

# Collaborative Relationships and Dialogic Conversations: Ideas for a Relationally Responsive Practice

HARLENE ANDERSON\*

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*The author presents a set of philosophical assumptions that provide a different language for thinking about and responding to the persistent questions: "How can our therapy practices have relevance for people's everyday lives in our fast changing world, what is this relevance, and who determines it?" "Why do some shapes of relationships and forms of talk engage while others alienate? Why do some invite possibilities and ways forward not imagined before and others imprison us?" The author then translates the assumptions to inform a therapist's philosophical stance: a way of being. Next, she discusses the distinguishing features of the stance and how it facilitates collaborative relationships and dialogic conversations that offer fertile means to creative ends for therapists and their clients.*

*Keywords: Collaborative Relationships; Dialogic Conversations; Philosophical Stance; Way of Being; Witness; Postmodern Therapy*

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As predicted when Harry Goolishian and I concluded our 1988 article *Human Systems as Linguistic Systems*, what seemed plausible ideas then have evolved over time. At that time we were immersed in exploring a language systems metaphor for our work, and had left behind mechanical cybernetic systems metaphors. No longer thinking of human systems as social systems defined by social organization, we viewed them as language systems distinguished by respective linguistic and communicative markers. Since then the language systems metaphor, although important, had faded into the background as I continued to explore other organizing metaphors for my practice experiences.

This article is one response to the persistent questions noted in the abstract: aimed toward becoming a more relationally responsive<sup>1</sup> practitioner. It focuses on the notion

of how particular kinds of relationships and conversations are key features to fitting our practices to the uniqueness of each person's circumstances and are inherently transforming.

We live and practice surrounded by fast-changing global and local landscapes that reflect social, cultural, political, and economic transformations. Concomitantly, we witness a forceful swelling plea from all corners of the world for democracy, social justice, and human rights. People want to participate, contribute, and share ownership. They demand respectful listening, responsiveness to their expressed needs, and to make the decisions regarding their lives. They refuse to be dismissed as numbers and categories, or to have their humanity violently dishonored and freedom suppressed. These demands force practitioners to reassess how we experience and understand the world, our clients, ourselves, and our roles as practitioners.

In considering these demands and questions, I draw from the works of diverse critical social thinkers within a movement that Shotter (2011) calls "practical philosophy" that includes interconnected assumptions from postmodern and contemporary hermeneutic philosophies and dialog, language, narrative, and social construction theories. These thinkers substantially contributed alternatives for a linguistic and narrative analysis of knowledge (e.g., truths, beliefs, and expertise) and knowledge systems, leading a movement away from an inherited classical view of assumed often invisible traditions of knowledge and related notions of language, understanding, interpretation, reality, subject-object dualism, and core self (Bakhtin, 1981, 1984, 1986; Bateson, 1972, 1979; Berger & Luckmann, 1966; Derrida, 1978; Edwards, 2005; Foucault, 1972; Gadamer, 1975; Garfinkle, 1967; Gergen, 1985, 1999, 2009; Habermas, 1973; Hacking, 1999; Heidegger, 1962; Lyotard, 1984; Maturana, 1978; Merleau-Ponty, 1962; Ricoeur, 1988, 1991; Rorty, 1979; Shotter, 1984, 2004, 2005, 2008, 2010; Trevarthen, 2004; Vygotsky, 1986; Wittgenstein, 1953). Over the last three decades, a number of practitioner-scholars within the psychotherapy disciplines—largely influenced by the above authors, clinical experiences, and contextual circumstances—became increasingly uneasy with psychotherapy practices based on these inherited traditions and began questioning their ability to meet the contemporary challenges clients and therapists face. Drawing from the alternative assumptions mentioned above, they developed practices referred to as conversational, dialogical, discursive, collaborative, open-dialog, reflecting, narrative, and solution-focused (Andersen, 1987, 1991; Anderson, 1997, 2007; Anderson & Gehart, 2007; Anderson & Goolishian, 1988; Anderson & Goolishian 1992; Anderson, Goolishian, & Winderman, 1986; Anderson, Goolishian, Pulliam, & Winderman, 1986; Cromby & Nightingale, 1999; Deissler, 1989; Freedman & Combs, 1996; Hoffman, 1981, 2002, 2007, 2008; Holzman, 1999; Katz & Shotter, 2004; McCarthy & Byrne, 1988; McDaniel, 1995; McNamee & Gergen, 1992; Neimeyer, 1998; Penn & Frankfurt, 1994; Roth, 2007; Seikkula et al., 1995; Seikkula & Olson, 2003; Shawver, 2005; Shotter, 1984, 1993, 2010; Stern, 2003; Strong & Paré, 2004; White & Epston, 1990). Following, I briefly discuss six assumptions that combined provide a different language for thinking about the persistent questions and approaching my practices.

## INTERCONNECTED PERSPECTIVE-ORIENTING ASSUMPTIONS

### Meta-Narratives and Knowledge Are Not Fundamental and Definitive

We are born, live, and educated within all-inclusive, monopolizing, and mostly invisible grand knowledge narratives, universal truths, and dominant discourses that

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\*Houston Galveston Institute, Houston, TX.

Correspondence concerning this article should be addressed to Harlene Anderson, Houston Galveston Institute, 3316 Mount Vernon, Houston, TX 77006. E-mail: [harleneanderson@earthlink.net](mailto:harleneanderson@earthlink.net)

<sup>1</sup>Drawing from Bakhtin, a term used by Katz & Shotter (Katz & Shotter, 1996; Shotter, 2008, 2010) that refers to understanding dialogically and captures the kind of relationship and conversation I want to have with a client.

we take for granted. The authority and conventions of these can seduce us into practices that are out of sync with contemporary societies and can be alien to the people we work with. As well, the often “hidden mechanisms of coercion” and power discrepancies that exist within our language, relationships, and societies can be “privileging and oppressing” (Lyotard 1984). Acknowledging the dualistic and hierarchical nature of our language and knowledge systems leads to an appeal to analyze the literal meaning of philosophical and literary texts, and our narratives. This in turn can lead to alternative meanings and hopefully a more just world.

The call is simply to propose that any knowledge—any discourse—should be subject to question or doubt, regarding its claims to truth. Importantly, these assumptions do not connote a meta-knowledge or -narrative nor a demand to abandon our inherited knowledge or discourses (i.e., psychological theories, a priori criteria).

### Generalizing Dominant Discourses, Meta-Narratives, and Universal Truths Is Seductive and Risky

Warnings about the potential temptation and consequences of grand narratives call us to view people and their life events as unfamiliar, exceptional, and extraordinary, and to engage with them accordingly. Otherwise, we continually navigate by our pre-knowing, see the familiar, and inevitably find what we think we know and look for, fill in the gaps, and proceed based on these. We should be cautious of the limitations and risks in assuming that dominant discourses, meta-narratives, and universal truths can be or should be generalized and applied across peoples, cultures, situations, or problems.

Such assumptions (e.g., theoretical scripts, standards of behavior) can inadvertently and convincingly lead us to look for similarities between individuals that create “artificial” categories, types, and classes (e.g., people, problems, or solutions). They inhibit our openness to the uniqueness and novelty of each person or group of people and their situation(s), and risk assuming that a perceived likeness is real or valid, depersonalizing the other, missing their specialness, and limiting our and their possibilities.

### Knowledge and Language Are Relational, Generative Social Processes

Knowledge and language are contextualized social, cultural, historical, and communal processes. Creating theories, ideas, truths, beliefs, realities, or how-tos is an interactive interpretive process of social discourse that occurs within knowledge communities and is produced in language; all parties contribute to their development and sustainability. This relational-dialogic activity, in turn, eliminates the dichotomy between “knower” and “not-knower.”

Language, as the medium of knowledge, is any mode or means we use to communicate, articulate, or express with others and with ourselves, using words, gestures, eyes, hands, etc.<sup>2</sup> Language, like knowledge, is active and creative rather than static and representational. Words are not mirrors that reflect a fixed meaning; they gain meaning as, and how, we use them. This includes the context in which we use them,

<sup>2</sup>I do not distinguish between the inherited psychotherapy concepts verbal or nonverbal. All forms are language.

our purpose and how we utter them (e.g., our tone, inflections, bodily movements, etc.). Wittgenstein (1953), among others, called attention to understanding language and words as relational, as bewitching us, and that the meanings of words are produced in their use. Bakhtin (1984) suggested that the use of language is always individual and contextualized and although a word is expressed by an individual, all utterances are the “*product of the interaction of the interlocutors . . . the product of the whole complex social situation in which it has occurred*” (p. 30).

The reciprocal relationship between language and change was suggested by Heidegger (1962) and Gadamer (1975), among others. Change or transformation is generated in language; it is part of the participatory process of understanding and is filled with uncertainty and risk.

### Local Knowledge Is Privileged

Local knowledge is the narratives—the wisdom, expertise, competencies, truths, values, customs, and language—created and used within a community of persons (e.g., people in a family, classroom, board room, factory team, or neighborhood). The unique nuanced meanings and understandings of the community members’ personal experiences influence the creation of practical, relevant, customized, and sustainable knowledge for its members. Importantly, local knowledge is always context bound and developed and influenced by the background of dominant discourses and narratives in which it is embedded.

### Dialog, Knowledge, and Language Are Inherently Transforming

Dialog is a form of communicative interaction that takes place between people in an exchange of utterances (Bakhtin, 1984). It is a dynamic form of talk in which participants<sup>3</sup> engage with each other (out loud) and with themselves (silently) to articulate, express, communicate.

In dialog, participants jointly examine, question, wonder, and reflect on the issues at hand. Through these two-way exchanges, participants try to understand each other and the uniqueness of the other’s language and meaning *from the other’s perspective, not theirs*. Participants do not assume that they know what the other intends or try to fill in meaning gaps. Rather than a search for facts or details, dialog seeks orientation. It is an (inter)active, a responsive process, rather than a passive one of surmising and understanding the other and their words based on preunderstanding such as a theory. In this process, local understandings come from within the conversation.

Dialog, knowledge, and language are evolving, immeasurable interactive social processes, suggesting their mutual transformative nature. “Transformation” or “transforming” seems a more appropriate descriptor than “change” or “changing” as in from-to. Transformation or transforming maintains focus on an ongoing process within the dialog. In living dialogic activity, each participant is influenced: we cannot remain static.

### Self Is a Relational-Dialogical Concept

These perspectives of dialog, knowledge, and language lend an alternative to the traditional notion of the self as a bounded, contained autonomous individual with a

<sup>3</sup>In dialog, a participant may be another or one’s self.

core self—the essential “me.” Our identities and those we attribute to others are relational and are constructed in dialog or conversation (Gergen, 2009). We speak, think, and act as the multiplicity of voices that inhabit each person. Narrating continually shapes and reshapes the person. What a dialogic construction of self permits is not the essence of a person but “will unfold an emerging, shifting and open horizon of human possibilities, which cannot be readily known in advance or outside the dialogue but emerges as a property of the ongoing dialogue itself” (Sampson, 2008, p. 24). We might say the self is a sociocultural construct unique to the broader and local discourses in which it occurs: perhaps the narrative multiple self is a rhizomatic<sup>4</sup> story (Sermijn, Devlieger, & Loots, 2008).

Similarly Vygotsky (1934/1962, 1986) and Trevarthen (2004), in addressing learning and development in infants and children, noted the linguistic, social, and historical context of creative thinking and cognition and the interdependent and intersubjective nature of their processes as social and individual. Challenging established theories of learning and development, they proposed that social, dialectical processes do not occur within the minds of an individual nor are they transmitted from the teacher to the learner. They occur instead within the social relationship in which the learner plays an active role in the “how and what” of learning and in which the teacher is likewise a learner. None suggests that the traditional notion of self is false but call for an alternative perspective that permits more freedom and flexibility in our thinking, acting, and future potentials.

In summary, these orienting assumptions and associated knowledge discourses do not call for the abandonment of knowledge traditions nor claim to be meta-narratives or -perspectives. Instead, they offer an alternative language that provides a particular orientation to clinical practice, and to the way we educate therapists and even approach life itself. They call for a habit of continual consideration, self-critique, and openness to critique by others. This requires what Schön (1983, 1987) describes as being a reflective practitioner in action: one who pauses and inquires to understand their theoretical underpinnings and to describe their practice as they do it. Theory and practice are thus reciprocally influenced and co-evolve as the practitioner becomes more thoughtful and accountable and makes new sense of each. This is essential to ethical practice.

These interrelated assumptions have gradually and steadily found appeal in family therapy and other psychotherapy disciplines and have inspired a new class of therapies, as mentioned above and, although they are on the margins, they have had a rhizomatic<sup>5</sup> influence (Deleuze & Guattari, 1987) on the development of an international community of practitioners, scholars, and educators. Relating the rhizome metaphor to the development and evolution of these therapies, as Norris (Bogue, 1989) suggests: developers and evolvers “impose no fixed and sedentary boundaries on a territory, but occupy a space to the extent of their capabilities and then move on. . . . Gradually they become less recognizable, more sprawling . . . [their cumulative works are] typically many years ahead of the academic disciplines and teaching disciplines that have obvious reasons of their own for preserving the *status quo*” (p. ix). The rhizome effect

<sup>4</sup>A rhizome is an open, decentralized, dynamic network with multiple entryways characterized by never-finalized multiplicities.

<sup>5</sup>Recently, family therapists Hoffman (2007) and Kinman (2001, 2006) called attention to the “rhizome” metaphor of Deleuze and Guattari (1987) to describe the growth and transformation of ideas and practices, their propagation and expansion, the surprising forms they take, and where they pop up.

keeps these assumptions alive and fluid—living in our practices—as an evolving response to the demands of our changing world and the people we work with and thus a constant challenge to the status quo.

### FERTILE MEANS TO CREATIVE ENDS: THE THERAPIST'S WAY OF BEING

These assumptions provide a different language for considering and responding to the persistent questions noted above. They offer fertile means to creative ends.

Importantly, the assumptions play a key role in the attitude with which a therapist approaches therapy: the way we think about ourselves, the people we work with, and the environment and process in which we engage them. They suggest more a philosophy of therapy than a theory (an explanatory map that informs, predicts, and yields standardized procedures, structured steps, categories, etc.). Philosophy seems a better fit because I emphasize a *way of being with* versus a system of doing for, to, or about. Without applying standardized procedures, etc., is there similarity in collaborative-dialogic therapy from one situation or person to the next? And if so, what is it?

Yes, the similarity is the *philosophical stance* a therapist assumes: the *way of being* (Anderson, 1997, 2007) a particular kind of person, including our thinking, talking, acting, orienting, connecting, and responding with the other: it is a way of positioning oneself with. *With* is the significant word, suggesting a *witness* process of orienting and re-orienting oneself to the other (Anderson, 2007, 2009; Hoffman, 2007; Shotter, 2004, 2005, 2008, 2010). Shotter (1993) writes that witness (dialogical)-thinking and-acting means being spontaneously responsive to another person and to unfolding events: knowing and acting “from within’ the moment” rather than aboutness (monological)-thinking and -acting from outside. Hoffman (2007) suggests that a witness relationship is “one that is as communal and collective as it is intimate.” By contrast, the external or aboutness response is not intimate: we turn away from the person to analyze from a discrete distant place—a theoretical schema—and then turn back to them with a response influenced by it. This manner of being is how you are, not what you do. It is about being poised: composed, calmed, and readied to spontaneously respond in the current situation and whatever it calls for (Anderson, 1997, 2007; Shotter, 2010). The situation itself informs this poise. Poise is not something you do but a state, a condition of becoming balanced by moving. The therapist is “being in the moment” of the narrative fragments, moving within and along with them (Goolishian and Anderson, n.d.). Engagement dialogically in the present moment contrasts with monological nonengagement (Anderson, 1997, 2007; Anderson & Goolishian, 1988). Monological refers to the domination of a single voice, or multiple single voices, to the exclusion of not being able to entertain others. Participants become like solo skyscrapers that exist side by side without connecting doors, windows, or bridges. Being in the present entails spontaneous on-the-spot responding, not preplanned or technical responding. It demands an authentic response finely matched to the momentary local situation (Stern, 2003) and to the person and relationship. Both Shotter and Stern talk about the present moment and the opportunities in it that are absent when you are on a prescribed course. Stern and others suggest that change occurs in a present moment in therapy or in what he calls “now moments” and “moments of meeting.” Yet despite a person’s *sense* of “now,” the now moment is a punctuation and description of a moment in an ongoing process. Each person has their unique punctuation and description. In therapy, there is no assurance that client and therapist will agree on a

significant moment that they associate with change. Interestingly, clients often report change and “ah ha” moments as occurring outside the therapy room, attributing them to events or circumstances in their everyday life or a different way of understanding something but not being able to pinpoint a “cause.” Here are the words of a woman that I met in a consultation concerning a long-time family issue; she spontaneously emailed me a follow-up on the events that had taken place after the session: “I really cannot figure out why my attitude changed but I welcome this change.” Here are the words of a mother who observed her adult daughter’s therapy session: “. . . the implicit became explicit, not during the therapy session but afterwards. . . . I don’t know why but I felt the need to talk with my family so they would not feel so much responsibility.”

Despite common identifiable features, there is no one way of being a collaborative-conversational therapist. Each therapist’s style and expression of the features will be creatively unique, invented, and customized with each client and their circumstances and desires. If the practice is not formulaic, not replicable across people or problems, then what does a therapist do and how?

### COLLABORATIVE RELATIONSHIP AND DIALOGICAL CONVERSATION

Relationships and conversations are inseparable and influence each other. The manner of engagement—the way we develop a relationship with another person— influences the kind and quality of conversations that we can have with each other, and likewise the conversations we begin to have with each other will influence the kind and quality of our relationships.

“Collaborative relationship” refers to how we orient ourselves to be, act, and respond so the other person shares the engagement and “joint action” (Shotter, 1984) or what I call mutual inquiry (Anderson, 1997, 2009; Anderson & Gehart, 2007). Shotter suggests that we all live in joint action: meeting and interacting with one another in mutually responsive ways. As relational beings who mutually influence each other, our “selves” cannot be separated from the relationship systems we are a part of. Although we always speak an ambiguous and different language than one another, as Bakhtin (1981) suggests, our speaking and language always include the other person’s intentions and meanings: our response is always influenced by and is a product of the relationship and interactions with the other, and the context.

Saint George and Wulff (2011) suggest that “The beauty of collaborating is that there are no set roles; there is a flexibility and fluidity that allows for leading and following to be in motion.” Collaborating does, however, require room for each person to be unconditionally present, and for their contribution to be equally appreciated and valued. A sense of being appreciated and valued leads to a sense of belonging, which leads to a sense of participating, which then leads to a sense of co-owning and sharing responsibility. All combine to make therapy and other forms of practice *witness-insider* practices. The content, process, and outcome of therapy are mutually determined by the participants and unfold as they interact with each other; they are not determined by a lineal progression prestructure. Such practice is naturally collaborative and generative and promotes customized and sustainable outcomes. (Anderson, 1997, 2007; Shotter, 1993).

“Dialogic conversation” involves mutual inquiry: an engaged connection of sharing, exploring, crisscrossing, and weaving of ideas, thoughts, opinions, and feelings

through which newness and possibility emerge. Responding, a critical feature of dialog, is an interactive two-way process. We are always responding: there is no such thing as a lack of response. For every utterance, gesture, or silence, the receiver interprets and responds in turn. How we respond to each other (including attitude, manner, timing, and tone) is critical to the framework, parameter, and opportunity for the development and quality of generativity and possibility.

Conversational partners generate knowledge and other newness far more creative, abundant, and specific to the local context and the partners’ needs than any member could accomplish alone. The therapist creates the condition for the success of this partnership. The question: “How can practitioners invite and facilitate the condition and the metaphorical space for dialog—the conversational partnership?”

### THE PHILOSOPHICAL STANCE: ACTION-ORIENTING SENSITIVITIES

The philosophical stance has seven distinct interrelated features that serve as action-orienting sensitivities<sup>6</sup> for the therapist’s way of being: mutual inquiry, relational expertise, not-knowing, being public, living with uncertainty, mutually transforming, and orienting toward everyday ordinary life. Together they describe how a therapist thinks about the relationship and conversation with a client and cultivates a metaphorical “space” for them.

#### Mutual Inquiry

Mutual inquiry involves an in-there-together process in which two or more people put their heads together to address the reason for the conversation. Through this joint activity, client and therapist determine the process of inquiry and shape the story-telling, re-telling, and new telling. They create, from within the present local relationship and conversation and as each moment unfolds, the path they will walk and the way to walk it. To set the stage for mutual inquiry, a therapist should be hospitable and open to learning.

#### *The therapist is a hospitable host and guest*

Mutual inquiry entails hospitality or, as Derrida (Bennington, 2003) suggests, unconditional hospitality. Hospitality involves subtleties and nuances of greetings and meetings that shape the tone and quality of the relationship and conversation, and consequently their potential (Anderson, 1997, 2007). The therapist is both a temporary host and guest in the client’s life. In my teaching, I ask my students to think about how they like to be received as a guest and to describe the qualities of a good host. 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 (Anderson, 2007)? The host’s posture, attitude, actions, responses, and tone must communicate to the guest their special importance as a unique human being who is recognized and appreciated, and whose stories are worth telling and hearing. Likewise, I ask learners to think about being a good guest: what does a guest do that makes them welcomed

<sup>6</sup>Shotter speaks of action-guiding advisories or sensitivities; this idea connects to the notion of *witness* and refers to how we might orient ourselves with others and our surroundings, what we might do in our moment-to-moment participations.

and invited back? These are sensitivities they want to adopt to be a good guest and host in a client's life.

The host-guest metaphor emphasizes the notion that a client is like a foreigner coming to a strange land and the importance of being courteous, sensitive to their uneasiness, and careful to not intrude. Said simply, it is about being mannerly and creating a companionship-like relationship.

*What begins as one-way curiosity shifts to two-way curiosity*

With my students, I use a "story ball" metaphor to discuss the invitation to mutual inquiry (Anderson, 2007, 2009).<sup>7</sup> When a client begins to talk, it is as if they present an intangible gift, a *story ball* of the intertwined narrative fragments of their life and current circumstance for which they seek consultation. The gift—a ball formed of 1,000 shredded pages of a life story—is their invitation to a therapist to momentarily enter their lives on their terms. There are multiple entryways but I pay careful attention to the ones they present to me and want to maintain coherence. I respond (Anderson, 2007):

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 [and carefully] look/listen to the fragment 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)

*Responding is a way of participating in the conversation, not steering it*

My responses are offered as a way of participating in the conversation. They are not offered to guide the conversation. A therapist cannot unilaterally steer the conversation. Each participant's response influences its formation and direction. Whether a comment, question, nod, or silence, my responses are informed from inside the conversation and relate to what a client has said; they are not brought in from outside the conversation, nor informed by what I think a client should talk about or how, nor by some perceived "truth" about a client. I am always learning more about their story fragments, checking-out if I understand what they hope I understand, engaging their curiosity and encouraging the back and forth mutual inquiry of dialog. Through this dialogic process, a client begins to develop new understandings and meanings of the familiar for themselves and the people and events in their lives that may take boundless forms.

In multiple member conversations, each member comes with their own story ball. In such collective storytelling, it is not unusual for members to have different, even conflicting or competing story versions. I do not strive for consensus, having found that the differences are important and that possibilities emerge from these differences as we engage with each other. Regardless of the number of persons, the process

<sup>7</sup>See <http://vimeo.com/10815790> for a discussion of the story ball metaphor as part of mutual or shared inquiry.

emerges as an in-there-together connection and activity in which people begin to talk naturally with, not to, each other.

*Speaking, listening, and hearing are equally important to dialog*

With multiple participants in a session, I tend to talk with one person at a time while the others listen. I engage intensely with each story and convey with words and actions the importance of each person's version. My responses—questions, comments, etc.—are informed by what each has said, not by what I think they should say. I maintain coherence, stay in rhythm, with their story and its telling and do not want my responses to inadvertently lead the conversation's content or manner. As one speaks, the others stay in my peripheral vision.

When a speaker has room to fully express him- or herself without interruption and the others have equally full room for listening, clients have a different experience of each other and what is being said and heard. Likewise, when a person can fully listen without the need to prepare their response or prematurely respond (e.g., interrupting by correcting or finishing another's sentence) they have the opportunity to hear and understand the familiar in other ways. I often pause and turn to another person eager to hear their story version, curious about their inner thoughts as the other and I talked. Putting silent inner thoughts into spoken words further forms them as they are spoken: a generative process of creating the "not-yet-said" and the seeds of newness. For instance, I talked with a young woman who was trying to make a tough decision and she had invited her sister to the session. At one point, I paused and turned to the sister and asked her what she had been thinking as the two of us talked. Her response: "In listening to my sister, it became very clear to me for the first time that she was looking for support from the community. I always thought she was looking for support from the family, but she had that." The young woman had not said anything she had not said before, but the sister heard it differently.

My listening and responding are not intended to model how family members might talk and interact with each other inside or outside the therapy; rather to help me hear their story and understand what is important to them. I distinguish between listening and hearing. Attentive, careful listening does not guarantee I will hear (understand) what the other person wants me to hear. Listening and hearing require speaking: all are active processes.

**Relational Expertise**

Relational expertise refers to creating local knowledge together. Client and therapist each bring a particular expertise to the encounter: clients are experts on themselves and their lives; therapists on a process and space for collaborative relationships and dialogic conversations. They jointly develop expertise or knowledge that is an intersubjectively shared form of knowing "*from within* a situation, a group, social institution or society" that is jointly and spontaneously constructed (Shotter, 2008, pp. 16–17).

The focus, however, is on a client's expertise, spotlighting their wealth of know-how on their life. In this vein, a client also helps orchestrate *their* therapy, having a voice in decisions about it such as who should be talking with whom, when, where, and about what. If a therapist has an opinion, for instance, about the membership of



therapy, they would express it, give the reason for it, and encourage discussion. Yet, at the same time they would respect a client's strong preference.

A therapist does not deny expertise, pretend to lack it, nor downplay it. From a collaborative perspective, importance is placed on a different kind of therapist expertise: a "know-how" in inviting and maintaining a space and process for collaborative relationship and dialogical conversation. I would not assume that I know better than a couple about how to deal with betrayal or forgiveness. We can talk about an issue in many ways and I can introduce my ideas but I want to be careful about my intent, timing, and manner. For instance, when there is an opportunity for me to speak I might say: "While you were talking I was remembering a research article that I read recently about betrayal and forgiveness in couples. The couples had somewhat similar but not exactly the issue you are struggling with. Would you be interested in hearing what the article said?" I pay careful attention to their response and do not place a value on or interpret interest or disinterest. If they indicate disinterest, then I let it go. I am careful not to value, privilege, nor revere myself as a better knower than a client.

### Not-Knowing

Not-knowing is a concept that refers to a therapist's orientation to knowledge, primarily to three things: (1) the way a therapist conceptualizes the creation of knowledge, (2) the intent with which a therapist uses their knowledge, and (3) the manner, attitude, and timing with which they introduce it. It emphasizes "knowing with," or "relational knowledge": the local construction of knowledge created between people in the moment-by-moment therapy exchanges. A therapist humbly expresses what he or she thinks they might know and holds a belief that they do not have access to privileged information, can never fully understand another person, and always needs to learn more about what has been expressed or expressions yet-to-come. *Knowing with* is crucial to the dialogical process.

A therapist does not pretend to not know or withhold knowledge of any kind. They bring all their knowledge with them into the therapy room and it is always a resource for the conversation. Introducing it is a means of participating in the conversation, offering food for thought and dialog, posing it as another way to think and talk about the subject matter. It is important to place emphasis on the intent, attitude, manner, and timing with which a therapist introduces it. The intent would not be to promote it nor persist if the client's response indicated a nonfit or noninterest. The attitude and manner must communicate "this is a possibility," and its introduction must have some congruence with the current conversation.

### Being Public

In interviewing clients over a number of years about their experiences of therapists, some wondered about their therapist's silent thoughts, what did the therapist really think about them, what was "behind" a therapist's questions.

Therapists, of course, have private thoughts—professional, personal, theoretical, or experiential informed (i.e., diagnoses, judgments, or hypotheses). These thoughts influence how a therapist listens and hears and shape their responses. From a collaborative stance, a therapist is open and generous with their thoughts, making them evident or *being public* (Anderson, 1997, 2007). Being public has two advantages: one, it

is a respectful, courteous, and generative action; and two, it can prevent a therapist's inner talk from slipping into a monolog.

This is not about self-disclosure: it is about the inner conversations that therapists have with themselves about a client and the therapy. Being public is offering possibilities of things to talk about and ways to talk about them. The intent is to *take part in* an unbiased manner and not to maneuver the conversation by promoting or holding onto an idea, opinion, or line of inquiry with which the client does not resonate. Most important, a client has the opportunity to respond to a therapist's inner thought and "knowledge," inviting responses that can take many forms—showing interest, agreeing, questioning, or disregarding.

Thoughts are altered in their articulation: speaking private inner talk or thoughts organizes, re-forms, and creates something other than the thought itself. The presence of a client and the context also influence the articulation, affecting the words a therapist chooses and the manner in which they are presented.

An undisclosed and unresponsive inner conversation risks leading to and perpetuating therapist understanding that does not fit with a client's and therapist inner dialog collapsing into monolog. Being public can minimize the risk of a therapist's inner talk (dialog) breaking down and the potentiality of therapist-client monolog: each sing their monological tune without hearing the other and the dialogic conversation can "breakdown" (Anderson, 1997, pp. 124–125). A therapist must notice when they slip into monolog, consider it an opportunity, and be prepared to do what it takes to make their conversation more dialogical.

### Living With Uncertainty

The therapy relationships and conversations that I refer to are not guided by structured maps with preformed questions or strategies that determine how the conversation should look or unfold. This includes what is talked about, how it is talked about, and the pace of the talking. Without a set map and accompanying directions, there is always an uncertainty about where client and therapist are headed and how they will get there. Clients, of course, often come with a predefined problem and a solution-destination as well as expectations about therapist and therapy. Yet these often change through the course of the therapy conversations.

As conversational partners, client and therapist together naturally make their path and destination. Neither can know the path a story will take, how it will unfold, and what newness will emerge. The path itself detours along the way as surprises in the endless shifts of talking together appear during the process. What is created is different from and more than what could have been created by one without the other.

Therapy conversations from this perspective are more like everyday conversations which are spontaneous and do not naturally follow a predetermined sequence. As in everyday talk, therapy conversations are not always smooth and predictable: they can meander, pause, sputter, and stall and can entail disharmony, disagreement, and tension.

Uncertainty is inherent in this kind of spontaneous, unplanned situation. A therapist's ability to trust uncertainty is important and involves taking a risk and being open to the unforeseen. This requires an attitude of being "prepared" (Shotter, 2010): being poised to respond to whatever response comes from the other or whatever the occasion calls for (Anderson, 1997, 2007). "An attitude of being 'prepared'" refers to

something other than planning. A therapist cannot plan ahead but can have a way of thinking that permits them to respond spontaneously and fittingly.

### Mutually Transforming

Therapy is a mutually transforming process for all members. Each person is under the influence of the other(s); hence, each is at-risk for change. The process is not an one-sided, unilateral therapist-driven activity, nor is a therapist merely passive and receptive. A therapist is actively involved in a complex interactive process of continuous response with a client, as well as with his or her own inner talk and experience. As conversational partners we continually coordinate our actions as we respond with and thus affect each other.

### Orienting Toward Everyday Ordinary Life

From years of practicing, teaching, and consulting in various contexts, cultures, and countries, I feel that therapy, like any facet of life, is simply one kind of social occasion which takes place in a particular environment with a particular agenda. It can resemble the way we interact and talk in everyday life: the "naturally occurring interactional talk . . . through which people live their lives and conduct their everyday business" (Edwards, 2005, p. 257). In therapy, as Wittgenstein suggests of everyday life, people search for ways to move forward and carry on.

I find it helpful to have a positive view of those who consult me regardless of their histories and circumstances, and to believe that people are naturally resilient and desire healthy relationships and qualities of life. I do not find it helpful to think in terms of major versus minor problems but as challenges that are part of life. Similarly, I find it helpful not to be constrained by discourses of pathology and dysfunction such as diagnoses, which like any deficit discourse can potentially limit our eventual success (Gergen, Hoffman, & Anderson, 1996). Diagnostic-associated identity for instance can imprison a person in that identity and hinder self-agency. I want to create more local understandings with clients that are least restrictive and have potential for agency and promise for possibility identities and different futures.

### In Conclusion

I turn to Shotter's (2010) words about the special nature of living things (people):

Something very special occurs when two or more living beings meet and begin to *respond* to each other (more happens than them merely having an *impact* on one another) . . . there is the creation . . . of qualitatively new, quite novel and distinct forms of life . . . which are more than merely averaged or mixed *chiasmically* structured forms of dynamic unfolding (pp. 2–3).

The orienting-assumptions discussed invite a way of being with others—a philosophical stance. In this *witness* way of being, a therapist is a human being encountering another, and is able to be more relationally responsive with them. The therapy relationship becomes less hierarchical, the process more mutual, and the outcome more locally tailored.

Through future relationships and conversations, these assumptions and the practices that flow from them will shift and evolve as we continue to try to understand the complex dialogic nature of living, therapy, and transformation and to practice more

effectively. As Hoffman (2007) says, "There is no endpoint toward which this movement of ours is trending. It is only a folk quilt, and its only purpose is to keep us warm at night" (p. 78).

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## Producing Evidence of a Miracle: Exemplars of Therapy Conversation With a Survivor of Torture

LAURIE L. CHARLÉS\*

*This article illustrates the termination sessions of a therapy case with a survivor of torture, displaced to the United States after facing targeted persecution in his home country. Using methods of qualitative research in the naturalistic paradigm, I examine the case of the client's torture rehabilitation experience through his descriptions and evaluation of the therapy process. Excerpts from the dialogue of the final 2 sessions, during which we discussed the client's past and future through the miracle question, are highlighted in this article. A case is made for further multimodal qualitative analyses of therapy conversation with this population.*

*Keywords:* Miracle Question; Asylum; Conversation Analysis; Talk and Text; War and Torture; Clinical Evidence Moment-to-Moment Interaction

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### INTRODUCTION

You don't believe it until you see it with your own eyes. We tell people who will never believe our ordeal—A lot of people are still in the dark. If you have evidence, if you have a picture, whatever, a documentary, to show people, it's only then that they will be convinced that it is true.—Client

Discussions of the therapy process from a client's perspective are not uncommon in the family therapy literature; however, they are nearly nonexistent in the extant literature on clients who are torture survivors. It is not because torture rehabilitation professionals do not recognize the importance of clients' perspectives and stories. On the contrary, understanding how to best help displaced persons and individuals affected by war and torture is a major element of numerous torture treatment

\*Fletcher School of Law and Diplomacy, Tufts University, Boston, MA.

Correspondence concerning this article should be addressed to Laurie L. Charlés, Fletcher School of Law and Diplomacy, Tufts University, 160 Packard Avenue, Boston, MA 02155. E-mail: laurie.charles@tufts.edu