Dialogical analysis of storytelling in the family therapeutic encounter

Peter Rober

Over the last 20 years, the narrative turn in psychology, philosophy, and the social sciences has had an important influence on the family therapy field. An increasing number of family therapists nowadays use narrative metaphors to talk about therapy, and state that in therapy clients tell stories about their life and their families (White, 1991, 2007). Undoubtedly, the narrative perspective has enriched the field’s view of the family therapeutic encounter in profound ways, as it helped practitioners to better understand that people make sense of their experiences, and give meaning to their life, through stories. McAdams (1997), for instance, makes a link between human identity and narrative as he argues that people are the stories they tell. A person’s identity takes the form of an inner story, complete with settings, scenes, character, plot and themes, providing coherence and purpose to one’s life (McAdams & Janis, 2004). Narrative ideas like these have been important for our field as they inspired family therapists to use narrative metaphors like story and authoring to develop new and rich ways to deal with suffering in families (White, 1991, 2007). Furthermore the narrative turn made a lot of family therapists take a fundamental ethical position: Therapeutic conversation was to be a dialogue in which a therapeutic relationship of participation and collaboration was favored (e.g. Hoffman, 1991; Andersen, 1995; White, 1991), and in which the therapist’s task was described as listening to the stories the clients tell, and making room for the stories that have not been told before (Anderson & Goolishian, 1988).

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In recent years, a new perspective is emerging in the family therapy field. This perspective puts the spotlight, not on the stories themselves, but rather on storytelling as dialogue (e.g. Rober, Van Eesbeek & Elliott, 2006) and on narratives in action (Wortham, 2001). While stories may define who the narrator is, in the telling of the story the relationship between the narrator and his/her audience emerges. Storytelling is seen as a performance in context, implying that stories only exist through the presence of others who listen to the stories. Referring to some of Bakhtin’s ideas (Bakhtin, 1981, 1984, 1986) we can conceptualize storytelling as a dialogical phenomenon: Stories are told using cultural tools like words, expressions and speech genres, and the storyteller has the listener constantly in mind. In that way listeners are co-authors of the story, the story is an interactional accomplishment, and identity becomes a discursive construction.

For practicing family therapists deeper reflection on storytelling may be a useful addition to a narrative view, as storytelling in a family therapy session is particularly complex. Rather, stories are told in context. For instance, inspired by Bakhtin (1981) we can describe a family session as a forum where stories develop gradually and in unpredictable ways out of the contraction-ridden and tension-filled interaction of all the interlocutors present. Every utterance is implicitly or explicitly evaluated by the others, and their verbal and non verbal reactions invite new utterances in a complex dialectical dance of differences and similarities (Baxter, 2004). So the stories told in a family session did not exist beforehand, and storytelling is not the simple result of the storytellers preexisting intention to share his/her experiences.

In this article we want to present some conceptual tools that can offer family therapists an interesting perspective on storytelling in family sessions. In the first paragraph we will address the dialogical complexity of storytelling and discuss some important aspects of it. In the second paragraph we will give an overview of our main theoretical concepts that can be useful for a dialogical analysis of family sessions: voice, words/actions, positioning and sequentiality. Finally, we will concentrate on the way we dialogically analyze storytelling in family sessions and illustrate our way of working using a vignette of an actual family therapy session.
What is said and what is not said

From a monological perspective storytelling consists of the transmission of information: the storyteller is depicted as owning his/her story as an inner representation of a personal experience, and as willfully sharing it with others so that they also own the story. In contrast, from a dialogical perspective storytelling is filled with tension and unpredictability. For instance, in a dialogical view of storytelling there is always the tension between expression and non-expression, or between what is said, and what is (not yet) said (Baxter, 2004). Some things are uttered. Other things are kept silent for the moment, although they may be uttered later. Other things will never be uttered. This illustrates that in storytelling moment by moment a process of selection is involved. This process of selection can only be understood if one takes into account the dialogical context in which the stories are told.

While the dominant view in the psychotherapeutic field privileges speaking, it is important to point out that in therapy, as in other dialogues, not speaking can be very meaningful and important. Baxter & Wilmot (1985) studied taboo topics in close relationships and found four main reasons people avoid talking: anticipated harm to the relationship, individual vulnerability, making a bad impression, anticipated harm to others. Also others have studied the importance of closedness or discretion in dialogues (e.g. Mets, 1989; Rosenfeld, 1979). All these studies suggest that, rather than exclusively valuing what is said, the dialectic interplay between openness and closedness is of central importance in dialogues (Dindia, 1994; Baxter & Montgomery, 1996). As Baxter & Montgomery (1996) state: “the tension between revelation and concealment appears to be a commonly experienced dilemma in everyday relating.” (p.140-141) Also in therapy this dilemma is common. While of course clients reveal a lot about their lives in therapy, research suggests that clients also conceal things from therapists (e.g. Farber & Sohn, 2007). Furthermore, research suggests that what clients don’t disclose involves many different kinds of information hidden for many different reasons (Hill, Gelso & Mohr, 2000). This is also true in family therapy sessions, where family members on the one hand tell their stories, while on the other hand they may be reluctant to talk about certain
things. The reasons why some things are not said may be more complex in family therapy sessions than in individual sessions, due to the presence, not only of the therapist, but also of other family members. This may increase the speaker’s vulnerability and the risks of disclosure (Rober, 2002).

**Important concepts of dialogical analysis of storytelling**

In order to better understand storytelling in family therapy practice, it is interesting to consider some conceptual tools that can help family therapists to analyze and better grasp some of the complexity of a family therapeutic encounter. These tools should help practitioners to notice aspects of the dialogues that are there but remain largely unseen where it not for the help of the concept involved. In that way, new areas of the complexity of dialogues become accessible for discussion and reflection.

1. **Voices**

According to Bakhtin (1981, 1984), every utterance is connected with a voice: every utterance has an author whose position it expresses. However, a voice does not necessarily correspond to a person. For instance, the author may not be the person uttering the words. In their storytelling people can implicitly or explicitly call upon what others have said. In that way they speak in different voices, allowing them to take different positions towards these voices. Evoking other voices in a dialogue brings differentiation in the story: These voices allow the storyteller to make an analogy (like…) or a distinction (in contrast to…). Take for instance this utterance of a daughter about her mother: “My mother said ‘how beautiful these flowers are’, but I didn’t like them at all.” In this sentence, the daughter uses two voices to tell her story: her mother’s and her own. The voices the family members call upon in their storytelling may refer to real persons who are present, but they may also refer to absent persons or to fictional and abstract characters. So although the words of the story are pronounced by one speaker, storytelling involves different voices in dynamic interaction with each other. That’s why, in our dialogical analyses, we focus on voices, as well as on persons.
Considering different voices in storytelling also refers to the dynamic inner multiplicity of the dialogical self (Hermans, 2004; 2006). While it is straightforward that dialogues take place between external positions of two persons (e.g., father discusses with mother), they may also take place among internal positions of one person (e.g., an inner discussion between my position as a father and my position as a soccer fan). As Hermans (2006) writes: “The dialogical self functions as a ‘society of mind’ … with tensions, conflicts, and contradictions as intrinsic features of a (healthy functioning) self.” (p.150) All interlocutors in a family session are submitted to these inner dialogues. In these dialogues they reflect on what is happening in the session, commenting on the others’ as well as their own utterances. These reflections develop out of the tension between the inner voices or between inner voices and outer voices. These voices all represent different positions that stir up each other in a continuous dialectal interplay where each voice evokes a counter voice. In our work as therapist we attach particular importance to the therapist’s inner conversation (Rober, 2005; 2008), as only the inner conversation of the therapist is more or less accessible for the therapist. The therapist may choose to introduce some of his/her inner reflections in the outer conversation with the family at one point. Other reflections will remain silent, at least for the time being. Some of the therapist’s reflections will be introduced later in the session. Others will always remain unsaid.

The concept of “voice” also refers to the concept of “tone” or “intonation”. In the tone the singularity of the storytelling is expressed: the same story can never be told in the same way twice: Every story is unique and unrepeatable. Another aspect of the tone is that it implies an evaluative stance: “Whatever else an utterance may do – refer, perform, question, command- it always evaluates.” (Morson & Emerson, 1990, p.134)

2. Word and actions

Stories are not just expressed in words. Rather, stories are completed in words, because only through actual storytelling, experiences are shared and recognized as meaningful by others. The actions of the storyteller can be considered as the
enactment of the story; complementing the words and reflecting the story as it is lived. In that sense, nonverbal actions can also be considered as voices and play an important part in the process of storytelling.

Furthermore, while what is not said may remain unexpressed and incomplete, sometimes however it may be expressed in a non verbal way (Roer, 2002). Often aspects of the stories that are difficult to put into words are expressed in non-verbal ways, like facial expressions, bodily posture or symptoms. Seikkula (2002) for instance, talks about the prenarrative quality of psychotic symptoms: “Psychotic reactions should be seen as attempts to make sense of one’s experiences and to cope with experiences do difficult that it has not been possible to construct a rational spoken narrative about them.” (p.264). In daily conversation, especially when they are not accompanied by words making them intelligible, nonverbal expressions often are neglected as meaningless or random, and are not validated by a response of others, and as such they remain incomplete and are abandoned.

3. **Positioning**

Every story told in the session involves a position taken, because in every story there is an implicit or explicit evaluation of what happened before. This positioning again invites a new evaluative response from others in the form of another story told and another position taken.

Voices and positions are closely linked, but they are fundamentally different concepts. While the concept of “voice” refers to the question “who is speaking?”, the concept of “positioning” refers to the question “from where is one speaking?” (Hermans, 2004; 2006; Markovà, Linell, Grossen & Orvig, 2007). Positioning implies a spatial metaphor linking a voice with a point of view from which one observes reality. Each point of view gives one a perspective, but at the same time it has inherent limitations: from each point of view some things can be seen, while others remain out of focus, in the shadows or out of sight. Dialogue (inner or outer) consists of the meeting of different points of view, in which each voice expresses
something from its perspective, activating another voice speaking from another point of view in a continuous game of agreement/disagreement (content), or identification/differentiation (position). This game of agreement can often be observed in the first words in a speaker’s turn. These are often words like “yes”, “no”, “of course”, “exactly”, “indeed”, or combinations of these words with other words like “but” or “however”: “yes, but…”, “no, but…”, “indeed, however…”.

Since we make a distinction between story (content) and storytelling (process), we can also distinguish between representational positioning and interactional positioning (Wortham, 2001). Representational positioning refers to the positions of the protagonists in the story (content), while interactional positioning refers to the positioning of the speaker, the addressee and the audience in the storytelling situation (process). In family therapy, more than in individual therapies, interactional positioning –how the family members position themselves in the here-and-now of the session- needs careful consideration. As family members contrast their perspectives to the positions that they attribute to the other interlocutors, conflict and disagreement are interesting phenomena to observe in family session. They refer to the continuous dance of changing positions in the session, giving the therapist some sense of what is at stake for the family members. However, the therapist is also part of the dialogue. This means that he/she is also invited to take positions in the family’s performance. The task for the family therapist is to remain sensitive for the family’s invitations and to guard his/her mental space to reflect on this positioning: do these invitations open space for stories untold? Do they add to the security in the session? Do they leave enough space for other family members to move flexibly in the family performance? And so on (Rober, 2005).

4. Sequentiality

In the analysis of the storytelling in family sessions, the concept of sequentiality is of crucial importance. Sequentiality means that dialogical actions are always part of a sequence (Linell, 1998). They are a response to the voices that came before. Each story told is the result of a step-by-step and collective construction, and each
utterance is part of the context of the next utterances. In family therapy sessions, stories develop as they are molded by the interactions between the family members, who are responsive to each utterance, evaluating them and adding their own voices (inner or outer), inviting more reflection and new stories. In this manner, stories evoke other stories, some of which will be told and other will -for the time being- remain untold. Sequentiality pictures stories as links in an endless chain (see figure). In the telling of the story the speaker takes a position with respect to stories that have been told before, but also anticipates stories that will be told in the future. And every story told will invite other stories to be told.

Before we address in more detail the way we analyze storytelling in family therapy, a final word on our theoretical frame: the crucial role of anticipated stories in our view on storytelling highlights that storytelling is a dialogical phenomenon in which otherness is central. The story told is developed by the storyteller with the audience, the other, in mind. Storytelling implies a relationship of sameness and difference: It is only possible when the storyteller and the audience occupy more or less the same space and time, but still are positioned differently. If there was no difference there would be fusion, of which Bakhtin (quoted in Todorov, 1984, p.108) says: “What do I gain by having the other to fuse with me? He [sic] will know and see but what I know and see, he will but repeat within himself the tragic dimension of my life. Let him rather stay on the outside vantage
point, and he can thus enrich essentially the event of my life.” For storytelling to be truly enriching, the perspective of the storyteller and the perspective of the audience have to meet, while at the same time maintaining the uniqueness of their positions in the world (Bakhtin, 1986).

The bonus of differences, and the combination of two or more perspectives is also highlighted in Bateson’s concept of double description (Bateson, 1979). Bateson illustrates this concept by referring to binocular vision. Humans (and some animals) have two eyes that are positioned slightly differently, but are aimed at the same focus point. This should not be considered as a waste of organs, as it generates something new that one eye never could accomplish: depth vision (Bateson, 1979). Bateson adds, “relationship is always a product of double description” (Bateson, 1979, p. 146): He proposes to think of two persons in dialogue as two eyes, each giving a personal, monocular view of what goes on, and dialogically generating the bonus of a binocular view in depth.

**Dialogical analysis of storytelling in family therapy sessions**

Now we will outline in more detail how we use our central concepts (voice, words/action, positioning and sequentiality) to analyse family therapy sessions.

*Focus on a brief sequence of the session*

For a dialogical analysis of storytelling in a particular family therapy session, we focus on a brief sequence of the session. The choice of the sequence is somewhat arbitrary. Usually we chose a sequence that is particularly meaningful for the therapist: for instance because it depicts the moment the therapist is moved by what happens, or because it is a sequence in which the therapist is surprised by what happens, or when the therapist is intrigued by something, and so on.

*The transcript*

We use a detailed transcript of the sequence. As we opt for maximal transparency for readers that are not familiar with conversation analysis (CA) (e.g. Ten Have, 1999), our
transcripts are not as detailed as is traditional in CA. However, with our transcripts we aim to represent as faithfully as possible what happened in the session.

For some years now we have been using transcripts in two columns. The first column is the literal transcript of the conversation between the family members and the therapist. The second column is a depiction of the therapist’s inner conversation, and refers to the thoughts, ideas and experiences of the therapist during the session.

Tape assisted recall

The therapist’s inner conversations in the transcripts are reconstructed using a tape-assisted recall procedure (Kagan, 1975; Elliott, 1986). Tape assisted recall procedures are commonly used in process research (e.g. Elliott, 1986; Gale, Odell & Nagireddy, 1995; Rennie, 1994; Rober, Van Eesbeek & Elliott, 2006) as a way to access the client’s or therapist’s experience of the therapeutic session. The procedure used for the transcript presented in this article followed two steps. First, the session with the family was recorded on videotape. Secondly, immediately after the session, the therapist watched the videotape. As in the classical tape assisted recall research procedures the therapist stopped the tape whenever he/she could remember things he/she felt, thought, or experienced at that moment in the session. The therapist made notes of these reflections. These notes were then combined with the transcribed videotape, resulting in a transcript in two columns: one column with a transcription of the outer conversation between the therapist and the family, and one column with the therapist’s inner conversation.

Tape assisted recall procedures offer an additional perspective on the session, in the sense that it expands the said into the no-yet-said (Gale, Odell & Nagireddy, 1995). It gives us access to things that are not said in the session, but that help us to better understand what is said. In particular it helps to better appreciate the therapist’s positioning in the session.

The analysis

In our dialogical analysis, we try to understand the way stories are told in the session by observing carefully and systematically what happens in the therapy room. We focus on
micro-actions of the participants, considering actions and utterances sequentially. We look at all utterances, verbal or non-verbal, turn by turn, consider them as a reaction to the previous turn, and as the context for the next one. In our analysis we use the conceptual tools we discussed: voice, word/action, positioning: voices, words/actions, positioning and sequentiality.

1. Voices
We start our analysis with questions referring to the multivocality of the self. Rather than focusing on persons, we focus on voices. We ask questions like: Whose voices are speaking?, How are these voices differentiated?, Who is addressed?, and so on. It may be important to repeat that voices in our perspective cannot be reduced to the use of words, or sounds. In Bakhtin’s perspective, the concept of voice is much broader than that: “For Bakhtin the notion of voice (…) 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.” (Wertsch, 1991, p. 51).

2. Words/actions
We also look at what is said, and what is not said, using as a rule of thumb the idea that what is not said may remain unexpressed or it may be enacted in nonverbal ways.

In the analysis of storytelling, an interesting question is “Is there congruence between what is said and what is shown, between the story told and the story lived?” If there is congruence, both words and actions can be considered as expressions of the same voice. If not, then what is shown can be considered as representing a counter-position to what is told, indicating the existence of two distinct voices.

It may also be interesting to consider nonverbal expressions as experiences that are enacted because as yet they cannot be expressed in words. This impossibility of expressing something in words may refer to the individuals impotence of capturing his/her experiences in words (e.g. in cases of traumatic experiences), but it may also refer to the unsafe dialogical context, in which the individual avoids talking because
speaking openly can be dangerous for oneself or someone else (Baxter & Wilmot, 1985; Rober, Van Eesbeek & Elliott, 2006).

3. Positioning
Since we are mainly interested in understanding storytelling in the family session, our analyses are focused on interactional positioning, rather than representational position. We ask questions like: Where does the speaking voice position itself vis-à-vis the other voices? This is a retrospective question looking back at the voices that have spoken already, as well as at the stories that are anticipated by the storyteller. An important second question turns the attention to the voices that have not yet spoken: What kind of a reply does this voice invite? Of special concern in the context of the analysis of a family therapy session is the voice’s invitation towards the therapist’s positioning. How is the therapist positioned by the client’s voices? How is he/she moved? What is he/she invited to do in response to the voices? What is evoked in his/her inner conversation by the voices? And so on.

4. Sequentiality
Sequentiality means that every story links the stories that have been told before with the stories that will be told, as anticipated by the storyteller. In considering the sequentiality of the brief transcript of the session all central aspects of the analysis are brought together in a more integrated view, in which the different voices are put into context of the voices that came before and to which the voice is a response, on the one hand, and the invitations the voice entails, on the other hand.

**Case of Bob and his mother**
Now we will demonstrate how we analyze the transcript of a brief sequence of a family therapy session, using the conceptual tools discussed: voice, positioning, words/actions and sequentiality.
The transcript is from a session of Bob (12 years old) and his mother with a young female family therapist called Inge. Mother (35 years old) was divorced two years earlier, after a disastrous marriage with a man who was addicted to drugs. There was a lot of violence during the last years of the marriage, and Bob had been witness to that several times. After the divorce mother had been depressed for some time. Then she met her new partner Rick. In the first month of this relationship there were a lot of conflicts and brief break-ups, but lately the relationship seemed to stabilize.

Bob had always been a marvelous kid in school as well as at home. He had been very helpful and supporting of mother during her difficult divorce. But then mother started this new relationship. Bob began to have behavioral problems at school, and acted rebellious at home. The school referred the family for family therapy to Inge.

Inge was in supervision with me (PR). She came once a month and each time presented a case to discuss and reflect on. As I often do with supervisees, I had asked Inge to make transcripts of the sessions she wanted to discuss using a TAR procedure. I asked her to focus on moments in which she was moved or surprised in the session. The transcript we will analyze below is one of the transcripts she brought to the supervision. For the transcript, see attachment 1.

The sequence Inge chose is at about 35 minutes in the 3rd session with the family. Inge selected this sequence because she was surprised about the story Bob told them about his missing his mother since she had a new partner Rick. Up until that moment Bob had talked several times about his mother and her new partner, but his story had always been that he objected to mother’s relationship with Rick because he was worried that his mother was not happy with Rick, and that they had a lot of fights. In the sequence Inge selected Bob for the first time told a new story: that he felt neglected and he missed his mother when she went out with Rick, because through the years he had gotten used to

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3 Not his real name.
4 Not her real name.
having his mother around. This new story was surprising to Inge, as it re-directed attention to Bob’s needs and well being, instead of to mother’s.

**Analysis of the sequence**

The analysis of the sequence of Inge’s session with Bob and his mother can be divided in three steps:

1. *The different utterances*

   For the analysis of the sequence I first focused on the utterances involved in the sequence. For each of the interlocutors a list is made of the different utterances during the sequence, complete with a note of who is addressed by the utterance, and what may be the implied interactional positioning.

   Making such a list of utterances for each interlocutor is difficult, and it is not possible to make a definitive list that really captures the complete complexity of dialogical utterances. Furthermore, such a list decontextualizes the utterances. The utterances are pulled out of the dialogical context in which they emerged and in which they make sense. On the other hand, the list offers the analyst some distance and provides the analyst with a perspective that makes it possible to notice things that went unnoticed before. For instance, in our analysis of the case of Bob and his mother we were surprised to notice that there are only two utterances of the therapist in this vignette. So it seems that almost the whole dialogue revolves around mother’s and Bob’s interactions. Still, because we have access to a record of the therapist’s inner conversation (see attachment 1), we can observe how the therapist is very involved in the dialogue in an unspoken way. For instance, she reflects on what is said in the dialogue (e.g. Bob’s tone). Furthermore, it is interesting to notice the dynamic way in which therapist changes positions in her inner conversation, which becomes evident if you look at the addressees of her inner reflections: sometimes she addresses herself, sometimes she addresses Bob and sometimes she addresses mother.
2. The sequentiality of the dialogue

While the listing of the different utterances decontextualizes the voices, in the next step of our analysis, focusing on the sequentiality of the dialogue, the utterances are put in context again. In order to study the utterances in context, a diagram of the sequentiality of the different utterances is made (see attachment 2). This diagram again shows that most utterances are offered by Bob and his mother, which suggests an external position of the therapist in the conversation. On the other hand, implicitly the therapist seems to be positioned close to Bob. This is suggested by some of the utterances in the therapist’s inner conversation, but also by the way in which the therapist becomes more active when Bob becomes emotional (tears in Bob’s eyes).

Furthermore, observing the sequentiality of the dialogue suggests a change in Bob’s position towards his mother. At the start of the sequence Bob seems to be (in the therapist’s words) “worried”. It could be said that he has the position of (in mother’s words) a “daddy” towards his mother (see M3). By positioning Bob representationally as a “daddy” it seems that mother tries to free Bob from this position. As if she wants to say to him: “Please, don’t be a daddy to me, I’m a grown up, don’t worry I’m fine…” In a sense this could be heard as “don’t be a daddy to me, I had a difficult time during the divorce, but now I’m fine” (see M3 and M4). It seems that this gives space to Bob to take a new position (see B5), in which he lets go of his feeling of responsibility towards his mother, and makes room for his own story (“Everybody is so understanding towards you…”), his own needs (“…but nobody knows what I am feeling”) and his own emotions (tears in his eyes). The novelty of this positioning is highlighted by the therapist’s surprise (see her inner conversation). It seems to signal change in the therapist’s hypothesizing: where initially she understood Bob as being a concerned child worrying about his mother’s well being in her new relationship, the therapist now understand that in addition to his worrying Bob also feels left out by his mother. This adds to the complexity of the therapist’s story about Bob:
he is no longer just a parentified kid worrying about his mother, but he also is a lonely 12 year old feeling left out and needing his mother.

Close observation of Bob’s utterances suggests that Bob has a lot of hesitation to tell this part of the story. For one thing, his talk is a whisper. As if he’s not sure that he wants everyone to hear. Furthermore, Bob does not use his own voice, but rather he uses the voices of “everybody” and “nobody”. For instance: he doesn’t say “I feel left out”, but rather “nobody says to me ‘you are feeling left out’”. These signs of hesitations suggest that it is not easy for Bob to reveal himself in this position of loneliness and needing others.

**Discussion**

Our analysis suggests that in this brief sequence room was created for a new story about Bob, and for a new positioning of Bob towards his mother: moving from a daddy-position to a needy child position. This evolution seems to correspond to two major voices in Bob: the concerned-father voice (B1, B2, B4), and the child-feeling-left-out voice (B5, B6).

The question can be posed: What made it possible for Bob to tell this new story and disclose these sensitive experiences with his mother and his therapist? We don’t know exactly, but it seems that mother’s reassuring (M4: “Things are much better now…”) and her taking a firm position (M2: “I’m a grown up”) may have contributed to the creation of the space to tell Bob’s new story. It is as if mother’s utterances invited Bob to talk with a new voice, and to talk about aspects of him that had remained unsaid for a long time. Furthermore, the therapist’s reserved position (being active in her inner conversation, but holding back her reflections) may have played an important role. Inge said that it had not been her conscious intention to do so, but it seems that her reservation contributed to making room for the interactions between mother and Bob. Indeed, clinical experience has taught us that listening carefully and saying nothing often is the best therapeutic intervention, as it leaves space for the healthy resources of the family to
be evoked. This brief sequence may be an example of this. Especially the silence just before B5 (see attachment 2) may have played an important role in Bob’s repositioning, as it may have cleared the dialogical stage for something new.

In this context it is interesting to focus attention for a moment on Bob’s utterance “Yes, but…” (see B3). By saying “yes”, he acknowledges the therapist’s view (see T1) that he is worried about his mother and wants to take care of her. What the “but” refers to, we can only guess, as his utterance was interrupted by his mother. Did he want to say something here about his own needs? Did he want to reveal something here about his feeling left out as he did later (B5)? We don’t know, but it could be that Bob’s “Yes, but…” illustrates that the dialogical stage was not cleared yet for this new story of Bob’s.

Of course, a lot of interesting questions remain unanswered. For one thing, we would be interested to share this analysis with Bob and his mother and ask them for their thoughts. Since this was Inge’s case and I was only the supervisor, however, I was not in a position to talk with Bob and mother about my dialogical analysis of the sequence. Inge herself, however, found the analysis useful. Before the supervision she had been quite unsure of herself as a therapist being surprised by what had happened in the session, and somewhat overwhelmed by Bob’s emotions. Our talk and the dialogical analysis that resulted from it gave her a perspective on the sequence that helped her to re-orient and go on with the therapy by encouraging Bob in expressing his own perspective as a 12 year old, and supporting mother in taking the caring mother position.

**Conclusion**

An analysis of any therapeutic session is in fact never completed, but researchers at a certain point have to stop researching and arrive at conclusions. Such conclusions, of course, are tentative since no analysis of a therapeutic session is free from questions about perspectives taken, or about the interpretations made.

This article was meant in the first place as an illustration of the dialogical way in which we micro-analyse a family therapy session, using conceptual tools like voice, positioning
and sequentiality. Our mission was to find ways to better understand storytelling in therapy, and grasp some of the dialogical complexity of a family therapeutic encounter. Of course, in a sense our mission was bound to fail: as dialogues are essentially fluid, creative, open and unfinalizable (Bakhtin, 1981, 1984, 1986), any attempt to analyze them will inevitably result in the impoverishment and simplification of the dialogues under study. Still we think it was worthwhile to pursue this mission, because we believe that our approach can help family therapists to come a step closer to appreciating something of the complex dynamics of a family session. As we hope we have demonstrated our approach helps us to notice things in the transcripts that would remain unnoticed if we would not use the lenses our conceptual tools offer us.
References


### Attachment 1: The transcript of Inge’s session with Bob and his mother

<table>
<thead>
<tr>
<th>Outer conversation</th>
<th>Therapist’s inner conversation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mother1</strong>: We (she refers to herself and her new partner Rick) have been going out a lot lately (laughs), having fun…</td>
<td>1 Bob’s tone strikes me as strong and firm. He speaks as an adult addressing his teenage daughter</td>
</tr>
<tr>
<td><strong>Bob 1</strong>: Yes, you are having fun, but I don’t know if he is a good partner for you 1.</td>
<td>2 I know that, we talked about that already.</td>
</tr>
<tr>
<td><strong>Mother2</strong>: He is my choice… I’m a grown-up, I do what I want …</td>
<td>3 Mother makes a joke… she does not give room to talk about Bob’s concern for his mother …</td>
</tr>
<tr>
<td><strong>Bob 2 (sighs)</strong>: Of course, you do what you want …</td>
<td>4 This does not reassure him after all that has happened in your marriage…</td>
</tr>
<tr>
<td><strong>T 1</strong>: Bob, it sounds as if you are worried… as if you want to take care of your mother? 2</td>
<td></td>
</tr>
<tr>
<td><strong>Bob 3</strong>: Yes, but…</td>
<td>5 Yes, tell her how you were activated by her…</td>
</tr>
<tr>
<td><strong>Mother3 (ironically)</strong>: Oh, thanks for taking care of me, Daddy… (Bob and mother laugh…) 3 (mother addresses therapist) Well, he’s stubborn. It seems that he doesn’t want to understand. I have tried to reassure him that we’re doing ok. I often told him I’m happy with Rick. 4</td>
<td></td>
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<tr>
<td><strong>Bob 4</strong>: Well, from the beginning you have been telling me that things are not going ok between you and Rick…5</td>
<td></td>
</tr>
<tr>
<td><strong>Mother 4</strong>: Yes, that’s true but I also told you that things are going much better now… (silence)</td>
<td></td>
</tr>
</tbody>
</table>
| **Bob 5**: (addresses mother): Yes, things are better now, and everybody is so understanding towards you. They all say “you have had such a difficult time, with the divorce and all” “we’re happy for
time, with the divorce and all”, “we’re happy for you that things are better now…”, but nobody knows what I am feeling. *(silence – tears in Bob’s eyes)*

| 6 | *T 2*(concerned voice): Bob, what do you mean? |

| 6 | *Bob 6* (whispers): Nobody says “we understand you miss your momma.” … Nobody says: “You are used to having your momma around all the time, and now she has a new boyfriend, and now she goes out without you, and you feel left out…” |

| 7 | Bob surprises me. This is new to me… Adds to my earlier interpretation that he is worried about his mother. |

6 Surprise… What does he mean? His tears…?!
Attachment 2: Sequentiality - The different voices (including the therapist’s inner voices) in sequence

**Table:**

<table>
<thead>
<tr>
<th></th>
<th>Mother</th>
<th>Bob</th>
<th>Therapist</th>
<th>Therapist’s inner conversation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>We have been going out a lot lately, having fun…</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>Yes, you are having fun, but I don’t know if he is a good partner for you</td>
<td></td>
<td>Bob’s tone strikes me as strong and firm. He speaks as an adult addressing his teenage daughter</td>
<td></td>
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<tr>
<td>3</td>
<td>He is my choice… I’m a grown-up, I do what I want …</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>(sighs) Of course, you do what you want …</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Bob, it sounds as if you are worried… as if you want to take care of your mother?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Yes, but…</td>
<td></td>
<td>I know that, we talked about that already.</td>
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<tr>
<td><strong>(ironically):</strong> Oh, thanks for taking care of me, Daddy…</td>
<td></td>
<td>Mother makes a joke… she does not give room to talk about Bob’s concern for his mother…</td>
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<tr>
<td>8</td>
<td><strong>Laughs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>(mother addresses therapist) Well, he’s stubborn. It seems that he doesn’t want to understand. I have tried to reassure him that we’re doing ok. I often told him I’m happy with Rick.</td>
<td></td>
<td>This does not reassure him after all that has happened in your marriage…</td>
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</tr>
<tr>
<td>10</td>
<td></td>
<td>Well, from the beginning you have been telling me that things are <em>not</em> going ok between you and Rick…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Yes, that’s true but I also told you that things are going much better now…</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>(silence)</td>
<td>(silence)</td>
<td>(silence)</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>(addresses mother) Yes, things are better now, and everybody is so understanding towards you. They</td>
<td></td>
<td>Surprise… What does he mean? His tears…?!</td>
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</tbody>
</table>
all say “you have had such a difficult time, with the divorce and all”, “we’re happy for you that things are better now…”, but nobody knows what I am feeling.

(silence) (silence) (silence)

(tears in Bob’s eyes)

(concerned voice) Bob, what do you mean?

(whispers): Nobody says “we understand you miss your momma.” … Nobody says: “You are used to having your momma around all the time, and now she has a new boyfriend, and now she goes out without you, and you feel left out…”

Bob surprises me. This is new to me… Adds to my earlier interpretation that he is worried about his mother.