

Learning New Ideas and Practices Together

A co-operative inquiry into learning to use Johnella Bird's
relational language-making approach in couples therapy

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To my father Bjørn Ness and my mother Solveig Irene Skavhaug Ness

To my precious daughters, Elise and Iselin

To my dearest wife, Kjersti

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ABSTRACT

This dissertation recounts the process and experiences of five family therapists (including myself) from the Trondheim Family Therapy Centre, in learning Johnella Bird's relational language-making practices. Adapting John Heron's Co-operative Inquiry, we engaged in a collaborative learning process with an added focus on making sense of our learning process itself. Through reading, viewing videotaped demonstrations, participating in group discussions, practicing, sharing personal reflections, and receiving feedback from couples as clients, we learned to use Johnella Bird's relational language-making practices. Using Adele E. Clarke's Situational Analysis, we mapped data from many audio-recorded and transcribed conversations to show different aspects of the learning process, depicting its complexities. Three key aspects were identified using Situational Analysis. These key aspects emphasize our experiences from the group's learning: (a) Collaborative learning projects are useful to professionals' development in their daily practice at a therapy centre, (b) Learning as part of a collegial group is helpful for therapists to stay fresh in practice, and (c) Using video-recordings for self-supervision, group supervision, and for eliciting client feedback from watching the video together with their clients, is a useful resource for therapists in learning new ideas and practices. Challenges faced by our team in learning together are discussed, as are this study's strengths and limitations, as along with suggestions for future research. While challenging, learning together with workplace colleagues, and from client feedback, can be helpful to therapists' ongoing professional development.

Key words: Johnella Bird, couples therapy, training, supervision, client feedback, relational language-making, co-operative inquiry, comprehensive process analysis, situational analysis

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CHAPTER I: INTRODUCTION

The research of this dissertation is about a collaborative learning project based on shared learning experiences among five family therapists at the Trondheim Family Therapy Centre (TFTC), including myself. I was interested in understanding Norwegian family therapists' learning experiences as we developed and optimized new conversational practices in working with families and each other at the TFTC. Specifically, we were learning to use New Zealand therapist Johnella Birds' (2000, 2004a, 2004b, 2005, 2006a, 2006b, 2008) *relational language-making approach*, and we shared all facets of our learning such as instruction and reading, self-monitored practice (including videotapes of practice), group feedback and client feedback. These learning experiences will yield insights into how therapists acquire competence in using conversational practices derived from social constructionist theory.

My Interest: The Ethics of Collaboration

I am interested in therapists' use of language, and how therapists work with their clients' use of language in therapeutic conversations with couples – particularly when partners in couple therapy present two conflicting versions of the problems in their relationship. In meeting these conflicting versions as a therapist, I had a sense that the clients expected that they could forward their point of view and that I, the therapist, would point out which version was more normal, true or valid. This posed a dilemma for me as I sought to intervene without imposing my professional expertise or judgments on my clients, drawing on the ethics of a collaborative, participatory stance in therapy. Furthermore, this dilemma made me feel caught between two positions, which is similar to Johnella Birds' two questions (2004a, p. 36):

- Do I expose these (the clients') ideas by presenting an alternative version/explanation of life events? If I do not do this, will I be supporting the ongoing oppression of these clients?
- If I do expose these ideas, will my clients experience me as another agent of control?

While encountering this dilemma as a student of family therapy, I was introduced to the ideas of New Zealand therapist Johnella Bird from a colleague at the Trondheim Family Therapy Centre. Johnella Bird is a therapist, co-founder, and co-director of The Family Therapy Centre in Auckland, New Zealand, and I will write about her in Chapter Three. Bird (2000, 2004a, 2004b, 2006a) emphasizes a collaborative search for a better relational language: therapists negotiating such languages with clients; and therapists helping relationship partners negotiate such language with each other. She focuses on a conversational and collaborative approach in which clients are invited to reflect upon the advantages and disadvantages of particular constructions of life events facilitated through dialogue. She invites couples to join her in exploring the effects that language has had on them en route to negotiating new linguistic possibilities for their relationship (Ness & Strong, in print). From this point of view my research advisor, Dr. Tom Strong, suggested that I read Lynn Hoffman (2002), who suggested that, when partners speak and understand from conflicting discourses, a third agreeable (i.e. to each partner) discourse may be required to enable a dialogue where the prior, conflicting discourse could not. This view is reflected in

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Bird's writings (2000, 2004a), in which partners in a relationship present conflicting truths in couples therapy.

Along with reading about Johnella Bird's approach to therapeutic conversations, I became intrigued by the related postmodern, social constructionist approaches to family therapy (e.g., narrative therapy, solution-focused therapy and the collaborative language systems approach) in which attention is drawn to discourse and clients' use of language. I learned that constructionist therapists claimed they were doing exactly what I was hoping to understand about therapists' crucial use of language. They claimed they were being interventive in their responses to clients without becoming impositional (Andersen, 1991; Anderson, 1997; McNamee & Gergen, 1992). For example, Karl Tomm (1992) suggested that *therapeutic violence* could result when therapists insist on using their meaning or fails to engage with their clients' meanings.

I also became interested in Russian philosopher Mikhail Bakhtin's (1981, 1984) view of meaning, which, among other things, is focused on what takes place in communication between people in immediate relationships, as these communications relate to their cultural surroundings. For Bakhtin (1981, 1984), our words are never really *ours* alone; they come with prior claims on their meaning, and people then use them in particular ways to fit their conversations with others. In this sense, the words and ways of talking used by partners in a relationship, as well as between therapists and clients, have both representational and relational qualities. In other words, clients' and therapists' language *stands in* for a particular thing or experience which has been described, while its use also shapes developments between partners in a relationship.

Social constructionist therapists view language as being useful in putting shared meaning to words, though more importantly; they look upon such words as preferred outcomes of ongoing human negotiations. Even so, such negotiations can break down, stabilize into meanings worth extending (or not), or be problematically obscured by conceptions of language which have universal meanings – our meanings – at the expense of those taken up by others. In the meantime, relationships continue as the affected backdrop for such negotiations or their failure. While partners may disagree on specific meanings, their relationships can be strained by disagreements expressed in either/or terms, which then lose an agreeable sense of negotiability. In part, this refers to a conversational flexibility that is needed in order to find a shared and apt language for (in Wittgenstein's terminology from 1953) *going on* together.

In conversations, speakers often find themselves speaking from abstract positions, which frequently take the form of statements such as *this is what I believe*, *this is true*, *this is right*, and *this is wrong*. These abstractions can serve as invitations to debate. Inviting others to speak from a personal or significant story of experience tends to invite dialogue, newness and surprise (McNamee, 2004), which in turn gives the possibility for people to engage in a less abstract type of conversation than one of debating abstract positions. People can be responsive to what they imagine that their conversational other will say based on their relationship's history. If they are truly attentive to the process of relating, they extend possibilities for being relationally responsible (McNamee & Gergen, 1999).

Talking with clients and using language focused on these collaborative ethics, I sensed that partners in relationships started to negotiate meaning between themselves in a more constructive and less blaming way in therapy. As a result, I started to wonder how both therapists and clients experienced this attention to language. What were their interpretations of this ethic of collaboration in therapeutic conversations, and how as therapists could my colleagues and I learn from client feedback?

It was at approximately this time that I was accepted into the Taos Institute-Tilburg University PhD program and Dr. Tom Strong from the University of Calgary was appointed

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as my advisor. He encouraged me to conduct a collaborative learning project in which colleagues from my workplace at the Trondheim Family Therapy Centre (TFTC) in Norway could participate in a collaborative action research project in attempting to understand what therapists learn from when developing and optimizing new conversational practices. In this ethic of collaborative learning, we will learn from each other in supervision, in addition to learning from our clients.

My next challenge was to identify a research method that would help me to understand therapists' learning experiences in acquiring competence by the use of Johnella Bird's collaborative conversational practices, including client feedback.

Collaborative Action Research Approach – Co-operative Inquiry

My search for a suitable research method in attempting to understand learning experiences for developing new conversational practices at my own workplace, together with practitioner colleagues and client feedback – brought me to the field of action research (Coghlan & Brannick, 2005; Greenwood & Levin, 2007; Reason & Bradbury, 2008; Zuber-Skerrit, 1992). John Heron's *Co-operative Inquiry* (1996) also suited my research for focusing on participative, person-centered inquiry, which carries out research *with* people, not *on* or *about* them.

Co-operative Inquiry involves two or more people researching a topic based on their own experience, using a series of cycles in which they move between that experience and reflecting together on it. In addition to that, the therapist participants (including my self) wrote about our experiences and reflections in a research journal.

Supplementing my use of Co-operative inquiry, I chose to use Comprehensive Process Analysis (CPA) (Elliott, Shapiro, Fith-Cozens, Stiles, Hardy, Llewelyn & Margison, 1994) to elicit further accounts from the experience of collecting data. CPA is a form of *stimulated recall* (Gass & Mackey, 2000), in which one replays video passages where one is the participant so as to better stimulate recollections about their participation in those passages. This method would help participating therapists identify practices from their own work that they could reflect on, and that could inform their journal reflections and comments within our supervision group. Such significant events would occur when Bird's practices were used. The therapist participants audiotaped the clients' feedback and comments regarding video passages they selected for the practices used, in order to optimize their use of these practices.

To guide my analysis of the data described above, I used *Situational Analysis* (Clarke, 2005) from the qualitative Grounded Theory tradition (Charmaz, 2006; Glaser & Strauss, 1967). Situational Analysis combines Grounded Theory with a postmodern theory, in an innovative method that uses different maps for a social situation to analyze a wide range of narrative, discourse and visual data. This analytic approach uses situations as the locus of inquiry rather than actions or processes, and emphasizes partialities, positionalities and contradictions that portray the complex nature of the social world (Allen, 2010).

Purpose and Question Answered

The purpose of this study was to investigate therapists' (including mine) developing experiences as they learned and optimized new conversational practices at the Trondheim Family Therapy Centre. Specifically, I used *Situational Analysis* (Clarke, 2005) to map out our learning of Johnella Bird's conversational practices from instruction and reading, self-supervision (including videotapes of practice) and group feedback meant to enhance competence in couple therapy. A further purpose of this study was to develop competence in using Johnella Bird's conversational practices through client feedback. Thus, my goal in this

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dissertation was to summarize our learning experiences in ways that are useful to therapists and therapist educators. Accordingly, I addressed the following general research question:

How do therapists interpret their experiences as they learn to use Johnella Bird's relational language-making approach from readings, discussions, supervision, reviews of videotaped practice, and client comments?

Rationale and Significance of the Project

In unique ways, this research continues a dialogue on the ethics of collaboration (Anderson, 2007; Strong & Sutherland, 2007). First, this research inquires into therapists' use of language, and how therapists work with clients' use of language in therapeutic conversations with couples. Although much has been written on social constructionism and its implications for family therapy practice, further research is needed to better document the claims made by constructionist therapists working with language in therapeutic conversations (McNamee, 2004).

My concern in undertaking this research was to study how therapists learn and optimize new conversational practices in therapeutic conversations in relation to the ethics of collaboration and trying not to impose their professional expertise on clients. I also focused on therapists' awareness of how shifts in their uses of language occur when using Johnella Bird's conversational practices in couple therapy. Additionally, this research would yield understandings that could be helpful to practitioners conducting research and professional development projects at their workplaces associated with learning and implementing new conversational practices.

Chapter Breakdown

The first four chapters of this dissertation will reveal how I came to my research question, as well as the specific methods of inquiry and analyses utilized. In Chapter 2, I will critically review the relevant literature as it pertains to a theoretical context of language use and therapeutic conversations from a social constructionist approach to practice. Here, I will also explicate social constructionist theory as it can inform therapy, supervision and research practice. In Chapter 3, I will introduce Johnella Bird's relational language-making approach, which is the learning focus of participant therapists in this research. Chapter 4 moves into the methodological considerations related to this research, culminating in a detailed explication of the research methods used in this study such as participant recruitment, data collection and data analysis. In Chapter 5, I present the study's findings, while Chapter 6 will conclude by summarizing the participant therapists' (including my own) shared learning experiences in ways useful for other therapists and therapist educators.

CHAPTER II: SOCIAL CONSTRUCTIONISM

The research of this dissertation concerns how five therapists acquired competence in using conversational practices from Johnella Bird's relational language-making approach to couples therapy. It was also about the ethics of collaboration and how the therapists involved in this study saw meaning negotiated in therapeutic conversations. The central activity of this research was a shared learning project derived from social constructionist theory.

Social constructionist approaches to family therapy are now a generation old, and there are several historical versions presented (e.g., Andersen, 1991; de Shazer, 1994; Gergen, 1994, 2009a, 2009b; Seikkula, 2008; Shotter, 1993). To guide readers, I will use this chapter to address the origins of social constructionism. I will explore the ways in which the social constructionist approach to language use and meaning-making is seen as negotiated through conversations in a socio-cultural context. I will also look at how social constructionist theory has been carried out in practice, supervision and research.

Initially, I will introduce social constructionism in general, and then I will present two broad forms of social constructionist theory. The first is *micro social constructionism*, which focuses on how language is used in communicative interaction. The second is *macro social constructionism*,¹ which focuses upon linguistic, power and social structures in framing social and psychological life (Burr, 2003; Danziger, 1997) and meaning-making. After introducing the origins of social construction, I will focus on applying social constructionist theory in practices such as therapy, supervision and research.

Introduction to Social Constructionism

Social constructionist ideas derive from the broader postmodern movement (Phillip, Guy & Lowe, 2007), which emerged in the early 1980s as a response to certain modernist assumptions. Rejecting the modernist assumption of a knowable objective reality accompanied rejection of a singular and external truth and its counterpart: a desire for certainty (Doan, 1998; Flaskas, 2002). Thus, the postmodern critique has led to various theories and ideas of practice, as social constructionism has offered and reflected diverse ways of understanding the social world and our experience of it. Postmodernism is a term that refers to late 20th century movements in art, architecture, literature and cultural studies (Anderson, 1997, 2007; Burr, 2003). It contests assumptions underlying intellectual and artistic life that has been around since the period of the Enlightenment (roughly, the mid-18th century). The Enlightenment engaged scientists to search for truth and to understand the objectifiable and universally true nature of reality through applying reason and rationality (Burr, 2003; Shotter, 1993).

Moving to social constructionism was a departure from the Structural-Functionalism that dominated the 1950s and 1960s (Flaskas, 2002). Structural-Functionalism is a theory that sees society as built upon objectively identifiable structures of order, interrelation and balance among parts as a means of maintaining the functioning of the whole. Structural-Functionalism views shared norms and values as the structural basis of society, and focuses on a social order based on tacit agreements (*rules*) between groups and organizations, where social change is thought to occur in a slow and orderly fashion. Structuralists overlook the role that their use of language plays in dividing the world into particular structures of

¹ Danziger (1997) characterizes the difference in focus as "light" and "dark" social constructionism. I have adopted Vivien Burr's (2003, p. 21) terms "micro" and "macro" social constructionism to refer to the same two broad approaches.

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experience. For Foucault (1978, 1989), such dividing practices were at the heart of his poststructuralist concerns: Who gets to do this dividing, using what linguistic practices and names? A related piece from the philosophy of science comes from Newton's view that the universe of experience is basically a *tinkerable machine* (Strong, 2007). What comes from this view is *discovering* that structures permit people to generalize from their experience with such structures, and from their generalizations they can purportedly control the structures or combinations of structures.

Social constructionist thinkers decisively break with the modernist and structuralist framing of an objective and external social world, one which humans can come to know in a direct way, unmediated by social processes and products of knowledge. The alternative view offered by social constructionists is of a social world that comes to be known via our interpreted interactions with it, with such interpreted knowledge being socially constructed in a shared language (Anderson & Goolishian, 1988; Gergen 1982, 1985, 1994, 2009a, 2009b; Hoffman, 1990, Shotter, 1993). As a consequence, social constructionists question and reject the modernists' fundamental and legitimizing Truths with a capital *T* (Anderson & Gehart, 2007).

For a modernist, the world is simply out there, available for empirically verifiable observation (Gergen, 2001). In contrast, a social constructionist will argue that how one understands reality is not by an exact replica of what is *out there*, but instead is variably mediated according to socially or communally shared language use. Social constructionist thinkers emphasize that people's beliefs about the world, and about what constitutes reality for them, are social constructions, not a reflection or map of experience where beliefs and meanings that evolve from conversations with other people (Rorty, 1981). It is through an interactive process of using language that people can construct and share their common understandings of reality (Goldenberg & Goldenberg, 2004).

Since the social world is the product of social processes, it follows that there cannot be a predetermined nature to this world (Burr, 2003). Social constructionists take a critical stance toward people's taken-for-granted ways of understanding (Anderson & Gehart, 2007; Gergen, 1994), and regarding established truths, are concerned with the power and authority that such truths accord (Anderson & Gehart, 2007). From this perspective, the universal and taken-for-granted truths that people acquire are not inevitable, nor are they fixed or stable. Instead, truth and knowledge are communal and relational constructions or products of negotiation that change with social context (Anderson & Gehart, 2007).

Social constructionists reject the notion that knowledge comes from directly perceiving reality. If knowledge of the world, or an understanding of it, is not derived from a culturally unmediated nature of how the world *really is*, social constructionists will instead focus on how people construct understandings of it between them (Gergen, 1994, 2009a, 2009b). It is through people's everyday social interactions that linguistic understandings of experience become constructed and acted upon (Garfinkel, 1967; Lock & Strong, 2010). What is necessary are constructions people can live by; and therefore social interaction, particularly language use, is of great interest to social constructionists (Anderson, 1997).

I will now introduce you to two broad forms of social constructionist theory: the first being *micro social constructionism* and the second being *macro social constructionism*. These two forms should not be seen as mutually exclusive (Burkitt, 1999; Burr, 2003), but rather as complementary.

Micro Social Constructionism

In this section, I will introduce the views of a number of authors in relation to meaning-making and the understanding that takes place within everyday discourse between

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people in interaction, which is commonly referred to as *micro social constructionism* (Burkitt, 1999; Burr, 2003; Danziger, 1997). Micro social constructionism is a broad strand of social constructionist theory that focuses on *bottom-up* constructions of how meaning is accomplished and worked through in dialogue and relationships, as opposed to *top-down* constructions purported in macro social constructionist theory, such as by Burr (2003). Micro social constructionism is frequently referred to in the work of a number of authors such as Kenneth J. Gergen (1994, 1999, 2009a, 2009b) and John Shotter (1993, 2009), even though John Shotter himself has lately referred to his version of social constructionism as both *ontological social constructionism* (Corcoran, 2008) and *social ecology*² (Lock & Strong, 2010, p. 329). Both Shotter and Gergen are central figures in elaborating and legitimating the approach in contemporary psychology termed *social constructionism* (Lock & Strong, 2010). However, this term has also been used to refer to the work of discourse psychologists (e.g., Billig, 1996; Edwards & Potter, 1992; Potter & Wetherell, 1987). I do not intend to capture the breadth of Gergen's and Shotter's work, but will selectively draw from some of their ideas that inform my research and approach to therapeutic practice.

First, I will give a short introduction to Kenneth J. Gergen's work and then subsequently consider his perspective on *meaning as coordinated action*. Next, I will discuss his focus on *the centrality and primacy of language*, and lastly, I will consider his social constructionist and *postmodern* views on the self. These ideas should be seen as complementary rather than singular concepts.

Kenneth J. Gergen.

Kenneth J. Gergen, a North American social psychologist and research professor, is regarded by many (e.g., Anderson, 1997; Flaskas, 2002) as one of the *leading proponents* of social constructionism. Early in his career, he developed concerns about psychology's historical approach to knowledge and mainstream psychology's natural scientific stance to knowledge and understanding. In his article entitled "Social Psychology as History" (1973), Gergen argued that the *laws* and principles of social interaction are variable over time, and that the scientific knowledge generated by social psychologists influences the phenomena it is meant to passively describe. Gergen challenged psychologists' social use of their knowledge as *scientifically warranted*, and called for "a more humble, historically grounded psychology" (Lock & Strong, 2010, p. 297). After this article, Gergen contributed extensively to what came to be defined as the social constructionist field. In an early book, *Toward a Transformation in Social Knowledge* (1982), he challenged modern psychology's stance that social science could yield foundational knowledge – that there could be *correct* psychological theorizing – and he suggested that there were inevitable shortcomings in singular and predictive accounts of psychological development. A concise description of his concerns regarding the psychological sciences, in addition to an articulation of the benefits of a social constructionist approach to psychology, was offered through his article, "The Social Constructionist Movement in Modern Psychology" (1985).

Gergen was occupied by relational constructions of self and challenged mainstream psychology's view of self as given and knowable, as well as the common individualistic views of human behavior in psychology. In his book *The Saturated Self* (1991), he offers a wide-ranging account of *self* that goes beyond the narrow essentialist consideration of self found in most psychology textbooks (Lock & Strong, 2010). This is also a concern in his book *Realities and Relationships* (1994), in which Gergen further articulates his major

² *Social ecology* is a term John Shotter recently returned to. He first coined the term in his book *Social Accountability and Selfhood* in 1984.

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elements of social constructionism (e.g., *relational* constructions of self). In Gergen's recent (2009b), *Relational Being*, he replaces the traditional concerns he has with the individual and community by illuminating the significance of relationships.

Gergen has also written about how a social constructionist perspective can be utilized in therapeutic conversations through his co-edited book with Sheila McNamee, *Therapy as Social Construction* (1992), and in *Therapeutic Realities* (2006). Some of Gergen's theoretical concepts, such as his focus on *meaning as coordinated action*, merit further explication.

Meaning as coordinated action. Gergen's challenge of psychology's individualistic views is important to social constructionism. He argues that these traditional views are deeply problematic, for insisting that meaning originates within the individual mind, that words (and other actions) are outward expressions of the inner workings of the mind, and that utterances can be correctly deciphered within the minds of others (Gergen, 1994). One of Gergen's central and more recent concerns revolves around the argumentation that meanings are generated, sustained and disrupted in relationships (1994, 2009b). He reasoned that actions in themselves have no meaning; they acquire meaning only as they are supplemented by the actions of others (Gergen, 1994). Thus, "meaning can be seen as a by-product of relatedness" (McNamee & Gergen, 1992, p. 14). From Gergen's viewpoint, the basic idea and premise of social constructionism is that it is from within relationships that people construct the world in which they live (Gergen, 2009b). He argues that the production of meaning requires socially coordinated action, and is not simply an exchange of words alone: "When people coordinate actions (e.g., gestures) together, they are also co-creating meaning" (Gergen, 2009a, p. 98). In his writings (2004, 2009a), he asks readers to consider that people cannot simply observe and understand phenomena (e.g., trees, buildings, women, men, etc.) other than by using socially *agreeable* language and forms of reasoning. In other words, Gergen (2006) claims: "that the individual agent is de-emphasized as the source of meaning; attention moves from the *within* to the *between*" (p. 34), with regard to people.

The centrality and primacy of language use. One of Gergen's central tenets is that meanings and understandings of the world are achieved through coordination both among and between persons. Gergen (1994, 2009a) asserts that the central vehicle by which people coordinate meaning and action is through language, and that this coordination is done by such actions as negotiations, agreements and comparing views. Gergen's (2009a) view, that meaning emerges within and from relationships, is connected to a major shift in how language use can be understood. He describes: "the traditional view of language as a reflection of the world – as pictures or maps of events and objects" (p. 34). This view of the *picture metaphor* is linked to an assumption that truth can be carried by language, and that some language (i.e., scientific language) is closer to the TRUTH than others (Gergen, 2009a). As an alternative to the *picture metaphor*, he refers the reader to the work of the 20th century philosopher, Ludwig Wittgenstein, particularly to Wittgenstein's account of language from his later, seminal *Philosophical Investigations* (1953). Wittgenstein replaces the *picture metaphor* with the *language game metaphor*. Wittgenstein used the term "language-game" (1953, Section 5e) to designate forms of language which are simpler than the entirety of a language itself. The concept of the language game is based on the analogy that the rules of language use (grammar) are comparable to the rules of games. This comparison shows that only in the various and multiform activities of human life do words acquire activity-specific meanings (de Shazer, 1994; Gergen, 1994). Words then gain their meaning through the requirements of the "game" (e.g., economic class is an important term in sociology, and offside is an essential term in soccer). As the *language game metaphor* suggests, as people relate to each other they can develop reasonable patterns of coordination about what is acceptable or not within the game (Gergen, 2009a).

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The relational self. Gergen has concerns about how the self has been depicted and researched by psychologists. While most psychologists start from a view of self as given and knowable, he challenges this view. Much of his concern is related to the social and relational difficulties that follow from an individualistic conception of self (1994). He is concerned about psychology's apparent fixation on the consistency (read: personality) of the self (Lock & Strong, 2010; McNamee, 2010). As he wrote: "the 'self' can be understood as both a process and a structural definition consistent with 'the system of concepts available to the person in attempting to define himself'" (Gergen, 1977, p. 23). By emphasizing and enacting particular descriptions of the self, one can constrain people's (or their own) resourceful and collaborative ways of interacting with each other.

Gergen (1994) proposes a relational view of self based on discursive positioning. He argues that the concept of self is not merely up to the individuals themselves to structure, but is created instead within "discourses" about the self. Rather than seeing the self as the product of a community, he sees it as coming into existence within the discourses of relationships. This happens through language – moving from an individualist self to the idea of a *relational self* (Gergen, 2009b). The relational self is therefore a means by which persons can abandon an exclusive and isolated sense of self for a sense of self derived from and through interactions with others. If it is clear that one party in a relationship cannot insist on how the other party understands them, then people turn to alternate actions and words to acquire understandings of self that can work in their relationships (Lock & Strong, 2010).

I will next discuss John Shotter and some of his ideas. First, I will give a brief introduction to his writings and then I will examine his term *joint action*. Next, I will explain how Shotter sees *human realities as negotiated*. Later, I will introduce his way of thinking about *social accountability*. These themes should also be seen as complementary rather than singular concepts.

John Shotter.

Along with Gergen, John Shotter, a Professor of Communication, also finds much to criticize in mainstream psychology's essentialist approach to understanding humans as social beings. As Lock and Strong (2010) emphasize in their book *Social Constructionism*: "Shotter brings big picture ideas to the immediacies of dialogue and in this manner he plays an important role in translating thinkers outside psychology like Wittgenstein (1953, 1980), Bakhtin (1981, 1986), Garfinkel (1967) and Vygotsky (1962, 1978) into terms relevant to front line practice." (Lock & Strong, 2010, p. 354)

Like Gergen, John Shotter is influenced by Ludwig Wittgenstein's ideas (1953) such as language games, in which human communication patterns occur through the use of tools (e.g., words) and actions (e.g., speech/conversation/utterances/gestures).

Shotter has made extensive contributions to the field of contemporary social constructionism. One of his most important works, *Social Accountability and Selfhood* (1984), considers the accountability one has to others when interacting. In his book, *Conversational Realities* (1993), he claims that human realities are negotiated through conversations. In 2008, he revised *Conversational Realities* to *Conversational Realities Revisited*. In his first version, he presents a *rhetorical-responsive* version of social constructionism, in which he is preoccupied with how people use language rhetorically to negotiate and create meaning in relationships. In his revised version, he moves into a more *relationally-responsive* version in which he de-emphasizes the rhetorical-responsive way of using language and focuses more on people's spontaneous, living and bodily responsiveness with each other (2008). Shotter also coined the term *joint action*.

Joint action. John Shotter's focus is on dialogic activities between people in their

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daily life (1984). He emphasizes the complex and unaccounted for interdependencies between people, which he calls *joint action* (1980, 1984). In his later work (2006, 2008), he refers to this as *dialogically-structured activity* (drawing on Bakhtin, 1981, 1984, 1986), and *chiasmically intertwined activity* (drawing on Bateson, 1972; Merleau-Ponty, 1968). Joint action occurs when people interact with one another in mutually responsive ways (Shotter, 1993). It is an activity people do together – “a spontaneous, unselfconscious, unknowing (although not unknowledgeable) kind of activity” (Shotter, 1993, p.47). Shotter (1995) describes social practices or “joint action” as responsive activities in which practical psychological knowledge directs what takes place for the people involved. Similarly, for Corcoran (2008), “Human beings answer (i.e. we act) in response to the calls made within our dialogically structured contexts” (p. 3). In a personal comment (cited in Lock & Strong, 2010), Shotter wrote, “What happens between people, between you and me, is neither wholly yours nor mine, but ours – but neither wholly ours either, for we must be responsive to those over there too” (p. 331). Shotter is suggesting getting away from the idea that what people say and do somehow emanates from internal psychic structures such as personality. When people interact, their talk cannot be seen as the result of either person’s prior intentions; rather, their talk arises from within and results from their joint action – their dialogue (Burr, 2003).

Human realities are negotiated. Shotter describes social practices, or *joint action*, as responsive activities in which practical/moral psychological knowledge directs what occurs for those involved (Shotter, 1995; Corcoran, 2008). He emphasizes that people learn to understand meaning through how others respond to their actions and utterances (Shotter, 1993). Shotter draws on Garfinkel’s (1967) assertion that “shared understandings and meanings are developed or negotiated between people over a period of time, in an ongoing conversation” (Shotter, 1993, p. 1).

Shotter (1993) is influenced by the ideas of the Russian philosopher Mikhail Bakhtin. Bakhtin (1981) took a dialogical and similarly relational approach to language and words, writing such phrases as:

The word is born in dialogue as a living rejoinder within it; the word is shaped in dialogic interaction with an alien word that is already in the object. A word forms a concept of its own object in a dialogic way. (p. 279)

For Bakhtin (1984), language *lives* only in the dialogic interaction of those who make use of it. Meaning is focused on what happens between people in immediate relationships, drawing from broader, formalized communications used by others in their cultural surroundings. It is in such *between* relationships that speakers and listeners restructure formalized meanings. In Bakhtin’s sense, meaning is sustained or developed in the back and forth of dialogue.

According to Bakhtin (1981, 1984), our words are never really *ours* alone; they come with prior claims as to their meaning, and are then used in particular ways to fit one’s discussions with others. Thus, any word’s meaning is social if it is used in *agreed to* ways to suit conversational partners and oneself. Straying too far from this agreed to use can lead to misunderstandings or disagreements. It is when these types of misunderstandings and disagreements arise that those words and meanings stop being negotiable, as pointed out by Foucault (1972), which is similar to Wittgenstein’s (1953) idea of letting the *use* of a word teach us its meaning.

Social accountability. In *Social Accountability and Selfhood* (1984), Shotter confronted the issue of social accountability. He approached “the problem – that of what it is to be an autonomous, responsible person” (p. 37) by claiming that people’s accounting practices (i.e. how they hold each other accountable) are deeply embedded in their everyday

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activities. Shotter drew on American sociologist Harold Garfinkel's writing on accountability in his *Studies in Ethnomethodology*, which was published in 1967. For Garfinkel, accountability refers to the continual co-construction of membership in action (Eriksén, 2002) through how people act in recognizable and agreeable ways as they make sense of their activities and each other. Another important part of accountability is that people who share a social circumstance hold each other accountable to socially familiar understandings and actions (Shotter, 1984). This also comes up in what Foucault (1972) refers to as discursive practice – the shared but tacit rules that prescribe what can be said and done within discourse and relationships.

Shotter's perspective is founded on the sense of accountability that people may have and develop for their own actions, together with their ability to recognize the social consequences of those actions. He contends that people want others to recognize that their actions are intelligible and accountable, and so they also have to make their actions intelligible to themselves when performing them. To be accepted by others in society as reasonable, they have to demonstrate that they can self-monitor, being aware of both their own actions and the social consequences that stem from them. However, as he claims, "Accounting then, in this account of it, is the activity in which people, methodically, by use of established 'but as yet unaccounted for' accounting practices embedded in their everyday activities, actively *make* themselves accountable to one another." (Shotter, 1984, p. 182)

Macro Social Constructionism

After focusing on micro social constructionism, I will now turn to the other vein of social constructionist theory called *macro social constructionism*, which acknowledges the constructive power of language. Macro social constructionists see discourse as being embedded in the power relations that form systems of constraint which regulate social actions (Burkitt, 1999) that draw on, among others, the work of poststructuralist French philosophers such as Michel Foucault.

Michel Foucault.

Michel Foucault's work has been enormously influential in recent social science and humanities scholarship and covers a wide range of analyses such as: *madness* (1965), *illness* (1975), *criminality* (1977) and *sexuality* (1985). His analyses identified concepts and their related cultural and institutional discourses, by which people were labeled insane, sick, criminal or perverted. Such labeling and discourse enabled ways by which people could be separated, sequestered and oppressed on the basis of such practices (Freedman & Combs, 1996, p. 37). I will now outline Foucault's ideas about *discourse* and *discourse and power*.

Discourse. Foucault was interested in the rules and practices that produced meaningful statements and regulated discourse in different historical periods (Dreyfus & Rabinow, 1986; Hall, 2008). Foucault's concern was with the powers and oppressions of language. He studied *discourse*, not language as a system of representation. Stuart Hall (1997) argues that discourse was traditionally used as a linguistic concept. Nonetheless, Foucault gave it a different meaning. He approached discourse from a different perspective as outlined in his early work, *The Archeology of knowledge* (1972):

(...) the term discourse can be defined as the group of statements that belong to a single system or formation; thus I shall be able to speak of clinical discourse, economic discourse, the discourse of natural history, psychiatric discourse. (Foucault 1972, pp. 107-8)

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Foucault (1972) argued that discourse is a way of representing the knowledge about a particular topic at a particular historical moment. Human discourse constructs the topic, and defines and produces the objects of our knowledge. Foucault further argues that discourse produces knowledge through language (Hall, 2001) and influences how ideas are put into practice, which is then used to regulate the conduct of others. Hence, discourse governs the way in which a topic can be talked about and reasoned in a way that is meaningful to people (Hall, 2001). However, discourse organizes people's thoughts and interactions, although what essentially enables a discourse to *govern* is how people hold each other to speaking and thinking from within a discourse. A discourse without the people to reinforce each other's expected use of *it* has no governing power unto itself (Garfinkel, 1967). This relates to what I describe as *discursive practices* below. So from this perspective: "meaning is understood as constructed through discourse, and nothing has any meaning outside of discourse" (Hall, 1997, p. 75).

Discourse and power. Foucault traces the role of discourses to wider social processes of legitimization and power by emphasizing the construction of current truths, how they are maintained and what power relations they carry with them. Discourses are not just systems of representation, but are also the bases of actions or *discursive practices* that shape the world and what is possible to do within them. Discursive practices are characterized by the delimitation of a field of objects, such as the definition of a legitimate perspective for the *knowledgeable* person, and the fixing of norms for the elaboration of concepts and theories. Thus, "discursive practice implies a play of prescriptions that designate exclusions and choices" (Foucault, 1977, p. 199). The effect of these discursive practices is to make it virtually impossible to think outside them. By definition, to think outside the discursive practices is to be mad, to be beyond comprehension and therefore reason (Young, 1981). Similarly, Lock and Strong (2010) came up with the phrase "acceptably familiar" (p. 352) to get at this discursive exclusivity. In a social context in which several discourses are at play, such as political discourses, conservatives can treat liberal assertions as unacceptable. Like Heidegger's world, Foucault's seems to imply there could only be a single dominant discourse when contemporary life is often the site of more. In this way one can see how discursive rules are linked to the exercise of power and how the forms of discourse are both constituted by, and ensure reproduction of the social system, through forms of selection, exclusion and domination (Young, 1981).

Foucault theorized that discourse is a medium through which power relations produce speaking subjects. His goal was to fully understand power relations, that is, how mechanisms of power affect everyday lives (Townly, 1993). According to Foucault (1980), power is relational and becomes apparent when exercised. Thus, power is not associated with a particular institution, but with social practices (Townly, 1993). Consequently, Foucault was occupied with *how* power happens, how it operates and what its strategies or techniques are, rather than *who* exercises power (Brown, 2007).

No individual can hold power alone because power does not emanate from one source. Foucault (1973) claimed that "power is everywhere: not because it embraces everything, but because it comes from everywhere..." (p. 93). In a sense, power is inscribed in people's social forms – in ways of being, and in the spaces that are taken up by people (Foucault, 1980; Paechter, 1998). Heidegger (1962) speaks of people being *thrown* in to an already engaged social circumstance. Power is not a *thing* that individuals can gain, possess and then lose (Burkitt, 1999; Foucault, 1979, 1982). Power has to be thought of as an interlocking series of relationships which produce a *configuration*. Deleuze and Guattari (1987) described this as an *assemblage* that appears to have a logic and strategy, but is not designed by any single person or group. Power therefore inheres in our institutions and our relationships, in the ways people relate to each other and in the language people use with each other (Paechter, 1998).

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Power and knowledge are inseparable: power produces knowledge. In *Discipline & Punish*, Michel Foucault (1979) tells us that:

perhaps ... we should abandon a whole tradition that allows us to imagine that knowledge can exist only where power relations are suspended and that knowledge can develop only outside its injunctions, its demands and its interests We should admit that power produces knowledge (and not simply by encouraging it because it serves power or by applying it because it is useful); that power and knowledge directly imply one another. (p. 27)

Power and knowledge go hand-in-hand, and are joined together in discourse. As Foucault wrote:

The exercise of power itself creates and causes to emerge new objects of knowledge and accumulates new bodies of information (...) the exercise of power perpetually creates knowledge and, conversely, knowledge constantly induces effects of power... It is not possible for power to be exercised without knowledge, it is impossible for knowledge not to engender power. (1980, p. 52)

Power is therefore not reducible to the discursive because it also takes the form of social relations or institutionalized practices in which discourses are lodged (Burkitt, 1999).

Blending Micro and Macro Social Constructionism

In the introduction to this chapter, I argued that the two broad forms of social constructionist theory, micro and macro, should be seen as complementary rather than mutually exclusive. In this section I will argue how micro and macro social constructionist versions can blend.

Micro social constructionists emphasize the ongoing construction of meaning in the immediacies of everyday dialogues in which discourse is used in joint activities or relationships, or as *pragmatics* (Gergen, 1994; Shotter, 1993). Macro social constructionists, however, consider power as a discursive product, as the possession of a warranting voice (Gergen, 1989; Burkitt, 1999). This perspective draws on the ideas of Foucault, who claimed that power is not reducible to the discursive because it also takes the form of social relations or institutional practices in which discourses are lodged (Burkitt, 1999). As claimed by Foucault, “power and knowledge always go hand-in-hand and that they are joined together in discourse” (Foucault, 1979, p. 100). Similarly, Burkitt wrote, “power is not reducible to the discursive, because it also takes the form of social relations or institutionalized practices in which discourses are lodged” (p. 70).

In accordance with Burkitt (1999), I agree, “the issue of power relations needs to be taken in account of in any form of social understanding.” (p. 70). The macro conceptualization of power claimed by Foucault can often give an impression that people are constantly trapped within power relations and domination from which there is no historical escape. Foucault’s concerns point to people’s taken for granted reproduction of these macro power relations in their micro social interactions. So, a blending of the micro and macro perspectives of social constructionism may result in a reconstructed version of constructionism that is more nuanced in its analysis of power. Further, this subtle nuance of power analysis will help to create links between macro levels of society (e.g., political institutions, the economy) and the everyday (micro) world where interactions are taking place.

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Burkitt (1999) argues that one of the problems with Foucault's view on power is that he thought that one system of power and domination would simply be replaced by another through a process of eternal recurrence. Foucault's analyses of power (1980) portray individuals as being regulated and subjectified by discursive practices, but ignore the fact that people are joint authors of discourses within contexts and interactions (Burkitt, 1999; Guilfoyle, 2003). Following *discursive psychology* (Potter & Edwards, 1992), Burkitt suggests that putting more of an emphasis on relations of communication would "lighten" (p. 71) Foucault's version of the limitations on human possibilities. There is a deterministic side to Foucault that once inside a discourse, people can only say and do what the discourse permits. Lock and Strong (2010) refer to this as the "dark side of discursive thinking" (p. 257). Going beyond the either/or-ness (Derrida, 1978) of micro and macro social constructionism, an analysis of power from both versions "will aid in understanding the connections between structure (macro) and agency (micro), or, rather the issue of the degree to which human actions are enabled and constrained by the "social structures" we act within" (Burkitt, 1999, p. 70).

Bringing micro and macro social constructionism together can be seen as a useful kind of *tension*. People are not prisoners of discourse, though they are not free to say or do whatever they want. People's actions (micro) are shaped by the macro, but people shape the macro as well. Resistance to dominance is important because that can highlight how a current discourse is historically and culturally shaped.

After elaborating on the origins of social constructionism, I will now turn to how social constructionism is taken up and applied to therapy.

Therapy as a Social Construction

There has been an increasing amount of interest in how postmodern and social constructionist ideas have been applied to therapy over the past decade as an alternative to "certainties for modernism" (Phillip et al., 2007, p. 54).

Social constructionists suggest that there is no correct way of understanding or communicating human experience or only one absolute truth for reality. From this perspective, therapy is conceived as a relational process where new understandings and actions can be *negotiated*, *constructed* or *de-constructed* (e.g., McNamee & Gergen, 1992; Parker, 1999; Strong, 2004).

In the past few decades, several approaches to therapy developed from a social constructionist perspective, such as *solution focused therapy* (de Shazer, 1985), *collaborative therapy* (Anderson, 2007; Anderson & Goolishian, 1988), *narrative therapy* (White & Epston, 1990) and *reflective processes* (Andersen, 1987). Borrowing from the words of Sheila McNamee (2004), I will focus more broadly in the present chapter on therapy from a social constructionist perspective, rather than as a particular model:

Therapy as social construction centers attention not on any particular form of practice, nor on any specific activity a therapist might bring into therapeutic context. Instead, therapy as social construction centers on *how* a therapist might bring particular forms of practice or conceptual bases into conversation. In short, it is an issue of *how* not (necessarily) *what*. (p. 254)

In their co-edited book *Therapy as Social Construction* (1992), Sheila McNamee and Kenneth J. Gergen brought together experienced family therapists (e.g., Tom Andersen, Harlene Anderson, Harold Goolishian, Michael White, Lynn Hoffman and Gianfranco Ceccin) and researchers (e.g., Karl Tomm, Sheila McNamee, and Kenneth J. Gergen) who

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have developed an “affinity” (Danziger, 1997, p. 403) with social constructionism through their therapeutic work with families. As therapists, the contributors to this book came to an understanding, that in working with families in a therapeutic context, they also needed to include themselves in a system of clients *and* therapists. These therapists propose that therapeutic interventions are *co-constructions* between therapists and clients. By shifting to an understanding of individual problems as being socially constructed within the family, these therapists and researchers propose that the therapeutic process is also socially constructed (McNamee & Gergen, 1992; Danziger, 1997).

Conversation as therapeutic practice.

McNamee (2004) presents therapy from a social constructionist stance, and positions therapists to view therapeutic processes as “conversations” (p. 254). It is through such conversations that people negotiate the relational world in which they live (Strong, 2007), generating what Shotter calls *conversational realities* (1993). For Shotter, such realities are bound up in what I previously described as *discursive practices* – ways of understanding and interaction that people come to hold each other to. Shotter describes such *conversational realities* as developing in relation-specific ways, which is a somewhat different focus from Foucault’s focus on bigger cultural discourses. From Shotter’s perspective, therapists focus on the discourse and how linguistic meaning is negotiated *between* participants (e.g., between clients in couples and families or between clients and therapists). Specifically, they focus on “how ... particular discursive moves constrain or potentiate different forms of action and consequently, different realities” (1993, p. 255). From this perspective, all understandings are socially negotiated and are related to the context within which these understandings are embedded (Gardner, Bobele & Biever, 1997).

Clients’ beliefs and understandings about themselves and their relationships are found in their *language use*, or as narrative therapists will say, in *dominant negative stories* they tell about themselves. Conversation becomes the therapeutic practice or “vehicle” (Goldenberg & Goldenberg, 2004, p. 328) for change by considering new explanations (or stories), which can lead to new solutions or alternative stories that clients can live by; it is also a place where clients perform new meanings, and not just think about things differently.

Collaboration.

From a social constructionist viewpoint, there is an assumption of shared and often untapped expertise between both therapists and clients participating in a therapeutic conversation (Anderson, 2007; Anderson & Goolishian, 1992; Goldenberg & Goldenberg, 2004; Strong, Sutherland & Ness, 2011). Ferrara (1994) suggests “both client and therapist contribute to the construction of talk in the therapy hour. Each takes up a portion of the other’s speech to interweave with his or her own, creating a dynamic and vibrant reality through words” (p. 167). Constructionist therapists attempt to collaborate with clients as “self-creating, independent participants” (Goldenberg & Goldenberg, 2004, p. 324); or, for Anderson and Goolishian (1992), with *clients as experts*. They collaborate with clients in ways that include clients’ preferences, resources and understanding in how they proceed (Strong, 2007). As part of my research, supervision also is a main focus. I will now turn to how social constructionism has been applied to supervision.

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Supervision as Social Construction

Supervision has also grown as a focus as the training of family therapists has become increasingly formalized, focus on supervision has grown (Paré & Lerner, 2004). Social constructionist approaches (e.g., narrative supervision, collaborative supervision) to supervision are relatively new.

Supervision as social construction (like therapy as social construction) challenges the modernist view based on one absolute reality or truth in which the supervisor possesses expert knowledge. From a social constructionist view the supervisor and supervisee's relationship involves a mutual and collaborative effort, in which the supervisee takes up a more active and participative role in all matters related to the supervision setting. Both supervisor and supervisee bring together their language, meanings and reflections to the supervisory setting – from the “not knowing-position,” suggested by Anderson & Goolishian (Selicoff, 2006, p. 38). Similarly, Gardner, Bobele and Biever (1997) suggest that a social constructionist “supervision process has as its goal the enhancement of supervisees’ ability to appreciate multiple perspectives and to develop new meanings for supervisees, which can be used to facilitate their clients’ therapy” (p. 219). Through conversations between supervisor and supervisee, new meanings can emerge that may be relevant and useful to a supervisee’s further steps in developing as a therapist (Paré, Audet, Bayley, Caputo, Hatch, & Wong-Wyley, 2004; Philip et al., 2007; Selicoff, 2006). From a supervisor’s view, supervision may further be considered as useful and a success if the supervisees articulate their work or plan therapy with clients in such a way that involves more and new options for continuing and expanding possibilities in their therapeutic conversations (Gardner et al., 1997). In the last section of this chapter, I will now turn my focus to how social constructionism has been applied to research.

Research as Social Construction

In the beginning of this chapter, I outlined the origins of social constructionist theory, which have also been applied to research from a social constructionist stance (Gubrium & Holstein, 2008). Both the dynamic contours of social reality and the processes by which social realities are put together and assigned meaning have been highlighted from the start of social constructionist research. The core idea has been that the world people live in is not simply out *there* for people to correctly discover; rather, people actively construct the world of daily life and its constituent elements (Holstein & Gubrium, 2008, p. 3) in social interactions through language (Gergen, 2009).

One example of a constructionist research method inquiring about therapy is Conversation Analysis (e.g., Atkinson & Heritage, 1984; Boden and Zimmerman, 1991), in which the focus is on everyday conversations and taken-for-granted aspects of interactions between people such, as “how social interaction is organized as turns at talk – that is, how speakers make and take speaking turns in pursuing their social purposes in interaction (Miller & Strong, 2008, p. 612).

Another example is an Ethnographic approach, which differs from conversation analysis in terms of having a broader interest in “how therapy interactions are influenced by the institutional contexts within which they take place” (Miller & Strong, 2008, p. 612).

Sheila McNamee (2010) describes research from a social constructionist stance: “as a relational process where the coordination of multiple (and often competing) discourses are at play” (p. 9). This view challenges the researcher to “to adopt a reflexive stance toward any inquiry that the local, contingent, and situated practices of those participating in the research, as well as those conducting the inquiry can be in dialogue with one another” (p. 9).

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The social constructionist researcher's focus is not with uncovering *Truth* or reality *as it is*, but with obtaining an understanding of how people make sense of their everyday social world. Hence, constructionist research is concerned with seeking explanations about how social experience is created and given meaning (Turnbull, 2002). Social constructionist research is also unique because it enables the investigation of dynamics, roles and language constructed in social circumstances (e.g., a family, a therapist, community, etc.). The practical point of *performing* constructionist studies has often been to promote a better way of thinking and living according to the people doing that thinking and living (Weinberg, 2008).

Summary

In this chapter, I have examined the social constructionist literature as it pertains to a theoretical context of language use, and as extended to therapeutic conversations. There are several versions of social constructionism (McNamee, 2004), and I have provided a version of social constructionism that blends the micro (e.g., Gergen, 1994; Shotter, 1993) and the macro (e.g., Foucault, 1972). This version provides insights on a subtle nuanced view on power analysis that may help researchers and practitioners to identify links between macro levels of society and the everyday (micro) world where human interactions take place. This chapter has also focused on how social constructionist ideas and practices have been applied to supervision and research methods. I will now turn to introduce you to Johnella Bird and her relational language-making approach to therapy. This was the therapeutic approach that the participants developed and optimized in this research project.

JOHNELLA BIRD³

In this chapter, I will introduce you to Johnella Bird, the therapist who developed the social constructionist approach to therapeutic conversation practices used by the participant therapists in this study. After introducing Johnella Bird, I will then move on to present her therapeutic approach, which is called *relational language-making*.

Johnella Bird

Johnella Bird is a therapist, co-founder, and co-director of The Family Therapy Centre in Auckland, New Zealand. After training in psychological medicine, she was registered as a child psychotherapist. The focus of her work is on the concerns that affect young people and their families, such as women and men who have suffered the effects of physical, emotional and sexual abuse. In addition to this, she is also occupied with numerous issues that impact on adult relationships such as those of families and couples (Bird, 2004). She has developed and taught her approach to therapeutic conversations in family therapy (Bird, 2000, 2004a, 2004b, 2005, 2006b, 2008) and supervision (Bird, 2006a) for the past 20 years.

In Bird's conversational practices, I see a careful focus on both the therapist's use of language and on how the therapist works with partners' use of language with each other. Her collaborative search for better language sees therapists *negotiating* language with clients, as they help partners reflect upon and negotiate relationally (i.e., mutually) acceptable language with each other. Language can be seen as both a verbal and nonverbal resource for sustaining relationships in specific ways, in addition to being a resource that enables partners to negotiate relational alternatives. There is a long history in family therapy of seeing the words and ways of talking used by partners with each other, as well as between therapists and client partners, as both describing and prescribing relational qualities, a view which dates back to the pioneering research of Watzlawick, Bavelas and Jackson (1967). Partners' linguistic constructions of each other and their relationship "stand in" as understandings of their relational reality, thus shaping a continued relationship between partners. When such language represents relational experiences or partners in ways deemed objectionable by either partner (Strong & Tomm, 2007), I join Bird in seeing it as useful to invite partners' reflections on how such language affects them and their relationships. Such reflections can help couples to consider better fitting alternative language to describe each other and their relationship. How searching for and negotiating such alternative languages is conceptualized and enacted in Johnella Bird's relational language-making approach to therapy is where I will focus next.

Relational Language-Making

At the beginning of this research project, we (the participant therapists) were primarily focused on using specific conversational practices from Bird's approach. However, our Co-operative Inquiry group quickly decided to move the focus to her general conversational practice of *relational language-making*. We did this because we wanted to achieve a more general scope for learning about Bird's relational language-making instead of looking at her approach as a specific method.

³ This chapter is based on an article written by my advisor Dr. Tom Strong and myself. The manuscript, *Relational Consciousness and the Conversational Practices of Johnella Bird*, is accepted for publication in the Journal of Family Therapy.

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Relational language-making involves therapists conversing with their clients so that the meanings they attribute to the words they use – as these words are intended to describe their relationships and partners – can be critically reflected upon and negotiated (Ness & Strong, in print). I will now look at how Bird's relational language-making is described in her therapeutic practices for talking with couples, to show her sensitivity to language use in such conversations.

Attentiveness to language use.

Bird's relational language-making approach involves a particular attentiveness to language that she calls "relational consciousness" (2004a, p. 8), which places her approach within a social constructionist position on therapy (Payne, 2006). For a constructionist therapist, language *use* is the focus of his/her concern. It is in using language that people create the worlds in which they live (McNamee, 2004). In this way, language is seen as both informational and influential (Watzlawick et al., 1967) in people's lives and relationships. Language is profoundly relational in that it is humanly constructed and usually used in ways that generally reflect trust and agreement for those sharing a language (Wittgenstein, 1953). People are *thrown into* (Heidegger, 1971) language, and learn to participate in cultural discourses which furnish them with the linguistic means to be understood and influential with each other. Yet, differences in people's use of language and such cultural discourses (e.g., a spiritual discourse versus a medical discourse to describe bereavement) underscore potential challenges that people face in sharing any language or discourse (Xu, 2005). For Bakhtin (1981, 1984), people's words are never really *ours* alone; they come with prior claims on their meaning. My unconventional use here of a common word – *consciousness* – may run counter to the prior understanding of most readers. Typically, this word is used to focus on individual and subjective experience; thus, our invitation to consider the word in a relational context may be seen by many readers as stretching their prior meanings of the word. For such readers, I have some rhetorical work to do here to arrive at a shared sense of what I mean by *relational consciousness*.

People normally use discourses in recognizable ways that keep the meanings attached to words socially and personally consistent. In relationship problems, language, words and meanings can be seen as being anchored and extended in taken-for-granted or seemingly non-negotiable, relational interactions (Heritage, 1984). Therapy offers a context in which such problematic and taken-for-granted conversational practices, language, words, meanings, emotions, and relationships can be reflected on and renegotiated in preferred ways (Strong, 2006).

Bird's approach to relational consciousness assumes that language and relationships are negotiated simultaneously (cf. Strong, 2007; Strong & Tomm, 2007). To use any word in a relationship is to invoke a potential negotiation as to how it can be shared, including words that characterize the therapeutic relationship. But too often, partners' words can slip beyond negotiability and awareness, despite implications that are possibly at odds with one or the other partner's intentions. Action researcher John Heron (1996) described the continued and unquestioned use of such words as a type of *linguistic sleepwalking*. Relational consciousness is not so much about putting shared meaning to particular words as it is about recognizing that the meanings of words can be seen as outcomes of ongoing human negotiations. Still, such negotiations can break down, stabilize into meanings worth extending (or not) or become conflictually paralyzed by partners' notions of correct meanings – their *personal* meanings – at the expense of those taken differently by their partner. Meanwhile, relationships continue as the affected backdrop for such negotiations or their failure. While partners may disagree on particular meanings, their relationships can be strained by such disagreements,

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disagreements that when expressed in either/or terms lose an agreeable sense of negotiability. It is this sense of negotiation I refer to: a kind of conversational flexibility in finding a shared and apt language for, in Wittgenstein's (1953) terms, *going on* together.

Relational language-making takes on a particular focus in Bird's writings (2000, 2004a, 2006a). For Bird, this focus on language use can help clients attain a better sense of how their words have effects beyond individual intentions, for how such words shape and contribute to an affective tone in interactions within their relationships. While words could be used to characterize oneself or one's partner, the same words take on relational significance when informing interactions *between* partners. For example, describing one's partner as *evil* does not evoke a neutral response, nor does acting as if one is saintly.

The meanings for particular words or actions can take on unintended relational effects in chains or patterns of responses following use of such words or actions in the back and forth of partners' dialogue or interaction. Tomm has referred to such language use as *pathologizing interpersonal patterns* (PIPs): "interaction(s) in which persons are embedded (that) have a major influence on their experiences and on their mental health" (1991, p. 21). A PIP is discernible in how one partner's criticism finds its complement in the other partner's defensiveness (Strong, Sutherland, Couture, Godard & Hope, 2008; Tomm, 1991). Such PIPs illustrate an absence of what Bird refers to as relational consciousness, a sense of how such words and ways of responding coordinate problematic ways of relating and understanding.

Therapeutically reflecting upon such language use in terms of how it shapes relational understandings and interactions can be a challenge, given common metaphors of meaning and communication (Lakoff & Johnson, 1980). The most common of these metaphors sees meaning and communication as being tied to information transmissions or receipts between individuals, or perceived deficits thereof. By this metaphor, words are uttered with intentions or meanings that should purportedly be self-evident or as neutral information alone. This is quite a different metaphor for meaningful communications than that I associate with an ethnomethodological stance, wherein the meaning of an utterance translates to what one's partner does in response to it. Such a stance is akin to a dialogic metaphor of communication (Linell, 2001, 2005; Linell & Luckmann, 1991) in which the focus is also on people's responses to each other and less on each individual's intended meanings in communicating. From an ethnomethodological and dialogical viewpoint, to arrive at shared meanings is a relational or conversational accomplishment – not merely a case of being *clear* or *rational* in what one intentionally says to a partner (Anderson, 1997; Anscombe, 1957). From my stance, aligned with Bird's, a message clearly and intentionally sent should not be equated to a message that should be correctly received, particularly when the words involved are experienced as having personal and relational significance in ways that might differ from the intended message.

With repeated unquestioned use, partners' linguistic meanings can become fossilized, whereas with emphatic or certain use they can become overdetermined or fetishized (Newman & Holzman, 1997). Disagreements are often tailor-made for the use of such overdetermined or fetishized meanings, as partners emphatically justify their meanings and positions. Whether relating from fossilized or fetishized meanings and ways of speaking, partners can find themselves unintentionally stuck on meanings and patterns of interaction that may fail to optimally serve their relationship. Conversational work in finding or negotiating an elusive language for relating is required. It was in this sense that Lynn Hoffman suggested (2002) that when partners speak and understand from conflicting discourses, a third more agreeable (i.e., to each partner) discourse may be required to enable a dialogue that the prior, conflicting discourses could not. Such recognitions point to dimensions of consciousness I see as inescapably linked to language use, as it features and can be taken up by couples before therapy, in therapy and beyond therapy. Hence, relational consciousness involves a particular

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sensibility toward language use, a sensibility that therapists can invite clients to take up by collaboratively exploring the origins, use and implications of language for their relationships. Translated to relational life beyond therapy, I see it as a resourceful sensibility which clients can call upon when language comes up short for them in relating.

Collaborative therapeutic politics of meaning-making.

It is primarily through language use that people work out differences in understanding and action or not. For Bird (2004a), a therapeutic politics of meaning-making (see Kogan, 1998) can be relevant when clients articulate understandings in language that undermine their personal and relational sense of well-being. Some might claim that therapist expertise warrants intervening, using alternative understandings in their professional language so that no imposition is involved when clients seek such expertise. This claim has received close ethical and practical scrutiny from therapists who share Bird's concern about therapists imposing their meanings on clients or restricting therapeutic discourse to what fits best for the therapist (Larner, 2004; Strong & Sutherland, 2007; Weingarten, 1992). Karl Tomm (1992) suggests that *therapeutic violence* may result when therapists insist on their meanings or fail to engage with client meanings. Yet, a dilemma of how to respond can face therapists when they hear clients laboring under particular understandings they think merit reflection or alteration (Avis, 1985). In these circumstances, therapists (and clients with each other) can feel caught between two positions, reflected by Bird's (2000, p. 36, and raised earlier) questions below:

- Do I expose these positions by presenting an alternative version/explanation for life events? If I do not do this, will I be supporting the ongoing oppression of these clients?
- If I do expose these positions, will clients experience me as another agent of control?

To address this seeming dilemma, Bird has developed a linguistic approach in which clients are invited to reflect upon the advantages and disadvantages of specific linguistic constructions of (or positions on) life events as facilitated through dialogue (Bird, 2004a). She refers to this approach as "relational language-making" (2004a, p. 43), and invites couples to join her in exploring the effects that language has had on them en route to negotiating new linguistic possibilities for their relationships.

Relational language-making involves conversing with clients so that problematic meanings associated with words for their partners or relationship can be critically reflected upon and negotiated. In other words, clients are invited to reflect upon such assumed meanings and negotiate better fitting alternatives. In such negotiations, therapists and clients search for consensual and contextual meaning rather than holding out for *TRUE* words or phrases (Bird, 2004a). In this respect, language is seen as a conceptual resource for meanings in relationships. Even so, linguistic meanings can stabilize and become taken for granted; binding or constraining relationship partners to understandings and patterns of interaction that may fail to best serve their relationship. Thus, Bird engages clients in reflective inquiries into meanings that may have become problematic or objectionable for each other and their relationship. Such inquiries can transform what might seem to be individual perceptions into descriptions that shape relational experience and each partner's participation in it.

Seen from an ethnomethodological perspective (Heritage, 1984), partners' communications (both word use and paralinguistic features like tones of voice) can stabilize into a sustained responsiveness (positive or negative) seemingly beyond the volition of either

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partner. Family therapists know such sustained responsiveness as *recursiveness*, and cybernetically-informed therapists often used pattern-disruption interventions to address such occurrences (*the same damn thing occurring over again*, Watzlawick et al., 1974). Bird's interventions are more invitational and use a linguistic move known as externalization, which is adapted from narrative therapy (e.g., White & Epston, 1990). To be precise, she invites couples to reflect upon how their individually held words and meanings translate relationally. Said differently, she invites partners to link such words to how they feature in problematic relational interactions so that they can find a more preferred relational language.

Turning to a common example, in responding to a client's description of being responsible for a situation, a therapist might ask, "When you are being responsible, how does that make you feel?" Using her relational language-making approach, Bird (2004a, p. 12) might instead ask, "How would you describe this sense of responsibility that you hold?" (p. 12). Answers to such a question invite a shift in focus from individual meanings, to meanings for phenomena as they are understood in relationships (i.e., *with one's partner*). Accordingly, *responsibility* can take on a relational meaning pertaining to both partners, as opposed to one that is individually experienced. In this style of inquiry, therapists respond to and pose questions from a philosophical belief that the self is never singular – nor are the words used to describe *it*. The self is known and experienced in relational interactions with one's partners and physical reality. Returning to *responsibility*, reflective questions from the perspective I have been describing invite partners to consider such a word in relational as well as individual contexts of meaning. Such reflections can enable partners to better understand the relational effects of such individually contextualized words as part of a search for words that can better serve their relationship.

Relational problems around objectionable language use are sustained by particular conversational practices. Inviting clients to reflect upon words they have described as significant or meaningful to them can help to create a relational space in which they can disengage from prior conversational practices (Strong, 2002). Such disengagements can help in contextually reflecting upon and possibly modifying their linguistic representations of relevant relational experiences (Bird, 2004a). Gadamer (1988) saw such a context as a place where people could linguistically *play* with meaning. Nonetheless, there is a need to exit such a context with meanings deemed helpful or apt by both partners in the daily aspects of their relationship. Through the kind of process I have been describing, partners can be invited to collaboratively develop a language of *co-constructed* or negotiated relational consciousness, a language they deem mutually suitable for going forward together in therapy.

Bird developed this practice to first engage partners to negotiate meanings or language with her, and second, to promote such negotiations between partners. The aim here is for partners to learn to negotiate a *shared language* for understandings and relational actions, which they might otherwise impose on each other. I will now turn to a specific example of how Bird engages clients from this stance on language use.

From private constructions to relational constructions.

Couples usually seek therapy because of "relational matters" (Gurman, 2008, p. 3), in which conflicts and disagreements occupy their relationship (Gurman, 2011). In such circumstances Bird negotiates a third discourse with conflicting partners (cf. Hoffman, 2002), introducing relational language-making into their therapeutic conversations.

Bird suggests that partners develop an awareness of how conflicting discursive positions (i.e. the understandings and conversational position(s) taken by each partner in a disagreement) affect their relationship (Bird, 2004a). To develop this awareness, she encourages clients to reflect on specific language used when describing linguistic positions

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each partner experiences or takes in relating to the other. Encouraging such reflections by one partner can promote reflection by the other partner on how such linguistic constructions affect him or her and the relationship on key issues. This can enable the discussion of one partner's *private* experience, as it is experienced relationally, to his/her partner. When moving from a *private* construction to a relational construction of experience, such language can be collaboratively reflected upon and possibly alternatively negotiated (Bird, 2004a).

The following example shows Bird (as therapist) inviting a couple in therapy (Rick and Alison) to reflect upon their *private* and conflicting linguistic constructions of experience (their discursive positions) as a step toward relationally constructing alternatives:

Line #	Speaker	
1	Rick	Having individual time is really important to me. That's where I sort
2		things out in my head.
3	Alison	That isn't the issue here. When you've sorted things out in your head,
4		you just come with a definitive position. I don't know how you get
5		there, and there seems to be no room to move. I either do it your way or
6		we argue until I give up.
7	Rick	That's not true, I'm happy to hear what you have to say.
8	Therapist	Okay Rick, in this process of sorting it out, what room is there for
9		discussion with Alison?
10	Rick	Of course I want to hear what she has to say.
11	Alison	That's not how it feels, you come back with bullet points and I'm just
12		catching up with the fact there's a problem.
13	Therapist	Alison, when you hear the bullet points, how easy is it for you to
14		contribute to the discussion?
15	Alison	It isn't easy. I feel I'm 10 steps behind and if I hesitate at all, he just
16		pushes for a conclusion.
17	Rick	Look Alison, if you got your way you'd like to talk about it ad nauseum
18		and I've got my way of doing things.
19	Therapist	How does this difference in ways of sorting things out affect the
20		relationship? I mean there's the way you use, Rick, which is to silently
21		identify a problem, go away, think about it, come back with solutions;
22		and there's the way Alison uses, which is to identify the problem, talk
23		about the problem, and come to a decision about solving the problem.
24		Rick, what's the impact of this difference in the relationship?
25	Rick	We argue I guess, but I'm not doing it differently just because she wants
26		me to. This works for me.
27	Therapist	This way, which works for you, does it work for this relationship?
28	Rick	No it doesn't, but most of the time I'm right.
29	Therapist	When you say that "most of the time I'm right" are you suggesting the
30		idea that Alison should go along with you, go along with this way of
31		sorting things out that you use?
32	Rick	Yeah, I guess I am. I think it would make it easier.
33	Alison	I bet you'd like that, you're in charge of things; well that doesn't interest
34		me.
35	Rick	You are taking it wrong Alison, I didn't mean that I'd be in charge, it's
36		just that I think I'm good at seeing the problem and solving it.
37	Alison	Maybe you are at work Rick, but there you're the boss, that's your job –
38		don't treat me like one of your secretaries.

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39	Rick	Now you're exaggerating – it's like this...
40	Therapist	I'd just like to interrupt here. It sounds like Rick, this way of solving
41		problems works for you at work and maybe other places. It works for
42		you; however, you said, it doesn't seem to work for the relationship?
43		Alison, you have a different way of solving problems to the way Rick
44		uses. Are you both interested in finding a way that works for the
45		relationship?
46	Rick	Of course I am, I love Alison.
47	Therapist	Okay. Let's go back to the beginning. In order to solve problems,
48		problems need to be identified. I'm going to ask you both the following
49		question – “How do you know that there is a problem for and in the
50		relationship? What's the first indication?” – Alison you start.

Exemplar 1: Moving from “private” constructions to relational constructions (Bird, 2004a, pp. 98-99)⁴

This passage demonstrated Bird negotiating conflicting discursive positions between Rick and Alison. The conflicting positions are evident from the start of the passage in which Rick and Alison show how they disagree on the ways to solve problems within their relationship. What happens when partners argue over what each partner believes to be true in a difficult situation in a relationship is what Bird (and others) calls a “binary position” (2004a, p. 92). This is where partners use either/or linguistic constructions to describe difficult situations in the relationship to each other, as Rick and Alison do above. The conflict between the couples’ discursive positions becomes readily evident through their interactions by line 19. Bird then intervenes by asking how differences between Rick’s and Alison’s *private* linguistic constructions of their problems and/or disagreements affect their relationship with each other. She does so by reflecting on each partner’s position, while inviting discussion on the relational *impact* of the *differences* between their positions.

Rick responds with a relational effect (“We argue”), but then reverts to an individual position when he says, “Works for me”. Bird’s response, however, stays relational by inviting Rick to reflect upon how what he describes as “working for him” works for the relationship. The discussion between lines 28 and 40 illustrates more of the polarizing effects of the individual discursive positions taken up by Rick and Alison. Nevertheless, these differences in positions (over how to solve problems) offer Bird data to use in inviting Rick and Alison to discuss what might “work” instead of what has not worked for their relationship. Rick demonstrably takes up this invitation (line 46), so Bird asks both Rick and Alison how each identifies problems in their *relationship* (i.e. not for each partner personally). In this sense, Bird’s question can be seen as part of her ongoing (see lines 24 and 27) negotiation of a relational discourse. This couple’s initial discourse illustrates where conflict has persisted over (and because of) differences between individual discursive positions.

Throughout her work with couples, Bird invites and negotiates a “relational consciousness” (2004a, p. 3). Her questions and reflections invite and negotiate a focus beyond individual positions, looking back upon what serves and does not serve their relationship. Some might see a paradox here as relationships are comprised of individuals, whereas “relational consciousness” implies a sense in which individuality disappears. John Shotter (1993) has written along the same lines about “knowing of a third kind” (p. 18), a sense of what *we-ness* entails for people in relationships, in a mutuality that transcends their

⁴ I have Johnella Bird’s permission for using this dialogue in this dissertation. All the names are pseudonyms.

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individual experiences. This is not only about particular words; it is also about how such words come to be shared in relationship-shaping ways of addressing each other. Bird's relational language-making points to how therapists can invite partners to reflect on the effects of their discursive differences in their relationship, while inviting partners to consider alternative words and ways of addressing each other that might become shared.

Summary

In this chapter I have explicated Johnella Bird's *relational language-making* approach to therapeutic conversations with couples. This approach has been the focus for participant therapists' who were developing and optimizing their use of Bird's practices in therapeutic conversations during this research project.

I have provided insights in that Bird's relational language-making is less about putting shared meaning to individual words than it is about being sensitively oriented to how words and meanings feature as outcomes of ongoing human interactions. I have explicated a passage of how Bird uses relational language-making in which she particularly focuses on how language use translates from an individual to relational context. In this passage, Bird is negotiating a relational language from what had been two individually held discursive positions. It takes deconstructing the reenactment of particular conversational practices, proposing a new relational language for what has been occurring and conversational work with clients for them to plausibly consider such a new language. This provides insight into mindful or sensitive ways of negotiating meaning or language within relationships, while promoting such negotiations between partners. In adopting such practices, therapists can invite clients to reflect when language comes up short for their relationships, while engaging them in collaborative searches for a better language for (in Wittgenstein's 1953 terms) *going on* together. The next chapter moves into the methodological considerations related to this research, culminating in a detailed explication of the research methods used in this study such as participant recruitment, data collection and data analysis.

CHAPTER IV: METHODOLOGY

“[T]he reasons for doing research are often to decide how to intervene in a particular situation to improve conditions of some kind.” (Clarke, 2005, p. 302)

The above quote speaks to the very heart of action research, my chosen methodology. Action research can be viewed as a community of practice in which individuals working within a team engage in a reflective process to arrive at a new way to address issues, to solve problems or improve professional practices. The aim of this study was to understand Norwegian family therapists’ learning experiences as we (myself included) developed and optimized our use of new conversational practices, while working with couples requesting therapy at the Trondheim Family Therapy Centre (TFTC).

This study was a shared learning project in which we explored and applied Johnella Bird’s relational language-making approach while sharing all facets of our learning, such as instruction and reading, self-monitored practice, and group and client feedback (elicited from videotapes of practice using Bird’s approach). My desire of collaborating to generate knowledge from therapists’ and clients’ experiences during a research project brought me to action research methodology. In particular, I chose a version of John Heron’s (1996) action research approach, *Co-operative Inquiry*, which I modified because I had already chosen the initial research question⁵ and process. In Heron’s (1996) original version of *Co-operative Inquiry*, the research question emerges from the group of participant co-researchers.

In combination with Co-operative Inquiry, I had chosen Comprehensive Process Analysis (CPA) (Elliott et al., 1994) for collecting data. CPA is a form of *stimulated recall* (Gass & Mackey, 2000) in which team members replayed video passages of their therapeutic conversations to participant clients, so they (therapists and clients) could reflect on their participation. This method also helped us to identify practices from our work that we reflected on in our Co-operative Inquiry group, or in journal reflections and comments in our research group. This methodological framework enabled us to investigate and evaluate our learning and work together, using collegial and client feedback (Coghlan & Brannick, 2005; Greenwood & Levin, 2007; Reason & Bradbury, 2008; Zuber-Skerrit, 1992).

In this chapter I will outline: (a) the definition, origins, and framework of action research; (b) Co-operative Inquiry as a particular action research approach, including mention of its relevant quality, validity and epistemology concerns; (c) a description of the study, including recruitment of participants and data collection (both within Co-operative Inquiry and CPA), and finally (d) a discussion of the grounded theory analysis method I have used, *Situational Analysis* (Clarke, 2005).

Defining Action Research

There are many definitions of action research. Peter Reason and Hilary Bradbury, the editors of the *Handbook of Action Research* (2008), define action research as:

A participatory process concerned with developing practical knowing in the pursuit of worthwhile human purposes. It seeks to bring together action and reflection, theory

⁵ My research question: How do therapists interpret their experiences as they learn to use Johnella Bird's relational language-making approach from readings, discussions, supervision, reviews of videotaped practice, and client comments?

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and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and their communities. (p. 4)

Greenwood and Levin (2007) describe three commitments that link most action researchers: (a) *Action*, which refers to creating and implementing new practices (e.g., McNiff & Whitehead, 2006), (b) *research*, which refers to contributing to new theory, and also to generating and testing new knowledge (e.g., McNiff & Whitehead, 2006; Greenwood & Levin, 2007), and (c) *participation*, which is about placing a strong value on democracy and control over one's own life situations (Greenwood & Levin, 2007; Fals-Borda, 2005; Freire, 1970). Action research balances these elements, and if any of these three elements are absent, Greenwood and Levin (2007) claim that the research is not action research. This balance is in accordance with Reason and Bradbury's (2001) concerns: research occupied with "just theory without action is meaningless, and action without reflection and understanding is blind" (p. 2).

Reason and Bradbury (2001) describe the following types of research within the action research family: *practitioner research* (e.g., Anderson, Herr & Nihlen, 1994), *action science* (e.g., Argyris, Putnam & Smith, 1985), *self-study* (e.g., Bullough & Pinnegar, 2001), *participatory action research* (e.g., Fals-Borda, 2001), *action research* (e.g., Greenwood & Levin, 2007) and *Co-operative Inquiry* (Heron, 1996). What links the above mentioned approaches is a focus on how people generate knowledge "that is both valid and vital to the well-being of individuals, communities, and for the promotion of larger-scale democratic change" (Brydon-Miller, Greenwood & Maguire, 2003, p 11).

Origins of action research

The origins of action research are complex, give rise to many versions, and do not relate to a single academic discipline (Brydon-Miller et al., 2003). Action research emerged over time from diverse fields, such as from the early labor organizing traditions in both the US and Europe, as well as from the Catholic action movement and liberation theology. In the United Kingdom, the Tavistock Institute for Human Relations promoted important initiatives by business organizations to support action research projects in both the UK and Scandinavia (Brydon-Miller et al., 2003). Also, action research has a long tradition in educational research (e.g., Dick, 2004; Cochran-Smith & Lytle, 1993).

Most action research approaches link their origins to the work of social psychologist, Kurt Lewin (e.g., Greenwood & Levin, 2007; McNiff & Whitehead, 2006; Peters & Robinson, 1984; Reason & Bradbury, 2008). Lewin (1946) defined action research as a process that "proceeds in a spiral of steps, each of which is composed of a circle of planning, action and fact finding about the result of the action" (p. 38). He emphasized the importance of practical local democracy and education in the practice of inquiry (Bargal, 2006; Reason & Bradbury, 2008) by asserting that knowledge should be created from problem solving in real-life situations (Herr & Anderson, 2005). Lewin further argued that people would be more motivated about their work if they were involved in decision-making about how their workplace were run and organized (as cited in McNiff & Whitehead, 2006).

Lewin's work on human dynamics in groups later evolved into research on work teams and site-based management (Herr & Anderson, 2005). His theories of organizational and social change using a thermodynamic metaphor of *unfreezing*, *floating*, and *freezing* matter saw change as a series of discrete episodes (or cycles) (Herr & Anderson, 2005). This view was later criticized by Argyris and Schön (1974), who argued that Lewin's metaphor

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limited change to short-term interventions that moves from one stable state to another, rather than encouraging continuous organizational learning that could be sustained over time.

Paolo Freire's (1970) efforts to address oppression and institutional change promoted the importance of *participation* in action research. Freire and his colleagues in Latin America developed influential concepts for adult education among the urban and rural poor (Brown & Tandon, 1983; Greenwood & Levin, 2007). Freire's (1970, 1974, 1978) dialogic approach to adult education engaged people to *participate* in critical analysis and organized action with respect to their situations. In dialogues, educators and students were sought to move toward a critical consciousness of the forces of oppression and the possibilities for liberation (Brown & Tandon, 1983). Inspired by Freire's work on oppression and institutional change, Fals-Borda (2001) also promoted the importance of participation in action research. Fals-Borda is one of the most important and well-known participatory action researchers (Greenwood & Levin, 2007). He was able, through his many projects, to effectively incorporate a *community action* component into action research (Denzin & Lincoln, 2005).

Brown and Tandon (1983) argued that traditional action research tends to concentrate on an individual or group level of analysis of problems, whereas participatory action research, with its more emancipatory emphasis, tends to focus on a broader societal analysis. Traditional action research tends to focus on issues of efficiency and improvement of practices, whereas participatory action research is concerned with community action, equity, self-reliance, and oppression problems (Fals-Borda, 2001; Herr & Anderson, 2005).

Action research elements of democracy are also found in John Dewey's (1938) experiments on education. These elements are often taken up in definitions of action research, which emphasize an empirical and logical problem solving process involving cycles of action and reflection (Reason & Bradbury, 2008). Dewey was occupied with democracy as an ongoing, collective process of social improvement in which all levels of society had to participate (as cited in Greenwood & Levin, 2007). His important contribution was that democracy had to evolve through people's active involvement in making sense of their world and not through merely adapting to solutions imposed by powerful outsiders (e.g., researchers or teachers) (Cooney, 2006; Greenwood & Levin, 2007). From these ideas on democracy and participation, Dewey proposed that learning is a process of action in which students must be active learners, and not passive listeners (as cited in Greenwood & Levin, 2007). Dewey's view on science was connected to this view of a democratic society. He saw scientific research as a process of democratic social action, in which scientific knowing was a product of continuous cycles of action and reflection (Bray, Lee, Smith, & Yorks, 2000).

From these originators of action research, a "family of approaches" (Reason & Bradbury, 2008, p. 7) developed. Within this *family* are rich and diverse action research methodologies. I will now turn my focus to Reason and Torbert's (2001) framework, which organizes the diverse action research methodologies.

An organizational framework for action research.

Reason and Torbert (2001) suggested a framework that organizes action research as "first, second, and third-person research/practice" (p. 6). Reason (2003) places Co-operative Inquiry as a form of action research, which emphasizes first-person research/practice in the context of supportive and critical second-person relationships, while having the potential to reach out toward third-person practice.

First-person action research is about self-inquiry. It addresses skills, methods, and abilities of the researcher to foster an inquiry process that is applied to the researcher's own life (Reason & Bradbury, 2008). Related to our inquiry, this was where we (participant therapists and I) focused on our own learning experiences from looking at videotaped clinical

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sessions, where we used Bird's relational language-making practices with clients, for self-supervision (e.g., Morrissette, 2001; Todd, 1997). We then wrote our reflections on these learning experiences in research journals (Elliott & Zucconi, 2010).

Second-person action research is about interactions, norms, governance and the mission of specific persons and groups with whom the researcher is working (Torbert & Taylor, 2008). For this study I, as the initiating researcher, did the research project together with four of my therapist colleagues, and collecting client feedback to enhance our knowledge experiences from learning Bird's approach.

Third-person practice of action research reaches out more broadly and extends the inquiry to a wider community with the intent of transforming the politics of the issue (Burgess, 2006) being researched. For example, all documentation and discussion within this dissertation, related articles, and connected presentations can be seen as a form of third-person action research, through our trying to create a wider impact within the Family Therapy Training Institutes, and Family Therapy Centers in Norway (Gustavsen, 2003; Reason & Bradbury, 2008). In this way, other Family Therapy Centers and Family Therapy educators may get inspired by this research project, and find our presented model (which will be presented in the last chapter in this dissertation) useful to their contexts. Before moving to our specific Co-operative Inquiry process, I will now present where the study took place, and who the participants were.

Trondheim Family Therapy Centre – the Research Context

Family Therapy Centers in Norway offer public, free of charge services to couples, families, and individuals that request therapy. Anyone who lives in Norway can request therapy at a Family Therapy Centre without referrals or diagnoses. There are 56 Family Therapy Centers located across Norway. Two-thirds of these are state run and directly connected to the Norwegian Directorate for Children, Youth and Family Affairs, while the remaining are owned by church foundations and operate under an agreement with the Norwegian government. Trondheim Family Therapy Centre (TFTC) is owned by a church foundation and is located in Trondheim, Norway. TFTC is at the moment the largest Family Therapy Centre in Norway, with a staff of 20 therapists. All of the research for this dissertation research took place at the TFTC.

Participants

My action research project was designed to include four stages of participant involvement: (1) a collaboration between myself and four colleagues (co-researchers) in learning Johnella Bird's relational language-making approach; (2) involving the co-researchers (the participant therapists) in the decisions about the progress in the study; (3) client feedback on our use of these practice incorporated into our learning process; and (4) the end portion, which also involved the participant therapists' feedback on my initial analysis before writing up this dissertation.

Participant therapists.

After obtaining my ethics approval from the Taos Institute-Tilburg University PhD program, I recruited four experienced therapist colleagues from the TFTC to participate in the research project. At this time, there were also a group of four (including me) therapists at TFTC working on issues about *user-directed* developments (Reitan, Meling, Kristiansen, Husby & Ness, in progress). I also approached another colleague who had first introduced me

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to Bird's work and invited her to join in this research, an invitation she accepted. The total participant therapists were five (see Appendix A for brief details about each participant). The enticement for our participation was an opportunity to develop competence in Bird's conversational practices used in couple's therapy (see Appendix B).

Participant clients.

After two months of learning and practicing together, we decided that we felt comfortable enough to use Bird's approach in clinical conversations with client couples. We then recruited clients for the research project; clients who had been in therapy with us for a while at TFTC, and with whom we assumed there was a safe and good therapeutic relationship. For both co-researchers and participating couples, separate processes of informed consent were undertaken (see Appendices C & D).

We explained to clients, as part of their consent process, that we were engaged in a learning project to practice Bird's relational language-making approach. We invited clients to participate in video-recorded therapeutic sessions (lasting 60-90 minutes) where we used Bird's therapeutic approach. We explained to the clients that the participant therapists, as part of their self-supervision, would review these video-recorded sessions. Further, we explained how selected passages from their video-recorded session would be used for group supervision purposes. Then, selected video passages would be reviewed with them (the clients) to get their feedback on our use of Bird's relational language-making approach. The passages from the videos were of one minute to 30 minutes in duration. We explained, very briefly to clients, Bird's approach, focusing on how we would use language to negotiate between their conflicting private constructions, to negotiate relational constructions that may help the couple to move forward together. This would be where couples present conflicting versions arose in the video-recorded sessions. The clients' feedback was focused on what they saw occurring (e.g., what they noticed in the conversation and their individual reactions) in these therapeutic conversations when therapists used Bird's approach in conversing with them.

There were 11 client participants (five couples, and one individual client; see Appendix B) in this research project. The individual client had been in couples therapy with two of the participant therapists for a number of months, but was having individual sessions with them at that moment. The concerns this client presented in therapy were lack of communication and arguments with his partner. The therapists were curious about how they still could use Bird's approach talking with him/her individually about relational concerns with his partner. They were especially curious about exploring the effects that his language use has had on him and his relationship with his partner en route to negotiating new linguistic possibilities for how he talks and relates to his partner. Both participant therapists presented their work with this client to the research group and we collectively agreed to include conversations with this client in our research process.

The clients' ages ranged between 32 and 65 years old. Clients' presenting concerns in the clinical sessions were infidelity, disagreements, lack of feelings for each other, and lack of communication. The lengths of sessions were from 60 to 90 minutes. Due to initial recruitment challenges, during the eight-month research period, each therapist, except one, video-recorded one clinical session with his or hers participant client-couple. As a result, each therapist was given a full group supervision meeting to discuss video-recorded clinical sessions. This gave us opportunities to reflect in depth within the group about our own learning process while using Bird's practices with clients, and referring Bird's writings. The exception was one therapist who was able to recruit three participant couples for this research project. This therapist had three separate presentations, each using one full group meeting. Co-operative Inquiry as well as these challenges are discussed in the next section.

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Timeline for the study.

We (the participant therapists) started to meet for this shared inquiry in August 2008, and ended our meetings in March 2009. We met on Tuesdays every other week for two hours. In total we ended up having no more than 13 meetings, since some dates fell on Holidays and on internal administration days at TFTC. We involved clients in the inquiry during the period from October 2008 to February 2009.

Co-operative Inquiry

Co-operative Inquiry as a form of action research.

Heron and Reason (2001) define Co-operative Inquiry “as involving two or more people researching a topic through their own experience of it” (p. 179), “using a series of cycles in which they move between this experience and reflecting together on it” (Heron, 1996, p. 1). Heron (1996) developed this approach, which he originally called *experiential research*, in the 1970’s. He criticized traditional research in which the roles of researcher and subject are separated, writing: “Co-operative Inquiry is a form of participative, person-centered inquiry, which does research *with* people not *on* them or *about* them” (p. 19). Heron (1996) was interested in conducting research *with* people where the roles of the researcher and subject are integrated. Such research can bring together people who share concerns and interests with the therapist-researcher for the purpose of: improving therapeutic practices, better understanding and making sense of people’s lives, developing new and creative ways of looking at things, and learning how to change things people want to change (Heron, 1996).

Co-operative Inquiry concentrates on shared discoveries and creation of new knowledge in a collaborative milieu (Cooney, 2006). The aim of my research was to collectively understand developments as we learned Bird’s (2000, 2004a) approach together. Thus, Co-operative Inquiry fit well with the collective efforts of the research group. As we were not trying to confirm an existing hypothesis, Co-operative Inquiry helped us ask our research questions and remain open as we delved deeper into our practice-based inquiry.

Epistemology within a Co-operative Inquiry.

Action research challenges a positivistic view of knowledge, which claims that in order to be credible, research must be objective and value-free (Brydon-Miller, 2003; Creswell, 2007; Crotty, 1998; Dallos & Vetere, 2005; Denzin & Lincoln, 2005). Instead, action research, placed within a social constructionist stance, sees knowledge as socially constructed and value-laden (Gergen & Gergen, 2008). Such knowledge can be conceptualized as communally and relationally constructed, as products of linguistic negotiation that change with social context (Anderson & Gehart, 2007; McNamee, 2004). Action research challenges psychology’s traditional view of research that emphasizes separating subject and object, and observer from observed to find objective truth (e.g., Gergen & Gergen, 2008). In such a positivistic tradition, the expert researcher makes all the decisions about what to study, how to select what to study, and which conclusions may be drawn from the research (Reason, 2003).

Co-operative Inquiry can be located in a participatory action research tradition (e.g., Fals-Borda, 2001; Freire, 1970; Kemmis, 2008; Kemmis & McTaggart, 2005; Swantz, 2008) in which all the participants work together in an inquiry group as co-researchers or co-subjects (Heron & Reason, 2008; Moustakas, 1990). There is no separation between the researcher and the co-researchers because all are participants. Both the researcher and participants collaborate as co-researchers, contributing to the decisions, which inform the research and the

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action being studied (Heron, 1996; Reason, 2003, Heron & Reason, 2008). Reason and Hawkins (1988) suggested that researchers move away from separateness and objectivity, to engage in a participative, subjective relationship with people. Therefore, in Co-operative Inquiry, researchers are seen to already have an insider's perspective of the situation under study, because they are the research (Cooney, 2006). Because Co-operative Inquiry is about research *with* people instead of *on* people or *about* people it offers new ways of knowing, or an *extended epistemology* (Heron, 1996; Heron & Reason, 2008).

Extending epistemology within Co-operative Inquiry.

Members of the Co-operative Inquiry group in the present study worked together through cycles of action and reflection. During this back and forth process, we developed our understandings and practices from learning and optimizing Bird's relational approach. These developments and understandings were engaged through what Heron and Reason (2008) call an "extended epistemology of *experiential, presentational, propositional, and practical* ways of knowing" (p. 366). Extended epistemology is a theory of how people come to know what they can *extend* beyond essentialist or positivistic (i.e., received) ways of knowing. These fluid ways of knowing are: "extended beyond the positivist concern for the rational and the empirical to include diverse ways of knowing as persons encounter and act in their world, particularly forms of knowing which are experiential and practical" (Reason, 2003, p. 206).

Knowledge generated within a Co-operative Inquiry takes place in relationships through participation in an inquiry process *with* others. Heron (2003) shared that the italicized and above mentioned four ways of knowing constitute the manifold of our (the therapist participants and I) subjectivity. This is because all these four ways of knowing involved awareness of how we had been interacting, as we chose our ways of being in relationship together. Given the importance of these four ways of knowing to this research initiative, they merit further description.

Experiential knowing is grounded by a proposition that all knowing is based on face-to-face, or immediate, encounters (Heron & Reason, 2008). This means that people come to *know* through direct encounters with a person, place or thing. This way of knowing is essentially tacit and preverbal; it is about knowing through empathy and resonance, the kind of in-depth knowing which is almost impossible to put into words (Polanyi, 1969). Heron and Reason (2008) link this way of knowing to William James' "knowledge of acquaintance" (1890, p. 196-197). James indicates that "all the elementary natures of the world (...) must be known by acquaintance or not known at all; it is through feelings that we become acquainted with things" (1890, p. 221). Similarly, John Shotter described this kind of knowledge as "knowing of the third kind: knowing from within" (1993, p. 18). Shotter referred to Ryle's (1949) distinction between theoretical knowledge ("knowing that") and knowledge of a craft or skill ("knowing how"). Hence, Shotter's (1993) term "knowing from within" describes the knowledge people develop from within a situation, a group, a family, a research group, a social institution, or a society. Such shared experiential knowing points to a "*participatory view of the world*" (Heron & Reason, 2008, p. 369, italics in the original) in which people generate and sustain knowledge through interactions within their relationships (e.g., Shotter, 1993). This differs from the common Cartesian worldview that describes experience as made of separate things, such as objects of nature composed of inert matter and operating according to causal laws (Gergen, 1994).

In our study, experiential knowing occurred when we noticed the subtleties of our learning experiences, such as shyness, irritations, embarrassments, angers, delights, and triumphs (Reason, 2003). Experiential knowing also refers to our attention to the fullness of our experiences of developing and optimizing Johnella Bird's relational language-making

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practices during all facets of learning. These facets included instruction and reading, self-monitored practice, and group and client feedback (elicited from videotapes of practice with them using Bird's practices).

Presentational knowing involves the aesthetic expression of what becomes known through story, drawing, sculpture, movement and dance, or drawing on aesthetic imagery (Reason, 2003). In our Co-operative Inquiry, presentational knowing was the tool through which we made sense of and shared our learning experiences. In particular, this happened in the form of stories (e.g., Mead, 2001; Reason & Hawkins, 1988), which we brought into our research group. Such stories included our experiences of using Bird's approach with clients.

Propositional knowing draws on concepts and ideas. It refers to knowing *about* (Heron & Reason, 2008, p. 373) something. This kind of knowing is expressed in language to assert facts about the world (Reason, 2003). Propositional knowing easily becomes reified as *knowledge*, and can be linked to Foucault's notion of *power/knowledge* (1972) in which knowledge is power, and features in "regimes of truth" (1980, p. 93), which serve to create and systematize people's reality. Regimes of truth can also be understood as *dominant discourses*, for example as *evidence-based practices* in therapy. In this sense, propositional knowledge involves the intellectual knowing of ideas and theories. Its products are informative spoken or written statements (Heron & Reason, 2008). In this study, examples of propositional knowing included the writings of Johnella Bird (2000, 2004a, 2006a), her CDs (e.g., 2005, 2006b), and tutorial DVD (2008) about her relational language-making approach.

Practical knowing involves *knowing how-to-do* (Heron, 1996) and how to engage in some class of action or practice (Heron & Reason, 2008). For example, initially we were not completely familiar with Co-operative Inquiry as we embarked on our learning journey but we came to know how to use all aspects of this methodology. Our competence was not yet well founded, but instead was rudimentary and provisional. This kind of knowing relates to practicing relevant skills to transform a domain of interest or concern (Heron, 1996) such as how to carry out research from a Co-operative Inquiry, or how to develop and optimize Bird's relational language-making approach to couples therapy.

Heron's (1996) approach to practical knowing is grounded in Macmurray's (1957) view on action as the starting point and center of reference for grasping the form of the personal. Macmurray, for example, wrote, "I do" instead of "I think" (1957, p. 73). This is also in line with von Foerster's (1981) "aesthetical imperative: If you desire to see, learn how to act" (p. 308). Such notions are connected to a view that the thinking self cannot exist as its own subject while being an agent – as in the impossibility of simultaneously reflecting upon oneself while being fully engaged in doing things external to oneself. Such practical knowing in its fullness is consummated both in and through agency (Heron, 1996; Heron & Bradbury, 2008). In this study, this relates to our research group's reflection phases, where we reviewed our experiences in using Johnella Bird's relational language-making practices. I will now turn to explicate the specific Co-operative Inquiry process that we conducted for this research.

The Co-operative Inquiry process.

Co-operative Inquiry can take different forms according to who initiates research projects (e.g., Heron, 1996; Reason, 1999; McArdle, 2004). For instance, one or more researchers can initiate an investigation using Co-operative Inquiry and then invite others (e.g., colleagues) to become participants to join them in the inquiry. This is different from other qualitative research methods (e.g., grounded theory, case study, phenomenology), where the researcher is primarily external and invites others to participate as informants. Co-operative Inquiry also shares the same paradigmatic assumptions as *heuristic inquiry* (Moustakas, 1990), which explicitly emphasizes the participatory role of the researcher in the

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research process (Hiles, 2008). In heuristic inquiry, the researcher is required to have had a direct encounter with the phenomenon he wishes to study (Moustakas, 1990). Thus, the research begins and ends with the researcher (Douglass & Moustakas, 1985; Moustakas, 1990, 2001). This is accomplished through the processes of intensive self-search, reflection, elucidation, and illumination of the experience and meaning of the phenomenon under investigation (Moustakas, 1990). Heuristic inquiry ends with both individual and composite depictions of co-researchers' experiences, and culminates in a creative synthesis delivered in an artistic form (e.g., poem, journal entry, picture, painting) capturing the co-researchers' personal and collective emerging meanings of those experiences (Djuraskovic & Arthur, 2010). In contrast, Co-operative Inquiry is more oriented towards collaboration amongst participants in group research, and does not explicitly emphasize a primary participatory role of the initiating researcher in the research process (Hiles, 2008).

In Co-operative Inquiry, researchers and co-researchers can either be internal (e.g., street people as *internal* to researching an aspect of street life) or external (e.g., an academic researcher as *external* to researching an aspect of street life) to the research topic. Participants in a Co-operative Inquiry group can be from the same profession (e.g., family therapists or psychologists) or they can have combined positions (e.g., practitioners and clients researching together the same topic). In this study I, as the initiating researcher, was *internal*, because I also was a colleague with the participant therapists, working at Trondheim Family Therapy Centre (TFTC), where the research took place. I initiated the research, and had developed the research question in advance; however, the research developed from my initiative was later shaped collaboratively between the participant therapists and myself within the research group.

Even though research initiatives in Co-operative inquiry may take many forms, a Co-operative Inquiry approach usually moves through four phases. Phase 1 focuses on reflection, while Phases 2 and 3 take the inquiry through to action, and then back to reflection in Phase 4. Heron (1996) contends that the inquiry may start anywhere in the cycle of these phases, but the four phases together comprise one complete inquiry cycle. Heron (1996) suggests that Co-operative inquiry can be used in many ways:

I do not consider that adopting these (phases), explicitly or tacitly, is *the* way to do a Co-operative inquiry; it is only *a* way. There cannot be in this field such a thing, as the one and only right, proper or correct method. There can only be my, or our, view as to what is a good method. (p. 49, italics in the original)

In Phase 1, a group of co-researchers come together to explore an agreed upon area of human activity. The co-researchers may be professionals who wish to inquire into a particular area of practice. They start by agreeing on the focus of their inquiry, and together they develop a set of questions or propositions they want to investigate. Next, the co-researchers choose a method for exploring this research question in action through practical experience. Finally, they devise and agree upon a set of procedures for gathering and recording data from this experience including research journals, self-assessment rating scales, audio or video recordings and feedback from colleagues and/or clients.

Given the diversity of Co-operative Inquiry methods available, individual researchers often tailor how Co-operative Inquiry is implemented to fit with co-researchers' questions and aims. Within this research project, I proposed a research question prepared in advance: *How do therapists interpret their learning experiences in using Johnella Bird's relational language-making approach - from training exercises, reviews of videotaped practice and client comments?* I then invited four therapist colleagues (see Appendix B) to join me in learning and optimizing the use of Bird's approach. Considerable time was then spent

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focusing on developing a shared process for learning our use of Bird's approach. In particular, shared concerns emerged around translating Bird's writings from English to Norwegian, to properly learn how to use Bird's approach. We also discussed how we were going to practice Bird's approach within the research group, to get more comfortable using it prior to recruiting clients and videotaping clinical sessions where we would use these practices with clients. Then, as a group, we negotiated a way to adapt our learning and co-research to the original phases of Co-operative inquiry. Topics in our collaborative negotiations concerned how we were going to recruit clients to participate in the research, how we were going to work with Bird's writings together in group meetings, and how we were going to use Bird's approach in therapeutic conversations with clients. All such concerns were brought up in group meetings, and decisions on how to go on were made together.

In Phase 2, we (therapists) became engaged in enacting Bird's relational language-making approach. We observed (by self-supervision and group supervision), and recorded (by writing research journals, and audiotaping the group meetings) the processes and outcomes of our own – and each other's – experiences from using Bird's approach. This process allowed each of us (therapists) to better understand our experiences of using Bird's relational language-making practices. At first, we did this by trying to translate Bird's approach into Norwegian, to understand how this approach could be applied in our clinical practice. As we engaged in this process, we also became aware of the impact of these group discussions and ideas on our work as therapists. While we began these conversations as co-researchers, the impact of our learning together extended beyond the boundaries of this research and began to permeate aspects of our therapeutic work – an interesting phenomenon that I will explore further in the following chapter.

In some ways, Phase 3 was the focal phase of our inquiry. In this phase, we used Bird's approach in therapeutic conversations by recruiting clients (after employing a process of informed consent; see Appendix D) to participate in video-recorded therapeutic conversations. Then we (each therapist) looked at these video-recorded sessions for ourselves for self-supervision, especially looking for passages where we used Bird's approach. Then we selected some passages to show to other participant therapists for group supervision, and finally we showed these selected passages back to the participant clients for their constructive feedback. We audiotaped the clients' feedback on their therapist's use of Bird's approach in conversing with them. This was the stage in which we (therapists) became fully immersed in, and engaged with our personal and collective actions and learning experiences. We developed a degree of openness to our learning process, in an effort to be free of preconceptions, thereby enabling us to experience our inquiry in new ways.

In Phase 4, we (therapists) reassembled to share our reflections on our experiences of learning and using Bird's relational language-making approach; we also reflected upon how to optimize our use of Bird's conversational practices. Our reflections encompassed our personal developments as therapists, inclusive of therapist supervision (both self and group supervision) and clients' comments about our use of Bird's approach in therapeutic conversations with them. We then reflected on these experiences in our continuing research process, and collaboratively negotiated next steps in data collection. Our reflections led us, after four months, to expand our data collection timeline by three extra months – making for eight months of data collection in total. This time extension was warranted as we collectively acknowledged time limitations in our learning process. In particular, more time was needed because we found it challenging to recruit clients to participate, and found it difficult to translate Bird's approach from English to Norwegian. We solved this challenge, by moving from specific conversational practices, to a more general and conceptual scope regarding how Bird uses relational language-making. We (therapist participants) collaboratively decided to focus our learning on how we could use Bird's approach to help partners with conflicting

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discourses (or positions), to negotiate a *shared language* for understandings and relational actions. Such shared language might help partners avoid imposing their own language (positions) on each other. I have described this general approach in more detail in chapter three, where I explicate how Bird helps partners to move from *private constructions* to *relational constructions* in a negotiated dialogue (Strong et al., 2011) for *going on together* (Wittgenstein, 1953) beyond therapy.

As this research project was about how we examined our own learning experiences together, and how we were learning from clients' comments, both collegial and client feedback was used to facilitate collaborative co-creation of learning and emerging meanings. However, like any other method, Co-operative Inquiry used in this study required a closer look at a variety of quality assurance (validation) procedures used to improve the outcomes of our learning that I will relate to readers of this research project.

Validity in Co-operative Inquiry.

Validity is usually regarded as an important aspect of judging the quality of research (Denzin & Lincoln, 2005; Reason, 2003). It broadly refers to the degree to which a study accurately reflects or assesses the specific concept that the researcher is attempting to measure (Creswell, 2007; McLeod, 2003). Thus, validity, in this regard, is about a matter of quality, credibility, and transferability (Denzin & Lincoln, 2005; Gobo, 2008; Mertens, 2010; Dahl & Boss, 2005) and is integral to judging the quality of any research endeavor. There are different notions of what constitutes validity according to the type of research in which one is engaged. Within quantitative research, validity is defined as the ability of the data to accurately represent objective reality (e.g., Denzin & Lincoln, 2005; McLeod, 2003). Most qualitative researchers would refute the very idea of a correctly representable objective reality, and would instead focus on subjective realities that are co-constructed between people (Gergen & Gergen, 2008). This is the view of reality that is taken up within Co-operative Inquiry. As such, the concept of validity that best fits this study is articulated by Heron (1996), who defines validity as “well-groundedness, soundness, having an adequate warrant” (p. 57) for the study's participants, and offers a number of validity procedures (further developed by Reason, 1999).

During this research project, as therapist co-researchers we became fully immersed and engaged in our experiences and actions to facilitate the learning process. Debatably, from such an engaged learning process we might sometimes have *fooled ourselves* about our learning experiences (Reason, 1999), and then not evaluated our experiences critically enough. Therefore we, as co-researchers, were mindful of this concern. Reason's (1999) answer to this concern is:

(...) that certainly people can and do fool themselves, but we find that they can also develop their attention so they can look at their beliefs and theories critically and in this way improve the quality of their claims to knowing. We call this “critical subjectivity”; it means that we do not have to throw away our living knowledge in the search for objectivity, but are able to build on it and develop it. (p. 212)

The validity procedures, which I will explain below, were applied in the reflective phases of the Co-operative inquiry in order to “free the various forms of knowing involved in the inquiry from the distortion of uncritical subjectivity” (p. 59). Validity in Co-operative Inquiry includes: research cycling, divergence and convergence, balancing reflection and action, challenging uncritical subjectivity, chaos and order, managing unaware projections and authentic collaboration (Heron, 1996; Reason, 1999).

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Research Cycling – The purpose of research cycling is to ensure that the research outcomes are well grounded, for the participants involved, in the focus of the inquiry. We (therapist participants) used research cycling as a process of fluctuation between action and reflection. We repeatedly checked our emerging concepts for ideas we felt should be included or omitted. By doing this, our ideas and concepts developed and improved through our cycling process, from vague to precise, from the obscure to the clarified, and from superficial to deep (Heron, 1985). For example, at the beginning of the learning process we read Bird's books and listened to her CDs. Then we started to relate Bird's theoretical concepts and practices of relational language-making (see chapter three) to our clinical work with clients. After recruiting clients, we videotaped clinical sessions where we used Bird's approach in our conversations with them. Later, we watched these videotaped sessions individually for self-supervision. Then we selected video passages and shared these in the research group for group supervision. Finally, we showed these selected video passages to the clients who participated in the video recorded clinical sessions, collecting their comments on what they saw occurring when Bird's practices were being used, and asked them how they felt about what they saw. This *back and forth* cycle of action and reflection helped us to better understand our learning developments and also improve our use of Bird's relational language-making approach with clients.

Divergence and convergence – In the early stages of the research, our inquiries were divergent. We explored several different aspects of Bird's approach in therapeutic conversations (e.g., how each of us understood Bird's view on relational language use in general, listened to her published CDs, reading her books, etc.). This was to ensure that our reflections in the later stages of the inquiry were not too narrow, and this enabled a greater understanding of the whole and its parts (Heron, 1985). In the later stages of going back and forth in our cycles of experience and reflection, our discussions became more convergent. This allowed us to improve our reflections on such aspects as Bird's specific conversational practices, general aspects of her relational view on language use, and other details.

In the group's reflection phase, each participant therapist shared recent experiences of using Bird's relational language-making approach (from self-supervision, and client feedback) and how we made sense out of them. Such discussions took place during our group conversations and reflections, in which participant therapists reviewed and explored video-recorded therapeutic conversations with clients. The resultant comparisons and contrasts between individuals' accounts of using Bird's practices with clients (and learning from self supervision, group supervision and client feedback) addressed both the divergent and convergent aspects of our accounts. These divergent and convergent dialogues were essential for validly reflecting on our learning and optimizing of Bird's approach into our own work.

Reflection and action – Experiential forms of knowing and reflection were refined as participants cycled between reflection and action phases. Such refining also depends on finding a balance between these two phases, so that there is neither too much reflection nor too little experience or vice versa. The validity of the reflection phase relies on participants' sense of how much reflection is needed in relation to what they have experienced (Heron & Reason, 2008). A brief reflection on experience is not likely to yield the depth of understanding that is necessary in Co-operative Inquiry; therefore, our research group members challenged each other to engage in deep processes of reflection and action. Also, throughout this research project, each member carried out reflection phases by keeping a regular research journal, reflecting on how they experienced, not only the research process, but various aspects of learning Bird's approach (reading, reflecting and videotaping therapeutic conversations with the clients, self-supervision, group supervision, and client feedback). Here is an example of a reflection from a therapist participant in the research journal:

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We are the most advanced in terms of using Bird's approach, in our discussions during group sessions. We would have wanted more time and room for reading, which would have given a cumulative effect. There was a need for penetrating deeper into the material and at the same time adapting Bird's way of using language to our culture and native tongue. Looking at the video-recorded clinical session was a confirmation that a lot of the Bird's theory already is in use. I really wish some use of video material could be a natural part of our work in the Family Therapy Centre. (Mary, journal entry, Oct. 18. 2009)

In our group meetings we shared these reflections with each other and built upon our personal and collective knowledge. This was important because these conversations within the research group helped us to collaboratively shape the research project as we negotiated decisions on next steps of our learning process together.

Challenging uncritical subjectivity – This is also known as acting as the Co-operative Inquiry group's *devil's advocate* in order to question the group as to whether any form of unintended collusion is afoot. It is a practice in which the group agrees that the participant therapists have permission to “confront fully some collusion” (Heron 1996, p. 147) that they believe may be occurring. In this way our inquiry avoided uncritical subjectivity and collusion, while maximizing our validity for the inquiry process. During this study, participant therapists critically questioned the research project and our use of relational language-making (Bird, 2000, 2004a, 2004b) regularly. By *playing* devil's advocate, members enhanced critical reflection on our research progress, helping us focus, for example, on how clients acknowledged participant therapists' use of relational language-making in their therapeutic conversations.

Chaos and order – Chaos and order refer more to an attitude than to a procedure, to invite interdependence between chaos and order in a developing inquiry. This attitude enabled the participants in our Co-operative inquiry group to avoid premature closure on our reflections and actions, while helping us overcome feelings of confusion, uncertainty, ambiguity, disorder and tension. Since uncertainty accompanies chaos, awareness of our dynamics was helpful in guiding our shared inquiry. Reason (1999) argues that: “Co-operative Inquiry is sometimes about throwing all caution to the winds in a wild experiment. There can be no guarantee that chaos will occur; certainly one cannot plan it” (p. 213). A key validity issue for balancing chaos and order is to be prepared for chaos, then to tolerate it, and not let anxiety press for premature order, waiting for a sense of creative resolution.

One crucial discovery during the first phase was that it was really important for us (therapist participants) to be able to tolerate intermittent confusion, ambiguity, uncertainty, and a chaotic profusion of issues, possibilities, and apparent difficulties. If we had not acquired this tolerance, we might have settled for a tendency to press for a premature intellectual closure on understanding in our group reflection phases. Such a tendency could develop as a defense against anxieties felt about seemingly intolerable aspects of the inquiry process (Heron, 1985). This is clearly not in the best interests of valid reflection, so our group needed to deal with the chaos and develop genuinely creative and illuminating responses to emerge in their own good time during the research phases. For us this was a challenge, mostly because we found it difficult to translate Bird's relational language-making practices into Norwegian. What we found challenging was that Bird's suggestions for how to use language relationally couldn't directly be translated into Norwegian. This was because Bird's words in English couldn't be translated with her intended meanings into Norwegian. In our training exercises, when we translated Bird's words and phrasing, our translations felt awkward as a way of talking. What helped us handle this challenge was our decision to move

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away from Bird's specific practices, while instead taking a broader approach to Bird's ideas and practices. By shifting from Bird's focus on specific English words, to a focus on negotiating linguistic *private constructions* into *relational* constructions (see chapter three), we felt more comfortable and natural in this use of language both with clients and within our research group.

Managing distress – As we explored more deeply our learning and optimizing of Johnella Bird's approach, we bonded more closely with each other and grew more open to conflict, differences, and distress. In particular, it was important that we were willing to explore our uncomfortable experiences, to prevent them from interfering with our collaborative learning process. Such experiences may be projected without awareness – distorting the process and content of the research project. It was therefore highly important that we felt safe and confident with each other so that we could openly address emotional difficulties, and identify unspoken anxieties within the research group.

The context of communicating meaning, and of doing justice to what we saw as actually going on in our learning process, can not only generate anxiety and emotional agitation in the present, it can also powerfully evoke unresolved distress. During the research period we needed to be aware of whether such distress was dealt with or not during our inquiry process. If distress was ignored, it could have been displaced into the research process, causing lapses in the participant therapists' motivation and commitment. In turn, this may have caused lapses in both our learning process and the process of writing our research journals during the individual reflection phases, thus promoting confusion.

Another challenge I identified was that I was too occupied with explaining my research question to other participant therapists rather than simply letting research questions emerge from the discussions. I spent too much time trying to persuade them to understand my ideas. This distress was not reflected by the participant therapists in the research journals and the group meetings, but was discussed in the meeting in which I presented my initial analysis to them. Another issue for uncomfortable distress was the challenge of recruiting clients to participate and writing in the research journals. In both these cases, we solved this by discussing the issues in the group. We collectively decided that each therapist would recruit at least one couple to participate. Regarding the research journal, we decided to audio-record the group meetings in order to complement the research journals, and to expand the period by two months so the participant therapists would have time to write their post-inquiry reflections after the last group meeting.

Authentic collaboration – This aim is very important when negotiating power relations within the group in a way that enables the inquiry to be truly cooperative. This requires the authentic engagement of all the co-researchers in equally voicing and influencing group decision-making. Since the inquiry is Co-operative, validity in the reflection phase is also a function of how fully each person is contributing to that reflection. It is also about how much each participant therapist engages in their own reflection without merely echoing the views of one or more of the other persons in the group (Heron, 1996; Heron & Reason, 2001). The overarching goal was to achieve collaborative participation from everyone within the research group. In this research, individual reflection phases were built into the design. For example, each therapist participant kept a research journal for reflections and video-recorded therapeutic conversations, which they shared later on to help invite group reflections. In these group reflections, time was given for each participant therapist to share their individual reflections with the others.

The procedures to validate the quality of a Co-operative inquiry enable co-researchers to share with each other in the group, acknowledge, engage with and inquire about participants' experiences and ideas. As part of our Co-operative inquiry, we used actual video recorded therapeutic sessions for self-supervision, group supervision, and to elicit client

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comments. To address this type of use of video in research, I found it helpful to use the data collection method known as comprehensive process analysis (CPA), which will now be discussed in detail.

Comprehensive Process Analysis

Comprehensive process analysis (CPA; Elliott, 1989, 2010; Elliott et al., 1994) is a form of *stimulated recall* (e.g., Gass & Mackey, 2000; O'Brian, 1993), wherein a therapist replays video passages of sessions to clients to elicit their feedback – on those replayed passages. CPA is an interpretative, qualitative research method for collecting data on significant therapy events (Elliott, 1989, 2010; Elliott et al., 1994), and is focused on how change occurs in therapy. Elliott (1984) promoted CPA as a necessary complement to Randomized Clinical Trials (RCT). He (Elliott, 2010) argued that RCTs too narrowly focus on demonstrating a causal relationship between therapy and client change, but do not specify the nature of that relationship. Further, Elliott claimed that scholars would not accept such causal relationships unless there is a plausible explanation or narrative that links cause to effect. CPA can provide and support such explanations (Elliott, 2008; Elliott et al., 1994). For this reason, CPA was useful in examining specific aspects of therapeutic theory by complementing that theory with clients' stimulated reflections of their therapeutic conversations with therapist participants in this research project.

In general, CPA is used to identify from clients and therapists three aspects of significant therapy events: *contributing factors* involved in the therapeutic sessions (e.g., therapeutic alliance, specific conversational practices), the observed and experienced *impacts* of such significant passages (e.g., self-exploration, insight), and the *sequence* of contributing factors and impacts (Elliott, 1989, 2010). What is needed in clinical research is a better description of such change processes or significant moments in therapy to assist in discerning what factors contribute to change in therapy, and how these factors and processes unfold (Elliott et al., 1994). CPA was helpful to us in evaluating clients' and therapists' accounts of what occurred in videotaped sessions when Bird's relational language-making approach was utilized. Therefore, CPA was used to supplement our methodological rigor of learning Bird's practices (from readings, discussions, etc.) with rich clinical accounts of experiences and understandings from using those practices with participant couples in this inquiry.

We video-recorded clinical sessions with recruited client couples and selected video passages from these clinical sessions where we used Bird's relational language-making practices. These passages were selected for three purposes: *self supervision*, in which we (each therapist participant) looked at our passages (i.e., those in which they had been the therapist); *group supervision*, in which we showed our passages to the other participants in our research group; and *therapists' showing video passages of their conversations back to their clients* to elicit their feedback. Data was collected to serve each purpose, as therapists wrote about their learning experiences in research journals based on the entire inquiry process: from self-supervision, group supervision discussions, and client feedback (face-to-face dialogue). The clients' comments and our group meetings were audio-recorded and transcribed into data for further analysis.

Above I have explicated the data collection strategies we used in this research project. We used Co-operative Inquiry as a framework for how to collaboratively work together, from feedback, in learning and developing to use Bird's therapeutic approach. CPA was used to enable critical reflections on video-recorded clinical sessions for self-supervision, group supervision and when we showed the selected passages back to the participant clients for feedback. During this process we wrote down our reflections in research journals that were

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also used as data for later analyses. I will now move on to explicate the method used for making sense of the data collected.

Situational Analysis – Making Sense of Data

For this research initiative, I have taken a postmodern, social constructionist perspective for my data analysis. In my search for making sense of “complex, diffuse and messy” (Law, 2004, p. 2) data, I used Situational Analysis (Clarke, 2003, 2005, 2009; Clarke & Friese, 2007), which draws on Strauss’ (e.g., 1978, 1991, 1993,) and Charmaz’s (e.g., 2006) versions of Grounded Theory.

Clarke emphasized the “partialities, positionalities and contradictions that portray the complex nature of the social world” (as cited in Allen, 2010, p. 1615) to advocate for Situational Analysis. This is in contrast with a common qualitative research emphasis on reducing such complexities into common themes (e.g., as in phenomenological research). The originator of Situational Analysis, Adele E. Clarke, supplemented basic Grounded Theory methods with a situation-centered approach influenced by postmodernism. She did this by offering an innovative method that uses *situational maps* to analyze a wide range of narrative, discourse, and visual data (Allen, 2010; Clarke & Friese, 2007; Mathar, 2008). Clarke’s Situational Analysis provides researchers with tools to analyze complex situations. In this section, I will explain this approach to analyzing my data. First, I will explicate Situational Analysis in general, and then I will lay out the analytic devices used within Situational Analysis – situational maps.

From grounded theory to situational analysis.

Grounded Theory was initially developed and elaborated by Glaser and Strauss (1967), as an empirical approach to studying social life through qualitative research and analysis. After their initial collaboration, Glaser and Strauss went in distinct directions (Bryant & Charmaz, 2007) on *how to do* Grounded Theory. While Glaser (1992) adopted more positivistic beliefs around his version of grounded theory and focus on theoretical coding, Strauss, with Corbin (1990), focused on an interpretative approach, using selective coding (Heath & Cowley, 2004). Theoretical coding is, according to Glaser (1978), the process of using theoretical codes to “conceptualize how the substantive codes may relate to each other as hypotheses to be integrated into a theory” (p. 72). Selective coding, according to Strauss and Corbin (1998), is the inductive “process of integrating and refining the theory” (p. 143). To accomplish this, the analyst selects a core category and then relates all other categories to the core as well as to the other categories (Strauss & Corbin, 1990; Walker & Myrick, 2006). It is the Straussian path that Clarke (2005) followed in creating Situational Analysis.

Clarke (2005) draws deeply on Strauss’ theory in developing her Situational Analysis in which she argues for a Grounded Theory based in symbolic interactionism (e.g., Blumer, 1969; Goffman, 1963; Mead, 1938). In symbolic interactionism, meanings arise through the process of interactions both between and among people doing something together (Bergeron, 2008). Symbolic interactionists are interested in how people create and sustain meaning during social interaction; most particularly on how they present and construct the self or *identity* (Clarke, 2005).

Clarke was also drawn to Strauss’ concept of *social worlds*, which is about how social situations operate as “conditions under/through/over/in/around/within which social processes occur” (Clarke, 2005, p. 40). So, instead of looking at social life from a micro (individualistic) or macro (society) perspective (Burr, 2003), Strauss offered a meso-social

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version in which the micro and macro was blended in what symbolic interactionists (e.g., Hall, 1987; Maines, 1995, 2001) and actor-network theorists (e.g., Latour, 1987, 2005; Law & Hassard, 1999) call *middle range theory*. Strauss (1993) saw social worlds as organizing a conceptualization of society different from normal reference to social structures as static entities, such as the state, organizations, social classes and families. Instead, social worlds are the “principal affiliative mechanisms through which people organize social life. Insofar as it meaningfully exists, society as a whole, then, can be conceptualized as consisting of layered mosaics of social worlds and arenas” (Clarke 2005, p. 46).

In his later work, Strauss (1991) developed *conditional matrices* that emphasized context-situatedness in research. Such analytic matrices were intended to push the researcher to seriously consider the various contexts of their research focus including pertinent organizational, community, national (e.g., political, governmental, cultural, economic, gender, age, ethnicity, race, particular national issues, etc.) and international (e.g., economic, cultural, religious, scientific, environmental issues, etc.) elements. Through the conditional matrix, Strauss and Corbin (1990) sought to develop ways to conduct grounded theory analysis that specified structural conditions by making them visible in the analysis. Strauss (1993) was primarily interested in understanding “action as situated activity” (p. 163).

Clarke (2005) suggested that Strauss’ conditional matrix is inadequate for an analytic task because “there is no such thing as context” (p. 71). Thus, she argued that Strauss’ goal was to portray how contextual elements “*condition the action*” (Clarke, 2005, p. xxxv, italics original), which is the central analytic focus. In sharp contrast, Clarke’s Situational Analysis asserts, “the conditions *of the situation are in the situation*” (Clarke & Friese, 2007, p. 364, italics original). Strauss and Corbin’s conditional matrices focus on individuals surrounded by conditional elements such as family, organization, community, region, nation, etc., and appear attached to modernist reasoning; “the world is assumed to be separable” (Mathar, 2008, para. 10). However, according to Clarke, the fundamental question is: “*How do these conditions appear – make themselves felt as consequential – inside the empirical situation under examination?*” (2005, p.72, italics and bold in the original). By this, Clarke means that the conditional elements of the situation do not merely surround, frame, or contribute to the situation: “They *are it*” (Clarke, 2005, p. 71, italics original). The root metaphor for grounded theorizing in Situational Analysis then shifts from social process/action to social ecology/situation. This shift deeply and explicitly grounds the analysis in the broader situation of an inquiry in a research project (Clarke, 2009). Some authors (e.g., Allen, 2010; Mathar, 2008; Smit, 2006) have criticized this shift. For example, Mathar (2008) has concerns “it would be difficult to define when a situation begins and when it ends or where it is and where it is not (...)” (para 31).

Situational Analysis relies on the accepted tenets of theoretical sensitivity, theoretical sampling, constant comparative methods, coding, memoing, and diagramming (Clarke, 2005; Mills, Chapman, Bonner & Francis, 2007). In Situational Analysis, raw data are transformed into visual maps, which are the basis of analysis (Mills et al., 2007). In Clarke’s (2005) critique of Strauss’ and Corbin’s social worlds/arenas maps, she argues that the problem solely lies in the modernist view behind such maps and not in the maps in general. Clarke’s strategy is to enlarge Strauss’ and Corbin’s social worlds/arenas maps into situational maps (Mathar, 2008). Clarke’s idea was to use the maps in order to provoke new ideas to help the researcher to interpret the field of research more broadly (Mathar, 2008; Rogo, 2009; Shoop, 2009). These maps allow the researcher to generate ideas and see their juxtaposition clearly on paper (Allen, 2010). As a preliminary step from raw text towards situational maps I used an online software program found on the Internet called Wordle, which I will now turn to.

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The first mapping strategies are *Situational Maps*. These maps lay out the major human, non-human (e.g., technologies, material infrastructures, specialized information and/or knowledge, material *things*), discursive (e.g., linguistic meanings from different discourses found in the situation of inquiry) and other elements in the research situation of concern and provoke the analysis of their relationship. Such maps are intended to capture and display the messy complexities of the researched situation in their varied dense relations and permutations. The maps are also intended to work *against* simplifications in social research by revealing “the stunning messiness of social life” (Clarke & Friese, 2007, p. 370). A situational map describes an analytic step that may remind readers of a brainstorming session. This is because using situational maps produce a free-flowing, non-ordered listing of elements related to the situation of inquiry based on both data and literature reviews (Carder, 2008).

I used situational maps to promote reflexivity (using several versions of maps for *unmapping*, and *remapping*; e.g., Shoop, 2009), where I moved my focus around in these maps to draw myself in and out of the data, to identify new elements during the analysis. For example in the beginning of the analysis using situational maps I was focused on the micro-elements of how we (participant therapists) were learning and understanding Bird’s approach. Moving around in these maps helped me to also be aware of the wider context for understanding our learning experiences. This wider context was, for example, about the participant therapists’ background, earlier training and working experiences, and Trondheim Family Therapy Centre (TFTC), as the research context.

The second mapping strategies involve *Social Worlds/Arenas Maps*. These maps lay out the collective arena(s) of commitment and discourse within which the people involved are engaged in ongoing negotiations. These are meso-level (i.e., blending micro and macro) interpretations of the researched situation, referring to its social, organizational, and institutional dimensions. The difference between social worlds and arenas is basically that social worlds are narrower in scope. There are several social worlds (i.e., collectives that participate in the same discourse) within one arena (Mathar, 2008; Shoop, 2009). Trondheim Family Therapy Centre is the arena for this research, where there are several social worlds (e.g., psychologists’ world, social workers’ world, this research participants’ world, colleagues not participating in the research world, etc. – see chapter four, Figure 5). So, to construct a social worlds/arenas map means that:

One enters into the situation of interest and tries to make *collective* sociological sense out of it, starting with the questions: What are patterns of collective commitment and what are the salient social worlds operating here? The analyst needs to elucidate which social worlds and subworlds or segments come together in a particular arena and why. What are their perspectives and what do they hope to achieve through their collective action? What older and newer/emergent nonhuman technologies and other nonhuman actants are characteristic of each world? What are their properties? What constraints, opportunities, and resources do they provide in that world? (Clarke, 2005, p. 110)

A challenging task for me to perform this type of analysis, as a researcher, was to “appropriately lay out the size, locations, and intersections of the social worlds within one arena” (Mathar, 2008, paragraph 23). By performing this analysis, I became more engrossed in the data. Data used for mapping the created abstract situational maps included transcribed data of audiotaped group meetings and audiotaped client comments, participant therapists’ research journals, and my own research memos (Charmaz, 2006; Clarke, 2005). However, Clarke (2009) emphasizes that researchers must bear in mind that any mapping could always be represented otherwise; individually and collectively, organizationally and/or institutionally, and in social worlds/arenas maps that portray other such possibilities.

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The third mapping strategies within Situational Analysis involve *Positional Maps*. These maps lay out the major positions evident in the data on discursive issues such as focus, concern, contestation, and differences in discursive positions central to the situation under study (Clarke, 2005). These maps were meant to help me, during the analysis, to see patterns from the data, including what we (therapist participants) shared or disagreed about around how we evaluated our learning to use Bird's approach. Optimally, such maps are used to represent the full range of positions on particular issues, depicting multiple positions and even contradictions within participant therapists as individuals, and within the collectives in which we participated (Clarke & Friese, 2007). Whereas situational maps and social worlds/arenas maps enabled me to identify elements and collectives that shaped our learning together, positional maps reflected the various points of view taken in our interpretations of what we experienced as useful and unuseful from our learning experiences (Clarke, 2005; Mathar, 2008).

Clarke (2005) stated, "Situational analysis allows researchers to draw together studies of discourse and agency, action and structure, image, text and context, history and the present moment – to analyze complex situations on inquiry broadly conceived" (p. xxii). The outcome of a situational analytic process using these three mapping strategies helped me to create a "thick analysis" (Fosket, 2002, p. 40), similar to Geertz's (1973) *thick descriptions*. For instance, a thick description of human behaviour is not just about describing human behaviour (e.g., describing how therapist participants learned Bird approach together), but also about its context (e.g., explicating the research situation by describing Trondheim Family Therapy Centre), such that the behaviour becomes meaningful to an outsider. A thick analysis will assertively consider and depict the complexity of elements (situations, social worlds/arenas, and positions) that were present and influential in the issue, as well as their obvious nuanced interrelationships with each other (Bergeron, 2008; Larsen, 2010).

Summary

In this chapter, I have laid out the research methodology for this research project. I described my decisions in choosing Co-operative Inquiry as a framework for how we learned to use Bird's approach at TFTC. I then explained how we worked together and made collective decisions about how to effectively use Bird's approach with clients. The next chapter moves into the findings of this study, based on my Situational Analysis.

CHAPTER V: FINDINGS

The research for this dissertation began with a curiosity about Norwegian family therapists' learning experiences, my own included, as we learned and optimized new conversational practices in working with couples in therapy at Trondheim Family Therapy Centre (TFTC). This Co-operative Inquiry study was a shared learning project where we, as therapists, learned and developed our therapeutic use of Johnella Bird's relational language-making approach, sharing all facets of our learning with one another. These facets were: instruction and reading, self-monitored practice (from video recorded therapeutic conversations with clients), group supervision, and client feedback (from video recorded passages of practice).

The findings in this study were rendered meaningful by using Situational Analysis mapping (Clarke, 2005). Situational Analysis, as developed by Clarke, is an extension of the Grounded Theory method and utilizes similar analytical tools with the addition of visual mapping strategies (Bergeron, 2008; Friese, 2007; Shoop, 2009). The source data for this study consists primarily of reflection journals from the participant therapists (myself included), 13 audio-taped group meetings of the participant therapists, audio-taped client comments (where the participant therapists showed selected videotaped passages to the clients where Johnella Bird's relational language-making approach were being used – from 11 clients in total), and comments from the participant therapists on my initial analysis. All of the transcriptions from these data collection sources were originally in Norwegian. I translated all of the transcribed text into English, and all of the findings will be presented in English.

The participant therapists have consented to be identified in this dissertation with their real names and backgrounds in the general presentations (see Acknowledgments & Appendix A), acknowledging their participation. However they will not be identified in terms of tying them to the specific quotations and situations shown in the Situational Analysis. To address issues of anonymity when quoting the therapists in the more specific presentations of findings, I have used pseudonyms (Mary, John, Lisa, Ben, and Mia). I have also used pseudonyms when I refer to my own quotes also, except when I am reflecting on the research process as the primary researcher from my research journal. Client participants are identified with pseudonyms when quoted (see Appendix B; Michael and Ann, Elsa and Jack, Alan and Paula, Susan and Daniel, Peter and Angela, and Gregory).

This chapter will proceed in four parts. In the first section, I describe a preliminary step toward the situational analysis maps – *word clouds* – where I used Wordle (Feinberg, 2009; McNaught & Lam, 2010). The intent of word clouds is to provide the reader with an overall sense of the semantic complexity of the data. Then, I present the findings as depicted in the three different Situational Analysis maps.

The Situational Analysis of Our Shared Learning Project

The overarching question for my data analysis was: *How do therapists interpret their experiences as they learn to use Johnella Bird's relational language-making approach from readings, discussions, supervision, reviews of videotaped practice, and client comments?* In line with the requirements of the Situational Analysis methodological design, the process of the analysis led to the development of visual descriptions of the data, also called maps (Clarke, 2005). These maps are constructed to illustrate the variety and complexity of all data identified as part of the situation under study (Birks & Mills, 2011).

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The font size of the words reflects the frequency of the words used by the participant therapists in their research journals. The most frequently used words like *language*, *relational*, and *relationship* show in the biggest font. The next size font included the following words: *Johnella*, *Bird*, *experience*, *meaning*, *process*, *something*, *therapist*, *binary*, *video*, and *context*. The word cloud also shows the words in smaller fonts, representing an excellent tool for showing the richness of the language. The richness/complexity of the word cloud shows that many ideas were brought up and reflected on by the participant therapists in their research journals. This preliminary analysis of the transcribed text helped me to make sense of general patterns and possible themes within the data, and provided me with a direction for the more intense round of analysis, using Situational Analysis (Clarke, 2005).

The second word cloud was derived from the transcripts of the 13 audio-recorded group meetings the participant therapists had during the research project. These meetings were used as a context for understanding and learning Johnella Bird's relational language making approach. They were also a place where the therapist participants received group supervision on video recorded passages from therapeutic conversations with clients that consented to participate. After transcribing all 13 audiotaped group meetings, I submitted the raw transcribed text to the online Wordle system, creating the following word cloud:

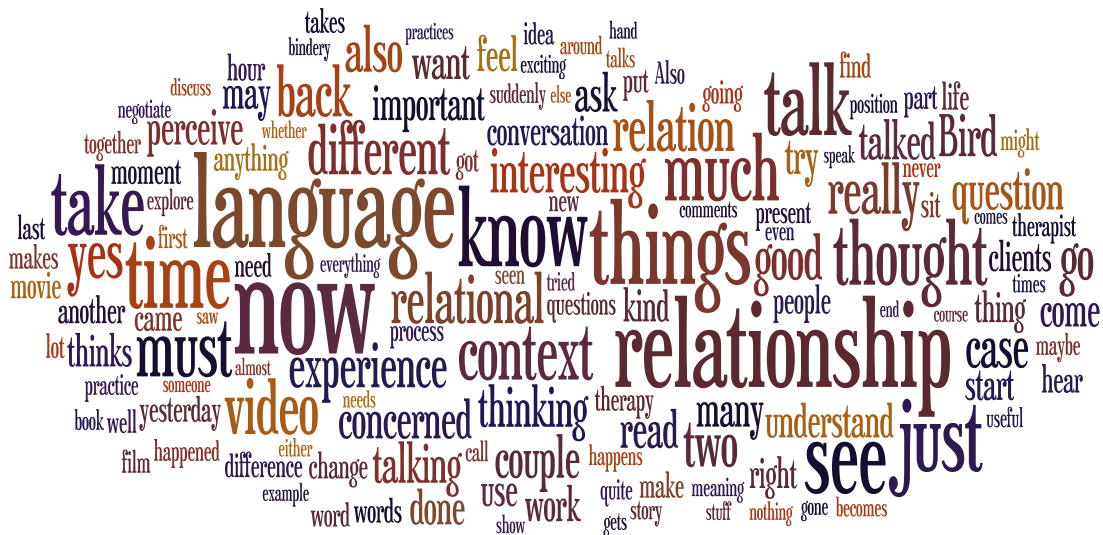


Figure 3: Word cloud of the transcripts from group meetings.

This word cloud also depicts the richness of our many ideas that were reflected upon and discussed in the group meetings. Content words that were most frequently used in these meetings were: *language*, *now*, *relationship*, and *things*. The next level of font size included words such as: *context*, *time*, *video*, *thought*, *talk*, *relational*, *just*, and *see*. As with the previously discussed word cloud, the words depicted in this word cloud show an incredible complexity of language and many ideas that participants reflected on during the group meeting discussions.

The last word cloud comes from the data of the transcribed client comments. With the recruited clients' consent, the participant therapists video-recorded their therapeutic conversations. The therapists then used the video for self-supervision and group supervision. Then the therapists showed their clients these selected passages from the video-recorded sessions they had together (where Bird's approach was being used), getting the clients'

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comments. The clients commented on their retrospective experiences in the passages shown, their current experiences in looking back at these passages, and their comments on the use of video in therapeutic conversations. The client comments were audio-recorded, then transcribed, and used as data for analysis in this study. The following word cloud was created from clients' comments:



Figure 4: Word cloud of client comments

This word cloud made of the raw transcribed text from the participant client comments also evocatively depicts the comments clients made while looking at the video-recorded selected passages together with their therapist, when Bird's approach was applied to their conversation. The content word that was most frequently used by client's feedback was: *see*. The next smaller font size included words such as: *relationship*, *good*, *question*, *feel*, *thought*, and *much*. The third most frequently used words were: *important*, *quite*, *experience*, *maybe*, *stop*, *go*, *understand*, *try*, *positive*, *just*, and *two*. As with the previously discussed word clouds, the words depicted in this word cloud show an incredible complexity of language and ideas that client participants used when reflecting with their therapist upon video-recorded passages of their participation in therapy together. These preliminary analyses of the data using Wordle allowed for a quick yet helpful overview of collected data.

After this preliminary analysis using word clouds, my next step was to go into the more intense round of analysis using Situational Analysis (SA). Key to SA is the assumption that "everything in the situation both constitutes and affects most everything else in the situation in some way(s)" (Clarke, 2005, p. 72). The formal output of SA involves the creation of three different types of maps (abstract situational maps, social worlds/arenas maps and positional maps – explained in the methodology chapter) that, in combination, offer a comprehensive image of the research *situation* (Birks & Mills, 2011). I will now move to describe the first situational analysis mapping strategy: abstract situational maps.

Abstract situational maps of our shared learning project

Abstract situational maps lay out the major human, non-human, discursive, and other elements in the research situation of concern and provoke analysis of relations among them. Non-human elements refer to technologies, material infrastructures, specialized information and/or knowledge, and material *things*, whereas discursive elements refer to linguistic

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meanings from different discourses used in the situation of inquiry (Clarke, 2005).

The goal of creating these situational maps was to descriptively outline the most important human and non-human elements of this collaborative research project. The process of creating situational maps consists of three types of mappings: (a) abstract situational map: messy/working version (also called “messy map”; Clarke & Friese, 2007, p. 379), (b) abstract situational map: ordered version, and (c) relational analysis within the abstract situational map: ordered version (Clarke & Friese, 2007). These maps specify what is empirically present in the research situation (Larsen, 2010). Each of these maps will be considered in turn.

Inspired by Clarke and Friese (2007), the following questions were considered when constructing my abstract situational maps (see Figure 4, 5, and 6 below): “Who and what are in the situation? Who and what matters in this situation of inquiry? And; what elements *make a difference* in this situation?” (p. 372) These questions were meant to help me identify the most important human and non-human elements that influenced our learning to use Bird’s approach (Clarke, 2005). In the following sections, I will explicate how I used situational mapping strategies and present the findings from these maps from my data.

Abstract situational map: messy/working version.

The first abstract situational map (Figure 5) is the “messy/working version” (Clarke, 2005, p. 87; it will be referred to as the *messy map* in the following), which helped me to identify the broad human and non-human elements (recourses and influences, see Figure 5) that shaped our learning together. The making of this messy map may remind readers of a brainstorming session, aiming to capture and discuss the “messy complexities of the situation in their dense relations and permutations” (Clarke, 2005, p. 370). The messy map in Figure 5 on the following page was created using various forms of available data, including: (a) transcripts from all the participant therapists’ research journals, (b) transcripts of clients’ comments (11 clients in total), (c) transcripts of the Co-operative Inquiry group meetings (13 meetings in total), (d) participant therapists’ comments on the first messy map (from a Co-operative Inquiry group meeting at June 15, 2010), and (e) the preliminary analysis consisting of word clouds (Figure 2, 3, and 4). In the following situational maps, I lay out all of the recourses and influences that shaped our learning of Bird’s relational language-making approach. Using the online program MindMeister (<http://www.mindmeister.com>), the maps were constructed to illustrate the varieties and complexities of data identified as part of the situation under study.

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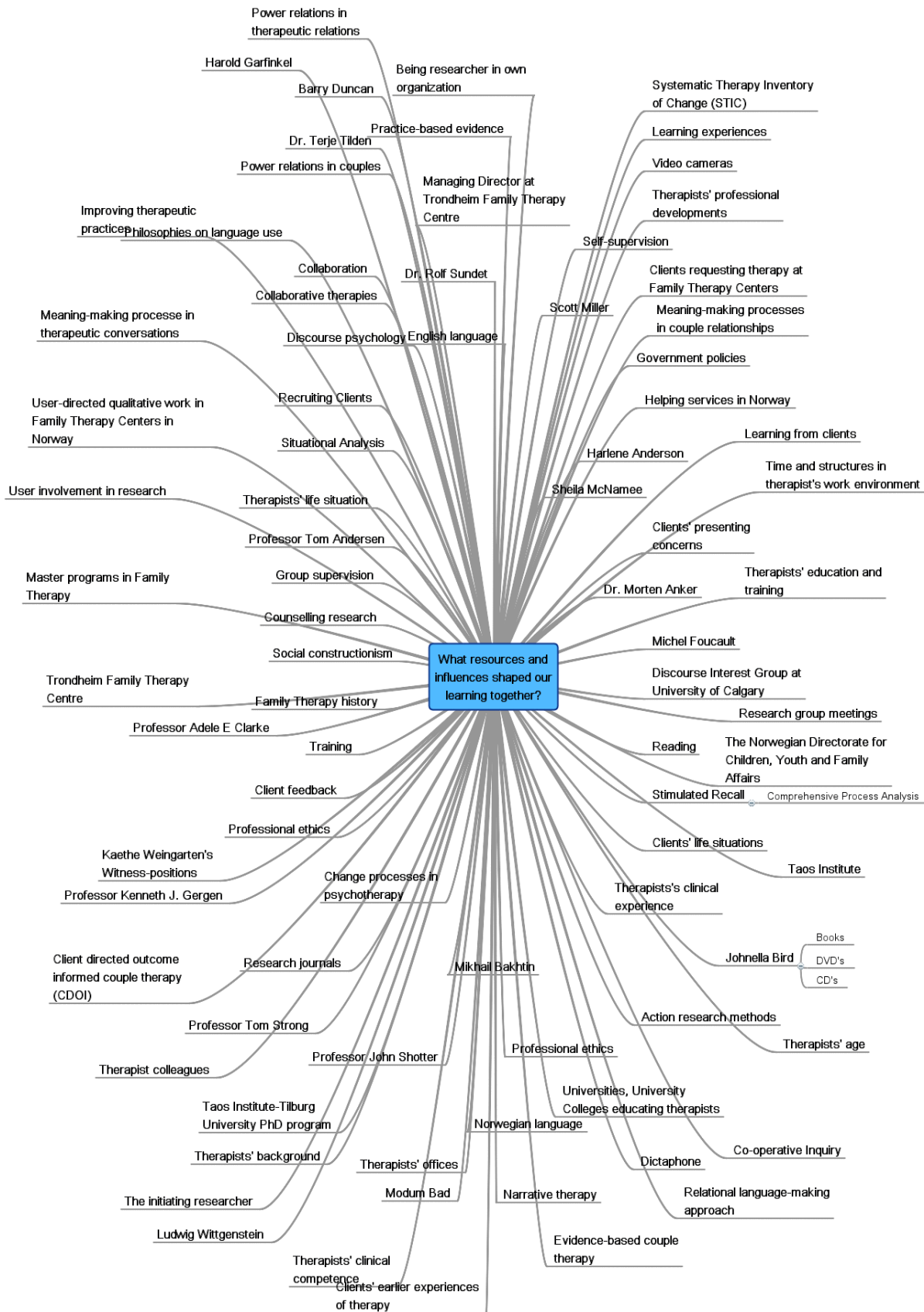


Figure 5: Abstract situational map: messy/working version (messy map)

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The making of this messy map was an iterative process, with several variations being developed as the data analysis process unfolded. I made sense of the data by going back and forth between the messy map and the transcribed text from my data collection, by reading transcripts and inspecting the map. I moved my focus around in these maps to draw myself in and out of the data, trying to see new discernible elements during the analysis process. This back and forth process of making these maps by adding, deleting, and rearranging the messy map was useful for going deep into the transcribed data, and prevented a premature closure to the analysis (Clarke, 2005). As Clarke (2005) claims, “it is far too easy to become analytically caught up in a few stories and lose sight of the big picture.” (p. 96)

Looking at my resulting messy map (Figure 5) helped me move further in my analysis and become aware of the *big picture*, that is, of the influences and resources that shaped our learning together. For example, at the same time as we (the five therapists) were learning Bird’s approach within our Co-operative Inquiry group and with clients, we were also working with therapist colleagues and clients who were not part of the Co-operative Inquiry group, as part our daily work at TFTC. This was important to be aware of as our colleagues also commented on our learning process while working with us as co-therapists in therapeutic conversations with clients. There were also other ongoing professional development projects at the TFTC that affected how we interpreted Johnella Bird’s writings and our learning experiences when study was taking place. For example, the TFTC staff also worked with Professor Arlene Vetere’s (e.g., Dallos & Vetere, 2005, 2009) ideas on attachment theory and narrative therapy while doing couple therapy that included addressing domestic violence. This project with Professor Vetere was an important addition to this analysis because her project informed all of the staff at TFTC. The TFTC staff spent considerable time reading her articles on narrative attachment therapy (e.g., Dallos & Vetere, 2009), and it was Professor Vetere who supervised our clinical work in couples therapy and domestic violence. The TFTC staff also worked with Elize Morkel, a South African psychologist, (e.g., Kotzé & Morkel, 2002; Morkel, 2007) and learned about her ideas regarding narrative therapy/practices in community work and couple therapy. Morkel was the first to introduce therapists at TFTC to Johnella Bird’s ideas about couple therapy, after Morkel began collaborating with her in South Africa.

Another important element was the *Norwegian Directorate for Children, Youth and Family Affairs*, which had started a project in *client-directed outcome-informed therapy* (CDOI; e.g., Anker, 2010; Anker, Duncan & Sparks, 2009; Duncan, Miller & Sparks, 2004; Sundet, 2009) focused on using systematic client feedback to improve therapy outcomes within all Family Therapy Centers in Norway. This project involves the use of two measures in a therapeutic setting: *Session Rating Scale* (SRS) (Duncan, Miller, Sparks, Claus, Reynolds, Brown & Johnson, 2003) and the *Outcome Rating Scale* (ORS) (Miller, Duncan, Brown, Sparks, & Claud, 2003) in order to obtain client feedback on therapeutic work. By using these measures, both clients and their therapists describe and evaluate each therapeutic session and its outcomes (Anker, 2010; Duncan et al., 2004; Sundet, 2009). Additionally, you will see names in this abstract situational map, such as *Foucault*, *Bakhtin*, *Gergen*, *Shotter*, and *Garfinkel*. These names were included because these theorists’ ideas (see Chapter Two) were often used during the learning process (and often referred to in our research meetings) for understanding Johnella Bird’s relational language-making approach.

Non-human elements are taken into account in the situational analysis because as Clarke (2003) claims: “Non-human actors and actants structurally condition the interactions within the situation through their specific properties and requirements – the demands they place on humans who want to or are forced to deal with them” (p. 561). Examples of non-human elements in this research project and that are included in the map are *video* and *dictaphone*. Video was used in recording therapeutic sessions with client participants, and

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when the participant therapists used video-recorded sessions for their self-supervision. Video was also used when participant therapists showed the selected passages from these recorded sessions to the Co-operative Inquiry group for supervision. Both video and dictaphone were used when the participant therapists showed passages from the recorded sessions back to the participant clients, and when clients' comments were recorded using the dictaphone. A dictaphone was similarly used to audio record every Co-operative Inquiry group meeting. These group meeting audio recordings were then made available to participant therapists if they were unable to come to meetings. They could listen to the missed meeting and, in a sense, catch up on discussions within the group.

Next, I presented an early version of the messy map in Figure 5 to the other therapist participants for feedback and discussion. Broadly speaking, their feedback on my preliminary analysis focused on two main areas: (a) adding to the messy map *participant therapists' education and training, life situation and work experience* as part of the *big picture* of analysis, and their (b) *post-reflections about the beginning of the research project*.

Backgrounds and identities influence therapists' daily therapeutic practice and clinical competence development (Jensen, 2007). Adding therapist training, education, life situations, and work experience (see details in Appendix A) to the abstract situational maps (Figures 5, 6, and 7) helped me to be more aware during the analysis of how this affected our experiences in learning Bird's approach together, and from clients' feedback on our use of her approach.

The other participant therapists also provided very interesting feedback during the earlier phase of the study. At the outset of this research, I had selected specific conversational practices from Bird's approach, which I presented to participant therapists without negotiation. I wrote in my research journal after meeting with participant therapists:

Today, I received very useful and interesting feedback from the other therapist participants on the beginning point of this research project. After presenting my preliminary analysis they reflected on the issue that this project perhaps would have been even more interesting if they had been involved in the selection of the specific conversational practices from Bird's approach before the learning project started. They felt in the beginning that I had informed them which specific conversational practices I had selected 'for' the group, instead of involving them in selecting these specific practices. The participant therapists felt that perhaps as a result of this lack of involvement from the start, some time was lost in trying to understand these specific conversational practices before we as a group finally decided on a broader conceptual approach instead of the specific practices – from this point, they said the project became more interesting for them, and they became more immersed in the shaping of the research project and also in learning Bird's approach.

(My Journal Entry June 15, 2010)

This feedback was very important for me, and for my further analyses of data, as it related to trying to understand our learning experiences from the transcribed text. Specifically, the feedback brought to light a lack of collaboration in this project that my therapist colleagues had experienced. In turn, the feedback allowed us to renegotiate a new start and decide to adopt a broader scope in learning Bird's approach (as described in Chapter four). Of course, not all the influences and resources indicated in the messy map played as significant a role as others in our learning Bird's relational language-making practices together. Therefore, a next step of intense analyzing involved organizing the messy map by ordering the most significant of these influences on our learning.

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Abstract situational map: ordered/working version.

The next version of the abstract situational map was an *ordered version* (Figure 6) that I reflexively derived from the initial messy map. I use the term *reflexively* to refer to my interpretive and knowledge-shaping ways of ordering this mapped data. In this ordered map I divided and ordered the elements from the messy version into broader categories. In creating these categories I was informed by Clarke's work (e.g., 2005, 2009) and Strauss's (1993) "general orders" (p. 252) within his negotiated/processual ordering framework: "spatial, temporal, technological, work, sentimental, moral, aesthetic, and so on" (Clarke, 2005, p. 89). The categories in my ordered situational map (Figure 6) were created by: (a) drawing on Clarke's terms, (b) but mostly from my analysis by "simply staring at the situational map" (messy map; Clarke, 2005, p. 89), and then (c) revising the messy map via collapsing and expanding, categories/items, adding and deleting (Clarke 2005). The categories I chose to use in the ordered situational map in this dissertation (Figure 6) were the categories I identified as having played the most significant role in shaping our collaborative learning. These categories were: *actions/experiences, spatial elements, individual actors, collective human elements, participant therapists/clients, political elements, non-human elements, and major issues/debates* (see Figure 6 on the following page).

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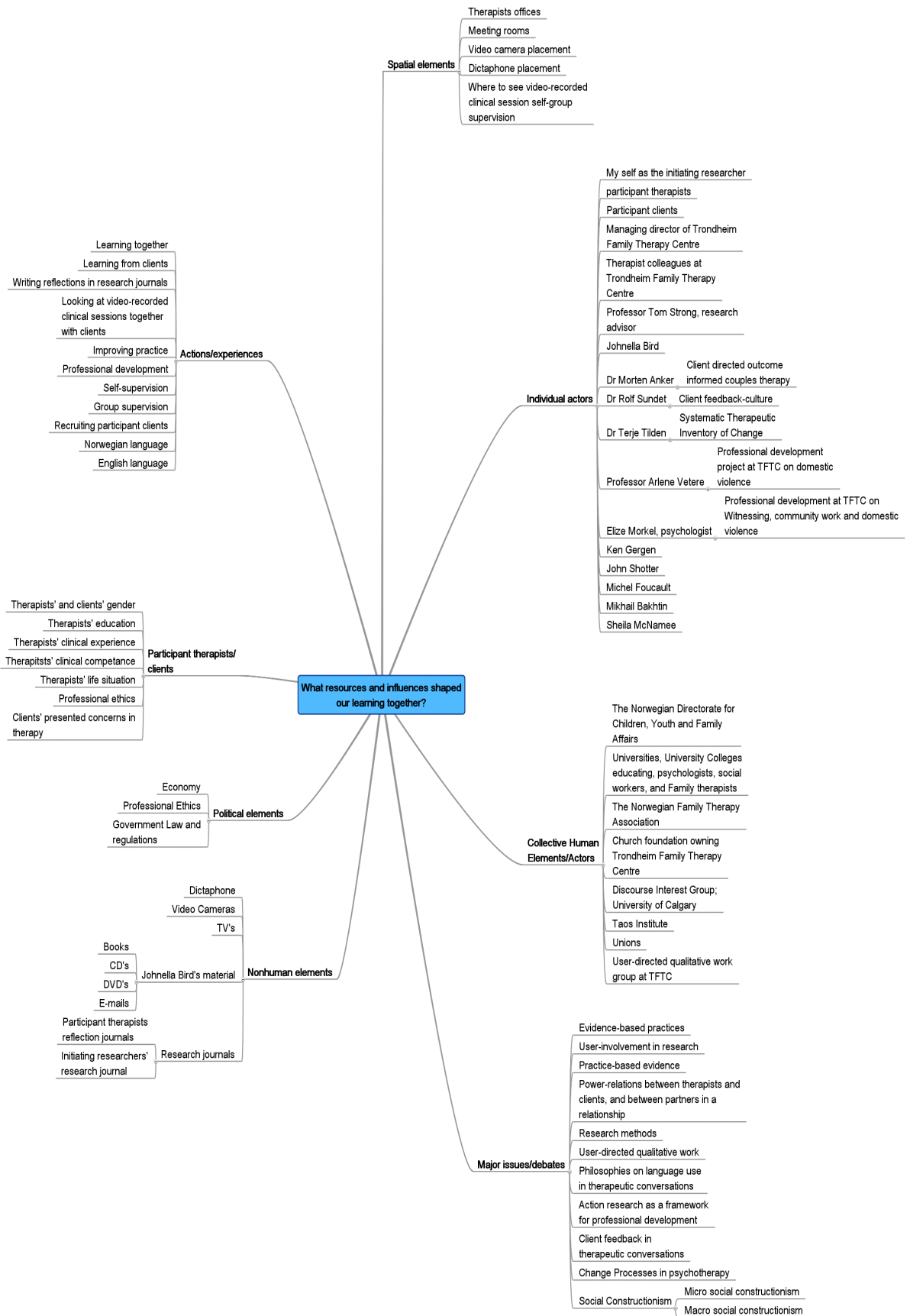


Figure 6: Abstract situational map: ordered/working version

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This map contains the same elements as the messy map (Figure 5), but they appear in a more orderly manner, and give an overview of the *big picture* framework of our Co-operative Inquiry project. It highlights the most salient actors (e.g., participant therapists, participant clients, Johnella Bird, and Professor Tom Strong), debates (e.g., evidence-based practice, practice-based evidence, and user-involvement in research), and actions (e.g., therapists learning together, learning from self-supervision and group supervision, and learning from client comments) that affected our learning experiences in acquiring and using Bird's approach in couple therapy. Although some elements from the messy version (Figure 5) may fit under more than one category, in this ordered version I have placed each element in the most apposite category. I have done this because in the later relational analysis map (Figure 7), I have indicated possible relationships between the various elements, resources and influences we turned to when learning Bird's approach together. By carefully looking at these relationships, I then analyzed how these shaped our learning together, which refers to the mapping strategy I turn to next.

Relational analysis within the abstract situational map: ordered/working version.

Based on the ordered situational map (Figure 6), the next analytical exercise was to do a "relational analysis" (Clarke, 2005, p. 102) to indicate the identifiable relationships between the different resources and influences that shaped our learning together (Figure 7). Relational analyses were used to provide "a systematic, coherent, and potentially provocative way to enter and memo the complexities" (Clarke & Friese, 2007, p. 377) of the research project laid out in the ordered map (Figure 6).

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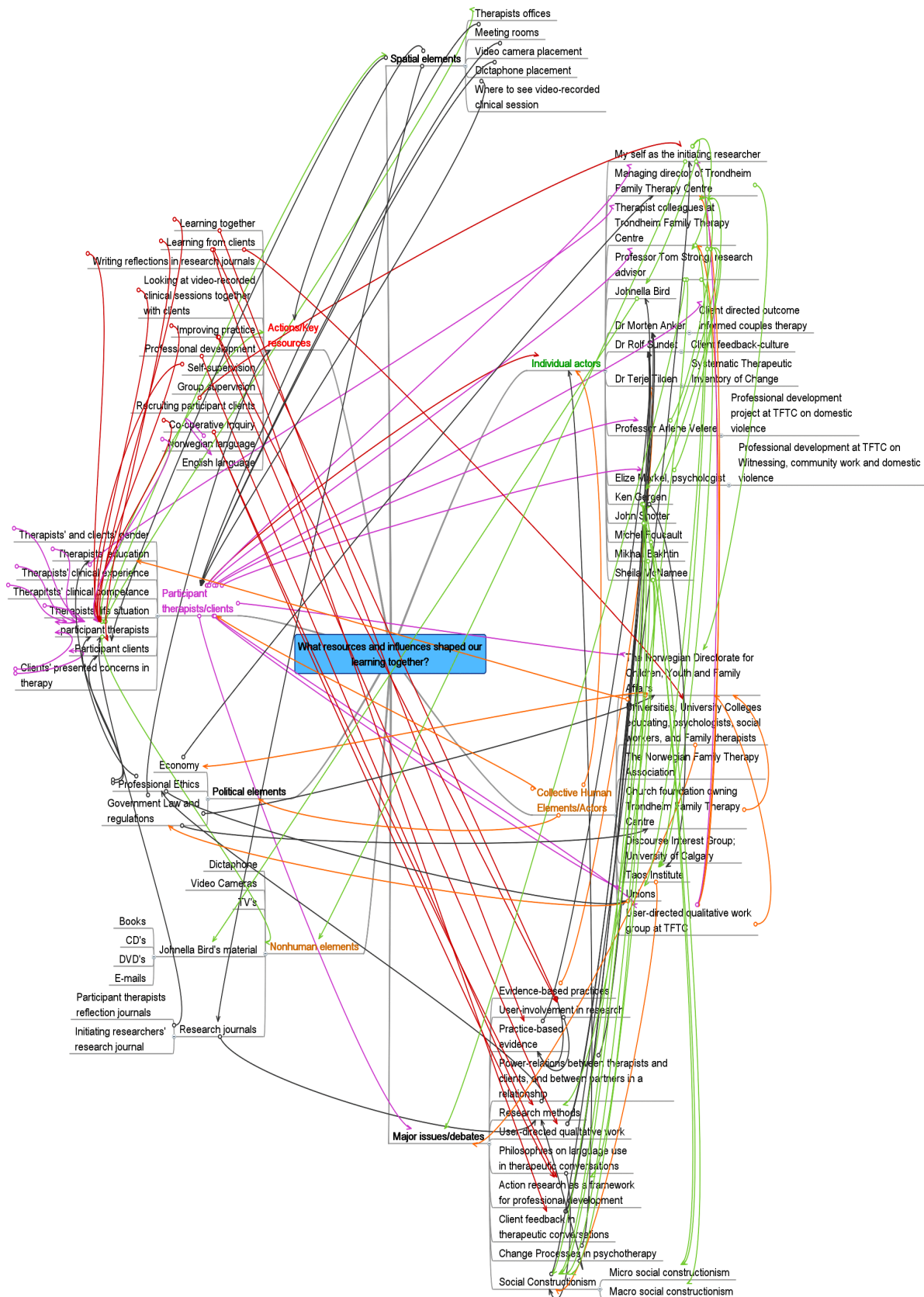


Figure 7: Relational analysis within the ordered situational map

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While this map may seem confusing to outsiders, it was, for me, a good analytical exercise that helped me make connections among the visible elements, and understand the data on a deeper and more connected level. I have used different colors to make the relationships between the elements more visible and easier to read. My procedure was to take each element in turn and think about it in relation to other elements included in the map (Clarke, 2005). Each time I drew lines between the elements I asked myself the question: *How was the relation between these elements shaping our learning together?* Then, I brought this question with me for further analysis by looking at the transcripts of my data from therapists' research journals, client comments, and audio-recorded group meetings. For example, I examined how was the *relation* between the non-human elements (e.g., Bird's writings, CDs, DVDs, video-cameras and dictaphones) and therapist participants *shaping* our learning experiences? To illustrate this relation, I present the following reflection from one of the therapist participants (participants are by choice using pseudonyms):

It has been a challenge for me introducing to clients that I was going to record a clinical couple therapy session with them. This was because, during this project I've had several experiences where one partner was ok with it, but the other partner wasn't, and then the session wasn't video-recorded. I also felt uncomfortable, as a therapist, that this disagreement between the couple followed them into the therapy session and affected our therapeutic relationship when the client that said no felt, in a way, that she had let me down, by not wanting to participate in video-recording the session. (Ben's journal entry, September 30, 2008)

Another therapist participant, Lisa, talked about a different experience about her relation with using video in her learning of Bird's practices:

Using video for looking at my development in learning Bird's approach has been very exciting and useful for me (...) when looking at the video-recordings I saw that I had learned more than I thought. ... I should include video-recorded sessions more often as part of my daily work as a therapist, for my own development, but also as sort of an intervention. (Lisa at group meeting October 10, 2008)

A client commented on his experience of being introduced to how we were going to use video as part of our learning process:

I am working as a pilot and found in my training using video to prepare myself for flying very useful, as a kind of a 'simulator' (...) I had very useful experiences from this. I also think it was very useful for our relationship with you as a therapist that you opened up for feedback from us on how you work... this helps us to get to know you more. It was also very interesting to see how your questions challenged us to really think and feel around our relationship instead of fighting about who was right or wrong on certain topics. (Daniel, client comment Nov 1, 2008)

Ben (Daniel's therapist), reflected upon Daniel's comment on using video as part of the learning process:

In the beginning of this learning project I was quite skeptical to use video as part of this learning process. Mostly because I was concerned that the clients may think that I was more occupied with my own learning, and not sufficiently focusing on helping them. But after having this experience, I feel that showing video-recorded sessions

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back to the clients helped me to look at my development in learning Bird's practices and how this affected the couples' relationship. I also felt that the clients thought it was useful for them to see what happened with them during the session that was video-recorded and where I used Bird's approach. (Ben's journal entry Nov 1, 2008)

The process of relational analysis also benefited my analysis; such as when I explored relations between therapists' professional ethics, and their learning from clients while learning new ideas and practices. Doing the relational analysis helped me increase my awareness of professional ethics when identifying if ethical concerns were discussed. For example, by bringing this awareness with me while reading the transcribed data, I noticed how ethical concerns were being discussed within the Co-operative Inquiry group. As I wrote in my research journal:

Research on family therapy has generally focused on how specific therapeutic practices (e.g., Cognitive Behavioral Therapy) have yielded outcomes and effects from therapeutic conversations consistent with each practice. In the last decade there has been an increasing interest within the family therapy centers (and other therapeutic communities) in Norway of using client feedback systematically. This means asking clients experiences from each therapy session they attend. What struck me by looking at this relational analysis is that there hasn't been much attention on involving client feedback in therapist training. It is common to use videos for, and inviting clients to, supervised therapeutic sessions, but not that common to ask clients about their therapists' learning developments as they (therapists) learn new ideas and practices. This then raises ethical questions and dilemmas that need to be discussed in the results of this research. How will such client involvement affect the therapeutic relationship? What are the ethical issues asking clients to give feedback to therapists around the therapists' professional developments, when they are seen in therapy for difficult issues in their lives? Will they receive the best help, or will they feel like 'guinea pigs' for our learning process? (My Journal Entry July 21, 2010)

The concern around professional ethics pertaining to feedback from clients (as they attend therapy) during our learning process was not something we discussed in detail during our learning process because we were more focused on learning and using Bird's approach. Doing the relational analysis helped me increase my awareness of professional ethics when identifying if ethical concerns were discussed. Using this analytical awareness, while reading the raw transcripts, helped me attend to interesting reflections within the text that related to this concern. For example, Lisa reflected around this issue in a Co-operative Inquiry group meeting:

We need to be careful about how to recruit clients to participate, so that they understand what they are going to take part in, so that we find a balance of both learning Bird's approach, and doing this in a helpful way for the clients. So that we don't become more interested in ourselves as the learners, but that we are actually trying to help the clients with their difficult issues as well. (Lisa at group meeting, September 2, 2008)

Relational analysis within the ordered situational map allowed me to move my analysis from interpreting words in the raw text about our learning experiences, to raising questions about how these interpretations were shaped by the relations of all resources and influences involved in collaboratively learning Bird's practices. These analyses not only

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allowed for recognition of broader socio-cultural circumstances that influenced the study, they also sharpened my analytical skills and helped me immerse myself more deeply into the transcribed data.

The abstract situational maps (messy version and ordered version) that I have presented depict all elements that participants and I recognized as present in the research situation, which were mapped in an unrefined way in order to depict the field's messiness. The technique of relational analysis was used to reflect on the quality of relationships between single elements. While looking at each of the elements, I wrote memos in my research journal to remind me to return to these later in the analysis, especially during the next two mapping strategies: *social world/arenas maps*, and *positional maps*, to which I will now turn.

Social Worlds/Arenas map of our shared learning project

The data for this analysis and the meanings that were associated with it were highly context dependent; thus, it was important to convey the social situation from which the data and analysis were derived. For Adele Clarke (2005) such context specificity is key to Situational Analysis, and it helped place my knowledge claims, such as those mentioned above (in Figure 7) in their proper context. To this end Clarke (2005) advocates using what she calls a “Social Worlds/Arenas map” (p. 110) which provides an overview of the relevant actors and discursive communities within a research situation. *Discursive communities* refer to communities that share particular ways of understanding and communicating about phenomena in a social situation. For example, the psychiatric discourse of some of our mental health discourse was different from our social constructionist, family therapy discourse, yet our interactions with clients and health institutions were shaped by both discourses.

Social Worlds/Arenas maps identify all relevant people related to this research situation, including their discourses and negotiations within the research situation (Bergeron, 2008). Figure 8 (on the next page) shows my Social Worlds/Arenas map, and data used for the making of this map was gleaned from the transcripts of audiotaped group-meetings, and therapist participants’ research journals. The map (see Figure 8 on the following page) was made using the online diagram and flowchart software program Gliffy (<http://www.gliffy.com>).

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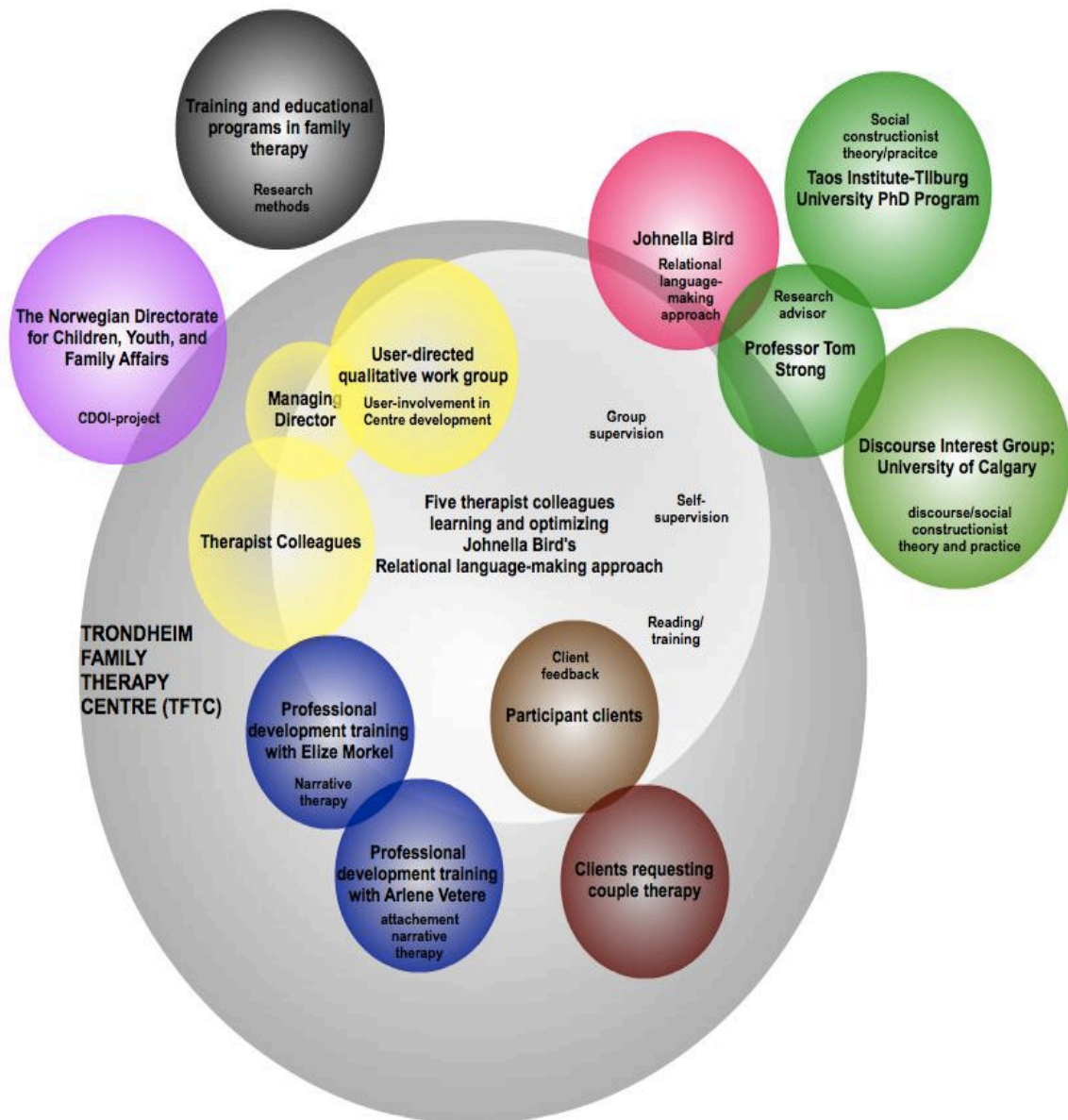


Figure 8: Social Worlds/Arenas Map of the shared learning project

The largest circle (in grey) shows the *arena* (Trondheim Family Therapy Centre; TFTC) in which this shared learning project took place. Within the TFTC arena, we included learning and supervision using the unique approach to family therapy adopted from the work of Professor Arlene Vetere and Elize Morkel. In the above map, this is captured in the blue circles. These supervised professional development projects involved all therapeutic staff at TFTC, and took place during the same time period as when we engaged in learning Bird's approach. The yellow circles represent discursive communities related to the staff of TFTC – *therapist colleagues* (20 therapists with mixed backgrounds and educations), *the managing director of TFTC*, and the *User-directed qualitative group* (UDQ group). This latter group has been working since 2006 on how to involve both clients and therapists at TFTC in improving therapeutic practices and services to clients. Four of the therapist participants in the present study were also participants in the UDQ group. The brown circles refer to clients requesting couple therapy at TFTC and the participant clients in this study.

The abovementioned discursive communities shaped the learning process. The

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discursive communities obviously include clients who consented to participate in the research. However, the discursive communities also include other clients requesting couples therapy from us as therapists at TFTC, even if they did not participate in the research. I included these other clients (who were not participating in the study) in the Social Worlds/Arenas map because even if they did not participate in the study, our learning process naturally affected them. This happened because we saw more clients as part of our daily work at TFTC, than the clients who participated in this study. As Bird's approach became more integrated in our daily therapeutic work at TFTC, we naturally used Bird's approach when conversing with other clients (than the client participants) as well. In this way other clients were affected by our learning process, and therefore also contributed to shaping our learning of Bird's approach. The purple circle – referring to *The Norwegian Directorate for Children, Youth and Family Affairs* – is responsible for funding family therapy centers. It had moved to the *Client-Directed, Outcome-Informed* (CDOI) approach to therapy advocated by Scott D. Miller, Barry L. Duncan and Jaqueline A. Sparks (2004), involving clients, through their feedback, in enhancing couple therapy within the Family Therapy centers.

The broader social worlds relevant to my study included *Taos Institute-Tilburg University* (including my PhD student cohort similarly engaged in social constructionist theory and research course work and training). Additionally, a group of graduate students *Discourse Interest Group* at the University of Calgary (initiated by Dr. Tom Strong), as well as my supervisor Dr. Tom Strong, participated in discussions about the ideas relevant to this research and therapeutic practice. These social worlds and people are shown in the green circles. *Johnella Bird* is shown in the map in red color, both because it was her relational language-making approach we were learning to use, but also because I consulted her several times with questions from the Co-operative Inquiry group regarding her practices and ideas, which I brought back to the Co-operative Inquiry group. Finally – in black – I have included *training and educational programs in family therapy* as discursive communities in the map. This social world, as depicted on the map, represents a discursive community of therapists in training in Norway, including other therapists similarly involved in training and educational research initiatives relevant to family therapy.

While *Situational maps* and the *Social Worlds/Arenas map* helped to identify the features that shaped our learning together at TFTC, a final aim consistent with our Co-operative Inquiry (and with Clarke's, 2005, situational analysis approach), was to map out relevant discursive positions in our learning together. While conventional grounded theory is focused on capturing the common themes, situational analysis is directed at making sense of the differences and not on reduction or obscuring the themes with a final coherent account. Therefore, a final *map* is used to reflect the positional differences that became evident in the course of the research. This final mapping exercise was a *Positional map*, to which I now turn my focus.

Positional map of our shared learning project

Positional mapping is the third and last mapping strategy used in Situational Analysis. While the *Situational Map* and the *Social Arenas/Worlds Map* enabled me to identify elements that shaped our learning together, the *Positional Map* (see Figure 9 below) reflected the various points of view I extracted from interpretations of our learning experiences. In the following positional map I have laid out major positions evident from the data on discursive issues such as attitudes, foci, and concerns, in positions that were discursively identifiable in the data transcripts relating to how we evaluated our shared learning process (Clarke, 2005; Perez, 2009).

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Positioning has become an important term in constructionist approaches to therapy and is most associated with philosophical and sociological analyses of social constructionist, Rom Harré (Davies & Harré, 1990; Harré & van Langenhove, 1999). Discourses afford different positions from which to understand and relate to a phenomenon - and to others for whom a phenomenon may hold quite different understandings (Wetherell, Taylor & Yates, 2001). For example, relating to Bird's ideas and practices from a biomedical discourse position is quite different from relating to it from a narrative therapy position, such as one associated with Michael White (2007).

In this study, the aim in situational analysis was not to come up with a single, overarching position that homogenizes such differences – the aim was to emphasize these differences with Clarke's (2005) positional maps. To achieve this, I strived to convey a better sense of relevant discursive positions related to how the participants experienced and evaluated particular facets of the learning process. These different facets of learning were: (a) learning from readings, CDs, and DVD; (b) learning from group discussions, supervision and practice; (c) learning from self-supervision; and (d) learning from client-feedback. In addition I have also identified, within the (e) personal reflections from the therapist participants' research journals, three positions related to how the therapist participants evaluated the overall shared learning process.

The positional map shown in Figure 9 (below) relates these discursive positions on how therapist participants evaluated each facet of our learning process, with respect to our overall shared learning project. This learning process was enhanced by our personal reflections written in research journals, audio-recorded group meetings, and audio-recorded client comments (where we showed back to clients selected video-recorded passages where Bird's approach was used in conversing with them).

The box in the middle of the positional map (Figure 9 below) shows the research question for our shared learning project: *How do therapists interpret their experiences as they learn to use Johnella Bird's relational language-making approach from readings, discussions, supervision, reviews of videotaped practice, and client comments?* Webbing out from this box, I have laid out each facet of our learning. Within each facet I have identified, from the transcribed data, three discursive positions taken by the therapist participants. These positions are concerned with how we (therapist participants) evaluated each facet of our learning process. Following Clarke (2005), I used minus and plus signs hierarchically depicted within the positional map to refer to how we how evaluated each facet, from the least useful (-) and useful (+), to the most useful (++). As I was making the positional map, I became aware that these positions were concerned with what we found useful and less useful in our shared learning process of Bird's approach. This notion of the different levels of usefulness in our learning was then related to the different facets of learning (see Figure 9 below). Thus, the level of usefulness provided a means to represent the different positions taken on facets of our learning process. I have classified a total of 15 discursive positions in the positional map (three positions for the five identified facets of learning). The numbers, 1-15, shown in the map refer to the positions that were indicated within the positional mapping, and each is numbered in the text below as I explicate these different positions (see below). The numbers (1-15) of the positions are not ranked, but are indicated numerically to make it easier for the reader to follow. The map was made in the online program MindMeister (<http://www.mindmeister.com>):

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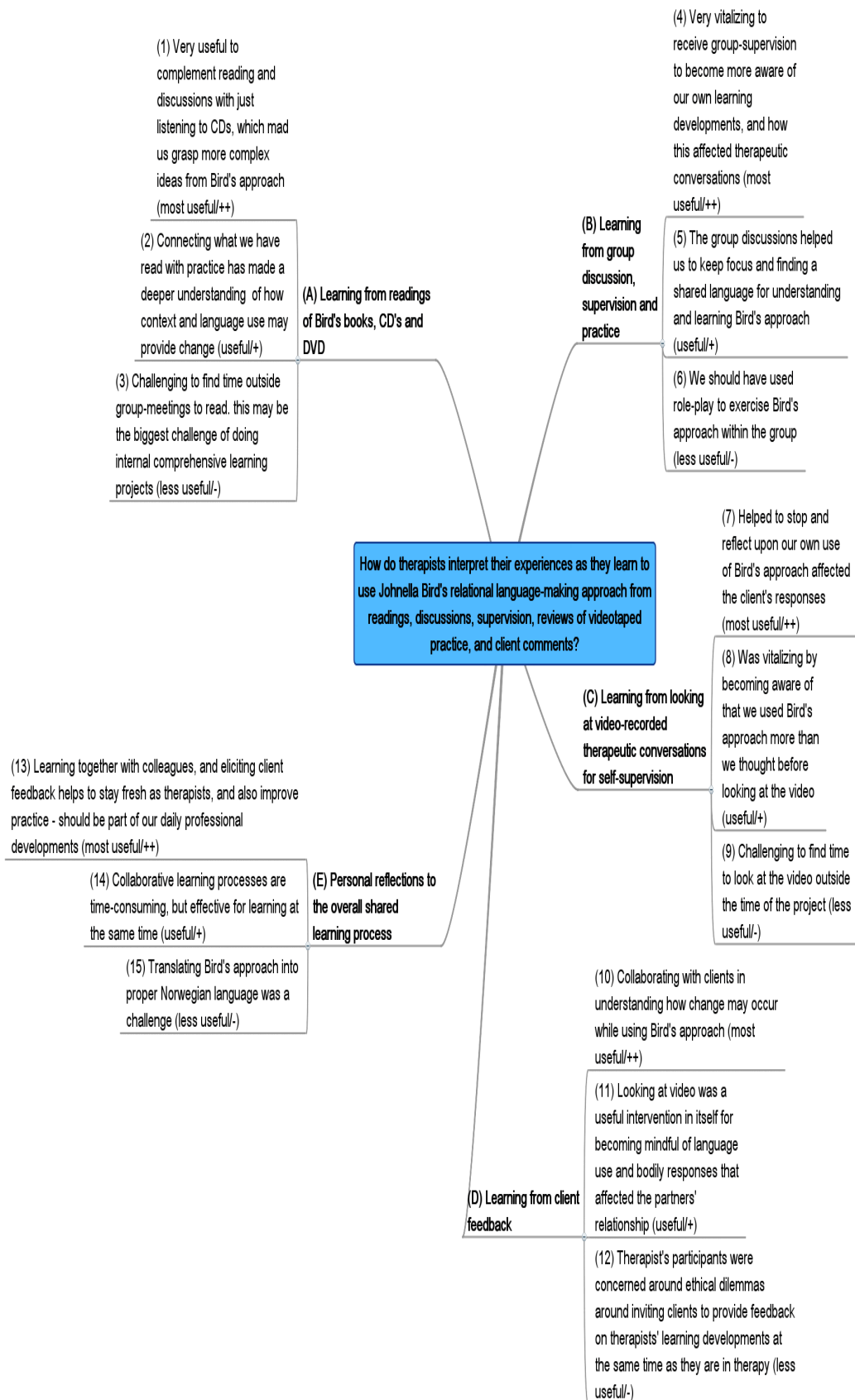


Figure 9: Positional map of our shared learning project

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The positional map above serves to illustrate significant yet diverse ways that we related to each facet of our learning (A-D; positions 1-12), and how we related to the overall shared learning project (E; positions 13-15). As in the construction of earlier maps (i.e., situational maps, and social worlds/arenas map), the construction of this map was a back-and-forth process, and necessitated the construction of multiple positional maps during the analysis. Similar to situational and social worlds/arenas maps, this positional map identified facets of our learning together. Each identified facet was evaluated to yield the 15 discursive positions (i.e., five facets X 3 evaluations) identified from our learning experiences within the transcribed data. Thus, making the positional map was not only a back-and-forth process of creating the map from my reading of the transcripts, but it was also a process of making reference to the earlier maps when constructing the positional map.

It was particularly useful for me to refer to the Relational Analysis Map (Figure 7) and the Social Worlds/Arenas map (Figure 8) when making the positional map. I did so because the different positions on our learning experiences were influenced by elements identified within these earlier maps. Different elements on the relational analysis map (Figure 7) and the Social Worlds/Arenas map (Figure 8) were in tension with other elements, and these tensions shaped the positions taken on our learning experiences. Tensions here refer to an emotional sense of feeling influenced by two or more positions concurrently for the therapist participants. For example, we (the research group) were learning Bird's approach at the same time as the entire staff of TFTC was working with Professor Arlene Vetere on her ideas on Attachment Narrative Therapy (Dallos & Vetere, 2009) and domestic violence. Thus, our (the research group) learning about Vetere's ideas and practices coincided with our learning Bird's approach. This concurrent work, created tensions for us in how we interpreted our learning experiences given our learning two different therapeutic approaches at the same time. This may have also created a tension between the research group and our colleagues more broadly as we were learning Bird's approach, and they were not. This process of learning different therapeutic approaches at the same time was quite time consuming and challenging for us as a group, and I believe this had an impact on position 3 (see Figure 9) because we found it quite challenging to find time outside of our group meetings to read Bird's books.

Another tension was between TFTC's *User-directed qualitative group* (UDQ-group) (Reitan et al., in progress) and our different facets of learning Bird's approach together. The UDQ-group was also using similar facets in giving feedback about work at TFTC, such as by involving clients and therapists in enhancing TFTC's therapeutic and administrative services.

Four of us (from the research group) were also participants in the UDQ-group, where we learned from working with colleagues while eliciting client feedback. Our experiences from the work we did within the UDQ-group (Reitan et al., in progress) were very inspiring. This inspiration emerged from interviewing both therapist colleagues and their clients about their therapeutic sessions at TFTC. We first interviewed the clients about what was useful and not so useful in their conversations at TFTC. Then we presented each client's account of his/her experiences to their therapist, and then we interviewed the therapist about his/her experiences. The aim of these UDQ interviews was to improve our practices as therapists at TFTC. The clients being interviewed found it very useful to provide feedback to TFTC around their experiences so that we could enhance our practices as therapists. The therapists who were interviewed said that it was very useful and inspiring to receive concrete feedback from the clients about the usefulness from their therapeutic conversations. What was very interesting were the interviewers' experiences in doing these interviews. Interviewers related to participant therapists as colleagues, and as a result provided feedback about how inspirational it was to learn from colleagues' work and how proud they were of their colleagues as a result. These UDQ experiences may have also influenced position 13 (see Figure 9), which was about learning together through eliciting client feedback to stay fresh as

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therapists, and to improve practice. Staying fresh as therapists refers to our experience of being motivated, from learning and experiencing that we were doing a good job with that learning.

Clarke (2005) suggests that a “good enough positional map” (p. 135) is attained when saturation is reached. Saturation means, “that no hot new issues, axes, or major positions are popping up” (Clarke, 2005, p. 135-136). For me, saturation in my positional map was reached when a created positional map became “adequate to the representational tasks of the research” (Clarke, 2005, p. 136). This adequacy was related to understanding how we interpreted our learning experiences from learning Johnella Bird’s approach together, through the different abovementioned facets of learning. I will now explicate these different discursive positions that I identified from evaluative data related to each different facet of our learning together (position 1-12), including the discursive positions (position 13-15) related to the therapist participants’ comments on our learning process.

(A) Positions from evaluating our learning from reading Bird’s books, listening to her CDs, and from viewing her DVD.

The first facet (shown as A in Figure 9) of our learning that I have laid out in the Positional map above (Figure 9) is related to our learning from reading Bird’s books, listening to her CDs, and from viewing her DVD. When we started learning about Johnella Bird’s relational language-making approach, we first delved into Bird’s books (2000, 2004a, 2006a) and CDs (e.g., 2005, 2006b). Toward the end of the research project we also received Bird’s most recent DVD (2008) that consisted of a video-recorded workshop explaining her ideas on relational language-making in therapy. During this shared learning project we continued to come back to Bird’s books and CDs. We later turned to the DVD to understand more deeply her ideas and concepts, while we gained experience from using her relational language-making approach with clients. In this way her writings, CDs, and DVD were used during our entire process of learning. The different discursive positions that were identified from the transcribed data involved evaluating these aspects of our learning experiences and so I classified these positions using a continuum of *most useful*, *useful*, and *less useful*. Three discursive positions became evident in respect to how we evaluated this phase of the learning together, which is reflected in the positional map (Figure 9 above) as position 1, 2, and 3.

Position 1. The most useful (++) position I identified was that supplementing reading Bird’s books with other materials, such as Bird’s CD’s, became a very useful and necessary aspect of our learning process. This was useful because complementing reading the books by listening to CDs, helped us to gain a deeper understanding of Bird’s ideas and practices. As Mary wrote in her research journal:

Complementing reading Bird’s books with listening to her CDs has led to a much deeper understanding about how Bird talks with couples in couples therapy, and especially on how partners in a relationship may experience hurt, which follows unspoken negotiations. In a sense I understand more when I listen to her CDs than just reading her books. (Mary’s journal entry, Oct 27, 2008)

Lisa spoke about a similar experience in one of our group meetings regarding listening to CDs, which helped her to be more mindful of her own language use with clients:

Listening to Bird’s CDs has made me more mindful of my use of language with clients, and how to be mindful of what language I use when I ask questions to couples’ having

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relationship problems. In a way listening to CDs makes me listen to Bird's writings in a more useful way. (Lisa, group meeting, Sept 18, 2008)

John also talked about such an experience in another group meeting, while he was listening to Bird's CDs on his way to work:

I am quite often listening to Bird's CDs on the way to work. I hear new and useful things every time when I listen to the CDs that I bring to my work and my understanding of her ideas. (John, group meeting, Jan 20, 2009)

Ben reflected upon understanding more of Bird's ideas when listening to her CDs rather than just reading her books:

It has been quite a challenge to totally grasp Bird's ideas when trying to translate her writings into Norwegian. But it makes it much easier to understand her ideas when complementing her writings with listening to her CDs. Bird is so wonderful to listen to. (Ben, journal entry, Dec 9, 2008)

Complementing reading Bird's books by listening to her CDs became quite important for our learning, as it helped us to grasp and understand Bird's ideas and practices more deeply.

Position 2. The useful (+) position for this facet of our learning reflects how we connected what we read (and listened to) with our practice as therapists learning Bird's approach. This connection helped us develop a deeper understanding of how Bird's view of context and language use may provide change in therapy:

Learning from Bird's books – can be useful, but what makes a difference was when we practiced her approach. This made me understand the importance of what Bird means by context and negotiating meaning. (John's journal entry, March 18, 2009)

Mia reflected upon this also in a group meeting:

Reading and practicing Bird's approach has made me understand that when conflicting partners in a relationship go from defining each other, to talking about how their experiences affects their relationship – they feel that they enter a position to negotiate new meanings together. (Mia, group meeting, Jan 8, 2009)

Ben wrote about a similar experience in his research journal reflecting upon his experience with eliciting client comments where he had shown the selected video-recorded passages to them:

It was quite interesting for me to listen to Alan (client) reflecting upon how his position to negotiate his relationship with Paula (his wife) had changed during the therapy process over six months. In the beginning of the therapy he said that the relationship they had then was affected from Paula having just discovered his affair. He reflected that from this position he could do everything for his wife (Paula), and he took up a position not to negotiate – just to agree to everything she said. Now, after six months, the context and relationship with Paula had changed. He had now realized that this wasn't healthy for their relationship that he wasn't negotiating with her, just

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accepting everything. This made him feel quite small. After realizing this, he made more effort to language his emotions and ideas. This became quite challenging to their relationship. But after looking at the video with me (Ben) they said that it what was useful was to understand that the context had changed between them over the last six months – and they needed to listen more to each others' ideas instead of just trying to repair the relationship injury that occurred when he had the affair six months ago. This then helped them to start negotiating new meanings together, and finally finding new ways to go on together. (Ben, journal entry, Jan 20, 2009)

Connecting what we read from Bird's books and heard from her CDs, with starting to practice her approach with clients, helped us to understand how Bird's view of context and language use affected clients' change in therapy.

Position 3. The less useful (-) position for this facet of our learning, was that we found it very challenging to find time outside our research group meetings to read Bird's writings. This position related our learning of what we read and listened to, to its use in our work context where the research process took place. When reading the transcribed data I came across several reflections from the participant therapists about challenges in finding time to read and listen to Bird's ideas outside of our research group meetings. This challenge was mainly because we were also part of other projects at the Centre (i.e., Vetere's and Morkel's professional development projects). In addition, we experienced increasing workloads due to the number of clients who were requesting therapy at TFTC. So, the optimal time to sit down and reflect, read, and listen was in our group meetings. It was also in our group meetings when we could reflect on our work with client participants, and view recorded sessions. The therapist participants agreed it was challenging to find the time outside group-meetings to read, given their busy workloads:

I wished that I could have found time to read more outside our group meetings – this may have given a cumulative effect of my understanding and learning Bird's approach. But this was challenging because of my busy workload with seeing clients. (Mary's journal entry, Oct 28, 2008)

Lisa reflected upon this challenge in a group meeting:

It is so sad that we miss the opportunity to work together as we get larger caseloads at our Centre. I see this not only in this learning project, but also as a general issue at our Centre, we accept so many client requests that we almost don't find time to reflect and learn, we just work. However, it is by collaborating in our learning, as colleagues – learning from each other, that is when we become better therapists... (Lisa, group meeting, March 6, 2009)

Ben also wrote about this challenge in his research journal:

Trying to learn Bird's approach takes time – and it is quite a challenge to use so much time to both meet, recruit clients, self-supervise – and of course read her books. It was very challenging to find time to do this reading during a workday outside our group meetings. Then I needed to use my spare-time, and that wasn't easy to do either. (Ben, journal entry, March 6, 2009)

The positions identified with respect to evaluating this facet of our learning (i.e., from Bird's books, listening to her CDs, and from viewing her DVD) helped us to more deeply understand

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Bird's ideas and relational language-making approach. However, we found it challenging to find time outside our planned group meetings to sufficiently read her books and listen to her CDs, and to view her DVD.

(B) Positions from evaluating our learning from group discussions, supervision and practice.

The next facet (B in the positional map; Figure 9) of our learning together is related to how we used the Co-operative Inquiry group for discussing our practice in using Bird's approach, and for receiving group supervision that explored selected video-recorded passages from our therapy sessions. Three discursive positions were identified from the data with respect to how we evaluated this facet. These three positions are shown as 4, 5, and 6 in the Positional Map (Figure 9 above), and are also evaluated by ranking the positions from most useful (++) , useful (+), to less useful (-).

Position 4. The most useful (++) position that became evident in our group discussions was how vitalizing we found participating in group supervision, when learning Bird's approach. Vitalizing refers to the inspiration and motivation we experienced from learning together with colleagues and clients. This vitalizing was increased when, in our group supervision, we became aware how our use of Bird's approaches positively affected the conversations with our client participants. John reflected upon this in a group meeting:

This way of learning has worked better for me instead of going to lots of seminars and workshops. Now, I feel that I'm in a process and I feel involved and always learning something new – that I can ultimately use this way of conversing with clients. (John, group meeting, March 18, 2009)

Mary reflected on how group supervision expanded our learning experiences using Bird's approach:

It was very interesting to see that when we, as a group, were looking at Mia's video passages; we were reflecting upon very different things than what Mia was reflecting upon – which I really think expanded our understanding of how Bird's approach helps us in talking with couples. (Mary, group meeting, Feb 24, 2009)

Ben also reflected upon his experiences of how vitalizing the group discussions were:

I find the group discussions very useful and vitalizing for my learning – as we discuss both cases from our work and relate this to Bird's ideas – it opens up a world of new possibilities to talk with clients struggling – it is very refreshing. (Ben, journal entry, Dec 9, 2008)

Learning together in a Co-operative Inquiry became particularly useful for us as we felt that we expanded each other's learning developments from our group discussions and group supervision. This then became a motivational and inspirational way of learning new ideas and practices as part of our daily practice as family therapists at TFTC.

Position 5. The useful (+) position that was identifiable during our group discussions, supervision, and practice was the need to keep our focus by creating a shared language to describe our learning to each other. Ben reflected upon this in a group meeting:

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Learning Bird's approach together with colleagues helps us to negotiate a shared language and understanding of her approach, instead of just reading and doing things by ourselves. Doing this together helps me to really learn. (Ben, journal entry, Feb 24, 2009)

Mia said in a group meeting at the end of the research project:

Discussing what we learn in our group meetings is such a gift. We sit and talk with clients during our busy days, but showing video, discussing cases, learning together is so great and meaningful for learning. This helps us create a shared language on Bird's approach together with colleagues, and this helps me to focus on my learning (Mia, group meeting, March 6, 2009)

Structuring the learning process was also useful for focusing on our learning together, as Mary wrote in her research journal:

The most important for me has been the group discussions where we have been learning together in a structured process. (Mary, research journal, Oct 28, 2008)

Lisa reflected on how our group discussions, from a shared language perspective for learning Bird's approach, helped her to become more aware of her own learning developments:

That we were in a group, meeting regularly, and learning together has helped me to become more aware of my own learning development. I can now see that in the past, I was, in a sense, trapped in maneuvering around right or wrong explorations with couples, instead I now create conversations about how to actually relate to these conflicting discourses in couples. Then we have different conversations on how partners' individual constructions affect their relationship in both good and bad ways. (Lisa, group meeting, Jan 8, 2009)

Instead of each of us going separately to workshops, or reading Bird's books by ourselves, we learned Bird's approach together, as colleagues, using a Co-operative Inquiry. Doing this as colleagues in a collaborative learning process helped us to create a shared language between us about Bird's ideas and practices, which was helpful for integrating our learning into our daily practice.

Position 6. The least useful (-) position I identified using positional mapping was related to comments from the therapists about not using role-play during our learning. Participants commented on how role-play might have made our learning experiences even more useful. It was our initial plan to use role-play as part of our learning, so why we did not use it became a very interesting discovery for me. Mary had commented on this in her research journal:

I believe that to really learn Bird's approach we should have used role-play to exercise together before we recruited clients to participate. (Mary's journal entry, March 17, 2009)

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At the end of the research project Mia also commented on this in a group meeting:

I feel that in this learning project we haven't used role-play enough in practicing. I feel that this is something we use less and less, in general at our Centre, when we are trying to learn new ideas and practices. I miss that, and I believe that we need to practice what we learn. This may be because we work more and more by ourselves - on our own. (Mia, group meeting, March 17, 2009)

I showed my initial analysis to the therapist participants on June 18, 2009, where I commented on this position, and wrote in my research journal after that meeting:

I explained today to my participant therapist colleagues my initial analyses of the data by showing them my 'messy map'. One of the concerns I found in this analysis was that we hadn't used role-play to exercise Bird's approach with each other, as initially planned. The responses from them were the same I found in the data, that this may have been very useful for our learning process. At the same time they commented that it was a little bit difficult to use role-play when they hadn't understood Bird's way of using language in the beginning. That may be one reason that we didn't use role-play. It also seems that we weren't confident enough in our understanding of Bird's approach to practice within the group, therefore we discussed within the group more about her ideas related to cases and our practice with clients. This then helped us to be confident in recruiting clients to participate in the process. Another thought I have around this may also be that we found it quite challenging to understand her practices in the beginning without a proper Norwegian translation for her approach. This was central feedback for how to make such learning processes work better in the future – to create a safe and comfortable space to practice together much more carefully. (My journal entry, March 6, 2009)

This information facilitated an important process for me while trying to understand our learning experiences, because the reflection shows an ambiguity. The ambiguity was that the participants communicated that using role-play for learning together would have been useful. However, we found another way to gain confidence learning together by discussing client cases within our research group, and relating these discussions to Bird's ideas. This other way of learning helped to make us confident when recruiting clients to participate in the next phase of our inquiry. This ambiguity also increased my awareness that the use of role-play in this project wasn't properly negotiated within the group; instead, another way of gaining confidence emerged.

The positions identified with respect to evaluating our learning from group discussions was that learning together as colleagues was inspiring and vitalizing, and it helped us to keep focused on our learning process. In addition, the group discussions helped us to negotiate a shared language for understanding and using Bird's approach. However, we should have practiced Bird's approach more by using role-play to gain more confidence prior to using the approach with clients.

(C) Positions related to evaluating our learning from self-supervision.

As part of our learning project, we used a process of self-supervision. After video-recording therapeutic sessions with clients who consented to participate, we individually took time to look at these videos to evaluate our own learning developments in using Bird's approach with clients. Then we wrote about our learning experiences in our research journals.

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In addition, self-supervision was used to help us select passages from these video-recorded sessions to show to the Co-operative Inquiry group and our clients. Three summarizing positions became identifiable through evaluating this facet of our learning. These three positions (7, 8, and 9) were also ranked from most useful (++), useful (+), to less useful (-).

Position 7. The most useful (++) position pertained to how self-supervision helped us to reflect upon how our own use of Bird's approach affected clients' responses in therapy. Here is what Mia said about this in a group meeting:

It is so fascinating to stop and just watch what happened in the video-recorded sessions. I really saw what effect Bird's approach had on our conversation, even though I don't feel that I know it that well yet. (Mia, group meeting, Sept 18, 2008)

It was also important that we felt comfortable looking at ourselves doing therapy, as Mia reflected:

For me, it was quite uncomfortable in the beginning to look at myself on video. This was because that I had some bad experiences from earlier learning projects where video was being used. From this earlier project I felt I was evaluated more than provided useful feedback. So, it is very important to me to feel comfortable when looking at video of ourselves, and to actually learn from it. (Mia, group meeting, Feb 3, 2009)

Lisa reflected upon how her use of self-supervision had helped her become aware of what happened with her when learning to use Bird's approach:

I became aware of how I was trying to manoeuvre the couple's conflicting discursive positions instead of exploring these positions. This made me mindful how easy it is to become part of the clients' binary position. It was very useful for me to stop and watch my own developments when learning Bird's approach. What has changed is that I slow down and that helps the clients to stop and think and relate to each other rather than manoeuvre conflicting positions. (Lisa, group meeting, Jan 20, 2009)

John reflected that he was concerned about interrupting clients too much during the therapy, and wondered how this may have affected the outcome of the session:

I looked at the therapy session, and then I got aware that I interrupted the clients a lot, this was helpful to see. I then asked the clients about this when showing the passages back to them, and they weren't concerned at all about that. (John, group meeting, Dec 9, 2008)

Ben wrote about his learning experiences using self-supervision:

Looking at my own work and using Bird's approach in my video taped sessions, was the most helpful aspect of the entire learning process – that really helped me to see what happened with the conversations with clients, and how the mindfulness of my language use affected the clients' responses from blaming each other to really listening to each other. (Ben, journal entry, March 18, 2009)

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In becoming comfortable with looking at videos of ourselves doing therapy, we found this way of learning very useful. Using video for self-supervision helped us to stop and reflect upon how our use of Bird's approach was being responded to by the clients. Additionally, it also helped us to witness how our own use of Bird's approach affected us in our conversations with clients.

Position 8. The useful (+) position from evaluating this phase of our learning process became evident in looking at video recorded sessions alone for self-supervision. This made us realize that we used Bird's approach more than we had originally thought. We felt several times during the project that we had not understood Bird's approach, or thought that we had not learned anything. After looking at the video recordings we could witness that we had, in fact, learned more than we thought, and this was quite vitalizing. Using video as a tool for self-supervision wasn't just related to our learning Bird's approach; it was also a useful learning process in itself, as Lisa said:

Using video is so useful for understanding how to learn Bird's approach, so using video follows me into many other cases at work. Quite often I think that I should have used video in a particular session to understand more from looking at it my self. (Lisa, group meeting Nov 11, 2008)

Mary wrote in her journal about her experiences from looking at the videos for self-supervision:

This was useful in many ways. We were set in a witness position of our own work, and it showed the session in a different way than how you see the session from within. By looking at, and hearing the conversation with the couple, it gave me insight into the couples' developments within therapy, but also insight into their individual development within the therapeutic conversations that I haven't seen while doing the therapy. It helps to see the session on video without the emotions thta you become occupied with while sitting there with them. I got quite impressed by myself – by seeing I had a real thread through the session, and I observed Bird inspired relational language, with contextualizing and exploring the couples individual positions. (Mary, research journal, Oct 13, 2008)

Ben also reflected upon the use of video for self-supervision as it facilitated becoming aware of his learning developments:

Using video for self-supervision helps us to be more focused in our learning. Some times I just feel that I haven't understood anything of what Bird means, but looking at video helps me to realize that I have learned some things. (Ben, group meeting, Feb 24, 2009)

Using video for self-supervision helped each of us to become aware of our own learning developments from this learning process. This awareness extended to recognizing that we had learned more than we had thought from our reading and discussions in our Co-operative Inquiry group.

Position 9. The least useful (-) position that was identified from evaluating our learning from self-supervision was the challenge of finding time to look at videotaped practice with clients outside of the project schedule. John detailed this problem in a group meeting:

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It is very challenging to find time to look at the video-recorded sessions. Then we have to, for example, use extra time after the clinical session to look at the video for self-supervision. It isn't the culture to do that at our office, so just by doing that; we change our practice (John, group meeting, Sept 30, 2008)

Mia experienced not being able to find time to review her videos, thus she combined the processes of group and self-supervision:

There are so many things going on at the same time at the Centre, that I haven't been successful in finding time to look at the video of myself, so I showed it in the group for group- and self-supervision at the same time. (Mia, group meeting, March 6, 2009)

Ben wrote in his research journal after the end of the project on the challenge of finding time to watch video-recordings outside the scheduled time for the group meetings:

As therapists who wants to help a lot of clients requesting therapy, we are filling up our schedules, and that made it quite challenging to find time outside of the scheduled meetings within the research group to do self-supervision. (Ben, journal entry, March 18, 2009)

John also pointed this out with a reflection in a group meeting:

I had to look at the video-recorded session in my spare-time, because of all of the projects we are having at the Centre, and this research project is also quite time consuming. (John, group meeting, Dec 9, 2008)

The positions identified related to evaluating our learning from self-supervision helped us to stop and reflect on our use of Bird's approach, particularly as this use affected clients' responses in therapy. Also, self-supervision made us realize that we used Bird's approach more than we originally thought prior to watching the video-recorded sessions. What we found challenging was finding time outside our planned group meetings to sufficiently watch the video-recorded sessions for self-supervision.

(D) Positions related to evaluating our learning from eliciting client feedback.

Engaging clients in providing feedback is important to understanding outcomes in therapy (Anker, 2010; Elliott, 2010; Duncan, 2007). In our learning process we invited client participants to comment on our use of Bird's approach in conversations with them. We share Duncan's (2010) view that client feedback makes therapist-client interactions meaningful and leads to positive treatment outcomes. That is why, apart from discussing our learning with our therapist colleagues, we asked client participants about their experiences of our use of Bird's approach in conversing with them.

We were aware of possible ethical dilemmas in inviting clients to be part of this learning project while they were in therapy. Therapists may, for example, risk using clients to fulfill their interests by exploiting their influence and power over clients for research purposes (Etherington, 1996, 2001; Grafanaki, 1996; Hart & Crawford-Wright, 1999).

All clients who participated in this study were taken through a detailed informed consent process prior to participating in the research (see Appendix E for details). We recruited clients who had been in therapy with us for a while at TFTC, and with whom we assumed there was a safe and good therapeutic relationship. We explained to clients that we

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were engaged in a learning project to practice Bird's relational language-making approach. We invited them to participate in video-recorded therapeutic sessions (lasting 60-90 minutes) where we used Bird's therapeutic approach. We explained to clients that selected passages from the videotapes would be reviewed with them (after we had reviewed the video for self-supervision, and group-supervision), so that they could provide feedback on our (therapists') use of Bird's approach. The passages from the videos were of one minute to 30 minutes in duration. We explained, very briefly to clients, Bird's approach, focusing on how we would use language to negotiate between conflicting 'private' constructions (e.g., different points of views on life events), to arrive at relational constructions (e.g., a negotiated shared view on life events) that may help them as a couple to move forward together. We invited clients to provide feedback focused on what they saw occurring during the session (e.g., what they noticed in the conversation and their individual reactions) in these therapeutic conversations when therapists used Bird's approach. Clients' comments were audio-recorded, then transcribed and used for situational analysis, along with transcribed data from the therapists' research journals.

When analyzing the combined transcribed data, I identified three positions, related to how our learning could be evaluated from eliciting client comments. These positions are shown in the Positional Map as positions 10, 11, and 12, and are also ranked from most useful (++) , useful (+), to less useful (-).

Position 10. The most useful (++) position was that asking for client feedback was very helpful to our learning. We experienced clients' comments regarding what they noticed in their conversations with us when we used Bird's approach, as providing a deeper understanding of how change may occur in couples while using relational language-making. Lisa wrote about this in her research journal after looking at the video together with her clients:

When we watched the video-passage together he (client) first became quite occupied of his own body language, and also how he used strong language when being frustrated with his wife – which he wasn't aware of. I asked him the question that had come to my mind after group supervision, about his relationship with all of his solutions and how he tried to utilize them when attempting to solve his relationship problems with his wife – something he really started to think about, by saying that when he was in a position where he is lacking words to explain his experience, he took up a position of defining her by saying she is crazy. (...) We then had an interesting conversation about what happens in their relationship when he is careful of not triggering his wife compared to when he triggers her the most. Further we talked about what happens in the relationship when they are in this either/or position where the consequence is that they get stuck with their problems, but don't reach out to each other. In the next therapeutic conversation he came in with more mindfulness of his language use when listening to his wife. (Lisa, research journal, Jan 20, 2009)

Ben reflected on his experiences in a group meeting:

When talking with the clients while watching the video-passages I learned that moving my negotiations from trying to get the partners to listen to each other's constructions of specific incidents to how their use of language affected their relationship, that they found this very useful. This helped them enter into a negotiated and equal relationship, from a competing relationship. (Ben, group meeting, Dec 9, 2008)

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Mia had a similar experience that she spoke about in a group meeting:

I learned that the process of eliciting client comments while watching the session together with them, provided quite a shift in their awareness of their language use. One of the clients said that this had helped her to talk more with her husband. (Mia, group meeting, March 6, 2009)

Asking clients to comment on our use of Bird's approach while watching the video-recorded sessions with them became very useful to our learning. We became more aware of how our use of Bird's approach was helping clients who had requested therapy for their relationship problems. What was especially useful for us was that we, *as* constructionist couple and family therapists, saw therapy as a place where partners' conflicting linguistic understandings and communications could be beneficially reflected upon, negotiated, alternatively constructed, or even *de-constructed* (e.g., McNamee & Gergen, 1992; Parker, 1999; Strong, 2004, 2006). This then helped us to understand that helping couples (conflicting partners in couples therapy) become more mindful of how their use of language affected their relationship, helped them to "go on together" (Wittgenstein, 1953).

Position 11. The useful (+) position that was reflected in the positional mapping was that watching videotapes together with the clients was a very useful intervention in itself. Looking at video recordings made us more mindful of our language use with clients, but also the clients commented that looking at the videotapes helped them to become more mindful of their own language use in how they relate to each other. In addition, both clients and therapists commented on their bodily responses (e.g., looking upset, exhausted, calm) by looking at the video. John wrote in his research journal:

Looking at the videos helps us to be mindful that our bodily responses are also part of people's language use (John, group meeting, Nov 11, 2008)

Jack, a client participant, also commented on how he witnessed himself looking at video:

I can see how I stop listening to her (wife) (Jack, client, Nov 3, 2008)

Mia continued to speak about a similar experience:

Video is a strong intervention in itself – in a way you get a relational position to oneself – we should use more video in our daily work. (Mia, group meeting, March 6, 2009)

Gregory, one of the client participants said:

It is useful to see my own world from a different position (Gregory, client, Feb 13, 2009)

Mary reflected on how watching the video together with clients was also a useful intervention in helping clients to negotiate new meanings for their relationship problems:

Watching video with clients is a useful intervention as we can continue to negotiate new meanings about what they presented as problems after looking at the video. (Mary's journal entry, Dec 9, 2008)

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Another of Mary's comments related to this position was:

It was very fascinating to witness how clients changed their reflections after looking at themselves in the video-recorded passages. In a sense, they became more aware of how they influenced each other, instead of competing about who was right and normal. (Mary, group meeting, Feb 24, 2009)

While watching herself in the video passage of her session with the therapist, Ann, a participant client, reflected on what happened to her when asked relational language-making questions in couple therapy:

When the therapist asked questions about the "effects on the relationship", (this) brought forward sensitivity instead of anger. (Ann, client Dec 12, 2008)

Clients' reactions to observing themselves on videotape resulted in perceptive comments about their own use of language and how they saw themselves in their relationships. Using the video as an intervention in itself made us understand that video can be utilized to help clients increase relationship awareness in a couples therapy setting.

Position 12. The less useful (-) position was concerning the ethical dilemmas we faced when inviting clients to participate in our learning project at the same time as they were in therapy. Less useful (-) in this position (12) refers to an ethical dilemma that made us reluctant to recruit clients to participate. Thus, this became an ethical consideration that we needed to be quite sensitive about, and Mary reflected upon this during a group meeting:

I was thinking that there might be some ethical dilemmas in inviting clients to be part of our learning process at the same time as they are requesting therapy. It is very crucial to discuss with them what they will be participating in. (Mary, group meeting, Sept 9, 2008)

John continued this reflection in the same group meeting:

We have to be very careful when we invite clients to participate, so that they are aware of what they are participating in. (John, group meeting, Sept 9, 2008)

Lisa followed up by saying:

We need to be careful about how to recruit clients to participate, so that they understand what they are going to take part in. They (clients) need to understand that even if we are learning new practices, our aim is to be helpful to them. So that we don't become focused only in ourselves as learners, and rather, that we are actually trying to help the clients with their difficult issues as well. (Lisa at group meeting, Sept 2, 2008)

The positions identified related to evaluations of our learning using client feedback, which helped us to understand more deeply our learning developments by learning and using Bird's approach when talking with clients. We also experienced that using video replay as a way of eliciting client feedback was a useful intervention in itself, as clients saw themselves conversing and responding to each other on the video. Video replay helped clients to observe themselves from positions other than those from which they had conversed in the original videotaped dialogue. In other words, this original dialogue was different from the one in

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which they and their therapist retrospectively watched themselves. This shift in position helped clients to become more sensitive about how their behavior (e.g., language use and body language) affected both the couple relationship and his or her partner. This finding is supported by the interesting research of Long, Angera and Hakoyama (2006) who found that using videotaped feedback is a useful intervention in itself for helping clients and therapists to become aware and sensitive of their patterns of interactions.

(E) Positions related to evaluating our learning from personal reflections regarding the overall shared learning process.

All the abovementioned positions (1-12) are related directly to each facet (A-D) of our shared learning process. I also identified positions from the transcribed data (of audio-recorded group meetings, audio-recorded client comments, and therapists' research journals) that referred to the entire process of our shared learning experience as a whole. As this study was a collaborative learning process, merely evaluating each separate facet would make for a fragmented result. Hence, I argue that it was important to include an overall evaluation (positions 13-15) in order to present a complete overview of the research. Additional to the abovementioned, combined and transcribed data, I showed the results (of my analysis) of this study to the therapist participants in a draft of a summarizing article to them (Ness & Strong, under review). They received the article from us on March 28, 2011. This summarizing article was written by my supervisor Dr. Tom Strong and I, to be presented at the International Family Therapy Congress (IFTA) in The Netherlands on March 31, 2011. In this article we presented the results from this study. The therapist participants provided me feedback on this article that I wrote down to be used in further analysis for this study. The feedback they (therapists) gave me was focused on the overall scope of our shared learning process. They commented that our shared learning process was very useful. However, they felt that they would be more confident in using Bird's approach if we had been more successful in translating Bird's approach into proper Norwegian, and had used role-play more before we invited clients to participate. By carefully reading the combined transcribed data, and taking the feedback provided from the therapists participants on the final analysis (in the summarizing article; March 28, 2011), three evaluative positions on our overall process of learning were identified: positions 13, 14, and 15.

Position 13. The most useful (++) position regarding our overall reflections (from research journals and audio-recorded group meetings) on our shared learning process, pertained to learning together with colleagues while incorporating clients' feedback. Doing this helped us to stay fresh as therapists, and ultimately improve our practice. Staying fresh as therapists refers to our experience of being motivated, from learning and experiencing that we were doing a good job with that learning. While reading the combined transcribed data it became quite clear that structuring learning of the new therapeutic practices and ideas through Co-operative Inquiry, while incorporating client feedback, were the most interesting and useful elements in learning Bird's approach. Mary commented on this in her journal:

The most useful function of the research group for me, was maintaining focus, and learning during our discussions. (Mary's journal entry, March 17, 2009)

Mia continued to say:

It is very vitalizing to learn together, but also optimizing what we learn together – in that we enhance our practices as therapists within an ongoing process that is part of our daily practice. (Mia, group meeting, March 17, 2009)

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John claimed:

Every therapy centre should organize professional development projects in ways similar to this one, as it is very useful and acts as motivation to keep developing as a therapist. (John, group meeting, Jan 20, 2009)

Facilitating the learning of new ideas and practices as a form of Co-operative Inquiry was identified as very useful for maintaining a focus on learning to improve our therapeutic practice. In addition, learning in this manner was also very motivational and inspiring.

Position 14. The useful (+) position related to our collaborative learning process referred to the time we required to learn the Bird's approach. The relationship between time and our learning turned out to be interesting because we all agreed that working collaboratively around structuring the time was necessary to become more confident in using Bird's approach. Structuring this time contributed to positive learning experiences for all of us. Moreover, we realized that, even though our collaborative learning project was time-consuming, it still positively affected our learning developments. As Ben, reflected upon in his research journal:

It was quite a challenge to learn to use Bird's approach, and it took more time than I was prepared for – and we should probably have used more time in doing so. But I am glad it took time, because then my learning became more connected with my work as a therapist in my daily practice at the Centre. (Ben, journal entry, March 20, 2009)

All therapist participants agreed that for learning to be effective, allowing enough time to learn Bird's approach through means other than workshops and reading of textbooks was extremely important. Thus, we appreciated how time consuming this process was, and that meeting every other week for two hours over almost one year (August 2008 to March 2009) was useful in mastering Bird's approach. In total, we had 13 meetings, cancelling our meetings when there were holidays or internal administration days at TFTC. Additionally, we spent time outside our group meetings reading and evaluating the videotapes of our practice of Bird's approach. 13 meetings may not seem a lot. However, our shared learning project was part of our busy daily work as therapists at TFTC, and took place together with the other professional development programs at TFTC (e.g., with Professor Arlene Vetere and Elize Morkel). This for us, felt time-consuming. Nevertheless, Mary commented on the usefulness of this way of learning as opposed to going to lots of workshops:

It is much more useful to structure our learning together instead of just participating in too many workshops – this structure helps to integrate the learning together in our group. (Mary, group meeting, Sept 18, 2008)

John commented also on the tension between usefulness and time demands:

This is such an interesting learning process, but it is very challenging to find time to really go in depth outside our meetings, at the same time as having to participate in other projects at our office. (John, group meeting, Dec 9, 2008)

Mary reflected further on how we might underestimate the time during which such learning takes place:

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Perhaps we underestimate how long it takes to learn new ideas and practices, but it is very useful to do this in such a structured manner. So even though it takes time, we need to learn slowly. (Mary, group meeting, Dec 9, 2008)

We experienced that learning new ideas and practices in a collaborative manner was a time-consuming process. Although it can be challenging and tiring process at times, creating shared, structured time most certainly contributed to our learning because it allowed us to take small steps to increase our understanding of how to use Bird's approach to language in therapy. It was helpful for our learning because set times during a busy work week helped us be focused, to structure our time to read, discuss, use video for self-, and group- supervision, and elicit client comments (from watching video together with clients). Every therapist participant commented on the usefulness of structuring learning processes within our Centre, because this helped us to integrate our learning more than we would have by just reading a book or going to workshops.

Position 15. The less useful (-) position was that we found translating Bird's approach into proper Norwegian quite challenging. We identified this position as the less useful, because we struggled to translate Bird's approach to proper Norwegian, and should have used more time to do that; though, because of time constraints, we couldn't. Ben wrote about this in his research journal:

Because of the challenge of translating Bird's concepts to proper Norwegian, we needed to extend the project for three more months. (Ben's journal entry, Dec 9, 2008)

John also wrote about this in his research journal:

It is very important to translate Bird's approach to Norwegian, which is very challenging, because it is difficult to find proper Norwegian words to grasp the English meanings. (John, group meeting, Nov 11, 2008)

Mary commented in our group meetings about the importance of translating Bird's approach into Norwegian language to really understand her approach to therapy as well as learn how to converse with clients in this way:

I believe that I would have learned more if we really had translated properly Bird's approach into Norwegian. Sometimes I sit in therapy and wonder what would Bird say in this situation, and I don't really know. In a sense I know the concepts, but sometimes I just don't know how to language it. (Mary, group meeting, Jan 20, 2009)

I wrote in my research journal, while analyzing this data, that:

...it is very important in learning processes where therapists are learning new ideas and practices in another language, to really make lots of time to properly translate the approach together. This will help to really understand what the approach is about and will also help the learning process. This takes time, and we should not underestimate how long it will take. I mention this because lots of therapeutic approaches are coming from the USA and need to be properly translated, and what I have learned from this project is that this is crucial for the results of learning. (Me, journal entry, Oct 29, 2010)

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The above positions related to evaluating our overall learning process, a process that helped us to stay fresh as therapists. Such a shared learning process also helped us to integrate new ideas and practices in more useful ways than just reading books and going to workshops. What we found very challenging was to translate Bird's approach from English to proper Norwegian, so that we could grasp and deeply understand her ideas and practices.

Summary

In this chapter, I have laid out the findings from my using Situational Analysis mapping. First, I used word clouds as a preliminary step towards conducting later situational analysis mapping strategies. Then I created the abstract situational maps (messy map, ordered map, and relational analysis map) that highlighted the resources and influences that shaped our learning of Bird's approach. The next step was to make a Social Worlds/Arenas map that described the broader context of different social worlds that shaped our learning experiences. Finally, I used a Positional map to lay out our evaluations of different facets of our learning together. In the next and final chapter I will discuss the study's overall findings as key highlights of our learning. I will discuss the implications of this shared learning project for both therapist training and research. I will also discuss the limitations of this study, and finally present possible questions for further research.

CHAPTER VI: DISCUSSION AND IMPLICATIONS

The purpose of this study was to understand Norwegian family therapists' (including my own) learning experiences as we collaboratively engaged new ideas and conversational practices in working with couples and each other at the TFTC. Specifically, we were learning to use Johnella Bird's (2000, 2004a, 2004b, 2006a) *relational language-making* approach in working with couples in therapy. We structured our learning process by using the action research method, *Co-operative Inquiry* (Heron, 1996). We shared all facets of our learning, including instruction and reading, self-monitored practice (including videotapes of practice), group feedback, and use of client feedback. The question that guided our Co-operative Inquiry throughout all phases was: *How do therapists interpret their learning experiences in using Johnella Bird's relational language-making approach – from training exercises, reviews of videotaped practice and client comments?*

In this final chapter, I will summarize our learning process as a form of Co-operative Inquiry. Next, I will discuss the study's overall findings as key highlights of our learning, and highlight implications for therapist training and research. These research findings suggest that collaborative learning processes, like our learning Bird's approach, can serve as a *prototype* for continuing education (e.g., as professional development for experienced therapists) within communities of practice (Wenger, 1998). Such collaborative learning projects may be implemented as a low-cost, bootstrapping means for collaborative enhancement of practice. I conclude this chapter and dissertation by identifying possible limitations of this study and questions for further research.

Our Learning Process as a Form of Co-operative Inquiry

Our process of learning together occurred after I first encountered Johnella Bird's ideas and practices during my training to become a family therapist. My supervisor at the time had participated in a workshop with Johnella Bird, and brought her ideas on relational language-making into our supervision sessions. The collaborative possibilities that Bird's ideas provided are what drew me to this approach. Particularly, I found it useful that partners in a relationship could become more mindful of the language they use in relating to each other both in and beyond therapy. Unlike other couples' therapy approaches (e.g., Cognitive Behavioral Couples Therapy and Emotionally Focused Couple Therapy) that encourage clients to adopt the therapists' language (e.g., Luquet, 2006), Bird's approach invites couples to reflect on *their* language, as part of a search for client-preferred language. The therapist's challenge involves hosting dialogues that enable such reflections upon language use, while helping couples find language that they deem better for their relationship (Bird, 2000, 2004a, 2004b).

We (my therapist participants and I) began our learning together in August 2008, and ended our Co-operative Inquiry (Heron, 1996) meetings in March 2009. We involved clients later in the inquiry, in the period from October 2008 to February 2009. Adopting an action research framework – specifically Co-operative Inquiry (Heron 1996) – aided our collaborative learning. Like the method of therapy we aimed to use, the action research framework was also a collaborative venture. Co-operative Inquiry (Heron, 1996; Heron & Reason, 2008) is a participatory approach to research that aims to facilitate efforts to understand a shared experience (in this case, our learning to use Johnella Bird's relational language-making practices and ideas with couples) through cycles of action and reflection. We collaboratively decided on a process of learning that involved reading and discussing Bird's ideas, viewing and discussing her training videotapes, and group practice of Bird's

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approach to a confidence level where we could use them with couples in therapy. We also elicited feedback from clients about our use of Bird's approach with them from videotaped reviews of their conversations with us. We had group discussions (in the Co-operative Inquiry group) about our use of Bird's approach while watching these video-recorded sessions. Additionally, we wrote personal reflections in research journals on how we experienced the process of learning Bird's approach together.

Eleven clients consented to participate in the inquiry, enabling us to videotape sessions in which members of our team used Bird's conversational practices in the course of their therapeutic work. Client feedback was elicited using Elliott's *Comprehensive Process Analysis* (CPA, 1989), a procedure whereby clients were shown video-recorded passages in which Bird's approach was used with them in their therapeutic conversations. CPA was used to elicit clients' retrospective comments on experiences of passages of these conversations as they related to their goals for therapy. We audio-recorded and transcribed these clients' comments for later analysis. In our team discussions we also discussed our experiences of reviewing these and other videotaped passages of our therapeutic work. All of our group discussions (13 meetings, including those related to discussions about our reading and discussions about our self-supervision) were audio-recorded and transcribed. This was used along with the transcribed research journals, as data for the Co-operative Inquiry (Heron, 1996) and later Situational Analysis (Clarke, 2005).

Collaboratively learning Bird's relational-language making approach, while engaging in a shared inquiry of our learning proved to be a rewarding experience. Heron's (1996) Co-operative Inquiry process offered a useful framework to do both, while we developed confidence in what we came to know. Particularly important to Heron (1996) is a cyclical process of inquiry that oscillates between learning and doing, with critical reflection on that learning and doing, before moving to a next phase of learning and doing. Beyond our reading and practice of what we were learning, our team discussions helped us rigorously test what we came to know. In this sense, we socially constructed, or negotiated, what came to pass as shared knowledge within our group (Gabbay & Le May, 2011). Heron and Reason (2008) refer to this kind of collaborative rigor as involving an "extended epistemology of *experiential, presentational, propositional, and practical ways of knowing*" (p. 366). We did not just stop at our experience; we presented our work to each other, as well as developed and critiqued propositions from our sharing. We discussed what we learned until we found practical ways of translating our (and clients') experiences into ways of knowing that were useful in practical, clinically relevant ways. We took this new clinical knowing back to our work with clients, and used some of our meetings to discuss how our new ways of knowing worked for us, often further refining our knowledge in the process. Our cyclical process of learning, doing, and critically reflecting occurred at each phase of our learning together, in: (1) reading Bird's ideas and viewing her videotaped demonstrations, (2) practicing her conversational skills, (3) our conversational work with clients, (4) and our reflective group supervision discussions.

Many conversations – those with each other in the learning and supervision group, those with clients, and those inner dialogues recorded in our reflective journals – served as the primary data of our Co-operative Inquiry. Eager to learn Bird's relational language-making practices, while also wanting to learn from our process of developing competence in using these practices, we cyclically moved between actions and reflections. Consistent with our social constructionist view of meaning and learning, we were faced with choices as to how best make sense of this textual data.

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Key highlights of our learning experiences

There are three key highlights I identified from my situational analysis of the textual data pertaining to how we evaluated our learning together. These highlights related to how we developed confidence and skill in using Bird's ideas and practices in our therapeutic work with couples:

- (a) Collaborative learning projects are useful for making professional development a daily practice at our therapy centre,
- (b) Learning together from colleagues is a helpful way to stay fresh as therapists involved in ongoing practice, and
- (c) Using video (in self-supervision, group supervision, and for eliciting client feedback) is a particularly useful element when therapists are learning new ideas and practices together.

Collaborative learning projects.

Collaborative learning projects are particularly useful for making professional development a daily practice at our centre. Ours collaborative learning project was a Co-operative Inquiry, in Heron's (1996) sense, in that our learning alternated in cycles between learning, practicing, and reflecting. While we aimed for shared understandings and assessments of our practice, the meanings we made from our learning did not converge on a unified account, a view of knowledge creation that would be at odds with our social constructionist understandings (Gergen, 1999; Lock & Strong, 2010; Shotter, 1993), and those of Johnella Bird (2000, 2004a, 2004b).

Bird's approach, not only informed our practice with clients, but also our learning process. Bird's relational language-making practices are predicated on the notion that mutuality is negotiated through therapeutic dialogue, affording couples a means of reflecting upon and modifying individual meanings where they have been problematic for the couple's relationship. In our Co-operative Inquiry process, we welcomed and worked with our shared *and* different understandings of Bird's approach as they arose in our learning together. We have learned that to enter meaning-making dialogues with clients therapeutically involves delicate negotiations with, and careful invitations to couples. This includes inviting couples to re-enter negotiations of meanings that are significant, yet lacking in mutuality, for both partners. Our collaborative learning, as a form of Co-operative Inquiry, involved bringing together our reading, practice, group supervision discussions, our personal reflections, and video-recorded work with clients, and personal reflections. Integrating these aspects helped us develop confidence in using Bird's practices in our ongoing work with couples. Our shared learning process was inspiring and helpful in motivating each other, suggesting that collaborative learning projects can help family therapists to stay fresh in their practice, which I will now discuss.

Staying fresh in one's practice.

Remaining fresh, as a family therapist, often requires learning new ideas and practices. Workshops, books, conference presentations and videotaped demonstrations are common means by which therapists are exposed to new ideas and interventions. While such ideas and interventions may inspire new ways of understanding and addressing clients' concerns, therapists also have an obligation to practice such ideas and interventions competently. However, the learning process – from initial inspiration and enthusiasm for such ideas and

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practices, to competent frontline practice – tends to receive less attention in the family therapy literature (Ness & Strong, under review).

Learning together in the manner I described, as part of a Co-operative Inquiry, may be unusual for couples- and family therapists. Often, therapists read a new book, or attend a training workshop and then find ways – sometimes with further supervision – to incorporate the new ideas or practices into their work with couples and families. At TFTC we have been fortunate to develop group supervision, participating in some forms of training together, such as that offered to us by Professor Arlene Vetere. In learning Johnella Bird's ideas and practices, however, we were on our own, with the exception of some consultations with Bird, and with Professor Tom Strong, my PhD research supervisor. We took Bird's ideas and videotapes, translated them into our Norwegian context (literally and figuratively), and then began to use her practices; first, in a group supervision context, then with clients who offered us feedback on our use by looking at video-recorded passages together with them. This way of practicing – incorporating training and client feedback on performance – has become important not only in training, but in practice enhancement. The growing practice-based evidence movement (e.g., Barkham, Hardy & Mellor-Clark, 2010; Gabbay & LeMay, 2011) sees practice enhancement as naturally following from therapists incorporating clients' feedback in response to particular therapist practices. For Gabbay and LeMay (2011), this is partly how practitioners develop *clinical mindlines* in ways that contextualize the use of particular practices with particular clients. Mindlines refer to “internalized, collectively reinforced and then often tacit guidelines that are informed by clinicians' training, by their own and each other's experience (...)” (Gabbay & LeMay, 2011, p. 44). Thus, mindlines are more flexible and can be related to local knowledge and practices, as opposed to being driven by standardized evidence-based guidelines (Gabbay & LeMay, 2011). Developing competence *with* clients, in this sense, is about being informed by their responses as we respond to them.

Use of video-recording.

Using video-recording (for self-supervision, group supervision, and for eliciting client feedback) was a particularly useful element for us while learning Bird's relational language-making approach. Video-recording was used to supplement our methodological rigor in learning Bird's practices (from readings, discussions, etc.) with rich clinical accounts of experiences and understandings when using those practices with participant couples in this inquiry. We video-recorded clinical sessions with recruited client couples and selected video passages from these clinical sessions where we used Bird's relational language-making practices. The passages were selected for the following three purposes: (1) *self supervision*, in which we (each therapist participant) looked at our passages (i.e., those in which we had been the therapist); (2) *group supervision*, where we showed our passages to the other participants in our research group; and (3) *therapists showing video passages of their conversations back to their clients* to elicit their feedback.

Using video-recording and video-reviewing as part of our learning process in this manner helped us to become more *self-aware* (Long et al., 2006; Skovholt, Jennings & Mullenbach, 2004; Rønnestad & Orlinsky, 2005) of our developments as we were learning Bird's approach in a therapeutic setting. This self-awareness related to our learning process where self-supervision and self-reflection made us realize that we were using Bird's approach more than we thought. When we showed the selected video-passages to the Co-operative Inquiry group (group supervision), we discussed how these passages could be understood in ways consistent with Bird's writings (e.g., Bird, 2000, 2004a, 2004b, 2006). Looking at the videotapes together with our client participants helped us to more deeply understand clients'

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thoughts and reflections on what they experienced when we were using Bird's approach in conversations with them. Additionally, we learned that using video-reviewing was a useful intervention unto itself. Clients reported that looking at the videotaped passages made them also more self-aware of how their language use affected the conversation and their partner. This observation is in line with the early research of Alger and Hogan (1967, 1969), who found that watching one's self on the tape interrupted the blaming pattern that is often so common among couples.

Implications

The purpose of this study was not to generalize how to best learn new therapeutic approaches to wider therapeutic communities. On the contrary, the purpose of this study was to understand how we five therapists interpreted our learning experiences using Johnella Bird's relational language-making approach, in a shared inquiry. However, it is my hope that this dissertation points to some useful ways to understand how therapists can learn new ideas and practices together, while also involving clients in such learning as a daily practice. In the next section I will discuss implications for training and supervision in a training context, and implications for therapy research.

Implications for therapists' training.

There are four implications for therapists' training, arising from our learning together, that I wish to highlight. First, my research suggests using collaborative learning processes (e.g., Co-operative Inquiry; Heron, 1996) when therapists are learning new ideas and practices. Second, my research suggests therapists incorporate CPA as part of training, self-supervision, group supervision and client feedback. Third, my research suggests investigating how therapists actually learn from what they do, instead of simple evaluations of whether learning has occurred or not. Finally, my research suggests ways in which therapists and supervisors might beneficially incorporate client feedback into therapist training and supervision.

Using collaborative learning processes in therapist training while learning new ideas and practices. This study has shown that using collaborative learning processes (e.g., Co-operative Inquiry, Heron, 1996) can be very helpful for therapists, when learning new ideas and practices. Although couples therapy training has been developing rapidly (Liddle, Breunlin & Schwartz, 1988; Paré & Tarragona, 2006; Rowan, 2005), little attention has been given in the literature to how therapists can facilitate professional development for frontline professionals (Orlinsky, Rønnestad, Gerin, Davis, Ambühl, Davis, Dazord, Willutzki, Aapro, Botermans, & Schröder, 2005).

Until recently, couples therapy training and supervision has been confined to the training literature *about* therapy (Dreier, 2008; Kuenzli, 2006), and about the professional and personal characteristics of therapists (Jensen, 2007; Orlinsky & Rønnestad, 2005). Less focus has been on *how to learn* and *become* a therapist (Binder, 1993; Duncan, 2010). Becoming a therapist has mainly been learned through an oral tradition; through mentoring, supervision, and what Kuenzli (2006) calls "didactic psychotherapy" (p. 95). The skills and practices of couples' therapy, then, are learned traditionally within graduate and postgraduate university programs (both master and doctoral programs), and within private training centres (e.g., Narrative therapy from Dulwich Centre; Emotionally Focused Couples Therapy from International Centre for Excellence in Emotionally Focused Therapy). Kuenzli (2006) further points out "the skills and practices are mostly transmitted through internships, field training, workshops, case study, and of course personal struggles with one's daily practice and

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questions” (p. 95). This was a novel aspect of our work as we gave up the *transmission* notion of teaching and learning, and instead turned our focus to collaboration and co-construction in our learning.

This study suggests that collaborative processes can facilitate therapists’ learning and professional development. Professional development literature has until recently focused on different elements of training (e.g., teaching, supervision, workshops, graduate programs) (Klein, Bernard & Schermer, 2011; Paré et al., 2004; Rønnestad & Orlinsky, 2005; Rønnestad & Skovholt, 2003) or personal and professional qualifications of therapists and supervisors (Jensen, 2007; Liddle et al, 1988; Rønnestad & Orlinsky, 2005). Less attention has been devoted to how to implement different elements of learning and personal and professional qualifications into professional development processes in communities of practice. This research adds to this literature and suggests collaborative learning processes as a form of *prototype* of a means to therapists’ continuing education and professional developments within therapeutic communities.

This research illustrates that learning Bird’s approach in a collaborative process not only inspired us, but also helped us to focus on our learning over time by using cycles of action and reflection. From this process we gained in-depth knowledge as well as practical knowledge that assisted us in integrating our learning within our practice as therapists at the TFTC. This study has focused on how experienced therapists learned new ideas and practices together within their work context. Such collaborative learning processes can be used within therapy centers when experienced therapists want to learn to use new therapeutic ideas and specific conversational practices. Along with workshops and academic therapy training programs such collaborative processes within therapeutic communities can be implemented in therapeutic communities as a low-cost, bootstrapping means for collaborative enhancement of practice.

Using CPA as part of training processes of self-supervision, group supervision and client feedback. This study has also shown how using Comprehensive Process Analysis (CPA; Elliott, 1989) as part of training processes can be helpful for its focus on how participants (both therapists and clients) retrospectively account for their experiences during the therapeutic conversations. CPA was particularly helpful to us in evaluating clients’ and therapists’ accounts of what occurred in videotaped sessions when Bird’s relational language-making approach was utilized. CPA was used to supplement the methodological rigor of learning Bird’s practices (from readings, discussions, etc.). These rich clinical accounts of experiences and understandings from using Bird’s practices with participant couples served as the supplementation.

CPA is a form of *Stimulated recall* (e.g., Gass & Mackey, 2000; O’Brian, 1993). In this study, recall was stimulated by replaying video passages of sessions to clients to elicit their feedback on passages in which they could see themselves conversing with their therapist. CPA was developed as an interpretative, qualitative research method for collecting data on significant therapy events (Elliott, 1989). The purpose of CPA is to more closely understand change processes in therapeutic conversations. In this study, CPA was used to explore participating clients’ and therapists’ accounts of what occurred in the video-recorded sessions when Bird’s relational language-making approach was being used.

This study’s findings suggest using CPA as part of training in the processes of self-supervision, group supervision, and eliciting client feedback. CPA can be used for self-supervision when therapists are watching video-recorded therapeutic sessions of themselves, noticing what occurs when they use the approach (they are learning to use) with clients. Todd (1997) refers to this as a way in which therapists “self-monitor” (p. 18) their therapeutic work (i.e., learning). This can help therapists become aware of their own learning developments and additionally help them to reflect on how their practices are responded to by clients. It

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appears that therapists move further in the process of CPA for group-supervision when, for example, they select passages from a video-recorded session to share with therapists in a supervision group. The next step, using CPA in a training context, can be to show these selected passages to the clients. At this point, the clients comment on what they see happening in the passages when they talk with the therapist. In this way, learning processes and practice enhancement can become something we do *with* clients, instead of something we solely do *on* clients.

Incorporating client feedback into training contexts. This study also has shown that incorporating client feedback into a training context can improve therapists learning processes. Recently there has been increased research attention given to client feedback in therapy (e.g., Anker, 2010; Anker, Duncan, & Sparks, 2009; Barkham et al., 2010a; Sundet, 2009), but there has been little attention paid to incorporating client feedback into therapist training and learning processes. The research on client feedback within therapeutic conversations shows that engaging clients in providing feedback can be an important outcome measure in therapy (Anker, 2010; Elliott, 2010; Duncan, 2007; Sundet, 2009).

Sundet (2009), agreeing with Hatfield and Ogles (2004), claims that even if therapists increasingly accept the use of formalized feedback as part of their clinical practice they do not know much about *how* therapists use such feedback. Similarly, more needs to be known how clients' feedback affects how therapists learn new ideas and practices. This study suggests incorporating client feedback not only to enhance therapeutic conversations (e.g., Anker, 2010; Duncan, 2010; Sundet, 2009), but also to supplement therapists' learning processes. Within the context of eliciting client feedback on therapy, several approaches have been developed. One used most frequently in family therapy is the *Client-Directed Outcome-Informed approach*, developed by Duncan, Miller, and Sparks (2004). This approach is based on a view that any interaction with a client can be client-directed and outcome-informed when the clients' voices are privileged as the source of knowledge and solutions. Additionally, Duncan et al's approach to client-directed and outcome-informed practice can be enhanced when therapists purposefully form a strong relationship with three key goals: (1) enhancement of different theoretical factors that account for successful outcomes, (2) use of clients' ideas and theories of change to guide choice of technique and approach, and (3) adoption and use of reliable and valid outcome and process measures to inform the therapist's ongoing work.

As mentioned, we used CPA to elicit client feedback, using video recordings. This means that therapists and clients together watched video-recorded passages of their therapy sessions where Bird's approach was used. There are a few important issues I would like to address concerning the use of video for eliciting client feedback. First, Long et al (2006) explored the use of videotaping processes by therapists and found that some individuals (both therapists and clients) experience discomfort watching the tape. Thus, it is very important do this in a safe environment, being careful not to *impose* this process on participants. Second, there is an ethical dilemma involved when inviting clients to give feedback to therapists on their learning, as the clients may be participants in the same, still evolving therapy. This suggests the importance of creating a detailed informed consent process (see Appendix E for details) in collaboration with clients. This extends to "process ethics" from Swim et al (2001, p. 15), which are made possible through the collaborative efforts and decisions of therapists and clients. Clients and therapists mutually set the tone and agenda of their therapeutic endeavor. Still it is important that the therapist acknowledges that they are in a position of power (Guilfoyle, 2003), so the process of making decisions about using video must be done in ways respectful of the clients' preferences.

Investigating how therapists learn from what they do, not as just a simple evaluation. This study also shows that using Co-operative Inquiry in cycles of action and reflection, while incorporating CPA (as a resource for self-supervision, group-supervision and

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client feedback), facilitated learning in our our learning process, beyond evaluations of the effectiveness of Bird's approach worked or not. This was a beneficial outcome of the study, showing what Kuenzli (2006) refers to as "Reflection-in-action" (RIA; p. 19), drawing on Schön's (1983) term "the reflective practitioner" (p. 295). During our Co-operative Inquiry cycles of action and reflection we used RIA as a way (Kuenzli, 2006; Schön, 1983) to invite reflexivity into our learning process to clarify how we made sense of our learning experiences. Reflexivity here refers to therapists having an awareness of themselves (e.g., what they think and how their learning is affecting their way of being a therapist) as they shape and respond to their learning (Kuenzli, 2006). This is different from simply evaluating outcomes of therapeutic work as useful or less useful. It is also different from explaining and describing the work of therapists. RIA goes beyond this simplification and helps therapists to enhance their therapeutic practice by learning from what they do while learning new ideas and practices through interactions with colleagues and clients.

Implications for therapy research.

There are three implications of this study for therapy research that I wish to highlight. First, this study makes a contribution for having investigated principles designed to enhance collaborative therapy practice. Second, this study's methods raised considerations pertaining to collaborative professional ethics in eliciting client feedback. In other words, it raised questions about the professional ethics of therapists requesting client feedback while learning new ideas and practices in ways informed by that feedback. Finally, this research contributes therapy research for having investigated how collaborative learning projects contribute to practice-based evidence for therapy outcomes. I will now explain each of these contributions in more detail.

Investigating principles for collaborative therapy practice enhancement. As the group was learning Bird's relational language-making approach – a constructionist collaborative therapeutic approach – we also *structured* our learning as a collaborative project, using Co-operative Inquiry, as an action research method (Heron, 1996). Learning Bird's approach as a Co-operative Inquiry, we identified and described a principle for collaborative therapy practice enhancement. This principle (shared inquiry) focused on therapists' enhancement of collaborative therapy practice as a shared inquiry. Usually therapists enhance their practice by reading books, attending training workshops and then find ways – sometimes with further supervision – to incorporate the new ideas and practices into their clinical work. In this study, we used Co-operative Inquiry to structure our learning, enhancing our practice of collaborative therapy through a shared learning process. We brought together our reading, practice, group supervision discussions, video-recorded work with clients, and personal reflections to develop confidence in using Bird's practices in our ongoing work with couples. If therapy is viewed as a collaboration, then it also makes sense to investigate how therapists learn together. In this way, learning processes framed as shared inquiries can contribute to improving therapists' practice (Koshy, 2005).

Investigating collaborative professional ethics as they pertain to eliciting client feedback. While recruiting clients to provide feedback on our learning of Bird's approach, we were aware that an ethical dilemma was arising. This ethical dilemma concerned inviting clients to provide feedback on our (therapists') learning developments from what they noticed in their therapy sessions while continuing in a therapeutic relationship with us. To ensure that clients understood our research project and to minimize any potential ethical dilemmas, we (therapists) engaged in the following process: (a) we obtained a detailed informed consent from clients (see Appendix E); (b) we invited clients to participate in therapy; and (c) we received clients' feedback about their experiences in therapy, which was subsequently used to

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evaluate our learning process. The purpose of obtaining clients' feedback was to learn from their interpretations of the therapeutic process and the help they were getting.

By taking this ethical dilemma into account when inviting clients to give us feedback on our learning, this study adds to the interesting research conducted by social constructionists Susan Swim, Sally St. George and Daniel P. Wulff (2001), Tom Strong and Olga Sutherland (2007), and Sheila McNamee (2009). These authors investigate professional ethics in therapy. Swim et al (2001), and Strong and Sutherland (2007) have explicated professional ethics in two types: "content ethics and process ethics" (Swim et al., 2001, p 14). *Content ethics* refers to standards outlined in professional *codes* specifying what therapists should do in order to be accountable working with clients (e.g., "confidentiality, dual relationships, competence"; Strong & Sutherland, 2007, p. 95). In contrast, *process ethics* refers to the "collaborative efforts and decisions of therapists and clients" (Swim et al., 2001, p. 15) within each therapeutic conversation between therapists and clients. Strong and Sutherland (2007) call this "conversational ethics" (p. 95), referring to therapists' ways of practical reasoning and situation-specific ways of conversing with clients. Critical to their view are clients' invited capacities to contest therapist meanings and practices, as ways of influencing and informing how the therapeutic dialogue proceeds. Strong et al (2011) also refer to this "negotiated dialogue." (p. 36). Negotiated dialogue refers to how therapists and clients negotiate their ways forward in the therapeutic conversation. During this collaborative, negotiated dialogue, therapists are informed by how these content ethics and process ethics are transacted as they converse with clients. In a related way, McNamee (2009) discussed "relational responsibility in practice" (p. 57) while talking with clients in therapy. Such a responsibility extends to considering ways of inviting clients to give feedback on therapist learning as they continue in therapy.

Investigating how collaborative learning projects contribute to practice-based evidence for therapy outcomes. Our Co-operative Inquiry into learning and using Bird's approach also showed how collaborative learning projects can contribute to practice-based evidence (Barkham et al., 2010; Gabbay & Le May, 2011) for therapy outcomes (Strong, Busch & Couture, 2008). Barkham, Stiles, Lambert, and Mellor-Clark (2010) suggest broadening the evidence-based practice paradigm, which has been dominated by rigorous methods drawn from medicine (e.g., RCT; Randomized Controlled Trials), to include a wider constituency of evidence, which they call practice-based evidence. Practice-based evidence aims to capture the reality of everyday routine-practice, finding ways to evaluate and improve the therapists' practice by adopting a "bottom-up approach" (Barkham, Stiles et al., 2010, p. 38). This means that the research starts from the work of the therapists and builds the evidence base upwards to the level of policy. This is opposed to what happens in evidence-based practice where therapists are implementing trial apparatus into therapist settings (e.g., diagnosis, treatment adherence) (Barkham, Stiles et al., 2010).

Practice-based evidence is a growing and developing paradigm for building on therapists' existing knowledge base for conducting therapy (Barkham, Stiles et al., 2010; Walker & Bruns, 2006). What is crucial in practice-based evidence is that the research starts with the therapists. Therapists are, regardless of theoretical or practical orientations (e.g., therapeutic approach), working with clients to effect change and provide help (Barkham, Stiles et al., 2010; Gabbay & Le May, 2011).

Collaborative learning projects can contribute to this paradigm of practice-based evidence, as these offer a *bottom up* approach starting with therapists who may be eager to learn new ideas and practices together. The therapists are then, in a collaborative manner, co-creating a learning process, and the practice-based evidence that can inform and support that learning. They begin in the novice position to learn and develop confidence in using new ideas and practices together. By eliciting client feedback participating therapists can

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understand how these new ideas and practices are being received and understood, thus affording another form of practice-based evidence.

Possible Limitations of the Study

My main goal for this research project was to understand how five family therapists (i.e., including myself) interpreted our learning experiences, using Johnella Bird's relational language-making approach as a Co-operative Inquiry. The participant therapists were invited to learn Bird's approach together at TFTC, sharing all facets of our learning, such as instruction and reading, self-monitored practice (including videotapes of practice), group feedback, and client feedback.

One limitation of this study was that we did not use role-play for developing competence in using Bird's practices prior to recruiting participating clients. I believe that if we had used role-play in our group learning prior to video-recording therapeutic conversations with clients, we would have developed competence in Bird's approach sooner. Initially we were planning to use role-play as we were practicing Bird's approach, but due to various factors, we had to forego this practice. One reason was that it was a challenge to grasp Bird's specific practices by translating her approach into proper Norwegian; therefore, we ended up using too much time attempting to understand how these practices were being used. Another reason was that, as we got further into the learning process, we agreed that we wanted to use Bird's approach with clients but did not properly negotiate how or when we were going to use role-play. Thus, the learning reflected by our inquiry did not include this common component of therapist training. If I had the chance to do this research project over again, I would carefully negotiate the use of role-play exercises throughout the entire learning project.

Second, we had each client couple (11 clients in total) participate in, and comment on, only one video-recorded session where we used Bird's approach with them. We could have gained a deeper understanding and become even more confident in using Bird's approach by extending the research for a longer period; and through engaging clients in more cycles of watching video-recorded passages of their conversational work with us.

Another limitation of our learning process was that, at the same time as we were learning to use Bird's approach, the entire staff at TFTC (including ourselves) were also learning to use other therapeutic approaches (e.g., Vetere's work on domestic violence). This may have affected our learning process given our busy workloads. The experience of being in several learning processes at the same time was exhausting, and it is possible that we didn't get as deep an understanding as we wanted of all the approaches (including Bird's) that we were learning at the same time.

My analyses also presented some learning opportunities. I presented my first analysis to the other therapist participants at a meeting on June 15, 2010 (earlier mentioned in the Findings Chapter). I also, much later, presented the results of my analysis to the therapist participant's (March 28, 2011) in a draft of a summarizing article (Ness & Strong, under review). Both times, the therapist participants provided feedback that I could have used for further analysis. The first feedback from the therapist participants (June 15, 2010) informed further analysis, especially on issues that shaped our learning (as reported in the abstract situational maps in the Findings Chapter). Their more recent feedback (March 28, 2011) on the 'final' analysis focused on our overall learning process (also reported in facet E in the positional map in the Findings Chapter). If I were to conduct this research again, I would have involved the therapist participants and the Co-operative Inquiry group more in my ongoing analysis, rather than simply presenting it to them for feedback two times. Had I done such ongoing check-ins I may have gained more understanding of how their use of Bird's

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approach, and our shared learning process, had contributed to their daily work as therapists at our centre.

Questions for Further Research

Upon completing this study, some questions came up for me that could guide further research on how therapists collaboratively learn and develop new ideas and therapeutic skills. As this research was about how therapists learned to use new ideas and practices within a shared learning process, it would be interesting to examine how therapists actually know (practically-speaking and ethically) when they are ready to use a new skill or practice with clients. In other words, what indicators do therapists independently use to know that they are ready to use new ideas and skills with clients?

This study contributes to the practice-based evidence paradigm, because it explores how therapists use a research framework to learn and enhance their practices. TFTC is also engaged in advancing the paradigm of evidence-based practices; however, our focus has been more guided by use of traditional research methods (mostly relying on RCT-studies). Therefore, it could be beneficial to examine how evidence-based practice and practice-based evidence are integrated into the work of practitioners and therapeutic communities. Further, future research could focus on how evidence-based practice and practice-based evidence paradigms can be examined as complementary, and how both approaches dialectically contribute to a more robust knowledge base for therapists and researchers. Researching such questions may bring further understanding of both paradigms.

Finally, it would be interesting to investigate if relational language-making facilitates changes in couples' meaning-making processes, or enables changes to their specific meanings derived in therapy. Does relational language-making in therapy meaningfully affect how couples use language in their everyday lives together, or does it only affect how meaning is constructed in therapeutic conversations?

Concluding remarks

Negotiating meaning through dialogue is a travelling process where we (therapist and client) are making the destination as we find language. (Bird, 2004a, p. 35)

In this study I wanted to share the diverse aspects of our shared learning process at TFTC. We sought to capture important differences relevant to our learning Bird's relational language-making practices. These differences also include those that arose between us therapists in the learning process. Learning Bird's practices occurred in a context where tensions between differing discursive positions (mostly beyond our learning group) shaped how we continuously negotiated the ways in which our work could continue. Much like Bird's relational language-making practices, we were learning that, to help partners within their relationships, we face similar challenges in keeping the varied conversational aspects of our work moving forward. I don't presume that our learning in our therapeutic context is generalizable to other therapists in other contexts. However, I have highlighted aspects of our learning that may entice other therapists to consider shared learning or training projects like ours. I believe we have also shared some useful ways to develop as therapists from the learning processes of our Co-operative Inquiry and Situational Analysis.

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APPENDIX A: PARTICIPANT THERAPISTS INFORMATION⁶

Name	Position at Trondheim Family Therapy Centre	Age, Gender	Previous Counselling Experience	Years of employment at Trondheim Family Therapy Centre	Education and prior training
Toril Reitan	Family therapist; specialist in clinical psychology; mediator	43 Female	School psychologist Psychologist at Child and adolescent psychiatry Substance abuse treatment	6 years	Clinical psychologist; Specialist in child and Adolescent clinical psychology; Family therapy; Mediation
Lena Kristiansen	Family therapist; specialist in clinical psychology; mediator	39 Female	Psychologist in a Municipality Adult psychiatry Private practice	5 years	Clinical psychologist Specialist in adult psychology; Family therapy; Mediation; EMDR therapist
Ingrid Handberg Opland	Family therapist; clinical social worker; specialist in sexological counselling; mediator	56 Female	Child protection service	14 years	Clinical social worker; Specialist in sexological counseling; Family therapy; Mediation
Agnar Meling	Family therapist; clinical social worker; mediator	62 Male	Family Therapy Centre	30 years	Nurse; Clinical social worker; Family therapy; Gestalt therapy; Cand. socion.; EMDR therapist; Mediation
Ottar Ness	Family therapist; mediator; initiating researcher	33 Male	Special education Parental guidance Systemic practitioner	5 years	Educational psychology; Special education; Cand. polit; Family therapy; Mediation

⁶ Here I present the participant therapists with their real names. In the dissertation their real names were not directly linked to specific quotes, but instead with pseudonyms.

APPENDIX B: PARTICIPANT CLIENTS INFORMATION⁷

Nr	Pseudonyms	Presented concerns when requesting couples therapy
1	Michael and Ann	Arguments, lack of communication, lack of feelings for each other
2	Elsa and Jack	Arguments, lack of communication
3	Alan and Paula	Arguments, lack of communication, infidelity
4	Gregory	Arguments, lack of communication
5	Susan and Daniel	Arguments, lack of communication, infidelity
6	Peter and Angela	Angela had lack of feelings for Peter, infidelity

⁷ Here I present the participant clients with pseudonyms, and their presented concerns when they requested couples therapy at Trondheim Family Therapy Centre.

APPENDIX C: RECRUITMENT LETTER FOR PARTICIPANT THERAPISTS**THERAPEUTIC CONVERSATIONS BEYOND THE BINARY**
About a collaborative learning project based on shared learning experiences**You have been nominated**

Ottar Ness of the Trondheim Family Therapy Centre and PhD-student at Taos Insitute-Tilburg University is studying on how therapists interpret their learning experiences through using Johnella Bird's conversational practices from training exercises, reviews of videotaped practice, and client comments.

Because you are participating in Trondheim Family Therapy Centre's group of research, you have been nominated (because of your interest in such research and conversations) to participate as a co-researcher in this collaborative research project.

Your participation will primarily consist of participating in a training group of 5 colleagues from Trondheim Family Counselling Service where we will participate in the training together. The training will involve collaborative action research where we meet once a week and, later less frequently for reading, training exercises and supervision learning experiences pertaining to using Johnella Bird's conversational practices for a period of 6-8 months.

For more details or to participate as a volunteer, please contact Ottar Ness, of the Trondheim Family Therapy Centre and PhD-student at Taos Insitute-Tilburg University at 73990500 or ottar@ottarness.com. You may also contact Ottar's research supervisor, Dr. Tom Strong, at strongt@ucalgary.ca or 1-403-220-7770 should you have further questions.

APPENDIX D: INFORMED CONSENT FOR PARTICIPANT THERAPISTS*Therapist Consent Letter*

Research Project Title: Therapeutic conversations beyond the binary; about a collaborative learning project based on shared experiences.

Investigator: Ottar Ness, cand.polit., Family Therapist, Trondheim Family Therapy Centre & PhD-student at Taos Institute-Tilburg University; ottar@ottarness.com

Research Advisor: Dr. Tom Strong, University of Calgary's Division of Applied Psychology; strongt@ucalgary.ca

This consent form, a copy of which has been given to you, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The purpose of this research is to examine how therapists interpret their learning experiences through using Johnella Bird's conversational practices from training exercises, reviews of videotaped practice, and client comments.

Your participation will primarily consist of participating in a training group of 5 colleagues from Trondheim Family Therapy Centre where we will participate in the training together. The training will involve collaborative action research where we meet once a week and, later less frequently for reading, training exercises and supervision learning experiences pertaining to using Johnella Bird's conversational practices for a period of 6-8 months.

Your participation in the training group will start with reading and training together. When you feel confident from training you and the rest of the group will start using Johnella Bird's practices in actual therapeutic conversations with client. You will then videotape such a conversation (i.e., one where you have used one of Johnella Bird's practices) for your self-supervision. Once you feel sufficiently confident, you will then bring videotapes of your use of these practices into the research group where we will review and offer feedback on the passages. You will then bring video-passages you select back to show your clients and to audiotape their feedback and comments from showing them the practices you used. The overall aim is to build from your reading and training in the use of Johnella Birds' practices, to learning from your use of them - at first alone, then from your training group, and, finally, from your clients.

During this process you will be asked to write an online research journal where you will write down your reflections on learning Johnella Bird's conversational practices. When the research project has finished the data for analyses are your research journal and clients comments from the audiotapes.

The 6 conversational practices from Johnella Bird's approach which we are going to have our focus on are: 1) Relational Consciousness, 2) Experiencing the relational, 3) Negotiating willingness, 4) Finding a name for the experience, 5) Negotiating relationship changes, and 6) Negotiating the power relation.

Video and audiotapes will be kept with me (Ottar Ness) in locked storage, and all identifying information will be removed from the study's final report. You will also be given a summary report of the study's findings, for your feedback, prior to any details being used in professional articles or conference presentations. Please note, that you should feel free to

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withdraw your participation at any point in this process (i.e., prior to/during the whole research project, and prior to/during the final check-back). Should you withdraw, you can request that any outcomes from your participation be excluded from the study, provided you make this request this within one month of your final consultation with the research group to Ottar Ness at 73990500 or ottar@ottarness.com.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. If you have further questions concerning matters related to this research, please contact: Ottar Ness of the Trondheim Family Therapy Centre and PhD-student at Taos Insitute-Tilburg University at 73990500 or ottar@ottarness.com. You may also contact Ottar's research supervisor, Dr. Tom Strong, at strongt@ucalgary.ca or 1-403-220-7770 should you have further questions.

 Participant's Signature

Date

 Investigator and/or Delegate's Signature

Date

 Witness' Signature

Date

A copy of this consent form has been given to you to keep for your records and reference

APPENDIX E: INFORMED CONSENT FOR PARTICIPANT CLIENTS*Client Consent Letter*

Research Project Title: Therapeutic conversations beyond the binary; about a collaborative learning project based on shared experiences.

Investigator: Ottar Ness, cand.polit., Family Therapist, Trondheim Family Therapy Centre & PhD-student at Taos Institute-Tilburg University; ottar@ottarness.com

Research Advisor: Dr. Tom Strong, University of Calgary's Division of Applied Psychology; strongt@ucalgary.ca

This consent form, a copy of which has been given to you, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The purpose of this research is to examine how therapists interpret their learning experiences through using Johnella Bird's conversational practices from training exercises, reviews of videotaped practice, and client comments.

Your participation will primarily consist of free couple therapy at Trondheim Family Therapy Centre. Your therapist will be participating in a training group of 5 colleagues from Trondheim Family Therapy Centre, and with a trained professional therapist skilled in using the conversational practices to be examined. Your therapy conversations will be videotaped so the therapist can use them for self-supervision and for supervision in the research group s/he is participating in. During your consultations, your therapist will use 6 conversational practices: 1) Relational Consciousness, 2) Experiencing the relational, 3) Negotiating willingness, 4) Finding a name for the experience, 5) Negotiating relationship changes, and 6) Negotiating the power relation. These practices will be explained to you so that you can choose to consent to the use of the practice in advance.

After supervision in the research group your therapist will bring back to you video-passages where these conversational practices are being used to get your feedback and comments, this will be audio taped.

Video and audiotapes of your participation in this study will be kept in locked storage (with Ottar Ness), and all identifying information will be removed from the study's final report. You will also be given a summary report of the study's findings, for your feedback, prior to any details being used in professional articles or conference presentations. Please note, that you should feel free to withdraw your participation at any point in this process (i.e., prior to/during the whole research project, and prior to/during the final check-back). Should you withdraw, you can request that any outcomes from your participation be excluded from the study, provided you make this request this within one month of your final consultation with the research group to Ottar Ness at 73990500 or ottar@ottarness.com.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information

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throughout your participation. If you have further questions concerning matters related to this research, please contact: Ottar Ness of the Trondheim Family Therapy Centre and PhD-student at Taos Insitute-Tilburg University at 73990500 or ottar@ottarness.com. You may also contact Ottar's research supervisor, Dr. Tom Strong, at strongt@ucalgary.ca or 1-403-220-7770 should you have further questions.

Participant's Signature

Date

Investigator and/or Delegate's Signature

Date

Witness' Signature

Date

A copy of this consent form has been given to you to keep for your records and reference.