

ISSN 2241-2638 (print)

ISSN 2441-2778 (on-line)

ΣΕΙΡΑ ΚΕΙΜΕΝΩΝ ΕΡΓΑΣΙΑΣ

Μία εύθραυστη οπτική του
κόσμου: Ενισχύοντας τον
εσωτερικό διάλογο και
συμμαχώντας με συμπονετικές
φωνές.

Μαρία Βίου

Τεύχος 2015.4 Αθήνα

ISSN 2241-2638 (print)

ISSN 2441-2778 (on-line)

WORKING PAPERS SERIES

A fragile view of the world:
Enhancing inner dialogue, siding
with caring and trusting voices.

Maria Viou

Issue 2015.4 Athens



ΤΙΤΛΟΣ ΕΠΙΣΤΗΜΟΝΙΚΗΣ ΣΕΙΡΑΣ: Σειρά Κειμένων Εργασίας του 'Λόγω Ψυχής'

ΕΚΔΟΤΗΣ: Λόγω Ψυχής ΕΠΕ- Ινστιτούτο Εκπαίδευσης και Έρευνας στη Συστημική Ψυχοθεραπεία

ΤΟΠΟΣ ΕΚΔΟΣΗΣ: Αθήνα

ΗΜΕΡΟΜΗΝΙΑ ΠΡΩΤΗΣ ΕΚΔΟΣΗΣ: Ιούλιος 2011

TITLE OF SERIES: Working Paper Series of Logo Psychis

EDITOR: Logo Psychis LTD- Training and Research Institute for Systemic Psychotherapy

PLACE OF PUBLICATION: Athens

DATE OF FIRST PUBLICATION: July 2011

ΣΥΝΤΑΚΤΙΚΗ ΕΠΙΤΡΟΠΗ:

Αθηνά Ανδρουτσοπούλου, PhD

Γιώργος Καλαρρύτης, MMedSci

Τσαμπίκα Μπαφίτη, MSc, PhD

EDITORIAL BOARD:

Athena Androutsopoulou, PhD

George Kalarritis, MMedSci

Tsabika Bafiti, MSc, PhD

Μαρία Βίου, Σύμβουλος, MSc, Ειδικεύομενη Ψυχοθεραπεύτρια, Ινστιτούτο
Εκπαίδευσης και Έρευνας στη Συστημική Ψυχοθεραπεία, www.logopsychis.gr

Περιεχόμενα

Abstract	6
Case Context and Method	7
The client	7
Ethical issues.....	8
Assessment of the client’s problems, goals, strengths and history	11
Client’s current problems	11
History.....	11
Difficulties.....	12
Strengths.....	12
Formulation and treatment plan	13
Course of therapy	13
Concluding evaluation of the process and outcome of therapy	21
References.....	22
Appendix A.....	24
Appendix B	25
Περίληψη	26

Abstract

This case study presents the treatment of a young woman named Fedra. What brought her to therapy was the difficulty to manage her anger and the problems she encounters in romantic relationships. In assessing and treating Fedra, the enriched systemic perspective SANE- System Attachment Narrative Encephalon, in which I have been trained, was the main theoretical framework I drew from. Here, the case will be presented from one of the perspective's dimensions, that of narrative psychology and its link to the dialogical self theory. During treatment, Fedra's dominant inner voices as well as other silenced voices were identified using the narrative method of identifying inner voices (Androutsopoulou, 2015). These voices sustained restricting life themes such as the devaluation of emotions and the view of the world and relationships as fragile. Therapy focused on the enhancement of the alternative, silenced voices and emphasis was given to exceptions, where silenced voices were heard. Dialogue between all different voices on a basis of a broad and flexible repertoire seemed to be an important part of therapy.

Key words: dialogical self, identifying inner voices, life themes, therapy

Case Context and Method

The large theoretical framework I drew from is the enriched systemic perspective SANE- System Attachment Narrative Encephalon, in which I have been trained (Androutsopoulou, Bafiti, Kalarritis, 2014). This perspective brings together different types of sessions (individual, family or groups), short and long-term contracts. Most importantly, it offers an understanding of therapy process as following certain *stages*, stated in parallel from all four dimensions: systemic, attachment, narrative/dialogic, brain. It also states some *guiding questions* for clinical practice, phrased from all four perspectives, which explicate the goals set in each stage.

Here, my case will be presented from one of the perspective's dimensions, the narrative/dialogic (Androutsopoulou, 2015a; Androutsopoulou, Bafiti, Kalarritis, 2014). The stages described from this dimension are: (i) recognizing restricting themes and dominant inner voices; (ii) challenging restricting themes and dominant inner voices; (iii) revising restricting themes - strengthening silenced or weak inner voices; (iv) discovering more liberating themes - maintaining a revising/ reflexive stance or 'authorial' voice, where the therapist helps establish a self-observing position or meta-position that facilitates the creation of dialogical space and coherence.

Therapy involved individual sessions in private practice for ten months and group sessions following that period.

The client

"Fedra" is a beautiful smiling 38-years old Greek woman, who is single and works as a director at a multinational pharmaceutical company. What brought her to therapy was her anger management difficulty, the crying spells, and the problems she encounters in romantic relationships. A common friend had given her positive recommendations. In the first session, she was friendly. She used distractible and

pressured speech, many negative labels to describe herself and presented her parental family in an idealized way.

Ethical issues

The client was asked to give her consent for the publication of a paper based on her story and some parts of her texts and dreams. It was agreed that some parts of her history that could possibly identify her would be omitted. In order to give her final consent, she agreed to read a first draft of the paper.

Guiding conception with research and clinical experience support

It was mentioned that the narrative/dialogical dimension of the enriched systemic therapy perspective is the one I will be drawing from in presenting this case. According to Androutsopoulou (2015b), there are strong links between narrative and dialogical views of the self. The different parts of the self are expressed in the self-narratives and also have the potential of entertaining dialogical relationships with each other. Self-narratives are conveyed through a stance in both space and time. The context in which a story is told and the tension created between the listener and the teller might enhance different versions of the story, depending on the interests of the self and the audience (internal or external) (Hermans & Dimaggio, 2004). According to Hermans (2010), this has effects on psychotherapy as the client might voice stories from diverse or opposite I-positions. From a narrative psychology perspective, the self or I as author is the one who constructs and reconstructs an autobiographical story of me as actor (Androutsopoulou, 2015b). A self-narrative with its many I-positions can also move in space and time by taking multiple positions. It can also include not only the internal domain of the self (e.g. I as a child) but also an external position (e.g. my friend) going even beyond William James' (1890) extension and spatialization of the self (Hermans & Gieser, 2012). The voices act as interacting characters within a story. Hermans mentions "Each of them has a story to tell about its own stance, experiences and point of view resulting in a complex, narratively structured self" (2004a: 178). Finally, the I can take a meta-position, "leave" but still observe specific positions through distance or even become engaged in a process of de-positioning as it has the

possibility to dis-identify from any specific position and enter a form of consciousness that is thought-free (Hermans-Konopka, 2012).

The acknowledgment of the multiplicity of the self helps to make a distinction between functional and dysfunctional parts of the self and to protect the former ones from the generalizing influence of the latter. In this way, one could take the meta-position mentioned above which sees the positions of the person from a critical point of view (Hermans, 2012:34). Also, the more empathic towards self-voices the more it allows the inclusion of more adaptive alliances. This inner dialogue between different parts of the self sometimes rises emotions that are recognized or not by the person. The enhancement of an internalized dialogue that does not tend to become a monologue, allows for many internal voices to be heard rather than one dominant voice, speaks the unspoken (Penn, 2007) and brings in the foreground voices in a lower tone or even silenced voices (Hermans, 2004a; Androutsopoulou, 2015b). In that sense, therapy can be viewed as an “amalgam of voices” promoting change in the internal reflection of the client (Penn, 1994). This is also appreciated in the paradoxical nature of the multiplicity of the dialogical self as detected by Rowan: “The more we are going into our different parts, the more the self experiences itself as a whole” (Hermans, 2012: 77).

One way to identify different inner voices is through a method based on thematic narrative analysis of client autobiographical texts (Androutsopoulou, 2015b). This method promotes a cooperative therapist-client relationship and enables the evaluation of therapy progress. The identification of inner voices, some of which are in the foreground while others in the background, also challenges restricting life themes that can be sustained by these dominant voices (Androutsopoulou, 2013, 2015b). An important part of the therapeutic process is the recognition, the revision and the challenge of restricting life themes. Papp and Imber-Black (1996) suggested that working with themes allows both therapists and families to apprehend the family stories and systems of meaning. Working with life themes also helps the client to re-edit early life stories and challenge dominant limiting narrative metaphors as well as to transform them into those that are more helpful and procreative. According to Androutsopoulou (2001a, 2001b, 2011, 2015), central themes can be extracted from any self-narrative and can be detected with the use of specific tools and exercises.

During therapy, silenced or low voices are expected to speak out and come into the foreground initially as openings, “innovative moments” (Goncalves & Ribeiro, 2012) or “unique outcomes” (White & Epston, 1990). These openings could be identified through collaborative dialogue with the aid of explorative questions and paraphrases (Anderson & Gehart, 2007, Anderson, 2005), or with the dream endings (Androutsopoulou, 2011) and the use of drawings and narrative tools. These openings reveal new possibilities for thought, action and feeling while challenging and contradicting the main plot and enriching the self-narrative (Payne, 2006: 66-67).

In Fedra’s case, the dominant voices that were in the foreground at the beginning of therapy “told” restricting stories and sustained themes about her-self, personal relationships and the world. These voices were connected to judgmental and strict parental voices that had been internalized since her early childhood. They are also connected to early recollections regarding sickness and loss that were not comforted. These inner voices were treated as parts of a self, located in the intra-personal and inter-personal relationships. The voice of the therapist and the co-therapist and group members later on, allowed for caring and trusting voices to be expressed and constituted a source of new ideas, perspectives, reflections and understandings regarding the contact with significant others within the social environment. It also involved the detection of commonalties among themes and current concerns and the recognition and expansion of theme openings and exceptions.

Finally, during Fedra’s treatment, it was not only her inner dialogue that was important to recognize but also my own. The therapist’s inner conversation can be described as the polyphony of inner voices that create space for self-reflection (Rober, 2012). Articulating this inner dialogue can help the therapist gain an awareness of his/her thoughts. As Harry Goolishian used to say: “I never know what I mean until I say it” (Anderson & Gehart, 2007: 373). In Fedra’s case, the recognition of my own inner dialogue provided space for reflection and also for interventions that could prove to be helpful for her.

Assessment of the client's problems, goals, strengths and history

Client's current problems

Fedra finds it hard to manage her anger and reports romantic relationship problems. During the time of her therapy sessions, she formed a few short-term relationships that came to an end. In many cases, she was afraid of getting close with someone and then losing him. She believes no one will love her and she expresses the fear of being alone and not being able to create her own family. She works many hours, her work is very important to her and what she considers important is to be independent and successful. She lives in an apartment alone. However, during the week she sleeps over to her parents' house many times. Being an only child, she feels responsible for them and feels sad when she understands that they are not satisfied with their lives. She acknowledges that her feelings are frozen, sometimes she feels empty inside and reports a negative mood and crying spells that are unfocused and episodic and have no connection with her mood or the content of a specific event, thought or experience. Most of her feelings, such as anger and sadness, are presented as inappropriate and pathological and the emotion expressed is rarely reflected through the non-verbal facial expression framed usually with a smile.

History

Fedra grew up in a "matriarchic" family. Her mother is presented as a "superwoman" who always sacrificed her own needs for others while at the same time being a very dynamic and independent person who managed to do all and succeed in all roles (as a mother, wife and working woman). Her father is described as being strict, distant and sometimes withdrawn. Fedra recalls being worried about death and loss from a very young age. When she was around 4 years old, her grandmother got sick and after some time she died. When she was 10 years old, her mother got sick suffering from a serious chronic disease. Although her sickness was kept a secret, Fedra knew from things she overheard that her mother was seriously ill and she was panicked. She describes this period as the hardest of her life: "I was panicked, I was so afraid I could die". At the age of 15, a very close friend died who was the son of

her mother's best friend and also Fedra's best friend. She describes this period as a very difficult one for her and her parents and she was the one trying to stay strong for her family.

As far as the history of her romantic relationships is concerned, Fedra got married at the age of 24 after a 5 month relationship. Even though she acknowledged the problems with her husband from the very beginning of their relationship, she avoided them and did not want to put them into words. Soon after the wedding, her husband had an affair. She reported that he made her feel devalued and deeply betrayed. After the divorce, she recognized that she was very afraid of losing someone again, she could not trust people and relationships seemed very fragile to her.

Difficulties

Fedra finds it difficult to get in touch with her emotions. She describes having a constant feeling of emptiness, a negative mood that is unfocused, frozen emotions as if she has lost the ability to differentiate between them and when she does she considers them to be too intense and inappropriate. She is always trying to be happy and does not allow the negative feelings to affect her. When talking about emotions, her speech becomes very disoriented, pressured and sometimes chaotic with lack of coherence. Fedra is also very judgmental towards herself especially in relation to her feelings and their expression. She rationalizes her problems and life in general. She blames and accuses herself for not being able to find a partner up until now, because all her relationships fail as if something is wrong "inside" her.

Strengths

One of Fedra's strong points was her success as a student at the University, as well as her promising career path which she greatly enjoys. She shows trust towards the therapist; she is always punctual and openly committed to therapy expressing how helpful it is for her. She also has a few supportive friends to whom she can communicate her problems.

Formulation and treatment plan

One important thought about Fedra is that the dominant voices that were in the foreground sustained restricting themes about her-self, her personal relationships and the world. These voices were connected to internalized judgmental and critical parental voices. Fedra mentions that as a child she was never “allowed” to have negative feelings and to express them to her parental family. Her mother is being described as someone who believes that negative feelings are only for weak people. One could assume that this banning of negative feelings and the strict parental voice not allowing them to be felt and expressed might be part of her own judgmental voice triggered every time she feels sad, distressed and weak. The internalization of her mother’s voice might also prevent her from accepting and processing her feelings and associating them with the content of specific experiences. The common mechanism she always used was to avoid unpleasant feelings through a judgmental, strict and rational voice. What was also crucial was to connect the current fear of losing someone, being left alone and her fragile view of relationships and people, with the fears and losses she experienced in her early childhood that were not comforted and reassured.

Hence, the goal of therapy would be to identify dominant inner voices and connect the restricting themes generated to her current concerns in an effort to make room for more compassionate voices coming into the foreground. This is done by recognizing and expanding on theme openings or exceptions or “innovative moments” (Goncalves & Ribeiro, 2012).

Course of therapy

The process of identifying inner voices involved (i) the use of exploratory questions, and (ii) drawings (see Appendix A) and (iii) the application of a specific narrative method as described by Androutsopoulou (2015b).

- (i) Exploratory questions. In the beginning of therapy, exploratory questions and paraphrases were used regarding i) her sense of self and relationships

in the present ii) the way she was comforted as a child when upset or frightened iii) the parental voices regarding emotions iv) her criteria on relationships and v) her perception and its roots of “normal” emotions. Emphasis was not only given to the content of the conversation about these questions but also attention was paid to recurrent words and metaphors such as “normal”, “pathological”, “I feel like an empty pot with no flowers”. To be more specific when I explored her view about romantic relationships she reported: “I don’t understand what is wrong with me, what I feel is not normal, it’s not normal. Nothing is wrong with my life, nothing has happened. I am wrong. No one will want to be with me and they are right to feel this way”. Through the later exploration one dominant voice was identified, the *judgmental voice* towards herself and her emotions.

- (ii) Drawings. According to Riessman (2008), drawings can be seen as a way to narrate a story and can be used to identify life themes. Fedra was asked to paint a house, a tree and a person doing something (see Appendix A). In her drawing, the house was the main feature occupying the center of the painting’s surface and there was one person inside the house, in the kitchen cooking. In the conversation, she reported that the person was herself alone in the kitchen and all the other family members were somewhere inside the house. She said: “This is how I feel secure. I feel that I have to be inside a house to feel safe. I don’t have to be connected to the people who are also there”. A basic theme was identified through dialogue, expressed in a *fragile voice* saying: “Relationships and people are not a source of security”.
- (iii) Narrative method of identifying inner voices (Androutsopoulou, 2015b). The dominant voices as well as other silenced, opposite voices were identified by the use of a specific method for identifying inner voices previously mentioned (Androutsopoulou, 2015). This method uses autobiographical texts which are generated by several instructions inviting to write: (i) a self-characterization in the present and in five years time, a tool originally designed by Kelly (1955/1991) (Androutsopoulou, 2001b). (ii) A favorite fiction summary and emotions/development of three heroes (Androutsopoulou, 2001b), (iii) and early recollections, which were not

used in this case. Instructions of the different tools used are presented in Appendix B. Furthermore, in this method, themes and counter-themes that run across all texts are identified. These themes are thought to support voices and opposite voices that respond to each other and often disagree strongly.

Self-Characterizations

In the present

The sketch consisted of one big paragraph covering one page. Fedra makes a description of herself again through the *judgmental voice* that is strict, rational and demanding. More specifically, she is presented as needy for attention, insecure, with low self-esteem, not knowing if she is good or bad, jealous or demanding. Another voice that one could identify was a *fragile* voice expressed mainly through repeated words and metaphors about security and fear e.g. only when she stands out and proves that she is the best does she feel safe, she is extremely afraid of loneliness, she feels secure only when she doesn't depend on others, she is afraid of losing the people she loves, she is always scared.

In addition, there was one silenced voice, a *trusting* voice mostly expressed through very few exceptions in the text, emphasizing a trust towards her instinct and the fact that she enjoys to believe in people, though not easy doing so.

Ideal self in five years time

There were seven paragraphs in that exercise and one could notice the *caring voice* through the passage. She writes: "She has moved on and has gained career success. She is calmer and although her life remains as demanding as it used to be she no longer takes full responsibility of everything. She has created her own family and has one child. Her parents live close to her and help her with the child and the cooking. She has started coming to terms with the idea that she cannot be perfect at everything". Her ideal self is described in a more *caring* voice challenging the *judgmental* voice who wants her to be perfect.

Also, she says: "She tries not to complain when she is tired and to express her emotions. She is not in love with her husband but she prefers it that way because she

feels calmer, and not so jealous and insecure. She admits that sometimes she misses the passion in her life.” Negative emotions are still not allowed as said through the *judgmental voice*. Furthermore, it seems that the answer given to the fragile voice is not to fall in love in order to feel safe. Hence, the *fragile* voice is being expressed mostly through negation e.g. not feeling insecure. In the same way, the *caring* voice becomes apparent again e.g. not in love.

Fiction Tool

Fedra chose to write about the book “The Tango of Danae” written by Marina Petropoulou.

Summary: “Danae has it all, or at least it looks that way. Beauty, money, two ex-husbands, one is alive the other is not, two sons and a house that many people would envy. She controls everyone in her life and influences their life and fate. It seems that heart and logic can be brought together if one learns to think with the heart and feel with the mind. Money can make people feel good and joyful but cannot buy happiness.”

Feelings of chosen heroes:

Danae: “She is feeling insecure and alone because she is growing old. When her husband died in a car accident, she found out that another woman was with him in the car and she cannot trust anyone since then. Danae has stopped trusting people and always wants to control others.”

Melina: “She is proud of her poor family growing her up with values. However, at the prospect of making money, she becomes ambitious and forgets about her values and stops listening to her heart.”

Odysseus: “He does not believe in love, always retains a serious attitude and has taken control of the family business under Danae’s supervision. He feels empty but doesn’t know what is missing from his life until he meets Melina, his brother’s girlfriend. Then he realizes that he feels depleted because he is living without love.”

Life development of the main heroes: “Danae will have to face a serious disease and, when she realizes that she can’t overcome it, she decides to help financially and emotionally the people she loves. Melina has realized that money did not bring her

happiness. The only thing she can't forget is her love for Odysseus. Odysseus deals with the most important dilemma of his life: Should he follow his heart or stick to the safety and security of his logic mind."

In the extracts, one can identify that Odysseus seems to play an important role in Fedra's narration as he proposes an important dilemma and a conflict that express her inner dialogue. The dominant voice is still the *judgmental voice* that is logical and strict and values money and financial security more than emotions. However, here the caring voice moves into the foreground through the acknowledgment of love and feelings as valuable. Also, in the summary of the movie she acknowledged that the only sustainable way is for the heart and mind to start working together. This was an important opening showing evidence of some kind of *dialogue between the voices*.

One could say that the dominant voices i.e. the *judgmental* and the *fragile* are related to parental judgmental voices as well as to experiences of loss that were not comforted during her childhood. Through the use of explorative questions, Fedra has gradually started to share with me stories when she was not "allowed" as a child to express emotions such as sadness or anger. Many of these stories were related to loss and sickness. She also remembers her mother being very anxious about her happiness. Her mother repeatedly asked her with worry "Are you happy? Are you very happy?", while at the same time she did not give room for any negative feeling to be processed and urged her to stop moaning especially to romantic partners. One could assume that this "instruction for happiness", in addition to her mother's voice that accepts only the "happy aspects of life" and the *judgmental* voice regarding difficult emotions, were internalized by Fedra when she was a little girl. Also, the difficult events of loss and sickness in her early childhood that were not comforted might be related to the *fragile* voice she uses to describe the world and relationships.

Furthermore, the pairs of voices that have been identified through the processes mentioned above i.e. the *judgmental voice* vs. *the caring voice*, the *fragile voice* vs. *the trusting voice* appeared to disagree on many issues sustaining important life themes. To be more specific:

In the first pair of voices, the dominant *judgmental voice* appears to be strict and blaming appraising logic and achievements by saying:

- You have to be perfect at everything you do
- Always value logic, never rely on emotions

When given time and space to open up another silenced *caring* voice existing in the background, she responds as follows:

- Sometimes it is ok to make mistakes
- You can value emotions

The *fragile voice* and the *trusting voice* constitute the other pair of voices.

The *fragile voice* says:

- People and relationships are fragile and may disappear at any moment
- The world is a threat

Again, the *trusting voice* disagrees and says with a low voice:

- The world can also be a joyful place
- Allow yourself to experience love and compassion

These thematic pairs were not connected only to each other but also to the different pairs. The caring silenced voice went hand in hand with the trusting voice allowing Fedra to rely on and value the whole range of her emotions and enhancing a feeling of trust in herself and in other relationships.

Many of these themes were further identified in her dreams that were also treated as self-narratives (Androutsopoulou, 2011). For example, the theme of seeing the world as insecure was often presented in her dreams e.g. Fedra often dreamt of houses in different contexts where she felt threatened e.g. people chasing after her inside a house or trying to violate her own house.

The model for identifying inner voices suggests several *therapeutic implications* which I took into account in treating Fedra. I thus invited her to recognize the voice she uses every time she speaks. I used specific questions that are suggested by the narrative method of identifying inner voices (Androutsopoulou, 2015b). For instance, in many cases I encouraged her to identify, attribute and name different voices such as “Which voice of yours may be speaking right now?” I also helped her reinforce the

silenced voices, the caring and the trusting one, by using these names in therapy. For instance, some questions were “Is there another voice?” and “What does your caring voice has to say right now?” Moreover, as already mentioned, in Fedra’s case the judgmental dominant voice might be linked to specific parental strict voices. Hence, I often asked her “Whose voice might that be?” Also, emphasis was given to exceptions, when the caring voice moved into the foreground towards herself or others.

During therapy this process entailed difficulties, as Fedra found it hard to recognize the voice in which she spoke each time and also there was disagreement between the different voices. For example:

Fedra: “The same thing happened again. He did not call me. I don’t blame him and I am not angry. He is not into me. And he has a point! I am crazy, I moan all the time.”

Silence.

Therapist: “Which voice of yours may be speaking right now?”

Fedra: “My voice. The logical voice! These are the facts. No one wants to be with me. Something is wrong inside me.”

Therapist: “It seems to me that the judgmental voice speaks now. Is there another voice?”

Fedra: “No, maybe, I don’t know”. She seemed touched and moved by the question.

Therapist: “What would your caring voice say about this?”

Fedra: “Maybe that it is not only my fault. Maybe that he is not ready to commit...”

Therapist: “Your caring voice seems to disagree with the judgmental one, saying that what might happen in a relationship can’t only be attributed to you.”

Fedra: “I don’t know. Deep down I feel this is only my fault.”

The aforementioned dialogue shows the strength of the dominant judgmental voice and the difficulty to give room to the caring voice. Monitoring my own inner dialogue seemed helpful in deciding the moments when I should ask the questions, in order to assist her identify the internalized voices. For example, in the case mentioned

above, where the judgmental voice was governing, I tried to reflect on my thoughts and emotions and on whatever was evoked by my observation and realized that the consolidation of the silenced voices would need time and a tentative and kind manner. I came to this realization both during and after the session in an effort to write down my inner dialogue. To be more specific, in the last part of the therapeutic dialogue my inner conversation unfolded as follows:

“Her judgmental voice is too strong. There was a small exception today but quickly she became again strict with herself. I feel frustrated and pressured. Well, I think my frustration mirrors her difficulty to allow more caring voices to be heard. This means probably that it is not yet the time to insist on the silenced voices. She needs time and respect to her rhythm for more caring voices to become constant in her repertoire.”

Hence, I replied to Fedra in a compassionate voice:

Therapist: “I understand...For now, it is important that this disagreement has its place there.”

When Fedra joined a therapeutic group, I asked for the assistance of the group members in order to identify the dominant voices and strengthen the caring and trusting voices. For example, one time Fedra was talking about herself in a judgmental voice, I asked the group members:

Therapist: “Which voice of Fedra you think might be speaking now?”

Group members

Georgia: “The strict voice, the judgmental one.”

Katia: “It is a very demanding voice, I don’t like the words it uses.”

Therapist: “What do you think Fedra, do the identified voices make sense to you?”

Fedra: “Yes they do...a lot...but they make me feel sad.”

Listening to the group members recognizing, mirroring and paraphrasing the judgmental parts of herself in a tentative manner, Fedra was assisted to reflect upon her restricting themes and at the same time to allow an emotional opening. Also,

through interventions towards another group member, Fedra could link the identity of her dominant judgmental voice to her father's voice. She mentioned: "Well now I realize why I am being so judgmental with myself. My father always told me I had a bad character and that no one would accept me. Isn't it normal that those repetitive words finally became my own truth and story to tell?"

Currently, my voice as well as the voice of the co-therapist and the team members are a source of reflections about herself and her significant others within the social environment. They can help Fedra connect and acknowledge all different voices by enhancing the inner dialogue and by giving more room for the caring and trusting voices to stand in the foreground.

Concluding evaluation of the process and outcome of therapy

Fedra has recently become aware of her different inner voices and has started connecting them with specific difficulties she faces in the present. The caring voice that accepts a wider range of emotions has slowly been given room to be expressed.

Also, there seems to be a better match between her emotional discourse and the non-verbal signs of the emotions as depicted in her face. She has also recognized, at a certain degree, some judgmental parental voices and the importance of her mother's voice as a restricting factor towards the acceptance of emotions.

Furthermore, she has acknowledged that her fragile voice and her fear of loss are an obstacle in the way she connects with herself and others. She has started to speak in a more trusting voice that is apparent when she talks about herself but also in the feedback she gives to other group members.

Lastly, what is important is to give more space to Fedra in order to allow a dialogue between her different voices. I believe that there is no need to forcefully shove the dominant voices from the scene. The silenced voices must change position in the scene and come into the foreground through a kind and accepting process, understanding the reasons why they were silenced for so many years. Hence, further consideration of the different voices in a non-separating but transcending way based on a broad and flexible repertoire seems caring, motivating and inspiring.

References

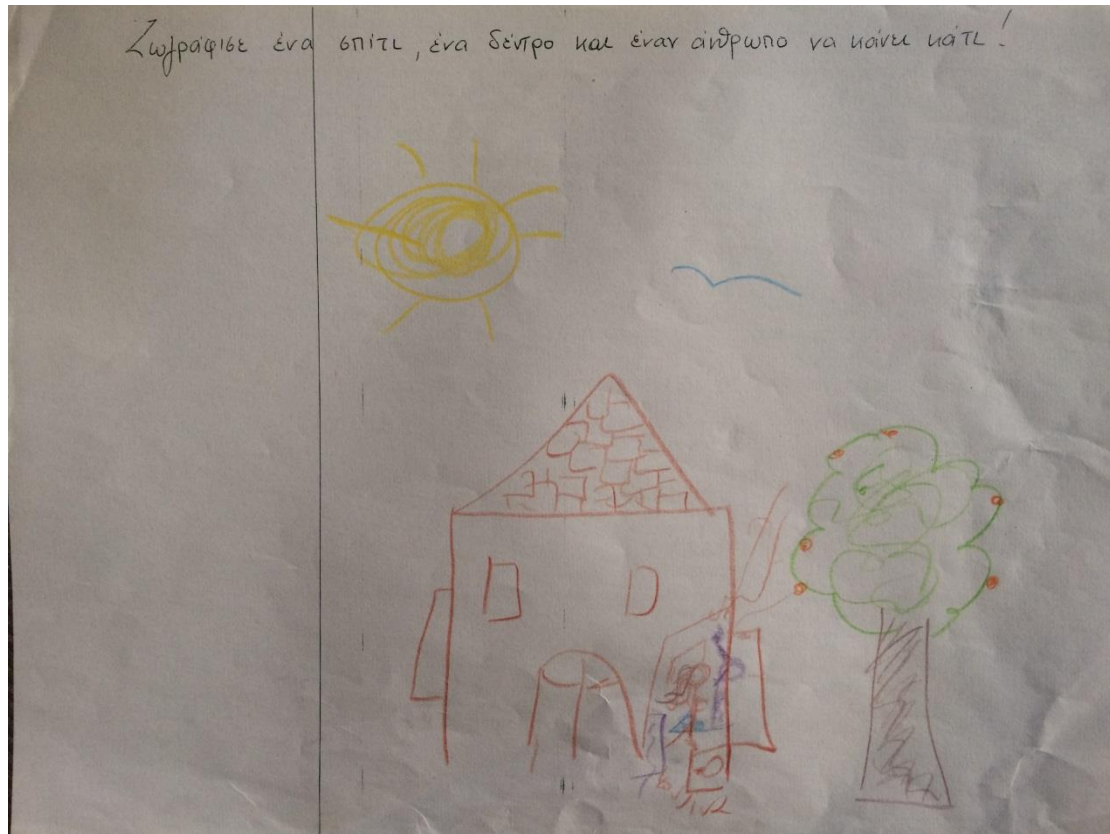
- Anderson, H. & Gehart, D. (2007). *Collaborative therapy: Relationships and conversations that make a difference*. New York, NY: Taylor & Francis Group.
- Anderson, H. (2005). Myths about not-knowing. *Family Process*, 44, 497-502.
- Androutsopoulou, A. (2001a). The self-characterization as a narrative tool: Applications in therapy with individuals and families. *Family Process*, 40, 79-94.
- Androutsopoulou, A. (2001b). Fiction as an aid to therapy: A narrative and family rationale for practice. *Journal of Family Therapy*, 23, 278-295.
- Androutsopoulou, A. (2011). Red balloon: Approaching dreams as self-narratives. *Journal of Marital and Family Therapy*, 37, 479-490.
- Androutsopoulou, A. (2013). The use of early recollections as a narrative aid in psychotherapy. *Counselling Psychology Quarterly*, 26, 313-329.
- Androutsopoulou, A. (2015a). Many inner authors: Practical comprehension of the “polyphonic self” in psychotherapy training. *Journal of the Hellenic Systemic Thinking and Family Therapy Association*, 5, (e-journal), http://www.hestafta.org/index.php?option=com_content&view=article&id=17:2014-11-23-12-38-17&catid=23&Itemid=133.
- Androutsopoulou, A. (2015b). *Moments of meaning: Identifying inner voices in the autobiographical texts of Mark*. *Qualitative Psychology*, 2, 130-146.
- Androutsopoulou, A., Bafiti, T., & Kalarritis, G. (2014). The enriched systemic perspective *SANE-System Attachment Narrative Encephalon*: Selected training guidelines for clinical practice. *Human Systems: The Journal of Therapy, Consultation and Training*, 25, 161 – 176.
- Goncalves, M. & Ribeiro, A. (2012). Therapeutic change, innovative moments, and the reconceptualization of the self: A dialogical account. *International Journal for Dialogical Science*, 6, 81-98.
- Hermans, H. J. M. (2004). Innovation of self-narratives: A dialogical approach. In L. E. Angus & J. McLeod (Eds), *The handbook of narrative and psychotherapy*, (pp. 174-192). Thousand Oaks, CA: Sage.
- Hermans, H. J. M. (2012). *Between dreaming and recognition seeking: the*

Emergence of dialogical self theory. Lanham, Maryland: University Press of America.

- Hermans, H. J. M. & Dimaggio, G. (2004). The dialogical self in psychotherapy: Introduction. In H. J. M. Hermans & G. Dimaggio (Eds), *The dialogical self in psychotherapy* (pp. 1-10). New York, NY: Brunner-Routledge.
- Hermans, H. J. M. & Gieser T. (2012). Introduction of dialogical self theory. In H. J. M. Hermans & T. Gieser (Eds), *Handbook of dialogical self theory* (pp. 25-28). Cambridge, UK: Cambridge University Press.
- Hermans-Konopka, A. (2012). The depositioning of the I: Emotional coaching in the context of transcendental awareness. In H. J. M. Hermans & T. Gieser (Eds), *Handbook for the dialogical self theory* (pp. 423-438). Cambridge, UK: Cambridge University Press.
- Kelly, G. A. (1955/1991). *The psychology of personal constructs, Vol. 1: A theory of personality*. London, UK: Routledge.
- Penn. P. (2007). *Joined imaginations: Writing and language in therapy*. Changrin Falls, Ohio: Taos Institute Publications.
- Penn. P. & Frankfurt, M. (1994). Creating a participant text: Writing, multiple voices, narrative multiplicity. *Family Process*, 33, 217-231.
- Payne, M. (2006). *Narrative therapy: An introduction for counsellors*. London, UK: Sage.
- Riessman, C. K. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage.
- Rober, P. (2012). The therapist's experiencing in family therapy practice. *Journal of Family Therapy*, 33, 233-255.
- White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: Norton.

Appendix A

Drawing



Appendix B

Instructions of Narrative Tools

1. Self Characterization

i. In the present

I want you to write a sketch of yourself as if you were the principal character in a play. Write it as it might be written by a friend who knows you well and cares about you. Write it the sketch in the third person.

He/she is.....

ii. Ideal self in five years time

I want you to write a sketch of yourself in five years time, as if you were the principal character in a play. Write it as it might be written by a friend who knows you well and cares about you. Write it the sketch in the third person.

He/she is.....

2. Fiction Tool

Think of a book you read or of a play or film you saw recently that made an impression on you or alternatively choose one that you remember as one of your favorites. Write a brief summary of the story. Then, write how each of the three characters feels in your view and why. Finally, write a few things about how each selected character's life will develop.

Περίληψη

Σε αυτή τη μελέτη περίπτωσης, παρουσιάζεται η θεραπεία μιας νέας γυναίκας, της Φαίδρας. Η Φαίδρα απευθύνθηκε για συμβουλευτική με αίτημα τη δυσκολία της να διαχειριστεί το θυμό της και τα προβλήματα που αντιμετωπίζει στις προσωπικές της σχέσεις. Το θεωρητικό υπόβαθρο της θεραπείας ήταν η εμπλουτισμένη συστημική προσέγγιση SANE- System Attachment Narrative Encephalon, στην οποία έχω εκπαιδευτεί. Η συγκεκριμένη περίπτωση παρουσιάζεται από μια πλευρά της προσέγγισης αυτής, την αφηγηματική ψυχολογία και τη σύνδεσή της με τη θεωρία του διαλογικού εαυτού. Κατά τη διάρκεια της θεραπευτικής διαδικασίας, δόθηκε έμφαση στη διάκριση και αναγνώριση των κυρίαρχων εσωτερικών φωνών της Φαίδρας, καθώς και άλλων αποσιωπημένων φωνών, με τη χρήση ι) διερευνητικών ερωτήσεων και συνεργατικού στυλ ιι) των ζωγραφιών της θεραπευόμενης ιιι) της αφηγηματικής μεθόδου αναγνώρισης εσωτερικών φωνών της συγκεκριμένης θεραπευόμενης (Androutsopoulou, 2015). Οι φωνές αυτές συντελούσαν στην κατασκευή περιοριστικών θεμάτων ζωής που διατρέχουν την αφήγηση της θεραπευόμενης, όπως η απαξίωση του συναισθήματος και η οπτική του κόσμου και των σχέσεων ως εύθραυστες. Η θεραπεία εστίασε στην ενδυνάμωση και στην ενίσχυση των αδύναμων φωνών και δόθηκε έμφαση σε εξαιρέσεις, κατά τις οποίες οι σιωπηλές φωνές έρχονταν στο προσκήνιο και καταλάμβαναν περισσότερο χώρο. Ο διάλογος μεταξύ των διαφορετικών αυτών φωνών στη βάση ενός ευέλικτου και ευρύτερου ρεπερτορίου, είναι ένα σημαντικό κομμάτι της θεραπείας.

Λέξεις κλειδιά: πολυφωνικός εαυτός, αναγνώριση εσωτερικών φωνών, θέματα ζωής, θεραπεία