

# Creating relational ripples in therapy

Marilena Karamatsouki

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**Exegesis**

In my doctoral inquiry, I focused on the relational space in the therapy room. The relational space is a concept that may appear in different forms and include words, emotions, non-verbal communication, objects within the context of space and time (Gergen, 2015). As a systemic practitioner and practitioner researcher, I find the process, and, potentially, the outcome of therapy to be largely defined by the relational space between myself and my client; the relational space within my different selves; and the interconnectedness of these relational spaces.

By being both self-reflexive and relationally reflexive, my research addresses the question of how the relational space between client and therapist interconnects with the relational space within the therapist, thus creating “relational ripples” in the therapy room (Karamatsouki, 2020).

My interest in the area emerged as in my practice I observed that when I bring more of myself in the therapy room, more of the client is in there, too. In order to study the complex encounter in the therapy room I used autoethnography through storywriting. Autoethnography, “an autobiographical genre of writing and research that displays multiple layers of consciousness” (Ellis, 2004, p. 37), gives access to research material from an insider’s perspective. I use stories from practice in a literary style and in an ethical manner, where the focus is neither on the therapy techniques nor on the client’s difficulties. Instead, the focus is on the relational conversation between my client and me, as well as my inner dialogue and thoughts and feelings.

What follows in a story from within practice which appears in my doctoral thesis (Karamatsouki, 2020) and shows the relational flow of the therapeutic process and the creation of relational ripples. In a way, what I am trying to do is expand systemic thinking by bringing to the fore the relational space within myself as a therapist and create a professionally employable space for the personal.

In the relational space between my client and myself lies the invitation from Michael to enter into his world, to speak of something that is yet uncertain (St. Pierre, 2013). In the complexity of the situation this

invitation creates a new dialogue, whereby the client feels able to sustain difficult conversations (Oliver, 2014). In parallel, in the role of the therapist, I stay attuned to the conversation and keep the flow of the session. In this way, the relational space between us is changing and another form of living relationship is emerging. In future sessions, this episode, which has its own identity, might again enter the relational space between us and transform it, as the therapy process unfolds (Hein, 2016).

***“What if we could be friends?”***

“There is another thing that I have been thinking about these last few days. Do we have some time to discuss it now?” asks Michael, as our session approaches the end.

I glance at the clock. There are ten minutes left; I wonder what the issue is and whether ten minutes will be enough time to address it. The session has been intense, as he was describing a week of quarrelling with his wife. Will it be a good thing for him to open up another issue now? On the other hand, maybe he needs to get it off his chest. I have to make a quick decision.

“We have about ten minutes,” I say. “I am thinking that you can tell me what this is about and if we don’t have enough time to address it properly, we will discuss it first thing in our next session. What do you think?”

“Sounds OK. Well, here it is. Before I started psychotherapy, I was not comfortable showing my feelings to people. I was kind of... How should I put it? I was cold and aloof,” he says.

I think back to the first time I met Michael. He was wearing a shirt buttoned up to the collar, he sat with a straight back on my office couch, and I had the feeling that he was trying to maintain a protective distance between us. He had come at the suggestion – or rather the insistence - of his wife, who was in therapy with a colleague of mine. My colleague, who had called me to make the referral, mentioned that they had issues as a couple.

“Since we started working together,” Michael continues, unaware of my thoughts, “I think I am more in touch with my feelings. And it occurred to me that you are one of the very few people that I can talk freely to about anything. In a sense, you know me better than... well, anyone else.”

I nod empathically. That’s how psychotherapy works, I think, but where is he going with this? I notice in my body that I have a feeling of anxiety: I’m holding my breath, my heart is beating faster, and I’m clenching my left fist. I take another quick glance at the clock; there is still time, but I hope it wasn’t a bad idea to let him open up this issue.

“Thinking about that,” Michael goes on, “I realised that I know almost nothing about you. I mean... I am asking you if you are OK and I am hoping that you know that it is out of genuine interest and not just to ask.”

He paused, as if trying to figure out my reaction. I take the opportunity to respond.

“What you are describing is a usual process in psychotherapy,” I say. “It’s true that the therapeutic relationship becomes very important because there is trust between us, so that you can tell me whatever is troubling you, when sometimes you can’t even tell your loved ones. And it feels like a close relationship. But there is a reason why our therapeutic relationship is unbalanced and we don’t talk about me. This is *your* therapy hour,” I say with emphasis. “This is the time and place for *you* and

I am here to help you make the changes you want to make in your life.”

He nods and I take a deep breath. I feel more relaxed now and my heartbeat has returned to normal. My professional self is back in charge.

“Having said that, however,” I continue, “you are more than welcome to ask me questions about myself and I will try my best to be open about what you need to know, as long as your therapy does not become about me, and as long as we can address your queries in a therapeutic way.” I wonder if my choice of words will make sense to him. I hope so, and I add, “And when you ask me how I am, I can feel your genuine interest.”

Michael lets out a sigh and seems relieved. “Good... Good...” he mumbles, as if talking to himself. Then he goes on. “You know, I was also thinking if we had met in a different way and you were not my therapist, could we be friends? And if something bad happened to you, could I be there for you as a friend?”

The heartbeat and clenched fist return, and my brain works overtime, in order for my professional self to decide how to respond. Another part of me, however, the one that survived cancer a few years ago, feels dizzy. Michael doesn’t know about my cancer, so why is he asking me this? Is there something in my behaviour that has made him think about it? And why is he bringing up this issue now?

I take a deep breath, which helps me clear my thoughts, and remind myself that not everything is about me. Thinking about Michael’s history, it is not strange that he has brought this issue up. For as long as he remembers, he has struggled with relationships: he had trouble making friends, he couldn’t pick up subtle communication cues, ordinary conversations seemed like a huge task, and he was anxious about what other people thought about him. The only person he was getting along with was his wife, but lately they seem to have been having problems communicating as well. Since we started working together therapeutically, we have talked a lot about communication skills and behavioural cues that Michael can use in his everyday interactions with others. So, it makes sense that he was thinking about our therapeutic relationship, that he compared it to a friendship, and that he was wondering about me, his therapist. One might even think that it is evidence that the therapy has been successful because he has started to think about other people’s feelings, which is one of his goals!

I take another glance at the clock. We are almost out of time now, but I know how to respond and feel confident about myself.

“Michael, I am really moved that you are wondering whether we could be friends, if I were not your therapist. Perhaps this means that you are starting to think about relationships in a different way and that you take other people’s feelings more into consideration,” I say. “The truth is, we can’t know how things could be. Right now, we are in this therapeutic relational space together and we are working for you to make the changes you want in your life.”

He nods in agreement and I continue. “We are almost out of time now, but we will come back to this issue in another session. I want to add, however, that if something bad happens to me, because I am human and bad things happen to therapists as well, I will try to be open about it, but I will also try my best to protect your therapy. We will still be in this therapeutic relationship and we will work together to address whatever comes up in a way that it is still about *you* and *your therapy*, and not about myself.” I let another deep breath come out and ask myself if there is anything else I need to say. I decide that’s enough for now. “Is that clear to you?” I ask.

“Yes, it’s clear. Thank you,” he responds.

“You’re welcome. Is there a feeling or a thought that comes to you right now?” I ask.

“Just a sense of relief, I guess...” he replies, “and hope. What you said about me seeing relationships in a different way made me think that even though I had a bad week with my wife, I think we will be able to get through the difficulties.”

“Good. Stay with that feeling. I will see you next week.”

Afterwards, as I am writing my therapy notes, I consider again whether there might have been something in my behaviour that triggered Michael’s bringing up the issue. I start making a mental check: My cancer is still in remission, I am fine, I feel good, I try to take care of myself. Although I can’t think of anything in particular, I make a note to discuss it in my next supervision session. I check my calendar. My next supervision session is in three weeks and at the moment it feels far away! However, tomorrow I will meet a dear colleague for a drink and I will seize the opportunity for some peer supervision time. I smile at the thought and glance once more at the clock. It’s almost time for my next client.

## Reflections

In my work as a systemic therapist, I have been writing stories about incidents in the therapy room that moved me. In this story, I found myself wondering whether I have revealed something of my personal self that I hadn’t been aware of. I stayed with the difficult emotions my client’s question evoked for me, while at the same time trying to understand what lied behind this question for him and keeping the session going without interrupting the process. This is something that most therapists might relate to, as we navigate through the complex interactions in the therapy room.

All of these actions-in-reflections and reflections-in-actions (Schön, 1983; Rober, 2010) happen in a short period and I don’t have the time to focus on the techniques of how to be in the session. Rather, I engage with my client in the relational space between us, while at the same time I am aware of what happens in the relational space within myself. And this interconnectedness is what makes this therapeutic incident unique, opening up new possibilities for my client and myself, both in therapy and in our personal lives.

Writing stories from within practice made me think on the way I see myself as a therapist and wondered about the relational ripples that are created in the therapy process, as the relational space between client and therapist interconnects with the relational space within the therapist. I noticed that storywriting sharpened my reflexivity skills and helped me better connect with my clients; I felt more confident sharing a thought or a feeling I am having with a client during a session “explaining that this thought or feeling is something that arose in the relational space within myself, and it might or might not be helpful in the relational space between us” (Karamatsouki, 2020, p. 212). I might not always share something that appears in the relational space within myself; for instance, in this story I decided not to disclose my experience of cancer. However, my inner conversation facilitated the therapeutic dialogue. I am sharing this story, because I think that other practitioners would benefit, if they allow themselves to notice their inner dialogue and acknowledge that it might make a difference in the way they practice.

Writing this story, as well as other stories from within my practice, evoked ambivalent feelings. On one hand, I struggled with getting the story out there in an ethical and reflexive manner. I wondered whether I honoured my client's voice, as well as my own voices. On the other hand, I think it's important to talk about relational moments in therapy and share our practice knowledge. For me, storywriting has been a way to talk about things that we don't usually dare to talk about in our profession. It has been a way to stay with the uncomfortable, reflect upon my feelings, thoughts, fears and doubts as a therapist, as well as sigh with relief when my client and myself navigate through rough territory, as is the case in the story presented. Writing this story has also given me permission to honour my voice and allowed myself to share this intimate writing with a wider audience.

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## Author

**Marilena Karamatsouki**, DProf, is a systemic psychotherapist in private practice based in Athens, Greece. She has completed a Professional Doctorate in Systemic Practice at the University of Bedfordshire on the interconnectedness of relational space between client and therapist and within the therapist.

E-mail: [mkaramatsouki@stegipsychotherapeias.gr](mailto:mkaramatsouki@stegipsychotherapeias.gr)

URL: [www.stegipsychotherapeias.gr](http://www.stegipsychotherapeias.gr)

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