).

Bakhtin’s view of the self has a strong ethical foundation. According to Bakhtin, all understanding of the self “must begin with a sense of people as free and morally responsible agents who are truly unfinalizable” (Morson & Emerson, 1990, p. 175). This ethical view can be understood against the background of Bakhtin’s suspicion of systems and structures (Morson & Emerson, 1990). He opposed the reduction of human behavior to a set of rules, laws, or structures that might causally explain it. He didn’t want to focus on repeating patterns but was interested instead in what is unique, ordinary, and unrepeatable, or in what Morson and Emerson called *the prosaics*. However, attaching so much importance to the unique and unrepeatable, Bakhtin pictures the world as a chaotic place. As Morson and Emerson noted, “the natural state of things,” for Bakhtin, “is mess” (p. 30). At the same time, Bakhtin also highlighted that language is creative and that the self is alive and open-ended: “As long as the person is alive he lives by the fact that he is not finalized, that he has not yet uttered his ultimate word” (Bakhtin, 1984, p. 59). The self is free to surprise and cannot be caught in a system or a theory. This does not mean, however, that Bakhtin considered the self a river, constantly flowing in the moment and subject to the elements and the circumstances. No, the self is responsible, acting as a unique human being in a unique situation (Morson & Emerson, 1990). According to Bakhtin, responsibility is a task of creating integrity because disorder and fragmentation are a given, but integrity requires work: “The creation of an integral self is the work of a lifetime, although that work can never be completed, it is nonetheless an ethical responsibility” (Morson & Emerson, 1990, p. 31).

INNER VOICES

Both Volosinov (1973) and Bakhtin (1981, 1984) developed a model of selfhood in terms of inner speech. According to Volosinov, inner speech is a kind of inner dialogue, a network of impressions linked to one another that resembles the alternating lines of a dialogue. Like Vygotsky (1962), Volosinov saw the relation between inner and outer speech as a complicated one. According to Volosinov, outer expression sometimes

closely resembles inner speech. At other times, inner speech only is a vague general model for the words that are actually spoken. For Volosinov, the process of speech is the process of inner and outer verbal life. It is a perpetual process: "It knows neither beginning nor end. The outwardly, actualized utterance is an island rising from the boundless sea of inner speech; the dimensions of this island are determined by the particular *situation* of the utterance and its *audience*" (p. 96).

In line with Volosinov's ideas, Bakhtin (1984) described the self as a complex inner dialogue among numerous internal voices³: "a conversation, often a struggle, of discrepant voices with each other, voices (and words) speaking from different positions and invested with different degrees and kinds of authority" (Morson & Emerson, 1990, p. 218). For Bakhtin, the self resembles the novel, which, like the self, is a complex dialogue of various voices and ways of speaking, each incorporating a special sense of the world (Morson & Emerson, 1990). He illustrated this understanding of self in his studies of the novels of Dostoyevsky, Tolstoy, Cervantes, and many others, and through this literary study, he also wanted to shed some light on selfhood. In his book on Dostoyevski (Bakhtin, 1984), for instance, he studied the inner conversation of the student Raskolnikov from *Crime and Punishment*. Raskolnikov receives a letter from his mother, and he understands that his sister's marriage is her sacrifice on his behalf. In his inner speech, the voices of his mother, his sister, and other people mentioned in the letter can be heard, as well as the voices of anonymous others. Bakhtin argues that Raskolnikov's inner speech consists of a kind of "reply and reaction" to the voices of others that he has recently heard, read, or imagined (Bakhtin, 1984).

CASE VIGNETTE

The analysis of this case vignette entails a microlevel focus on how participants manage their talk (Gale, 2000). This focus makes it possible to address seen but unnoticed dialogical practices in a family therapy session—to describe them, to analyze them, and to try to make sense of them. The main aim of the following analysis is to illustrate some of the ways that a concept of the dialogical self can function within a family therapist's reflections on a therapeutic encounter. The analysis suggests how different voices can be discerned in utterances by clients and how these voices work to position the clients in relation to each other and to the topic of their conversation. This positioning usually is the primary concern of therapists when they listen to clients (Leiman, 2004). In the context of a family therapeutic conversation, positioning is particularly complex. The stance of clients toward the object of their words is influenced by their own experiences with the object but also by different listeners (family members and therapist) who are addressed and by the anticipated responses of these listeners.

The case vignette is a transcribed excerpt from a videotape of a therapeutic conversation that took place in a private practice.⁴ Mark and Esther came for the first session. Esther was depressed and sometimes had suicidal thoughts. Her family doctor had referred her for therapy. The therapist asked them to introduce

³In fact, Bakhtin has had several phases in his work. This conception of the self as an inner conversation stems from his so-called Novelistic period (Morson & Emerson, 1990), which is considered by many scholars to be the most important and influential period of his career.

⁴Mark and Esther were informed about my research project on the therapist's inner conversation and gave me their consent to use the tape of their session for the project.

themselves, and almost immediately, the clients presented the emotionally charged theme of the death of their child. Mark told that they had lost their only son a year and a half earlier.

Mark: "He was only seven when he died of cancer."

Both Mark and Esther have tears in their eyes. They are silent for a moment.

Esther (addresses therapist): "You know what he said to me a few days before he died?"

Therapist: "No."

Esther: "He said, 'Mama, don't be afraid. I won't be alone in heaven. There will be an angel who is nice to me and who will take care of me until you arrive.' "

Esther starts to cry.

Mark moves his chair closer to her and puts his arms around her.

He holds Esther close and comforts her.

Mark: "Don't cry, my dear."

Then he looks at the therapist.

Mark (addresses therapist): "That's why she sometimes wants to die. She wants to join our son."

I will analyze this case vignette using Bakhtinian dialogical concepts like voice, addressee, and positioning. Before I start with the analysis, however, I want to make two remarks. First, because our research project focuses on the reflective aspect of not-knowing, in this article, the receptive aspect might be somewhat left in the shade. In contrast to family therapy practice, in which the reflective and the receptive aspects are integrated into the therapist's not-knowing stance, the analysis of the case here is done by a researcher from an outside observational perspective. The client's perspective is never sought because the main focus of the study is on the possible contributions of the concept of the dialogical self to the therapist's reflections in addressing the complexity of the therapeutic encounter. In actual practice, however, the therapist's reflections cannot be separated from his or her living engagement in the therapeutic dialogue (Katz & Shotter, 2004a, 2004b). In contrast to the outsider perspective of the researcher reflected in the following, the therapist in real life is an active, responsive listener, continually open to the clients' voices while moving back and forth between positions of identification and of outsideness (Rober, in press). Second, it is important to remind readers that the microanalysis presented makes no claim of objectivity. Others may choose to analyze the case vignette in very different ways and arrive at completely different conclusions. This lack of objectivity does not mean that such a micro-analysis is scientifically worthless. In scientific reflection and research on psychotherapy, the search is not so much for new truths or new discoveries as it is for useful ways to understand and talk about what we have already seen and heard (Stiles, 1999). Rather than making truth claims about the interpretations made in this microanalysis, I wish to show that concepts of the dialogical self and the inner conversation of the therapist are valuable conceptual tools with the potential for enriching our thinking about the complexities of family therapeutic relationships in general, and about not-knowing in particular.

I want to start the discussion about the dialogical self in this vignette with the Bakhtinian question, Who is speaking? In other words, which voices can be heard in the different utterances? As Stiles and his colleagues pointed out, consistent features in the form and content of a voice's expression can help distinguish which voice is speaking (Osatuke et al., 2004). They refer to the voice's intentionality, its social function, the content of the voice's story, the voice's affect, and so on. But, these features notwithstanding, I prefer to consider the characterization of voices in conversations as a rather subjective undertaking. Thus, in outlining my dialogical perspective in this article, sharing my analysis of the different voices in the vignette, and explaining why I have distinguished them in this way, I make no truth claims. Instead, I invite other family therapists and researchers to study this case vignette from their perspectives to distinguish other voices, to make new interpretations, and to come to different conclusions. Multiplicity of perspectives can only enrich the continuing discussion about dialogue and related themes in the family therapy field (Andersen, 1995; Anderson, 1997; Guilfoyle, 2003; Rober, 2002, in press; Seikkula, 2002; Seikkula et al., 1995; Seikkula & Olson, 2003).

In the vignette, I discern three distinct voices in Mark's utterances.

1. *A sad voice* ("He was only seven when he died of cancer"). This voice addresses the therapist and expresses the grief for the son's death. It is a verbal voice but also expresses itself in a nonverbal way when Mark is silent and has tears in his eyes. Here, the author is positioned as someone who grieves the death of a loved one.
2. *A consoling voice* ("Don't cry, my dear"). This voice addresses Esther and seems to be a response to Esther's weeping. As he addresses Esther, there is a shift in Mark's position. His sad voice is replaced by this consoling voice. Literally, Mark implores his wife not to cry. Maybe the crying of his wife embarrasses him. The question can be raised, however, if it was really his intention to stop her tears. Maybe Mark's utterance is a typical example of the borrowing of words from the sociocultural reservoir of words and expressions, in the sense that Mark says what the cultural scenario prescribes him to say.
3. *The voice of Esther* ("That's why she sometimes wants to die. She wants to join our son"). This voice addresses the therapist again and in that sense, marks a new shift in the position of Mark. Here he speaks in Esther's voice. This could be Mark's interpretation not based on anything Esther has literally said, but it is likely an example of reported speech. It is not a quote but a paraphrase of what Esther may have told him sometime in the past. Mark offers the therapist his account of Esther's suicidal thoughts.

In the vignette, I discern four distinct voices of Esther. In chronological order, these are:

1. *A sad voice* (Esther is silent and has tears in her eyes). This voice is similar to Mark's first voice, except that this voice expresses itself exclusively in a nonverbal way. It positions Esther alongside her husband as someone who grieves the death of a loved one.
2. *Inquiring voice* ("You know what he said to me a few days before he died?"). This voice addresses the therapist with a rhetorical question. In a sense, the voice can be understood as asking permission to talk. It seems to serve the purpose of emotionally clearing the stage for the next voice: the son's voice.
3. *The son's voice* ("He said 'Mama, don't be afraid. I won't be alone in heaven. There will be an angel who is nice to me and who will take care of me until you arrive'"). Esther ex-

plicitly addresses the therapist and takes the voice and the position of the son who spoke to his mother shortly before he died. This position can be seen as inviting a complementary response from the addressee (the therapist and/or Mark). As Esther speaks in the son's voice, this is another example of reported speech. In this instance, however, instead of paraphrasing, Esther quotes the son directly and makes the son present in the session. In a sense, this might suggest that for Esther, her son's voice is very active in her inner conversation.

4. *A weeping voice* (Esther's crying). The appearance of this voice seems to be a response to the son's voice more than a response to Mark's or the therapist's utterances. For Esther, hearing the son's voice in the session may have evoked the painful emptiness of his absence. Of course, the dialogical context in which both Mark and the therapist are present in a receptive, empathic way may also have invited Esther's crying.

A remarkable moment in the session is when Esther starts to weep and Mark consoles her. There seems to be a shift in Mark when he addresses Esther and when his sad voice and the tears in his eyes disappear to make room for a consoling voice. Does this lack of tears mean that Mark isn't experiencing sadness anymore? Maybe, but it is clear from the beginning of the session that both Mark and Esther mourn their dead son; both had tears in their eyes when telling about him. Yet, in the second part of the session, while Esther's tears are rolling down her face, Mark is not crying. Rather, he moves closer to her, puts his arm around her, and consoles her. How can we understand this shift in Mark's position, from standing side by side with Esther addressing the therapist, to one where he is addressing Esther with a consoling voice? An answer to this question can be found in the dialogical view of emotion and the question of ownership of utterances. Bakhtin (1984) maintains that words are not owned by the speaker but are the property of the dialogue. The same could be said of emotional expressions. This connects Bakhtin's dialogical perspective with the social constructionist view of emotions. Kenneth Gergen (1999), for instance, stated that emotions are not private possessions of the individual mind but are the property of relationships. According to him, emotional expressions are *relational performances*: "emotional performances are constituents of culturally specific scenarios" (p. 136). From a social constructionist viewpoint, when a client expresses an emotion, this can be seen as an invitation to take part in the performance of a cultural scenario (Gergen, 1994, 1999). Esther's weeping thus can be considered an invitation to the addressees to take a complementary position and console her. From a social constructionist perspective, the whole interaction could be seen as a cultural scenario: Person A weeps, person B consoles. Weeping invites consolation. But it may also be a gendered cultural scenario; it is the woman who weeps and the man who consoles. Indeed, Esther cries, and in so doing, expresses her grief and sorrow. Whatever Mark may be experiencing, he does not express grief in the scenario that they are acting out but instead takes the position of the one who consoles and supports his wife. Some analysts might go as far as to say that Esther's sad voice may also be an expression of the grief that Mark is experiencing in silence.

Furthermore, it is remarkable that Mark speaks, in the presence of Esther, with her voice: "That's why she sometimes wants to die. She wants to join our son." This raises some fascinating questions. What invites Mark to speak instead of Esther? Esther's emotionality? Her vulnerability? Something else? Is he patronizing her, or could his speaking with Esther's voice be seen as a manifestation of gender power relations?

Mark appears here to feel the need to explain his wife's emotional reaction to the therapist. This raises the question, Is there something in the therapist's reactions that invited Mark to do so? It is as if he wants to explain to the therapist how he understands Esther's suicidal thoughts by framing them in a broader story of her love and care for her son and the pain of losing him. In that way, although the therapist is the primary addressee of Mark's utterance, perhaps this utterance is simultaneously expressing to Esther Mark's understanding of her emotional situation and his respect for her.

THE THERAPIST'S INNER CONVERSATION

In recent years, inspired by Bakhtin's concept of the dialogical self as a polyphony of inner voices, some family therapists have described the therapist's self as an inner dialogue (e.g., Andersen, 1995; Anderson, 1997; Anderson & Goolishian, 1988; Penn & Frankfurt, 1994; Rober, 1999, 2002). Anderson and Goolishian (1989) stated that the therapist maintains a dialogical conversation with himself or herself, which is the starting point of his or her questions. This dialogical conversation has been called the *therapist's inner conversation* (Rober, 2002). The therapist's inner conversation refers to what the therapist experiences, thinks, and feels, but what he or she doesn't share in the session—what is not (yet) said nor shown by the therapist. The therapist's inner conversation can be described as a polyphony of inner voices (Bakhtin, 1981, 1984; Volosinov, 1973). In differentiating inner voices, Rober (1999) makes a distinction between voices reflecting the therapist's experiencing self (or what Rober called *self*) and voices reflecting his or her professional self (what Rober called *role*). Using this distinction, we can conceptualize the therapist's inner conversation as comprising:

1. *The experiencing self*. These are the observations of the therapist and the memories, images, and fantasies that are activated by what the therapist observes. This is closely akin to what Bakhtin terms the *I-for-myself* (Morson & Emerson, 1990). As *I-for-myself* the therapist mainly senses himself or herself as acting in response to the context and to the invitations of the clients. In a sense, the experiencing self implies a not-knowing receptivity toward the stories of the clients and toward what is evoked by these stories in the therapist.
2. *The professional self*. This is the therapist's hypothesizing (Rober, 2002) and his or her preparing of responses. From an observer position toward the experiencing self, the therapist tries to make sense of his or her experiences by structuring his or her observations and trying to understand what is going on in the family and in the conversation. A Bakhtinian term for this would be the *I-for-others* (Morson & Emerson, 1990) because it is as if the therapist observes himself or herself from the outside, as if he or she is watching a play in a theater in which he or she has a part. The therapist authors a story with some coherence about the conversation and becomes the protagonist of his or her own story.

Viewed thusly, the therapist's inner conversation can be described as a dialogue between the experiencing self and the professional self. The therapist creates a reflective space. This may occur after the session, for instance, or during the session in which the therapist can take some mental distance (or *outsideness*, as Bakhtin would call it). In this space, the therapist reflects on his or her experiences, on his or her position in the conversation, and on what he or she will do next. Here, the therapist's responsibility is of central importance because this is where the therapeutic and ethical choices are made.

THE VIGNETTE AND THE THERAPIST'S INNER CONVERSATION

I will now present the same vignette of the case of Mark and Esther, but in addition to the conversation between Mark, Esther, and the therapist, I will consider the therapist's inner conversation. I have tried to reconstruct the therapist's inner conversations as faithfully as possible by using a tape-assisted recall procedure. Tape-assisted research procedures are inspired by the work of Kagan (1975) and have been very productive in psychotherapy process research (e.g., Elliott, 1986; Rennie, 1994) and in social psychological research (e.g., Ickes, 1997). The procedure used for this analysis follows two steps. First, the session with the family is recorded on videotape. Second, immediately after the session, the therapist watches the videotape again. As in the classical tape-assisted recall research procedures, the therapist is asked to stop the tape whenever he or she can remember things that he or she felt, thought, experienced at that moment in the session. The therapist makes notes of these reflections. These notes involving reconstructions of the therapist's inner conversation are then combined with the transcribed videotape to be used for further microanalysis of the session (see Table 1).

Of course, the thus reconstructed inner conversation is little more than an approximation of the therapist's actual inner conversation, which is too chaotic and complex for capturing in words. As Volosinov (1973) pointed out, inner speech is not as articulate as outer speech. In reconstructing the inner conversations, words are used to describe thoughts and reflections never clearly articulated in the actual inner conversation. As Vygotsky (1962) observed, things seem to be abbreviated and condensed in the inner conversation. Words are saturated with sense: "The senses of different words flow into one another—literally 'influence' one another—so that earlier ones are contained in, and modify, the later ones. . . . A single word is so saturated with sense that many words would be required to explain it in external speech" (Vygotsky, 1962, pp. 147–148). In the light of this complexity, it is clear that a complete reconstruction of the inner conversation is an impossible task. Still, following the procedure outlined above, it is possible to generate a limited but useful reconstruction of the therapist's inner conversation. By adding this reconstructed inner conversation to the analysis, the study of clinical cases is enriched in significant ways.

Mark's three distinct voices and his implicit positioning invite different responses in the therapist's inner conversation.

1. *Mark's sad voice.* Considering the therapist's (unspoken) response to this voice, we can say that this voice may be inviting a sense of sadness on the part of the therapist. It also connects the therapist with his own vulnerability and love for his son. This then prompts the therapist to notice that he has moved his concentration away from the clients. This leads to a correction of his position and reconcentration on the clients.
2. *Mark's consoling voice* ("Don't cry, my dear."). This voice, though addressed to Esther, also affected the therapist as it brought some respite to the therapist's inner conversation. In verbally and nonverbally comforting his wife, Mark eased the pressure felt by the therapist to comfort Esther himself.
3. *Mark's voice of Esther* ("That's why she sometimes wants to die. She wants to join our son"). This voice explicitly addresses the therapist, and the therapist is emotionally moved by the story it tells. He understands Esther's suicidal thoughts in a different way: as an expression of her love for her son.

TABLE 1
Vignette Transcript and Therapist's Inner Conversation

Outer Conversation	Therapist's Inner Conversation
Mark: "He was only seven when he died of cancer."	For a moment, I thought about my own little son, and I felt a relief that my son is healthy. At the same time, a sadness came over me.
Both Mark and Esther have tears in their eyes. They are silent for a moment.	I tried to concentrate again on Mark and Esther's story, and I noticed that Mark and Esther seemed to be fighting their tears.
Esther: "You know what he said to me a few days before he died?" Therapist: "No." Esther: "He said 'Mama, don't be afraid. I won't be alone in heaven. There will be an angel who is nice to me and who will take care of me until you arrive.'" Esther starts to cry. Mark moves his chair closer to her and puts his arms around her. He holds Esther close and comforts her.	I wondered what she was going to say, and I felt as if something dramatic was going to happen. I felt sad, and I felt inclined to comfort her. But then I thought it would be better to wait and see what Mark would do. I would not want to take over from him if it was not really necessary.
Mark: "Don't cry, my dear." Then he looks at therapist. Mark: "That's why she sometimes wants to die. She wants to join our son."	As I saw that Mark comforted Esther, I was more at ease. I was very touched by what he said about his wife sometimes wanting to kill herself. For her, suicide would be an act of love toward her son.

These are the reactions of the therapist's inner voices to Esther's voices.

1. *Esther's sad voice* (Esther is silent and has tears in her eyes). This voice invites a sense of sadness on the part of the therapist.
2. *Esther's inquiring voice* ("You know what he said to me a few days before he died?"). This voice invites the therapist's curiosity, added with a touch of dramatic anticipation. Also, the therapist verbally responds with the complementary and almost obligatory "No," which opens space for the son's voice.
3. *The son's voice* ("He said 'Mama, don't be afraid. I won't be alone in heaven. There will be an angel who is nice to me and who will take care of me until you arrive'"). This made the therapist feel even sadder than before and he experienced some kind of pressure to comfort Esther.
4. *Esther's weeping voice* (Esther's crying). The therapist felt sad, but the pressure to comfort Esther eased at the moment that Mark started to comfort her.

The foregoing suggests something of the psychological richness and variety of the inner conversation of the therapist. There are many kinds of responses to what happens in the session. The therapist mentions emotions (*a sadness came over me*), memories (*I thought about my son*), observations (*I noticed that Mark and Esther seemed to be fighting tears*), intentions (*then I thought it would be better to wait and see*

what Mark would do), and so on. The vignette also gives examples of the therapist's inner dialogue between what Rober (1999) called the therapist's *self* and his or her *role*. For instance, when the therapist mentions what he observes or feels, this has to do with the experiencing self of the therapist. When he reflects on his feelings and considerations of potential future actions (*I thought it would be better to wait*) or when he reflects about his own position in the session (*I tried to concentrate again*), this has to do with the therapist's professional role. In his role, the therapist is trying to make sense of his experience in the session and prepare an appropriate response, even if that response is to do nothing and to wait. For instance, Mark saying, "he was only seven when he died of cancer" touched the therapist emotionally because he was reminded of his own vulnerability (his love for his son). The therapist, however, forced himself to redirect his focus on the clients' story, away from his own feelings and thoughts. This is an example of the inner dialogue between the experiencing self and the professional self.

There is yet another example of the dialogue between the therapist's experiencing self and professional self. At a certain moment in the conversation, the therapist mentions in his inner conversation, "I felt sad, and I felt inclined to comfort her. But then I thought it would be better to wait and see what Mark would do." The therapist felt sadness and was inclined to say something comforting to Esther, but he didn't. This illustrates the relevance of the therapist's awareness of his own experiencing and of the inner talk as therapeutic tool. As he suspected that his intervention might suppress a consoling reaction from Mark, the therapist chose not to follow his inclination to comfort Esther. Instead, he preferred to privilege the couple's own resources. He wanted to make room for Mark's consoling voice and in that way contribute to an enriching therapeutic dialogue for all of them. This illustrates that, although there is no formal testing of hypotheses or building of elaborate theories in the therapist's inner conversation, it is not simply a chaotic mess of emotions, thoughts, and ideas. If it seems relevant to the therapist's pragmatic and localized concerns, the therapist's inner conversation involves some integration of information and some reflection on the therapist's behavior and position in the therapeutic relationship.

From Research to Therapeutic Practice

The microanalysis of the therapeutic conversation between Mark, Esther, and the therapist is part of a research project on a dialogical approach in family therapy. In daily clinical practice, however, it would not be possible for a therapist to microanalyze all therapeutic sessions in this way. It would be far too time consuming. Still, the microanalysis in this article has clinical relevance because it illustrates that the dialogical self can be an important conceptual tool for our talking about and understanding some of dialogical aspects of a family therapeutic encounter. For one thing, it might be a fresh addition to narrative and collaborative perspectives because it offers us an interesting lens to look at the shifting positions of the participants in the dialogue, the therapist included. What voices are speaking? Who is addressed? What voices are invited to respond, and how do they respond? In the context of this article on the therapist's self, however, it is important to focus on the way that the concept of the dialogical self helps us to appreciate the complexity of the therapist's position in the dialogue. The therapist is listening attentively to the clients' stories, and at the same time, in his inner conversation, he is reflecting on his own position in the session and

on ways to respond in an empathic and helpful way. The idea that in the inner conversation the therapist reflects on potential responses to the clients' utterances might suggest that all the therapist's actions are premeditated and inspired by a conscious decision. This is not the case. A lot of actions of the therapist are part of the flow of the conversation; utterances of the client invite certain responses of the therapist, and the therapist acts and reacts in the context of the conversation without much explicit reflection (Katz & Shotter, 2004a, 2004b).

Several authors have pointed to the value of implicit kinds of knowledge in our decision making as professionals (Atkinson & Claxton, 2000; Hogarth, 2001; Moon, 2004; Schön, 1983). Nonetheless, the therapist can also reflect explicitly on his or her contribution to the dialogue. He can create a mental space in his inner conversation in which he can reflect on what happens in the session, on the client's utterances and the invitations for a response that they imply. As Anderson (1997) suggested, the therapist's area of expertise is the therapeutic process. In his or her inner conversation, the therapist can consider questions like the following: What response is expected from me? What is the scenario I am being invited into? What is the role that I am expected to play? Does it enrich the conversation if I play that role? Is it helpful for the family if I accept the invitation and respond in the way that the client seems to expect? Or should I invite the client into another relational scenario? Inner reflections like these enrich the therapist's hypothesizing and understanding because they shed light on what is happening in the session and what the therapist's own role is in the dialogical performance taking place. Furthermore, these reflections may make room for actions of the therapist that don't follow the implied invitations of the client's utterances (for example, the therapist in the vignette who refrained from comforting Esther). Indeed, merely performing invited responses is usually not helpful or enriching. To make a difference, the therapist sometimes has to do or say something that is not invited by the client—something new and unexpected, or even surprising. Here, the idea of Tom Andersen (1995)—that the therapist should be “appropriately unusual” (p. 16) in the therapeutic session—comes to mind. As he put it, “If people are exposed to the usual they tend to stay the same. If they meet something un-usual, this un-usual might induce change. If the new they meet is very (too) unusual, they close up in order not to be inspired. Therefore, what we . . . should strive for is to provide something unusual but not too unusual in the conversation” (Andersen, 1991, pp. 19–20). If the therapist's words or actions are appropriately unusual, a difference can be made that enriches the conversation for the family members and for the therapist. Only when a good balance is attained between empathic support and surprising challenge can therapy generate new meaningful understandings and ways of action.

This same balance is also important when the therapist chooses to be transparent and go public with some of his or her inner voices (Anderson, 1997; Rober, 1999, 2004). Introducing inner voices in the session can be very enriching for the therapeutic dialogue because it can open room for new perspectives and stories that have not yet been told (Anderson, 1997). Such transparency by the therapist, however, should be handled with caution (Rober, 1999). For one thing, it is important that the therapist's out-loud voicing of inner reflections is not heard by the clients as an expert judgment, but instead as a tentative reflection of a caring person and aimed at respectfully opening new perspectives in the continuing dialogue (Rober, 1999, 2004). Rober (1999) provides some practical recommendations concerning the introduction of inner voices in the outer conversation. Most important, he proposed that the therapist's first

consideration in going public with inner voices should be whether such verbal action would help to open space for the not-yet-said. Additionally, he stressed the importance of finding a constructive way to introduce inner reflections in the dialogue (Rober, 1999, 2002). Returning to the vignette of Esther and Mark, the question can be posed regarding how the therapist could constructively introduce some of his inner reflections in the session. To give just one example, the therapist could comment empathically on Mark's concern for Esther. This would surely be a very authentic comment because the therapist himself has, only seconds ago, experienced the same concern. Such a comment would reflect the therapist's sad inner voice and his inclination to comfort Esther, and at the same time, it would be supportive of Mark's consoling voice.

CONCLUSION

In this article, in line with Anderson's thinking (1997; Anderson & Goolishian, 1988), I have proposed that the not-knowing position has two aspects: a receptive aspect and a reflective aspect. Indeed, not-knowing refers not only to the therapist's receptivity and respect, but it also implies that the therapist is aware of his or her experience and reflects about how his or her inner conversation might inform and enrich the therapeutic conversation. Although the importance of the receptive aspect of the not-knowing position is widely recognized and discussed in the writings of Harlene Anderson and other collaborative therapists, the reflective aspect is only briefly touched upon. In this article, by reviewing the concept of the dialogical self, mainly inspired by the work of Bakhtin and Volosinov, I have put the spotlight on this reflective aspect of not-knowing. If the therapist is described as a dialogical self, what the therapist experiences in the session is not pushed aside as unimportant, nor considered an obstacle to so-called real understanding. Instead, the therapist's experiences are valued as part of the dialogical relationship involving the family members. In the session with the family, some of the therapist's multiple inner voices are evoked and activated by what happens. Some of these voices are speaking out loud; others express themselves bodily or keep silent in the background, depending on the dialogical context. The therapist can actively use his or her inner voices as a resource in the therapeutic session when the voices representing the therapist's role and those representing his or her experiencing self are put in dialogue with each other (Elkaïm, 1997; Rober, 1999). In that way, the therapist's inner dialogue is a reflective space that bridges knowing and not-knowing. The therapist receptively and not-knowingly observes the family and himself or herself and listens to the voices of the family members and to his or her own inner voices. He or she tries to make sense of what happens in the session and considers also his or her role in the scenario that is acted out in the dialogue. The essential and unavoidable question for the practicing therapist, then, is, how to use his or her inner voices in a responsible way as a starting point for dialogue, mutual exploration, and joint understanding.

REFERENCES

- Andersen, T. (1991). *The reflecting team: Dialogues and dialogues about the dialogues*. New York: Norton.
- Andersen, T. (1995). Reflecting processes: Acts of forming and informing. In S. Friedman (Ed.), *The reflecting team in action* (pp. 11–37). New York: Guilford Press.

- Anderson, H. (1997). *Conversation, language and possibilities: A postmodern approach to therapy*. New York: Basic Books.
- Anderson, H., & Goolishian, H. (1988). Human systems as linguistic systems. *Family Process*, 27, 371–393.
- Anderson, H., & Goolishian, H. (1992). The client is the expert: A not-knowing approach to therapy. In S. McNamee & K.J. Gergen (Eds.), *Therapy as social construction* (pp. 25–39). London: Sage.
- Atkinson, T., & Claxton, G. (Eds.). (2000). *The intuitive practitioner: On the value of not always knowing what one is doing*. Maidenhead, England: Open University Press.
- Bakhtin, M. (1981). *The dialogic imagination*. Austin: University of Texas Press.
- Bakhtin, M. (1984). *Problems of Dostoevsky's poetics*. Minneapolis: University of Minneapolis Press.
- Bakhtin, M. (1986). *Speech genres & other late essays*. Austin: University of Texas Press.
- Bruner, J. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard University Press.
- Bruner, J. (1990). *Acts of meaning*. Cambridge, MA: Harvard University Press.
- Elkaim, M. (1997). *If you love me, don't love me*. Northvale, NJ: Jason Aronson.
- Elliott, R. (1986). Interpersonal Process Recall (IPR) as a psychotherapy process research method. In L.S. Greenberg & W.M. Pinsof (Eds.), *The psychotherapeutic process: A research handbook* (pp. 503–527). New York: Guilford Press.
- Emerson, C. (1997). *The first hundred years of Mikhail Bakhtin*. Princeton, NJ: Princeton University Press.
- Gale, J. (2000). Patterns of talk: A micro-landscape perspective. *The Qualitative Report*, 4(1/2). Retrieved November 4, 2004, from <http://www.nova.edu/ssss/QR/QR4-1/gale.html>
- Gergen, K. (1991). *The saturated self: Dilemmas of identity in contemporary life*. New York: Basic Books.
- Gergen, K. (1994). *Realities and relationships: Soundings in social construction*. Cambridge, MA: Harvard University Press.
- Gergen, K. (1999). *An invitation to social construction*. London: Sage.
- Guilfoyle, M. (2003). Dialogue and power: A critical analysis of power in dialogical therapy. *Family Process*, 42, 331–343.
- Hermans, H.J.M. (2004). The innovation of self-narratives: A dialogical approach. In L.E. Angus & J. MacLeod (Eds.), *The handbook of narrative and psychotherapy* (pp. 175–191). London: Sage.
- Hermans, H.J.M., & Hermans-Jansen, E. (1995). *Self-narratives: The construction of meaning in psychotherapy*. New York: Guilford Press.
- Hermans, H.J.M., Kempen, H.J.G., & Van Loon, R.J.P. (1992). The dialogical self: Beyond individualism and rationalism. *American Psychologist*, 47, 23–33.
- Hogarth, R.M. (2001). *Educating intuition*. Chicago: University of Chicago Press.
- Ickes, W. (1997). *Empathic accuracy*. New York: Guilford Press.
- James, W. (1890). *The principles of psychology* (Vol. 1). London: Macmillan.
- Kagan, N. (1975). *Interpersonal Process Recall: A method of influencing human interaction*. Houston, TX: Educational Psychology Department, University of Houston–University Park.
- Katz, A.M., & Shotter, J. (2004a). Acknowledging the Otherness of the Other: Poetic knowing in practice and the fallacy of misplaced systematicity. In T. Strong & D. Paré (Eds.), *Furthering talk: Advances in the discursive therapies* (pp. 33–51). New York: Kluwer Academic.
- Katz, A.M., & Shotter, J. (2004b). On the way to “presence”: Methods of a “social poetics.” In D. Paré & G. Larner (Eds.), *Collaborative practice in psychology and therapy* (pp. 69–82). New York: Haworth Press.
- Kaye, J. (1999). Toward a non-regulative praxis. In I. Parker (Ed.), *Deconstructing psychotherapy* (pp. 19–38). London: Sage.
- Larner, G. (1999). Derrida and the deconstruction of power. In I. Parker (Ed.), *Deconstructing psychotherapy* (pp. 39–53). London: Sage.

- Leiman, M. (2004). Dialogical sequence analysis. In H.J.M. Hermans & G. Dimaggio (Eds.), *The dialogical self in psychotherapy* (pp. 255–269). New York: Brunner & Routledge.
- Minuchin, S. (1998). Where is the family in narrative family therapy? *Journal of Marital and Family Therapy*, 24, 397–404.
- Minuchin, S. (1999). Retelling, reimagining, and re-searching: A continuing conversation. *Journal of Marital and Family Therapy*, 25, 9–14.
- Moon, J.A. (2004). *A handbook of reflective and experiential learning: Theory and practice*. London: RoutledgeFalmer.
- Morson, G.L., & Emerson, C. (1990). *Mikhail Bakhtin: Creation of a prosaics*. Stanford, CA: Stanford University Press.
- Osatuke, K., Glick, M.J., Gray, M.A., Reynolds, D.J., Jr., Humphreys, C.L., Salvi, L.M., & Stiles, W.B. (2004). Assimilation and narrative: Stories as meaning bridges. In L.E. Angus & J. McLeod (Eds.), *The handbook of narrative and psychotherapy: Practice, theory and research* (pp. 193–210). London: Sage.
- Paré, D.A. (2002). Discursive wisdom: Reflections on ethics and therapeutic knowledge. *International Journal of Critical Psychology*, 7, 30–52.
- Penn, P., & Frankfurt, M. (1994). Creating a participant text: Writing, multiple voices, narrative multiplicity. *Family Process*, 33, 217–231.
- Polkinghorne, D. (1988). *Narrative knowing and the human sciences*. Albany: State University of New York Press.
- Rennie, D.L. (1994). Storytelling psychotherapy: The client's subjective experience. *Psychotherapy*, 31, 234–243.
- Rober, P. (1999). The therapist's inner conversation: Some ideas about the self of the therapist, therapeutic impasse and the process of reflection. *Family Process*, 38, 209–228.
- Rober, P. (2002). Constructive hypothesizing, dialogic understanding and the therapist's inner conversation: Some ideas about knowing and not knowing in the family therapy session. *Journal of Marital and Family Therapy*, 28, 467–478.
- Rober, P. (2004). The client's nonverbal utterances, creative understanding and the therapist's inner conversation. In T. Strong & D. Paré (Eds.), *Furthering talk: Advances in the discursive therapies* (pp. 109–123). New York: Kluwer/Plenum Publishers.
- Rober, P. (in press). Family therapy as a dialogue of living persons. *Journal of Marital and Family Therapy*, 31.
- Rogers, C.R. (1966). The necessary and sufficient conditions of therapeutic change. In B. Ard (Ed.), *Counseling and psychotherapy: Classics on theories and issues* (pp. 126–141). Palo Alto, CA: Science and Behavior Books.
- Sarbin, T.R. (1986). *Narrative psychology: The storied nature of human conduct*. New York: Praeger.
- Satir, V. (1987). The therapist story. In M. Baldwin & V. Satir (Eds.), *The use of self in therapy* (pp. 17–25). Binghamton, NY: Haworth Press.
- Schafer, R. (1981). Narration in the psychoanalytic dialogue. In W.J.T. Mitchell (Ed.), *On narrative* (pp. 25–49). Chicago: University of Chicago Press.
- Seikkula, J. (2002). Open dialogues with good and poor outcomes for psychotic crises: Examples from families with violence. *Journal of Marital and Family Therapy*, 28, 263–274.
- Seikkula, J., Aaltonen, J., Alakare, B., Haarakangas, K., Keränen, J., & Sutela, M. (1995). Treating psychosis by means of open dialogue. In S. Friedman (Ed.), *The reflecting team in action: Collaborative practice in family therapy* (pp. 62–80). New York: Guilford Press.
- Seikkula, J., & Olson, M.E. (2003). The open dialogue approach to acute psychosis: Its poetics and micropolitics. *Family Process*, 42, 403–418.
- Schön, D. (1983). *The reflective practitioner: How professionals think in action*. New York: Basic Books.

- Shotter, J., & Billig, M. (1998). A Bakhtinian psychology: From out of the heads of individuals and into the dialogues between them. In M.M. Bell & M. Gardiner (Eds.), *Bakhtin and the human sciences* (pp. 13–29). London: Sage.
- Spence, D. (1984). *Narrative truth and historical truth: Meaning and interpretation in psychoanalysis*. New York: Norton.
- Stiles, W.B. (1999). Signs and voices in psychotherapy. *Psychotherapy Research*, 9, 1–21.
- Volosinov, V.N. (1973). *Marxism and the philosophy of language*. New York: Seminar Press.
- Vygotsky, L.S. (1962). *Thought and language*. Cambridge, MA: MIT Press.
- Wertsch, J.V. (1991). *Voices of the mind: A sociocultural approach to mediated action*. Cambridge, MA: Harvard University Press.

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