20

Collaborative Practice: Relationships and Conversations that Make a Difference

Harlene Anderson

"How can our practices have relevance for people's everyday lives in our fast changing world, what is this relevance, and who determines it?" are persistent questions for collaborative practitioners. This chapter presents *one* response to these questions.

The landscape of collaborative practice is our ever-changing world that is characterized by social, cultural, political, and economic transformations as well as the influence of the internet and media on the decentralization of information, knowledge, and expertise. A new international spotlight is coincidentally being placed on democracy, social justice, and human rights; the importance of the people's voice, singular or plural; and the need for collaboration. People increasingly want input into what affects their lives; they have lost faith in rigid institutions and practices in which being treated as numbers and categories ignores their humanity or, worse yet, violates it. People demand systems and services that are more flexible and respectful. These contemporary global and local shifts, the unavoidable complexities inherent in them, and the effects they have on our individual and communal lives and on our world press family psychologists to reassess how we understand the world around us, our clients, and our roles as practitioners. Collaborative practice is a response that shares common ground with a growing international community of practitioners and clinical scholars including Tom Andersen, Vivien Burr, John Cromby, Kenneth Gergen, Mary Gergen, Lynn Hoffman, Lois Holzman, Imelda McCarthy, Susan McDaniel, Sheila McNamee, Robert Neimeyer, David Nightingale, Peggy Penn, Sallyann Roth, Jaakko Seikkula, John Shotter, Lois Shawver, and Michael White.

Collaborative practice, as described in this chapter, has evolved over time with its roots tracing back to the 1950s multiple impact therapy project in Galveston, Texas (MacGregor et al., 1964). Its evolution over the years has been continually influenced by the reflexive nature of theory and practice (Anderson, 1997; Anderson & Gehart, 2007; Anderson & Goolishian, 1988, 1992). Because the Galveston team's clinical and

consultation practice then – and that of the Houston Galveston Institute afterwards – included a large percentage of people referred for whom previous treatments were not successful, we were always curious about why the client thought that the helpers had not been helpful, what we could learn from their described previous therapy experiences, and how our therapy could be more relevant and effective. This ambition and curiosity has led to lessons learned from over 25 years of inquiry into client's experiences, descriptions of the nature of successful and unsuccessful therapy, and the advice that clients – the true experts – have had for therapists and particularly family psychologists (Anderson, 1997; Anderson & Goolishian, 1992).

Assumptions of Collaborative Practice: A Tapestry

Your attitude towards your life will be different according to which understanding you have.
(Suzuki, *Zen Mind, Beginner's Mind*)

Collaborative practice has grown from assumptions in the broader postmodern movement in the social and human sciences, as well as from related assumptions regarding social construction and dialogue theories (Bahktin, 1986; Gadamer, 1975; Gergen, 1999; Hacking, 1999; Lyotard, 1984; Shotter, 1984, 2005; Vygotsky, 1986). Common among postmodern, social construction, and dialogue assumptions is the centrality of knowledge and language as social and communal processes; they are relational and generative and therefore inherently transforming. (I more fully discuss these assumptions below.) These assumptions inform the way the family psychologist conceptualizes and approaches therapy, and apply regardless of the designated system or the number of people involved in it. This book is about family psychology. Notably absent from collaborative family psychology practice is a distinction between therapy designations such as individual, couple, or based on family or numbers of people in the therapy room or their relationships (Anderson, 1997, 2006; Anderson & Goolishian, 1988). As well, a collaborative family psychologist works with a variety of systems from the same set of assumptions, including systems such as education, research, and combinations of people called organizations and communities.

I use *postmodern* as an umbrella term for my guiding assumptions. As there is no single definition of *postmodern*, I refer to the set of abstract assumptions that inform collaborative practice as a "postmodern tapestry." These assumptions – the threads of tapestry – challenge our inherited traditions of knowledge and language, and provide a contemporary alternative (see Chapter 1, this volume, for a description of the epistemological evolution). The central challenge is to reexamine these traditions of knowledge as fundamental and definitive, the top-down nature of knowledge systems, language as descriptive and representational, and the stability of meaning. For the purposes of this chapter I identify six assumptions.

Maintaining skepticism. Postmodernism asserts the importance of holding a critical and questioning attitude about knowledge as somehow fundamental and definitive. This includes

knowledge of inherited and established dominant discourses, metanarratives, universal truths, or rules. We are born, live, and are educated within knowledge traditions that we mostly take for granted. A postmodern perspective suggests that unwittingly buying into and reproducing institutionalized knowledge can lead to forms of practice that risk being out of sync with our contemporary societies and possibly alien to humanity as well. This is not to suggest that we abandon our inherited knowledge or discourses (e.g., psychological theories, a priori criteria), or that these can be discarded for that matter. Any and all knowledge can be useful. Nor is it suggested that postmodernism is a metaknowledge narrative. The invitation is simply to question any discourse's claim to truth, including that of the postmodern discourse itself.

Eluding generalization. The probability that dominant discourses, metanarratives, and universal truths can be generalized and applied across all peoples, cultures, situations, or problems is suspect. Thinking in terms of ahead-of-time knowledge (e.g., theoretical scripts, predetermined rules) can create categories, types, and classes (e.g., people, problems, solutions) that inhibit our ability to learn about the uniqueness and novelty of each person or group of people. Instead, we might learn about the distinctiveness of others and their lives directly from them and see the familiar or what we take for granted in an unfamiliar or fresh way. We are accustomed to viewing, wittingly or unwittingly, many people and the events of their lives encountered in therapy as familiar rather than exceptional. Familiarity tempts us to fill in the gaps and proceed from our assumptions about these gaps; this knowing can put us at risk of depersonalizing the client and preventing us from learning about their specialness – limiting our and the client's possibilities.

Knowledge as an interactive social process. Embedded as it is in culture, history, and language, knowledge is a product of social discourse. The creation of knowledge (e.g., theories, ideas, truths, beliefs, or how to) is an interactive interpretive process in which all parties contribute to its creation, sustainability, and change. Knowledge is not fundamental or definitive; it is not fixed or discovered. Instead, it is fluid and changeable. So, instructive interaction is not possible; knowledge cannot literally be transmitted from the head of one person to another.

Privileging local knowledge. Local knowledge – the knowledge, expertise, truths, values, conventions, narratives, etc. – that is created within a community of persons (e.g., family, classroom, board room) who have first-hand knowledge (i.e., unique meanings and understandings from personal experience) of themselves and their situation is important. Since knowledge is formulated within a community it will have more relevance, be more pragmatic, and be sustainable. Local knowledge, of course, always develops against the background of dominant discourses, metanarratives, and universal truths and is influenced by these conditions. This cannot be, nor is it suggested that it should be, avoided.

Language as a creative social process. Language in its broadest sense – any means by which we try to articulate, express, or communicate with ourselves verbally or otherwise

and with others – is the medium through which we create knowledge. Language, like knowledge, is viewed as active and creative rather than as static and representational. Words for instance are not meaning-mirrors; they gain meaning as we use them and in the way that we use them. This includes a number of things such as context, why we use them, and how we use them, involving our tone, our glances, and our gestures. Language and words are relational. As Bakhtin (1986) suggests, "No utterance in general can be attributed to the speaker exclusively; it is the *product of the interaction of the interlocutors*, and broadly speaking, the product of the whole complex *social situation* in which it has occurred" (p. 30). He further suggests that we do not own our words: "The word in language is half someone else's. The word becomes 'one's own' only when the speaker populates it with his own intention . . . the word does not exist in a neutral and impersonal language . . . but it exists in other people's mouths, in other people's contexts" (1986, pp. 293–4).

Knowledge and language as transforming. Knowledge and language are relational and generative, and therefore intrinsically transforming. Transformation – whether in the form of a shift, modification, difference, movement, clarity, etc. – is inherent in the fluid and creative aspects of knowledge and language. That is, when engaged in the use of language and in the creation of knowledge one is involved in a living activity (i.e., dialogue with oneself or another) and cannot remain unchanged.

To reiterate, these assumptions do not suggest that postmodernism is an oppositional perspective calling for the abandonment of our inherited knowledge or any discourse, or that these can be discarded, for that matter. Nor do these assumptions suggest that postmodernism is a metanarrative or metaperspective, since self-critique is essential to postmodernism itself. Nor does postmodern define a school of therapy. It offers a different language or set of assumptions, or as Wittgenstein suggests, a different language game (Amscombe & Amscombe, 2001).[1]

Implications for Clinical Practice

> *All understanding is dialogical.*
>
> (Bahktin, *Speech, genre and other late essays*)

The question is "How does this different language or language game influence the way that I think about the goal of therapy and its process, including the client's role and my role?"

First, they inform what I call a *philosophical stance*: *a way of being*. And second, particular kinds of relationships and conversations naturally develop from this philosophical stance.

The philosophical stance is *the heart and spirit* of the collaborative approach: *a way of being*. It is a posture, an attitude, and a tone that communicate to another the special importance that they hold for me, that they are a unique human being and not a category of people, and that they are recognized, are appreciated, and have something

to say worthy of hearing. This stance invites and encourages the other to participate on a more equitable basis. It reflects a way of being *with* people, including ways of thinking with, talking with, acting with, and responding with them. The significant word here is *with*: a "withness" process of orienting and re-orienting oneself to the other person (Hoffman, 2002; Shotter, 2004, 2005). Hoffman (2002) refers to this kind of relationship withness as one that is as communal and collective as it is intimate, withness that requires us to "jump, like Alice, into the pool of tears with the other creatures" (p. 66). *Withness* therapy relationships and conversations become more participatory and mutual and less hierarchical and dualistic.

With this belief *connecting*, *collaborating*, and *constructing* with others become authentic and natural performances, not techniques. I call these performances *collaborative relationships* and *dialogical conversations*, and although I address them separately below, they are intrinsically interrelated. The philosophical stance becomes an expression of a value, a belief, and a worldview that does not separate professional from personal. Before elaborating on the philosophical stance, I will briefly discuss collaborative relationship and dialogical conversation.

Collaborative relationship and dialogical conversation

Collaborative relationship refers to the way in which we orient ourselves to be, act, and respond "with" another person so the other joins a therapeutic shared engagement and joint action that I call a *shared inquiry* (I discuss shared inquiry in the next section). Shotter (1984) suggests that all living beings exist in joint action – in meeting and interacting with one another in mutually responsive ways. That is, we are relational beings who mutually influence and are mutually influenced by each other. As relational beings our "selves" cannot be separated from the relationship systems which we are, have been, and will be a part of. As well, though we are always speaking an ambiguous and different language than the other, as Bahktin (1986) suggests, our speaking and our language always includes others' intentions and meanings.

Here I want to highlight "respond." We are always responding: there is no such thing as a "no response" or "lack of response." There is simply one kind of response which, as with any response, the "receiver" interprets, and decides whether this action is hearable or visible or not. Our responses to the other are critical to the development and quality of the relationship. They create the framework, the parameter, and the opportunity for the relationship. Collaborative practitioners value *partnerships* characterized by joint action or *social activity* in which each member develops a sense of participation, belonging, and co-ownership. The family psychologist is the catalyst for this partnership and its process. I am talking about their response to the client, yet responding is an interactive two-way process.

Dialogical conversation refers to talk in which participants engage "with" each other (out loud) and "with" themselves (silently) – in words, signs, symbols, gestures, etc. – in a mutual or shared inquiry: jointly responding (e.g., commenting, examining, questioning, wondering, reflecting, nodding, gazing, etc.) as they talk about the issues at hand.

Drawing on Bakhtin's (1986) definition, dialogue is a form of verbal interaction; it is communication between people that takes place in the form of an exchange of utterances. Dialogue, however, is not limited to spoken words; it also includes the silent way (inner talk and physical expressions) in which we talk with ourselves and others.

Dialogue involves a process of *trying to understand the other person from their perspective, not ours.*[2] Dialogical understanding is not a search for facts or details but an orientation. It is an (inter)*active process*, not a passive one, that requires participation through responding to *connect* and *learn* about the other, rather than to pre-know and understand them and their words from a theory. In relation to therapy, dialogue is invited through the process of the family psychologist's learning about the other, especially about their uniqueness and noticing the not-yet-noticed. Through the process of trying to understand, *local understandings* develop from within the conversation. Dialogue is an always *becoming*, *never-ending*, and *immeasurable* process. As Bakhtin (Holmquest, 1981) said, dialogue is the condition for the emergence of new meaning and other newness.

I assume that when people have a space and process for collaborative relationships and dialogic conversations, they begin to talk with themselves, each other, and others in a *new* way. Through these conversations newness develops and can express itself in an infinite variety of forms, such as enhanced self-agency and freeing self-identities; different ways to understand themselves, their life events, and the people in their lives; as well as new options to respond to the challenges and dilemmas of the circumstances and situations in their lives.

I ask, "How can practitioners invite and facilitate the condition and the metaphorical space for dialogue?" I return to the philosophical stance.

Philosophical Stance

> *. . . not to solve what had been seen as a problem, but to develop from our new reactions new socially intelligible ways forward, in which the old problems become irrelevant.*
>
> (Shotter, *Social accountability and selfhood*)

> *Problems are not solved but dissolved in language.*
>
> (Anderson and Goolishian, "Human systems as linguistic systems")

The philosophical stance expresses the assumptions of collaborative practice. It has seven distinctive, interrelated features that are guiding ideas for the family psychologist; together they inform how the family psychologist thinks about the relationship and the conversation with the client, and helps create and foster a metaphorical "space" for these. Despite guiding ideas, collaborative practice is not replicable, but creatively invented and customized each time a family psychologist meets a client. In other words, though the stance has common identifiable features, their expression is unique to each family psychologist, each client, and each human system and to the circumstances and desires

of each. It acts as a philosophy of collaborative practice, a conceptual guide, and not a formula.

Mutually inquiring partnership

Attracting and engaging another into a collaborative relationship and dialogic conversation entails inviting them through the family psychologist's way of being, a way that communicates to the client, as mentioned above, that they and their situation hold a special importance for the family psychologist, that their views are respected, and that what they have to say is valued without judgment. This begins a partnership relationship and process characterized by a joint activity that I refer to as *shared or mutual inquiry*. It is an in-there-together process in which two or more people (one of whom can be yourself) put their heads together to puzzle over and address something.

The family psychologist invites the client into this mutual inquiry by taking a *learning position*, through:

- making room for and giving the client the choice of telling their story in their own manner and at their own pace;
- being genuinely interested in and curious about the client's story;
- listening and responding attentively and carefully;
- responding to better understand the client's perspective or sense-making map;
- trying to respond to what the client is saying (not what the family psychologist thinks they should be saying);
- noticing how the other person responds before continuing;
- paying attention to their words and their non-words;
- checking out through comments, questions, and alternative words whether you have heard what the other wants you to hear;
- pausing and allowing silences for listening and reflecting spaces; and
- allowing each person to choose to respond to what piques their interest and in their own way.

A host/guest metaphor. As Derrida (Bennington, 2003) suggests, the invitation requires *unconditional hospitality*. With my students I sometimes use a host/guest metaphor to highlight the importance of unconditional hospitality, as well as the subtleties and nuances of greetings and meetings and how they begin to shape the tone, the quality, and the possibilities of the relationship and the conversation, and consequently its potential (Anderson, 1997, 2006). I emphasize that the family psychologist is the host and is, at the same time, a temporary guest in the client's life.

> it is as if the therapist is a host who meets and greets the client as a guest while simultaneously the family psychologist is a guest in the client's life. I ask my students to think about how they like to be received as a guest. What does the host do that makes them feel welcomed or not, at ease or not, and special or not? What did the quality of the

> meeting and greeting feel like? These are not rhetorical questions. I do not expect specific answers. Instead, I want the students to think about the sense of their experience in the relationship and conversation and what it communicated to them. (Anderson, 2006, p. 45)

A storyball metaphor. I also use a "storyball" metaphor to discuss the learning position and mutual inquiry with my students. When I first meet a client and they begin to talk, it's as if they gesture to hand a storyball to me – a ball of intertwined threads of their life narratives and their current circumstance. I respond (Anderson, 2006):

> As they put the ball toward me, and while their hands are still on it, I gently place my hands on it but I do not take it from them. I begin to participate with them in the story telling, as I slowly look at/listen to the aspect that they are showing me. I try to learn about and understand their story by responding to them: I am curious, I pose questions, I make comments, and I gesture. In my experience, I find that this therapist learning position acts to spontaneously engage the client as a co-learner; it is as if the therapist's curiosity is contagious. In other words, what begins as one-way learning becomes a two-way, back-and-forth process of mutual learning as client and therapist co-explore the familiar and co-develop the new, shifting to a mutual inquiry of examining, questioning, wondering, and reflecting with each other. (p. 47)

My responses – whatever form they may take, whether questions, comments, gestures, etc. – are informed by and come from inside the conversation itself; they relate to what the client has just said or done. They are not informed by my "truth" about the client: what I think the client should be talking about, is really thinking, or should be doing. My responses are my way of participating in the conversation from a continually learning position and to insure that I understand as best I can, all to encourage the back-and-forth process that I call mutual inquiry and to engage the client in a new curiosity about themselves. Through the process of mutual inquiry the client begins to develop meanings for themselves and for the people and events that permit addressing the circumstances in their lives for which they sought consultation, as well as other possibilities with far-reaching effects. In other words, the newness comes from within the dialogical process. These possibilities or the newness, as mentioned above, may take infinite forms.

Through this joint activity, the client–family psychologist relationship and conversation begin to determine the process or method of inquiry; the process or method does not define the relationship and the conversation. That is, client and family psychologist create from *within* the present relationship and conversation in the moment as each moment unfolds, not from outside it or ahead of time. The family psychologist does not control the direction of the conversation or storytelling but participates in it. Together, client and family psychologist shape the storytelling, the re-telling, and the new telling, yielding a richness of novel, freshly seen possibilities and previously unimagined futures.

When working with a family I think of each member as coming with his or her own storyball. I want to make room for and show the importance I place on each one. It is not unusual for members to have different and sometimes competing story versions. These are part of the collective storytelling. I am interested in understanding each version;

I do not strive for consensus. I have found that the differences are important and that possibilities emerge from these differences as we engage with each other in the tellings and re-tellings.

Regardless of the number of people in the therapy room, an in-there-together connection and activity begin in which people talk with, not to, each other. Each member develops a sense of *belonging* which invites *participation*, which in turn invites *ownership* and a sense of *shared responsibility*.

I tend to talk with one person at a time, listening intensely to their story, and conveying with words and actions the importance for me of what they are saying. I respond with questions, comments, etc. that are informed by what they have just said, not by what I think they should be saying. My listening and responding are not modeling a way for family members to talk and interact with each other outside the therapy. Though they may do so, my intent is to help me listen, and importantly *hear*, their story and what is important to them. I want my responses to be congruent and not inadvertently steer the conversation in a different direction. In my response to the client and theirs to mine, meanings and understandings begin to be clarified, expanded, and altered. As one member of a family talks and the others listen, all parties begin to experience a difference in the story tellings and re-tellings. When a speaker has the room to fully express himself or herself without interruption and the others have equally full room for listening, all begin to have a different experience of each other and what is said and heard. When you are able to fully listen without sitting on the edge of your chair preparing a corrective response, you begin to hear and understand things in other ways.

Relational expertise

Both client and family psychologist bring expertise to the encounter. The client is an expert on themselves and their world; the family psychologist is an expert on a process and space for collaborative relationships and dialogical conversations. The focus on the expertise of the client does not deny the expertise of the family psychologist. It calls our attention to the client's wealth of know-how on his or her life and cautions us not to value, privilege, and worship the family psychologist as a better knower than the client. Again, I do not suggest that a professional lacks or pretends a lack of expertise. Of course, family psychologists have expertise, though from a collaborative perspective it is a different kind of expertise: it is a "know-how" in inviting and maintaining a space and process for collaborative relationships and dialogical conversations.

Not-knowing

Not-knowing refers to how a family psychologist thinks about the construction of knowledge and the intent and manner with which it is introduced into the therapy. It is a humble attitude about what the family psychologist thinks he or she might know and a belief that he or she does not have access to privileged information, can never fully

understand another person, and always needs to learn more about what has been said or not said.

A collaborative family psychologist keeps the emphasis on knowing *with* another instead of knowing another person, their circumstances, or the preferred outcome better than the person or beforehand. A collaborative family psychologist is aware of the risk that these knowings can place people in problem categories or identify them as members of a type of person. Such knowing can interfere with the family psychologist's ability to be interested in and learn about the uniqueness of that person and the novelty of their life. Knowing *with* is crucial to the dialogical process.

A not-knowing position does not mean the family psychologist does not know anything or can discard or not use what she or he knows (e.g., theoretical knowledge, clinical experience, life experience). Rather, the emphasis is on the intent, the manner, and the timing with which the family psychologist's knowing is introduced. The introduction of a family psychologist's knowledge is simply a way of participating in the conversation, offering food for thought and dialogue, and offering a way to continue to talk about what is already being addressed. Following the client's response, including being able to let go if the client is not interested, and refraining from private interpretations regarding the response are important.

Being public

Family psychologists also have private thoughts – whether in the form of professionally, personally, theoretically, or experientially informed understandings (such as diagnoses, judgments, or hypotheses). These thoughts influence how the family psychologist listens and hears, and inform his or her responses. From a collaborative stance, the family psychologist is open and generous with his or her invisible thoughts, making them visible, or what I call *being public*. Being public does not refer to what we traditionally think of as self-disclosure. Instead it has to do with the inner conversations that family psychologists have with themselves about the client and the therapy. Being public is offering food for thought and dialogue, putting forward possibilities of things to talk about or ways to talk about them. It is one way for the family psychologist to contribute to the conversation. I want to highlight the notion of *participate*; the intent is to *take part in* an unbiased manner and not to unduly steer the conversation or promote an idea or opinion.

When talking about their experiences of successful and unsuccessful therapy, I have consistently heard clients comment that they always wondered what the family psychologist really thought of them. They always wondered what was "behind" the family psychologist's questions. They felt that there was a private conversation about them that they were not part of.

Elsewhere I have articulated two grounds for making private thoughts public (Anderson, 2006). One, making private thoughts public invites what Bahktin (1986) refers to as responsive understanding. He suggests that, "A passive understanding of linguistic meaning is not understanding at all" (p. 281). Shotter (1984, 2004), influenced by

Wittgenstein, suggests a relational-responsive kind of understanding. In other words, understanding cannot take place unless both the speaker-listener and the listener-speaker are responsive to each other. An unresponsive inner conversation is in danger of leading to missed understanding or understanding that does not fit with that of the speaker or their intent (e.g., the client's).

Two, putting private inner talk or thoughts into spoken words produces something other than the thought or understanding itself. The expression of the thought organizes and re-forms it; therefore, it is altered in the process of articulation. The presence of the client and the context, along with other things, affect the words chosen and the manner in which they are presented. As well, the client then has the opportunity to respond to the family psychologist's inner thought. The response – in the many forms that it may take, such as expressing interest, confirming, questioning, or disregarding – will affect it.

Both put the family psychologist at risk for their inner talk becoming a monologue and contributing to the creation or maintenance of family psychologist–client monologue. By monologue I mean the same thought, like a tune in one's head that plays over and over again. When this happens, family psychologist and client side by side both sing their individual tunes and the conversation breaks down.

Living with uncertainty

Therapy conversations are more like natural talk in which each person's response informs and invites the other's response. The conversations are not guided by structured maps as to how the conversation should look or unfold; for instance, the pace or the sequence of what is talked about. Nor are they guided by pre-structured questions or other strategies. Conversations are a spontaneous activity in which client and family psychologist together create the paths and determine the destination. What is created is different from, and more than, what could have been created by one without the other.

When client and family psychologist engage in this kind of spontaneous endeavor, there is always an uncertainty about where they are headed and how they will get there. This does not ignore the fact that clients may come in with a pre-defined problem and a destination as well as expectations about how you will help them. They often do. It is not unlikely, however, that these will change through the course of the therapy conversations. As conversational partners, client and family psychologist coordinate their actions as they respond, making their path and destination unpredictable. What the path looks like, the detours along the way, and the final destination will vary from client to client, from family psychologist to family psychologist, and from situation to situation.

Put another way, no one knows how a story will unfold, how newness in it will emerge, or what the newness will look like when engaged in a collaborative relationship and dialogical conversation. Though there is nothing wrong with having an idea and comfort about where you are headed and how you will get there, surprises in the endless shifts and possibilities (e.g., thoughts, actions, meanings) of conversations emerge from the process. Trusting uncertainty involves taking a risk and being open to unforeseen change.

Mutually transforming

I have been trying to stress the mutuality of the therapy encounter. In this kind of *with-ness* relational process, each party is under the influence of the other(s) and hence each party, including the family psychologist, is as much at risk for change as any other. It is not a one-sided, family-psychologist-driven process, nor is the family psychologist passive and receptive. The family psychologist is actively involved in a complex interactive process of continuous response with the client, as well as with his or her own inner talk and experience. In other words, as conversational partners we continually coordinate our actions with each other as we respond with each other. And each of us is continuously influenced by the other. Therapy is an active process for both the client and the family psychologist.

Orienting toward everyday, ordinary life

Over my years of practicing, teaching, and consulting in various contexts and countries I saw that therapy, like all of life, is a social event. Though it takes place in a particular context with a particular agenda, therapy does not need to be a sacred event with high priests and commoners. It can resemble the way we interact and talk in everyday life, or the "naturally occurring interactional talk . . . through which people live their lives and conduct their everyday business" (Edwards, 2005, p. 257). As in everyday life, we search for how to know our "way about" and how to "go on." In therapy, participants strive for ways to move forward and carry on with their lives.

I have found it helpful to have a positive outlook regarding the people who consult me, regardless of their histories and circumstances. This includes a belief that the human species is naturally resilient and desires healthy relationships and qualities of life. I have also found it helpful not to be constrained by discourses of pathology and dysfunction. As I mentioned earlier, I do not think in terms of categories of people or kinds of problems, though of course if I looked for similarities across the board they could be found. This does not mean that I think diagnoses, for instance, should be thrown out the window, but rather I keep in mind that they, like other deficit discourses, can pose limits to possibilities. Instead, I have found it helpful to create more conventional frameworks of understanding *with* my clients that are less confining, more likely to yield an increased sense of personal agency, and more likely to hold the promise of different futures. I think of each person and each family I meet as one I have not met before. I am interested in learning about them and their distinctive circumstances from their perspective, and creating with them a unique response to what they are seeking consultation about. This is not to say that commonalities cannot be found if looked for or that I would never bring them into the discussion. Foremost is the intent with which I would do so, being open with the client about my intent, and open to being questioned about it as well. For instance, if I were seeing a client who wanted to use their insurance, I would be respectful of the insurance company's need for a diagnosis. I would have a discussion with the client regarding the need for a diagnosis and involve them in the designation.

Conclusion

If a family psychologist assumes the philosophical stance described here, they will naturally and spontaneously create a space that invites and encourages conversations and relationships in which clients and family psychologists "connect, collaborate, and construct" with each other (Anderson, 1997), and where each member will have a sense of participation, belonging, and ownership. All combine to promote effective outcomes and their sustainability. Because the philosophical stance becomes a natural and spontaneous way of being as a collaborative family psychologist, theory is not put into practice and techniques and skills are not employed as we usually think of them. Instead, the stance stems from a set of philosophical assumptions that inform a *way of being* in relationships and conversations that are collaborative and dialogical. In other words, the philosophical stance *is* a way of being that, as suggested above, sets the "tone" for the way in which we orient ourselves to be, respond, and act *with* another person. It invites them into shared engagement, mutual inquiry, and joint action – the process of generative and transforming dialogue (Anderson, 1997, 2001) – making collaborative therapy and other collaborative endeavors *withness insider* practices.

Notes

1 In discussing Wittgenstein's language game psychologist Lois Shawver (1995) quotes him as follows: "the term 'language game' is meant to bring into prominence the fact that the 'speaking' of language is part of an activity, or form of life." Continuing, she suggests that *language game* "refers to models of primitive language that Wittgenstein invents to clarify the working of language in general . . . The idea is that if we think in terms of language games, that is, if we ask how our language games are taught and how they are used, then we will begin to see past certain myths in our culture that trap us in misleading pictures of language processes and communication. Getting past these pictures will enable us to see human psychology with fresh eyes, but what we see with fresh eyes is not predetermined. Wittgenstein does not tell us what we will see. He simply helps us see past these ancient pictures because, quoting Wittgenstein, a 'picture' held us captive. And we could not get outside it, for it lay in our language and language seemed to repeat it to us inexorably."

2 Are there similarities between the notion of dialogue and Carl Rogers' notions of empathy and unconditional positive regard? Dialogue places emphasis on the relational and interactive aspects of understanding, while humanism has historically "been oriented to the individual" (Hoffman, 2002, p. 181). From a dialogical perspective neither is viewed as an internal therapist attribute but rather as a product of social interaction, the relationship (Anderson, 2001).

Resources

Houston Galveston Institute. http://www.talkhgi.com
Postmodern Therapy News: http://users.california.com/~rathbone/pmth.htm
Taos Institute. http://www.taosinstitute.net

References

Anderson, H. (1997). *Conversation, language and possibilities: A postmodern approach to therapy*. New York: Basic Books.

Anderson, H. (2001). Postmodern collaborative and person-centered therapies: What would Carl Rogers say? *Journal of Family Therapy*, *23*, 339–360.

Anderson, H., & Gehart, D. (Eds.). (2007). *Collaborative therapy: Relationships and conversations that make a difference*. New York: Routledge.

Anderson, H., & Goolishian, H. (1988). Human systems as linguistic systems: Evolving ideas about the implications for theory and practice. *Family Proces*s, *27*, 371–393.

Anderson, H., & Goolishian, H. (1992). The client is the expert. In K. Gergen & S. McNamee (Eds.), *Therapy as social construction*. Thousand Oaks, CA: Sage.

Anderson, H., & Jensen, P. (Eds.). (2007). *Innovations in the reflecting process: The inspiration of Tom Andersen*. London: Karnac Books.

Anscombe, G. E. M., & Anscombe, E. (2001). *Philosophical investigations: The German text with a revised English translation. 50th anniversary commemorative edition*. Malden, MA: Blackwell.

Bakhtin, M. (1986). *Speech, genre and other late essays* (W. McGee, Trans.). Austin: University of Texas Press.

Bennington, G. (2003). *Politics and friendship: A discussion with Jacques Derrida*. Retrieved November 24, 2007, from http://www.hydra.umn.edu:80/derrida/pol+fr.html

Edwards, D. (2005). Discursive psychology. In K. L. Fitch & R. E. Sanders (Eds.), *Handbook of language and social interaction* (pp. 257–273). Mahwah, NJ: Erlbaum.

Gadamer, H.-G. (1975). *Truth and method*. New York: Seabury.

Gergen, K. J. (1999). *An invitation to social construction*. Thousand Oaks, CA: Sage.

Hacking, I. (1999). *The social construction of what?* Cambridge, MA: Harvard University Press.

Hoffman, L. (2002). *Family therapy: An intimate history*. New York: Norton.

Holmquest, M. (1981). *The dialogic imagination: Four essays by M. M. Bakhtin* (C. Emerson & M. Holquist, Trans.). Austin: University of Texas Press.

Lyotard, J.-F. (1984). *The postmodern condition: A report on knowledge*. Minneapolis: University of Minnesota Press.

MacGregor, R., Ritchie, A. M., Serrano, A. C., Schuster, F. P., McDanald, E. C., & Goolishian, H. A. (1964). *Multiple impact therapy with families*. New York: McGraw-Hill.

Shawver, L. (1995). On Wittgenstein's concept of a language game. Retrieved March 1, 2008, from http://users.california.com/~rathbone/word.html

Shotter, J. (1984). *Social accountability and selfhood*. Oxford: Blackwell.

Shotter, J. (2004). *On the edge of social constructionism: "'Withness'"-thinking versus "'aboutness'"-thinking*. London: KCC Foundation.

Shotter, J. (2005). *Wittgenstein in practice: His philosophy of beginnings, and beginnings, and beginnings*. London: KCC Foundation.

Vygotsky, L. (1986). *Thought and language* (Alex Kozulin, Trans. and Rev.). Cambridge, MA: MIT Press.